

The Clinical Geropsychologist

Society of Clinical Geropsychology

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

Published articles do not necessarily represent the official views of Society for Clinical Geropsychology (Section II), Division 12, or APA

President’s Column: Relationships

Shane S. Bush, PhD, ABPP

“Planet Earth is blue, and there’s nothing I can do.” With all due respect to the late great David Bowie (via Space Oddity, 1969), there is plenty that can be done to shine light on the lives of those with whom we work. For a Society invested in fostering the mental health and wellness of older adults, we are particularly well positioned to meet our goals when we work with like-minded colleagues, both within and beyond psychology, to promote our shared interests and values. Although there are hurdles, to be sure, let’s dispense with the hopelessness and helplessness conveyed by Major Tom “far above the Earth” and focus on what can be accomplished here on ground level.

When I became President of SCG, my goal was to increase exposure of geropsychology and our many, unique competencies through increased interactions with other psychological specialties as well as our interdisciplinary colleagues. It has been my contention that maintaining, strengthening, and establishing new relationships within psychology and beyond helps to strengthen our specialty so that we can best serve older adults and their families. Now, as we approach the end of 2022 and the end of my Presidency of this fantastic organization, I am happy to report that considerable progress has been made toward what will likely be an ongoing goal. All 6 of the

psychological organizations that I reached out to regarding collaboration responded enthusiastically about working with geropsychology/SCG. The two neuropsychology boards (American Board of Clinical Neuropsychology and American Board of Professional Neuropsychology) have arranged to have geropsychologists speak at their conference or to their members remotely.

Additionally, representatives from the American Bar Association’s Senior Lawyers Division (SLD) Center for Excellence in Elder Law and Dementia recently reached out to us to collaborate on “resources and projects that stand to impact profoundly what occurs at the interface of the legal and eldercare professions.” They reported being “highly impressed” with the description of SCG and our prominent role in matters related to the wellbeing of older adults. We will be establishing an ongoing liaison with SLD.

In addition to, and perhaps more valuable than, these advances in inter-organizational education and collaboration, are the relationships that we have within geropsychology. I remain extremely impressed by the commitment that geropsychologists have, and the hard work that is done on an ongoing basis, to promote the mental health and wellness of older adults. Being in leadership positions in this specialty has allowed me to witness first-hand how well geropsychologists work together in passionate devotion to our patients. I am humbled by the knowledge, sensitivity, and commitment that I see in all of you, and I cannot express how impressed I have been with the SCG leadership team. The relationships that we have with each other are the foundation of who we are as a Society. They are also enduring friendships that Major Tom sure could have used as he was “sitting in a tin can, far above the world.”

Speaking of colleagues (now friends), I want to give special recognition and thanks to the members of the SCG Executive Committee who are rotating off of the committee at the end of this year: Drs. Becky Allen (Immediate Past President) and Erin Woodhead (Treasurer) and “soon-to-be doctor” Kyrsten Hill (student representative). They have worked extremely hard on behalf of the Society and have been a pleasure to serve with. I also want to thank the committee chairs and members who will be rotating off of the leadership team; their devotion to the Society and our mission goes unrecognized by many but not by those with whom they serve. I look forward to maintaining these relationships in the years to come.

Shane S. Bush, Ph.D., ABPP

Comments from the Editors: Diana & Danielle



Diana Hedrick (left)
Danielle McDuffie (right)

Welcome to the Fall 2022 issue of the Society of Clinical Geropsychology Newsletter! Be sure to take a look at this edition of the newsletter to see some of the exciting presentations our members will be taking part in at GSA '22 (page 3). We are delighted to share another excellent installment of Kris Kern’s Social Justice Corner series (page 15). As always, we hope you enjoy getting know some of our members a little bit better in the Member and Student Member Spotlights (beginning on pages 4 and 6).

In bringing things to your attention about the newsletter, we also need to announce that it is officially time for “so long” from the both of us. This edition of the newsletter marks the end of our tenure as your Newsletter Editors—we are both astounded at how quickly three years have passed! While these past three years have had immense challenges for all

of us, we are grateful to have been able to connect with so many incredible people in this space dedicated to a shared mission of supporting older adults and their families, especially at a time when the need has been so high. We are honored to have been given the responsibility of sharing your thoughts, stories, and critiques of the field these past few years in our society's newsletters. Working on this newsletter has grown us both as people and professionals in the field of geropsychology. We would like to specifically thank and shoutout Drs. Brian Carpenter, Rebecca Allen, and Shane Bush for steering us as our Society Presidents throughout a tenure marred by a global pandemic, civil unrest, and the loss of multiple dear friends/colleagues/bright lights in the field. Our biggest thank you goes to you: the members of this Society. Thank you for encouraging us, supporting us, cheering us on, giving us grace, and continuing to hang in there with us through the millions of emails we send trying to gather your information. We will deeply miss getting to connect with you all in this way.

