

The Clinical Geropsychologist

Society of Clinical Geropsychology

APA Division 12, Section II Volume 30, Issue 1

April 14, 2023

INSIDE*

President’s Column	1
2023 SCG Leadership	2
Editor Comments	3
Student Member Spotlight	3
Announcements & Member News	5
Student Voice	7
Textbook Writing Collaboration	9
Research Roundup	11
Committee Updates	12
Did You Know?	13

Please contact your editors Victoria Behr (formerly Beach) at vlbeach@csbsju.edu and Rachel Best at rbest1@mail.yu.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

Submitted by Kimberly E. Hiroto, Ph.D.



Hello to our SCG community. We’re already finishing the first quarter of 2023 and the third year of this pandemic. Since the start of this global upheaval there’s been talk about “returning to

normal”, but what does that mean? Should we return to such a state after the traumas endured, and can we even do this? We can’t unsee the horrors of the pandemic and we can’t unknow the painful and sometimes violent realities of being Black, Brown or “othered” in America. We’ve been inextricably changed by the pandemic and other social uprisings. So, while some may wish to return to normal, like others, I instead hope that we learn from these experiences and move forward with intentionality. I know this is a Geropsychology newsletter, but for this column I’ve decided to focus on something beyond age: our humanity.

As a psychologist in hospice many people ask why I do this work. My response: because those who are dying teach me how to live. We saw this

on a massive scale with the pandemic. Being isolated and without human touch brought into stark relief the importance of community and the fragility of life. These experiences also enhanced our humility and deepened our empathy for others. But in our eagerness to “return to normal”, how can we hold onto these lessons amid the many distractions of everyday life? How can we maintain and expand the depth of our compassion and recognize the shared humanity in colleagues, acquaintances, even strangers? And harder yet, how do we do this when there’s so much hate and violence in society?

I don’t have an answer. I doubt anyone does. But I do think there is profound wisdom in the hospice philosophy that I now use to guide my life (not consistently well, I’ll admit). Here’s my simplified explanation (apologies to the experts): it’s about maximizing quality over quantity of life, focusing on comfort to ease total pain (physical, psychological, emotional, spiritual, existential pain), and using values to inform decisions. This philosophy that guides our approach to end-of-life care also applies to daily life: focus on the quality of experiences over quantity, seek comfort and healing as refuge from pain, and let values provide direction in times of uncertainty. I realize this sounds like a wellness blog and that’s definitely not intended. I’m certainly no expert in this: I fumble through life like everyone else, cursing at trivial annoyances, tuning out with mindless TV, getting unnecessarily stressed... But I do think there’s something to be learned from this philosophy. By embracing part if not all of it, I hope we can continue deepening our sense of shared humanity and strengthening our relationships with each other.

I dedicate this column to my dear friend Dr. Kadija Williams who loved fiercely, advocated with integrity, and always reminded me to lead with compassion. I miss you.

2023 SCG Leadership

EXECUTIVE LEADERSHIP

<i>President</i>	Kimberly Hiroto, Ph.D.
<i>President Elect</i>	M. Lindsey Jacobs, Ph.D., MSPH, ABPP
<i>Past President</i>	Shane S. Bush, Ph.D., ABPP
<i>Secretary</i>	Patricia M. Bamonti, Ph.D., ABPP
<i>Treasurer</i>	Brenna Renn, Ph.D.
<i>Diversity Chair</i>	Flora Ma, Ph.D.
<i>Section Representative to Division 12</i>	Amy Fiske, Ph.D.
<i>Archivist</i>	Sherry Beaudreau, Ph.D., ABPP
<i>Student Representatives</i>	Laurie Chin, M.A.

COMMITTEES

<i>Awards</i>	Janet Yang, Ph.D., ABPP
<i>Communications</i>	Charissa Hosseini, Ph.D.
<i>Diversity</i>	Flora Ma, Ph.D.
<i>Lifelong Learning</i>	Jessica Strong, Ph.D., ABPP
<i>Mentoring</i>	Ira Yenko, Psy.D.
<i>Science and Practice</i>	Ann Pearman, Ph.D.

COMMUNICATIONS TEAM

<i>Chair and Listserv Manager</i>	Charissa Hosseini, Ph.D.
<i>Social Media Overseer</i>	Taylor Loskot, B.A.

Newsletter Editors

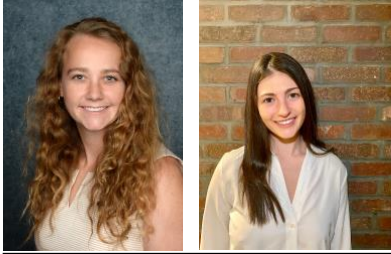
Victoria Behr (formerly Beach), Ph.D.

Rachel Best, M.A.

Website Coordinator

Jennifer Ho, Psy.D.

Comments from the Editors: Victoria & Rachel



Victoria Behr (left)
Rachel Best (right)

Welcome to the Winter/Spring 2023 issue of the Society of Clinical Geropsychology Newsletter! We would like to take the time to thank the previous editors, Danielle McDuffie and Diana Hedrick, for their warm handoff and guidance as we begin the position as newsletter editors. Thank you for all your work over the past three years – we certainly have big shoes to fill! We would also like to thank those of you who have reached out and extended such warm welcomes. We're excited to serve in this role and look forward to collaborating with you all!

In this edition of the newsletter, you will find our newsletter standards, such as our president's column, member spotlight, and committee updates. Be sure to also check out the Student Voice to learn more about how to use Twitter as an academic tool (page 7) and the Research Roundup to learn more about recent research relevant to the SCG community (page 11). We are also happy to highlight an exciting textbook collaboration to expand clinical geropsychology in the undergraduate curriculum (page 9). As always, we are excited to celebrate the work and accomplishments of our SCG community (page 5)!

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: Victoria Behr (formerly Beach) vlbeach@csbsju.edu or Rachel Best rbest1@mail.yu.edu.

Student Member Spotlight

Student Member Spotlight: Claire McDonald



Year joined: Dec 2022

Hometown: Annapolis, MD

Current academic affiliation: The College of William & Mary

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I was encouraged to join SCG after a meeting with Dr. Karen Hooker. She was assigned to me as a mentor through

William & Mary and this was one of the many valuable pieces of advice that she imparted to me!

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? SCG has helped me become more aware of developments in the field and

opened my eyes to new areas of research I could potentially pursue. As a first-year student in a M.S. program, I'm just starting to get my feet wet. My current academic program doesn't have any clinical geropsychologists on staff, so I hope to utilize SCG to make meaningful connections.

How did you get interested in the field of aging? As an undergraduate student, I worked with residents of an assisted living facility during the peak of COVID when visitors weren't allowed. I became particularly interested in the care for the residents, not just in their physical well-being, but also social and emotional well-being. Over the past few years, I've also watched my grandfather's journey with dementia. So, there's a personal motivation, as well.

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

There are many different mentors who have helped me in my career so far. Dr. Danielle Findley-Van Nostrand and Dr. David Nichols provided invaluable research experience when I was an undergraduate student at Roanoke College. Without joining their labs, I wouldn't have developed a passion for research. At William & Mary, Dr. Paul Kieffaber has been gracious in taking me under his wing and showing me the ropes of all things EEG research.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? My most memorable experience has been collaborating with nurses at the assisted living facility to provide comprehensive care to residents with dementia. Getting to listen to the stories told by older adults and learning about their lives was incredibly rewarding.

Tell us about your most recent activities. In May, I will be presenting a poster at APS about a project I've been working on titled "Age Related Changes in Task-Set Switching as Measured by ERPs". I will soon begin working on my thesis, in which I hope to further explore the relationship between people with dementia and their caregivers. While there is an extensive body of literature about informal caregivers, I want to look more at the relationship between people with dementia and their formal caregivers, such as nurses or hospice workers.

Looking forward, what are your plans post-graduation? This year, I will be applying to PhD programs in clinical psychology with an emphasis in geropsychology. If all goes according to plan, I'll matriculate Fall 2024 after I graduate from William & Mary.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I love singing and am a part of the Williamsburg Choral Guild! Every Monday evening you can find me at rehearsal. I also love animals and spend most of my free time doting on my two cats, Honey and Sondheim.

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 Victoria Behr (formerly Beach) vlbeach@csbsju.edu or Rachel Best rbest1@mail.yu.edu.