The end of an era always provides the space for positive change and as such, we are so excited to announce that Victoria Beach will be serving as your next newsletter editor! The position of co-editor is still open, so please reach out to Dr. Kimberly Hiroto (Incoming SCG President) if you are interested.

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

GSA-Related Content

The GSA 2022 Annual Scientific Meeting will take place virtually from November 2-6.

Symposia & Sessions

Building Bridges: An Age-Friendly Conference for the Geropsychology Workforce

Symposium Chair: Brian Carpenter; Co-Chair: Jennifer Moye

Discussant: Joseph Dzierzewski

Symposium First Authors: Jennifer Moye, Erin Emery-Tiburcio, Meghan McDarby, Candice Reel

Date: Thursday, November 3

Time: 8:00am-9:30am

Location: 241 CC

Presidential Symposium 2 - Diversifying the Pathway: A Multifaceted Approach Within Geropsychology

Symposium First Author: Brian Carpenter

Date: Friday, November 4

Time: 10:00am-11:30am

Location: Sagamore 6-7 CC

Motivating Patients for Health Behavior Change 1

Paper Session Chair: Caitlyn Nix

“Motivational Interviewing to Modify Sorting and Discarding Behaviors in Hoarding Disorder”

First Author: Caitlyn Nix

Date: Saturday, November 5

Time: 8:00am-9:30am

Location: 128 CC

Poster Presentations

46 - Quality of Life and Attitudes Toward Aging in Older Adults During the COVID-19 Pandemic.

Authors: Inman, M., MacLean, M., Bryanton, O., Montelpare, W., & Strong, J. V.

Date: Thursday, November 3

Time: 2:00pm-3:00pm

Location: Exhibit Hall DE CC

34 - Cognitive Reserve, Physical Health, and Cognitive Functioning in Older Adults.

Authors: MacLean, A., & Strong, J.V.

Date: Friday, November 4

Time: 2:00pm-3:00pm

Location: Exhibit Hall DE CC

230 - The Relationship of Ageism, Intention to Work with Older Adults, and Social Desirability.

Authors: MacLean, M., & Strong, J.V.

Date: Friday, November 4

Time: 2:00pm-3:00pm

Location: Exhibit Hall DE CC

Member Spotlight

Full Member Spotlight: Mollie Sprung



Year joined: 2019

Hometown: Rochester, NY

Current Professional title and affiliation: Staff Psychologist at Asheville VA Medical Center

Why did you join the Society for Clinical Geropsychology? I joined because I was looking for a way to be more connected with the greater Geropsychology community outside of my immediate networks as well as a way to stay informed of research, best practices, and emerging issues in the field.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? Membership has allowed me to become more aware of exciting educational opportunities and has provided avenues for connecting with others in the field with similar interests.

How did you get interested in the field of aging? I first became interested in the field of aging when I was in middle school and observed my family providing care for my grandfather who was diagnosed with Alzheimer's disease. During this time, I started to become more aware of the prevalence of ageism (though I didn't know that is what it was at the time!) as I witnessed how people treated my grandfather

and other older adults differently. I saw the impact it had on my grandfather and my family and felt a desire to address this, but wasn't sure how. Later into adulthood, as I developed my interests in medicine and psychology, I began to realize that the interactions I had with older adults were some of the most rewarding. During my first clinical practicum in graduate school, I worked on an inpatient stroke unit assessing patients for cognitive and behavioral changes following stroke. This experience helped to solidify my interest in working with older adults in medical settings and inspired me to seek out additional opportunities as I progressed through graduate school. I then began to realize how working in this field could offer me the opportunity to address some of the issues I first began noticing when I was younger, at both the individual and systemic levels. It was nice to come full circle like that. I knew I ended up where I was supposed to be.

What was your most memorable experience during your graduate studies? During my internship year, I worked with a veteran who was on inpatient hospice at the Memphis VA. I utilized techniques from dignity therapy to assist him in writing letters to his family and creating a generativity document which was an extremely rewarding process. He passed away towards the end of my time on the rotation and this had a profound impact on me. I felt immense sorrow, but also fortunate to have had the opportunity to help him find closure and peace during the final days of his life.

Have you had an important mentor in your career? If so, how did he or she make a difference? Dr. Jennifer Jacobson supervised my work across several Geropsychology focused rotations at the Memphis VA during my internship year, including my work with the above veteran. I will never forget the way she supported me when the veteran passed away. The guidance she provided during that time is something that I remember to this day and utilize frequently to process loss while working with older adults. She was one of the most supportive supervisors I have had the opportunity to work with, yet always challenged me in ways that helped to increase my confidence as a provider. It was during my time with her that I decided to pursue fellowship in Geropsychology at the VA Pittsburgh.

What is your current position and what are your key responsibilities? I actually recently started a new position. I had been working as staff psychologist in Home Based Primary Care at the VA Pittsburgh for the past 6 years which was an immensely rewarding opportunity. My key responsibilities were to provide assessment and intervention to primarily homebound older adults as a member of an interdisciplinary primary care team. I have recently relocated to Asheville, NC where I will be working as a psychologist in Primary Care Mental Health Integration at the Asheville VA. I look forward to working with veterans across the lifespan in this role while having the opportunity to adapt my skillset in working with older adults to a different setting.

Tell us about your most recent activities. I am pretty passionate about the topic of ageism and discussing ways to address it. I have enjoyed some of the recent educational opportunities and discussions on this topic that have come through the listserv for this group. This past winter, a colleague and I facilitated a staff diversity training on ageism at VA Pittsburgh. I look forward to continuing to explore ways to address this important topic.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? It's so tough to pick just one! I worked with some pretty amazing older adults during my time in Home Based Primary Care. I was recently working with a 94-year-old patient who was struggling with grief and functional decline. Despite this, he continued to maintain his vegetable garden and feed the deer that lived in the woods near his home and he worked to more closely identify with the sense of purpose

this provided him. When I would leave his home after our visits, he would call the deer in and feed them corn. One of the deer would eat out of his hand and he was so proud to show me this. After my final visit he handed me some corn and the deer ate out of my hand as he coached me on what to do. I thought it was a beautiful way to say goodbye.

Do you have any tips for emerging geropsychologists? I would say one of the most helpful things I have done is keep in touch and network with other geropsychologists who share a similar passion for the field. I think it's important to have contacts across diverse settings and that has really helped keep me engaged and thinking critically about issues related to Geropsychology.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I love being active outdoors and appreciating the awe-inspiring beauty of nature. I'm excited to explore the mountains in and around my new home in Asheville. I also enjoy being around friends and family, and am continually aspiring to live a more mindful life. Frequent laughter is a necessity and you can find me rooting for the Buffalo Bills during football season.

Student Member Spotlight

Student Member Spotlight: Cody Kaneshiro



Year joined: 2019

Hometown: Waipahu, HI

Current academic affiliation: University of Nevada, Las Vegas (UNLV)

Why did you join the Society for Clinical Geropsychology?

My undergraduate research advisor at the University of Southern California, Margy Gatz, strongly encouraged me to join SCG upon completing my undergraduate studies. Given that UNLV's clinical psychology doctoral program does not have a formal geropsychology concentration, the SCG been a great resource to stay up-to-date about the comings and goings of the field.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? In one word: Significantly! The (very active) SCG listserv has frequently notified me about upcoming virtual training events in geropsychological-focused topics, and since the start of the COVID-19 pandemic, I've made it a point to attend as many of these training events as I can. In that same spirit, SCG is one of the few professional organizations I belong to where I truly feel part of a larger community given the passion, inquisitiveness, and genuine warmth I've seen across members via the numerous questions, discussions, and notices that come through the listserv; it is very heartening to see these things play out to get a sense of the issues, considerations, and (most importantly) help that is available within the field. I also wanted to give a shout-out to the student-led and student-focused events that SCG has put on—these have been very helpful in informing my decision-making when it comes to my time in graduate school and beyond.

How did you get interested in the field of aging? I was born and raised in Hawai'i, which has a culture of respecting and looking out for kūpuna (elders). This was certainly true of my specific family, where I had the great fortune of being surrounded by an extended family that included all four of my grandparents, two of my great-grandmas and many other great aunts and uncles. However, as I grew older, so did my relatives, and many often experienced long, drawn-out battles with chronic illness, dementia, and other physical ailments. This had a significant impact on the development of my personal values and world view, and I (only now in retrospect as a psychology doctoral student) was especially bothered by those family member's whose deaths were exacerbated (or primarily caused by) unaddressed psychological issues. Worse still was witnessing the ripple effects that each family member's decline and eventual passing had on my living family members, many of whom served as primary caregivers for several years or even decades. The sum total of these experiences—coupled with the sobering and disappointing realization in college that few answers for these issues seemed to be coming—led me to geropsychology.