Recent Member Books & Publications

Atlas L., & **Zweig, R.** (2022). The doctor-patient relationship, personality, mood, and social functioning in older adults. *Professional Psychology: Research and Practice*, 53(5), 436–445. DOI: 10.1037/pro0000419

Brief synopsis: Is it important for older adults to build a trusting relationship with their physician and how is this affected by their personality and mood? Personality pathology (PP) has been tied to both mental and physical health in older adulthood. The present study explored the relationships between personality, mood, and trust in physicians. A sample (N = 170) of medical outpatient older adults between the ages of 60 and 99 completed self-report measures of personality traits (NEO five factor inventory, NEO-FFI) and processes (Inventory of Interpersonal Problems-Personality Disorder, IIP-PD-25), depression (Geriatric Depression Scale, GDS-30), social role impairment (Social Adjustment Scale—Self Report, SAS-SR), and general trust in physicians (General Trust in Physicians Scale, GTIPS). Cumulative illness burden data (Cumulative Illness Rating Scale, CIRS) were retrieved from medical records. PP and trust independently predicted outcomes. In separate models, higher neuroticism, lower agreeableness, more interpersonal problems, and lower trust predicted depression. In combined models, higher neuroticism and lower trust predicted depression, and higher neuroticism and interpersonal problems predicted impaired social functioning. Trust did not moderate the relationship between PP and depression or social functioning impairment. The present findings regarding lower levels of trust and increased self-reported depression are particularly relevant for the older adult population, as they interact with health care professionals on a regular basis. Associations between trust in physicians and self-reported depression have implications for both the assessment and treatment of depressed older adults.

Goldman, A. S., Abbott, K. M., Huang, L., Naylor, M. D., & Hirschman, K. B. (2023). Changes in Tangible Social Support Over Time Among Older Adults Receiving Long-Term Services and Supports. *Journal of Applied Gerontology*, 07334648221150966.

Lederer, G.H.F., Freedman, D.C., Zamora, A., **Zweig, R.A.**, (2022). Personality Disorders in Later Life. In: Asmundson, G.J.G. (Ed.), *Comprehensive Clinical Psychology*, 2nd edition, vol. 7. Elsevier, pp. 209–234. DOI: 10.1016/B978-0-12-818697-8.00022-4.

Brief synopsis: This chapter covers theoretical, epidemiologic, and clinical aspects of the phenomenon of personality pathology in older adults. It presents a summary of the constructs of personality pathology and personality disorder in late life and considers the difficulties in using diagnostic criteria modeled on younger adults to evaluate symptoms in older adults. The chapter then summarizes competing models of Personality Disorder prevalence, with the conclusion that approximately one in ten older people suffers from a diagnosable personality disorder. It also discusses the broad stability in comorbid physical and psychiatric ailments across the lifespan

among people with personality pathology. We review methods for accurate assessment and data gathering and of existing diagnostic measures for the diagnosis of personality disorder in older adults. We also examine differential treatment responses of depressed older adults in relation to personality pathology and personality traits treated with a range of psychotherapeutic and psychopharmacological interventions.

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%2F00332941211061697>

Picconi, L., Fairfield, B., Sergi, M. R., Cataldi, F., Padulo, C., Brugnera, A., Parisi, G., Compare, A., Gottschling, J., **Segal, D. L.** (in press). Development and validation of a short form of the Geriatric Anxiety Scale (GAS-12) among Italian older adults. *Clinical Gerontologist*. <https://doi.org/10.1080/07317115.2022.2120445>

Schaefer, L. A. (2022). Functional Assessment, Chapter 16 in *A Handbook of Geriatric Neuropsychology: Practice Essentials, Second Edition*. Bush, S. & Yochim, B. (Eds). Routledge/Taylor & Francis. DOI: <https://doi.org/10.4324/9781003100058>

Stone, L. E., Hurd, J. A., & **Segal, D. L.** (2023). The Alternative Model of Personality Disorders, trauma, and aging: Relationships with post-traumatic stress symptoms and the effect of cumulative trauma exposure. *Psychiatry Research Communications*, 3(2), 100106. <https://doi.org/10.1016/j.psycom.2023.100106>

Stone, L. E., & Segal, D. L. (in press). Associations between physical health and the alternative model of personality disorders: A cross-sectional age study. *Personality and Mental Health*. <https://doi.org/10.1002/pmh.1576>

Stone, L. E., **Segal, D. L.**, & Coolidge, F. L. (in press). Impact of self-reported cognitive dysfunction on the Alternative Model of Personality Disorders among older adults. *Aging & Mental Health*. <https://doi.org/10.1080/13607863.2022.2056141>

Recent Member Announcements and Presentations

Victoria Behr (formerly Beach), Ph.D.