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

It's difficult to pick a single person to mention as I feel I'm the product of many visible and invisible mentors who've gotten me this far. However, specifically regarding geropsychology, I have to recognize the instrumental role Dr. Margy Gatz played in providing me mentorship and opportunities to engage in dementia and cognitive aging research throughout my undergraduate education. In particular, her deep familiarity and knowledge of geropsychological research coupled with her trust in me to conduct independent research projects provided me with a strong foundation in general scientific inquiry and, perhaps more importantly, simply gave me the confidence to lean into my curiosity and passion to go forth and explore topics of interest. I also have to recognize the important role my current research advisor, Dr. Russ Hurlburt, has played in helping me to further hone my curiosity and passion to focus on identifying (and subsequently chasing) what is at the heart of a specific topic or question (research, clinical, or otherwise in nature).

What has been your most memorable experience in gerontology and aging clinical practice and/or research? Although I've had the distinct pleasure of working with many older adult Veterans through several practica at the VA Southern Nevada Health Care System, I am particularly fond of my clinical work with several older Asian male Veterans that occurred within the VA's primary care-mental health integration clinical setting. As most probably know, patients with these particular demographics often struggle with significant and complex issues that are guarded behind (even more) significant and complex obstacles to engaging in care, ranging from differing beliefs about mental health and seeking mental health treatment, language barriers, divergent cultural beliefs, and so on. Even as a provider who externally shared similar identities to these patients, the mere notion of engaging in psychotherapy with these patients upon my initial intake with them felt daunting and impossible. Fortunately, on more than one occasion, my initial feelings were proven entirely wrong. Over time, I saw many of these patients engage in the very hard work of becoming vulnerable, open themselves up to introspect on their often long-held emotional pain, and begin the healing process. Rightly or wrongly, I believe it was important and very validating for these patients to come across a therapist that looked like them, and while I personally find that gratifying in the sense that both those patients and (perhaps, more importantly) their families will lead less distressed lives going forward, it also saddens me to know just how long many of these patients went without resolving these issues simply due to the various systematic forces at play within our current practices (e.g., the demographics of psychology's workforce, biases and limitations within our evidenced-based practices). Thus, to me, these cases continue to remain "memorable" in the sense that they drive me to hopefully address these pitfalls within our field's practices.

Tell us about your most recent activities. Professionally, I've currently been busy with internship applications, collection data for my dissertation, completing a very interesting and very rewarding assessment-focused forensic psychology clinical practicum, and preparing a couple of papers to (hopefully!) be submitted for publication soon. That unfortunately hasn't left much time for me to engage in much else at the moment, but I have plans to get back into some old hobbies like Brazilian Jiu-Jitsu once internship application season is over.

Looking forward, what are your plans post-graduation? Forget post-graduation, I'm excited to graduate, period! But, in all seriousness, I'm truthfully looking forward to hopefully work within the VA healthcare system or other interdisciplinary healthcare setting where I can have the opportunity to address the overlap of physical and mental health in both adults and older adults. In reality, though, I'm just looking forward to seeing where life will take me next and continuing to learn and grow as much as I can.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I do all of these far less than I'd like to, but I enjoy reading, movies, trivia, board games, hiking, and traveling.

Announcements and Member News

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

Recent Member Books & Publications

Boyle, J. T., Rosenfield, B., Di Tomasso, R. A., Moye, J., Bamonti, P. M., Grandner, M., ... & Perlis, M. (2022). Sleep Continuity, Sleep Related Daytime Dysfunction, and Problem Endorsement: Do These Vary Concordantly by Age?. *Behavioral Sleep Medicine*, 1-12.

Goldman, A. (2022, November). *The influence of nostalgia on subjective cognitive impairment in older adults*. Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, New York, NY.

Hinrichsen, G.A. & Leipzig, R.M. (2022). Implementation and effectiveness of cognitive behavioral therapy for insomnia in geriatric primary care practice. *Clinical Gerontologist*, 1-8. doi: 10.1080/07317115.2022.2104675

Hinrichsen, G.A. & Leipzig, R.M. (2021). Efficacy of cognitive behavioral therapy for insomnia (CBT-I) in geriatric primary care patients. *Journal of the American Geriatrics Society*, 69 (10), pp. 2993-2995, <https://doi.org/10.1111/jgs.17319>

Hinrichsen, G.A. & Emery-Tiburcio, E. (2022). Introduction to special issue: Foundational knowledge competencies in geropsychology. *Clinical Psychology: Science & Practice* 29(1), 1. {Co-editor, special

issue of *Clinical Psychology: Science and Practice*, “Foundational geropsychology knowledge competencies”]

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

Roper, A., Pacas Fronza, G., Dobkin, R., Beaudreau, S.A., Mitchell, L., **Pachana, N.A.**, Thangavelu, K., & Dissanayaka, N.N. (in press). A systematic review of psychotherapy approaches for anxiety in Parkinson’s Disease. *Clinical Gerontologist*.

Schaefer, L. A., & Pick, L. H. (2022). Considerations and suggested practices for psychological assessment and intervention when working with older adults with disabilities. *Professional Psychology: Research and Practice*, 53(5), 446–457. <https://doi.org/10.1037/pro0000472>

Strong, J.V., Arnold, M., Schneider, L., Perschl, J., Villringer, A., & Fritz, T. F. (In press). Enhanced short-term memory function in older adults with dementia following music feedback physical training: A pilot study. *Brain Sciences*

Zimmerman, S., Sloane, P. D., Wretman, C. J., Cao, K., Silbersack, J., Carder, P., ... & Van Haitsma, K. (2022). Recommendations for Medical and Mental Health Care in Assisted Living Based on an Expert Delphi Consensus Panel: A Consensus Statement. *JAMA network open*, 5(9), e2233872-e2233872.

Recent Member Announcements and Presentations

Julie Boyle: Recently published manuscript from her dissertation. This manuscript was completed in collaboration with Dr. Patty Bamonti and Dr. Jennifer Moye, as well as mentors and collaborators from her graduate program and within the behavioral sleep medicine field. *See citation in section above.*

Deusivania Falcão: Organized with Heloísa Ferreira I GEROPSYCHOLOGY WORKSHOP in October 2022

From brochure:

“(UERJ - Rio de Janeiro State University / USP - University of São Paulo)

“Psychology and Aging in Brazil: Education, Competencies and Professional Performance”

GOALS: Geropsychology is a psychology specialty that encompasses theories, research, and practices related to aging and old age. This Workshop aims to strengthen this area in Brazil, to which there is still a lack of professional guidelines and qualified education.

COORDINATION / SCIENTIFIC COMMITTEE:

Deusivania Vieira da S. Falcão (USP) / Heloísa Gonçalves Ferreira (UERJ)

TARGET AUDIENCE: Undergraduate and Graduate students, psychologists and other professionals that are interested in Geropsychology.

DISSEMINATION PLATFORM: Social media.

VENUE: The Workshop will take place on an online format and will be broadcasted live through the YouTube channel of the Psychology Institute at UERJ and be replicated on the websites of Undergraduate and Graduate in Gerontology at USP.

FEES AND CERTIFICATES: The Workshop will be for free for those who subscribe in advance. The attendance certificates (only for those who are subscribed) will be issued with the logos of both Universities.

EXPECTATIONS TOWARDS THE ATTENDANCE OF UERJ and USP: Participation of professors, students, and dissemination of the event. Also, join efforts to create a community dedicated to psychological research, training, and services for the older people in Brazil.

SPEAKERS: Speakers include professors of universities from all Major Regions of Brazil state.

North: UFPA

Northeast: UEPB, UFBA, UFPI, UFRN, Unicap

Central-West: UnB, Uniceub

Southeast: UERJ, UFTM, Unicamp, USP

South: FURG-RS, PUC-RS ”

Peter Kanaris: Made two presentations at the NYSPA Convention in October 2022:

War, Crime, and Terrorism: The Violence on Our Minds

Violence permeates our lives. There is a wave of violence, and we see violence-related news every day; violence has been on the rise. Homicide rates have soared nationwide. Violence rears its ugly head in many contexts; it seeks to grip all aspects of our existence.

This presentation focused on:

- Faces of violence (examples of major incidents in several contexts including the recent subway attack in Brooklyn on April 12, 2022)
- Facts about violence
- The impact of violence to adults and children
- Prevalent emotional disorders following acts of violence
- Crisis intervention
- Emotional first aid
- Psychological treatments: adults & children
- Resilience
- Post-traumatic Growth
- Risk reduction & management (places of worship; schools; outside)

Family Therapy from Three Lenses

Four presenters discussed approaches for addressing couple issues. Dr. William Ryan presented the Pact model to facilitate secure functioning between individuals. The goal of PACT is for partners to behave in a manner of secure functioning. Dr. Delrita Abercrombie approached families from an eclectic approach. Behavioral, experiential, and psychodynamic approaches were drawn from to address substance abuse, infidelity, emotional regulation, and family of origin issues. Dr. Peter Kanaris utilized an evidence-based trust model in working with couples to address infidelity. Trust is established while building sexual

intimacy between partners. Dr. James Dean utilized a structural-strategic approach to move couples into novel ways of relating to promote change.

Suzanne Meeks: Pleased to have been part of an NIA-funded research group developing guidelines for quality care in assisted living. The publication, in JAMA Network Open is here: [“Recommendations for Medical and Mental Health Care in Assisted Living Based on an Expert Delphi Consensus Panel A Consensus Statement”](#) *See citation in section above.*

The Student Voice

Making an Impression on the Interview *Submitted by Kyrsten Hill, MA, & Laurie Chin, MA*



Laurie Chin & Kyrsten Hill

Whether you’re applying for graduate school, internship/postdoc, or a job, the interview is an important opportunity to showcase your strengths and bring the skills outlined in your CV to life. The interview is also the primary opportunity to learn about the program or site and make sure it aligns with your values and goals. With this in mind, you may find yourself wondering how to stand out amongst the pool of applicants and gather the information you need to make an informed decision about the position. Here are some interviewing tips and resources that we’ve gathered to help those approaching interview season.

Research the program/site

Read up on the program or position that you’re applying for and reflect on what aspects make it a good fit for you. As you read through the site brochure or website, write down any questions that come to mind or areas where you’d like additional information. Interviewers appreciate when you have questions for them that demonstrate your interest in the position. Prior to the interview, re-read your cover letter and any other important application materials so they are fresh in your mind.

Practice your interviewing skills

Compile a list of common interview questions and think through or write down your responses. When interviewing for internships/postdocs in Clinical Psychology, it can be particularly helpful to reflect on previous clinical experiences and case studies to use as examples. For internship interviews, some common interview questions can be found on the Time2Track website (see link below) and in the book *Internships in Psychology: The APAGS Workbook for Writing Successful Applications and Finding the Right Fit*.

- <https://time2track.com/wp-content/uploads/2015/10/Sample-APPIC-Internship-Interview-Questions.pdf>

Although writing down interview questions and responses can be helpful, it's also important to practice your responses out loud. The ability to communicate your response in a clear and succinct way (while often feeling nervous during the interview) takes practice! Ask trusted friends, colleagues, and mentors if they are willing to do mock interviews with you and provide you feedback.

Be yourself!

Even if you've spent hours practicing your interview responses, don't forget to deliver them in a way that feels natural and that allows your personality to shine through. If you've been invited for an interview, the site or program is likely already impressed with your application and believes you are a strong candidate. The interview is an opportunity to convey your personality in a way that can't be done on paper and to show the interviewer why you're a good fit. If nerves feel like they're getting in the way of showcasing your personality, try focusing on your breathing or using some brief relaxation techniques prior to the interview.

Don't forget to interview *them* too

Although the program/site may be the ones offering the position, it is equally important that you make sure the position is a good fit for you. Don't forget to ask the questions you need during the interview to make an informed decision about the position. Reflect on your values and goals, and write down what you are looking for in a position prior to the interview. Are you looking for a training site that offers training with a certain clinical population? Is it important to you to be able to work remotely, or do you prefer to work in-person? What does work-life balance look like for you, and how can you ensure this position will provide that? If you know what you are looking for prior to the interview, you can make sure you gather the information you need when it's your turn to ask questions.

Plan ahead

It's natural to focus on preparing for the actual interview questions, but don't forget to plan for the steps leading up to it. Confirm that you have all the information you need for the interview, so you know when and where you are expected to be. If you are interviewing virtually, make sure you have a quiet location, reliable internet, and a professional video background. Dress professionally while also choosing something you'll feel comfortable wearing. Make sure you have any materials you need, such as copies of your CV or paper and pen for notetaking.

Reflect and celebrate!

After the interview is over, take a moment to reflect on your overall impressions. Write down the strengths and weaknesses of the site both related to training (e.g., noting any unique training opportunities) and overall atmosphere (e.g., commenting on work-life balance and how staff interact with each other). Send thank you notes or emails as you see fit. And finally, take a moment to celebrate your accomplishment.

Interviews are stressful, and it can feel intimidating to compete against other qualified candidates. Don't forget that you received the interview because you are a strong candidate. Focus on your strengths, remind yourself of the unique qualities that you bring to the table, and don't sell yourself short! As students

approaching internship/postdoc interviews ourselves, we (the SCG student representatives) would like to wish you all luck this interview season.

Highlight: ABGERO Update

Submitted by Andrew Heck, PsyD, President, American Board of Geropsychology

2022 has been a very eventful year for ABGERO! We underwent our first Periodic Comprehensive Review by the ABPP Board of Trustees since our founding in 2014; we received terrific feedback and we were delighted to have received a “pass” rating. Additionally, we reached a much-anticipated milestone of having certified a total 100 specialists since ABGERO began! We are also working on making scholarships available to eligible candidates that can help defray the cost of the certification process—stay tuned for details in the near future.

Information about applying for ABGERO certification can be found at our website: www.abgero.org. We are always welcoming applications and our oral examinations now occur remotely, which has made the process more accessible and affordable for candidates. We intend to keep expanding our roster of distinguished Geropsychology specialists, so do consider applying if ABPP/ABGERO board certification has been of interest to you.

Committee Updates

Diversity Committee

Submitted Flora Ma, PhD

The Diversity Committee aims to create a community of diverse geropsychologists to address topics pertinent to the geriatric population using a multicultural lens and to ensure that diversity consideration is included in all areas relevant to the Society of Clinical Geropsychology. We strive to promote increased awareness and education for psychologists in all levels of career and training through various opportunities and approaches such as discussions with training directors across the US on how diversity is integrated with psychology training programs. We additionally encourage collaborations with other organizations including Division 20, the diversity committee for Society of Clinical Psychology, and other national and international organizations.



We understand that many members are juggling multiple academic, clinical, and personal responsibilities. As such the Diversity Committee would like to remind all members that we are always on the lookout for individuals who are interested in joining the committee in any type of capacity. If interested, please feel free to reach out to our Diversity Committee Chair, Flora Ma, at drflora@stanford.edu. We look forward to hearing from you!

Communications Committee

Submitted by Charissa Hosseini, PhD



Videos from previous trainings, such as the most recent Assessment workshop, will be uploaded onto the website Geropsychology.org. Check them out!

As a friendly reminder we have a Facebook page and a Twitter account. Please follow, like, retweet, share, etc. using the links below. If you have any ideas for content to post, please don't hesitate to email Taylor Loskot (our social media overseer) directly. Tag @SGeropsychology in your tweets and she will do her best to retweet you! She is happy to promote recent publications, upcoming events, rock stars in the field, and anything else relevant to geropsych.

Twitter: <https://twitter.com/SGeropsychology>

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APA Committee on Aging (CONA) Update

Submitted by Karen Fingerman, PhD, Chair of CONA

The American Psychological Association's Committee on Aging (CONA) has remained active over the past few months and is pleased to share an update with our SCG colleagues.

We are excited to report that Dr. Susan Whitbourne and Dr. Rebecca Allen have agreed to serve on CONA for a 3-year appointment from 2023 to 2025. They bring important and necessary expertise and experience to enhance the committee.



Dr. Whitbourne is at the forefront of the pedagogy of psychology of aging. She authored the most widely used undergraduate textbook on psychology of aging, as well as several articles in the APA journal *Teaching of Psychology*. She has served as the editor of the Teaching Tips column for Division 20 Newsletter. She has an extensive record of leadership in APA.

Dr. Allen currently has active and federally funded research projects in two areas of the foregoing research program. She is the Principal Investigator on a Graduate Psychology Education grant through HRSA (D40HP33364) focused on prevention, assessment, and treatment of substance and opioid use disorders (project ReDO). Using evidence-based virtual and in-person treatment, Dr. Allen's interprofessional team is partnering with one rural and one urban federally qualified health center to train psychology graduate students in addressing these issues. The rural FQHC operates an outpatient buprenorphine treatment program, while the urban FQHC is affiliated with a residential treatment center.

We are working with APA to mitigate bias, stigma, and discrimination (BSD) to advance equity, diversity, and inclusion. CONA is planning to generate accessible, culturally-relevant information about dementia in different populations to elevate public understanding. In addition, we have become aware of situations where older adults with dementia were treated badly in law enforcement situations due to lack of understanding of the older adult's cognitive impairment. We will generate guidelines for enhanced training of law enforcement agencies with regard to dementia.

CONA application process: APA has moved the deadline to apply to serve on CONA. We will request applications in January 2023 for the 2024 to 2026 appointment. Every year, CONA receives outstanding applicants who are not selected, due to the constitution of the committee (e.g., content areas, stage of career (e.g., ESI, emeritus), diversity in lived experiences, gender, and other factors). Most individuals appointed to CONA have reapplied several times.

Updates since the prior newsletter.

- The webinar series, *Psychologists Against Ageism: Promoting Productive Narratives and Inclusivity about Aging* is now available online: <https://www.apa.org/pi/aging/cona/psychologists-against-ageism>
- CONA is excited about the Clinicians Corner for CE credit presenting an overview of the new guidelines for treatment of dementias. Members of Division 12/2 are also involved. To register for the series go to: <https://apa.content.online/catalog/product.xhtml?eid=41128>
- The workgroup for the Guidelines for Psychological Practice with Older Adults is finalizing their revisions. The second comment period should open in the coming months.

Social Justice Corner

Maybe we need to self-reflect, before we act?

Submitted by Kristopher C. Kern, PsyD, VA Southern Nevada HCS

Strategies and policies encouraging anti-racism appear to only go as far as one's willingness to tolerate the discomfort of discussing such emotionally charged topics as racism and discrimination. Empirical evidence describes how racism impacts one's overall health (e.g., chronic stress, access to quality services) and therefore must be considered in our work with older adults. As psychologists, it behooves us to consider the ways in which systemic oppression and racism are factors in one's health, as well as self-reflect on how we embody deep empathy and provide services rooted in compassion. This article highlights the challenges we may encounter when discussing racism and discrimination in the hopes that it encourages us to face our discomfort and anxiety when discussing such topics. Essentially, we can't promote constructive conversations about anti-racist practices and policies in the field of psychology by simply avoiding it.



I agree with Pedersen, Walker, and Wise (2005) about the importance of moving beyond “theorizing about an issue” and instead working towards social action that is practical. Yet before engaging in strategizing, it's important we recognize our reactions (e.g., anxiety, worries, fear) when discussing

racism with colleagues or even with our patients. Self-reflection aides in taking inventory of our cognitive misrepresentations (or what Pedersen, Walker, and Wise (2005) refer to as “false beliefs”) that tend to simplify, and then minimize, one’s lived experience. A minimalistic stance on why an older adult struggles disempowers their agency and removes the complexity of life. For example, recognizing the ways in which white supremacy prioritizes the narratives of white communities broadens our perspectives as clinicians to consider that other lived experiences exist beyond those that are represented in textbooks or by media. As the Nigerian writer Chimamanda Adichie discussed, the power of a single story is that it creates biases and stereotypes from “half-truths” and minimizes the authentic experience.

Self-reflection is an opportunity to name the feelings we encounter when discussing racism in society. Allbrook (2001) argued that racism is socially disruptive and destabilizes communities because it is rooted in exclusionary acts and segments parts of society (e.g., ingroups vs. outgroups). Hence it makes sense that such a negative social mechanism elicits fear, worry, and discomfort. As psychologists we embody such deep empathy for recognizing other’s pain. Perhaps the hurt we feel when discussing racism represents the lived experience of those we serve or could represent the disgust in acknowledging how racism prevents those in less power from living their full and authentic lives. By naming our own discomfort, we begin to push through the discomfort that can encourage avoidance. Facing our fears and anxieties may then move our field towards social action healing the deleterious effects of racism.

Finally, the literature details how increases in empathy influence our levels of prejudice. Batterham (2001) found a strong inverse relationship between levels of prejudice and empathy leading to the reduction of racism. She offered specific examples of less racism in Australians’ views of Indigenous Aboriginal Asylum seekers, namely participants reporting more flexible beliefs about communities historically oppressed and participants finding less acceptance of stereotypes passed down by generations (Batterham, 2001). Others argue that greater compassion helps us move beyond the actual theoretical knowledge (e.g., information provided at DEI conferences) and drives us to face our emotional discomfort head on moving us forward in our social justice work (Finlay & Stephan, 2000). For example, at the beginning of my post-doctoral fellowship, my supervisor challenged me and fellow trainees to acknowledge that “we are all ageist”. Now if you were like me, my first reaction was “yikes, I have done something wrong” and the tough exterior (necessary to survive Grad School) gave way to discomfort and anxiety. Sitting with this discomfort and examining the problem itself (which in this case was ageism), I recognized the ways in which my ageist views have been shaped and perpetuated by a lifetime of society’s ageist messaging. This allowed for fruitful discussions on ways of practicing anti-ageist clinical work that then generated more compassion and empathy for the older Veterans I served.

We all have thoughts and behaviors related to the aging process and can easily acknowledge the sources of misinformation about older adults. We can quickly recognize how social standards prioritize youthfulness and how media outlets negatively portray the aging process. Reflecting on these tendencies made me wonder about the ease at which we recognize our ageist views, yet the overwhelming discomfort we face when acknowledging racism or discrimination in America. Although it is important to continue developing strategies and policies that are anti-racist and prioritize the unique needs of ethnic/racial minority communities, it is also vital that we as psychologists continue to self-reflect upon our reactions to these important discussions. We are trained to be attentive listeners, create moments of healing, embody perspective-taking, and develop a deep level of empathy for the older adults we serve (Cardemil & Battle, 2003). Hence, psychologists have an opportunity and responsibility to move beyond the surface level discussions on racism in society to instead take action to reduce the negative impact ethnic/racial minority communities encounter when navigating white spaces or experiencing racism. As we continue in

this series of articles, I encourage all of us to self-reflect and look within ourselves at what occurs cognitively and emotionally when discussing race, in much the same way we ask our own patients to explore their cognitive and emotional experiences during session. In the next article, I'll share qualitative data on ways psychologists are acting as they acknowledge their biases and stereotypes and engage in anti-racist practices in their work with older adults.

References

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Did You Know...

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