- Starting a new position in August at the Milwaukee VA as the Staff Psychologist for Mental Health Integration into Oncology Outpatient Medical Clinics

Rachael Spalding, Ph.D.

- Starting a new position as the Outpatient Integrated Pain Psychologist at the Milwaukee VA in August.
- Won the Psychologists in Long-term Care Student Research Award in October

The Student Voice

Utilizing Twitter as an Academic Tool for Geropsychologists and Geropsychology Trainees

Submitted by Laurie Chin, M.A.



I first started my Twitter account in 2010 to follow my favorite music artists for updates whenever they would announce which cities would be on their next tour.

Fast forward to 2020: The global pandemic struck. No one was going anywhere, much less in-person conferences, and our only way of connecting with anyone was exclusively online. Zoom and other video conferencing platforms began taking off and started changing the way we viewed accessibility of conference programming, teaching, and providing clinical services...and a similar opportunity for increasing accessibility was unfolding on Twitter.

Almost three years into refurbishing my personal Twitter account into an academic one, I wanted to share some tips (and caveats!) of using Twitter as an academic tool that may be helpful for current geropsychology graduate students, interns, postdoctoral fellows, and even those with fully developed careers as geropsychologists!

As the term “social network” suggests, social media platforms like Facebook, Twitter, Instagram, and LinkedIn are forms of networking. Twitter has come to feel like a happy medium between being “too personal” (Facebook & Instagram) and “less personal” (LinkedIn). On Twitter, you can share your thoughts, share photos, and showcase your unique personality amidst your career achievements and opportunities.

For current geropsychology graduate students and trainees: A majority of the research and mentorship opportunities that I’ve come across and/or ended up on my CV were due to networking on Twitter. Fun fact: The reason I found SCG was through a clinical geropsychologist who reached out to me and spent two hours with me on Zoom discussing professional development – *after a simple Twitter exchange!* I would not be writing this as an SCG representative if not for Twitter connecting me with colleagues who share that same passion for working with older adults. For the first time, I felt like I wasn’t alone on my “geropsychology island,” as not many in my graduate program shared in this same interest. Twitter opened up a new world where I felt like I could speak the same “language” with colleagues and shared that same passion for advocating for better clinical care and research for older adults, and keep up to date with projects, research, and policy work related to geropsychology.

For career geropsychologists: Are you looking for undergraduate, post-baccalaureate, and prospective PhD students to expand your research lab or private practice? There are prospective clinical psychology students who are looking for clinical and research experiences prior to grad school and are hopping on the trend of joining #AcademicTwitter every week. It can be great ways beyond the Div 12/II listserv of finding these driven, passionate students!

Other uses I’ve found for Twitter have included but are not limited to: 1) increasing exposure for your new publications or textbooks, 2) advertising open organizational leadership positions, 3) finding

geropsychology mentors outside of your home institution, particularly if none exist, and 4) gathering participants for your dissertation research (*I was able to collect my dissertation data in a month & a half due to posting on Twitter and word-of-mouth from there!*). Overall, increasing activity on social media shows that there are geropsychologists who are actively engaging with this next generation of trainees, interns, and postdoc fellows. It may also widen the net of new members joining SCG and other aging-related organizations! 😊

This is an extension of the “Networking” piece, but Twitter is a great way to connect with other geropsychology trainees and professionals both *before* and *after* conferences. At GSA this past November, it was great to finally meet Twitter colleagues in-person – it was like reuniting with old friends you’ve never met before! During conferences, Twitter can be used to highlight your own (or your students’) paper or poster presentations, express insights you’ve garnered from plenary and poster sessions, set up lunch/dinner plans, and capture photographic evidence of reunions with former co-workers/interns/fellows.

The beauty of Twitter is that you don’t have to be an extrovert. I would consider myself an “extroverted introvert” -- I love being social, but I need a bit more time to recharge, especially at conferences. Rather than working up the confidence over the course of three days to say hello at an in-person conference, it is *much* easier to respond to a tweet of someone whose research you admire on Twitter, or even more boldly, directly message them to see if there are any opportunities available to work with them. The worst they can say is no! But at least you’ve made that initial connection. I will admit to being “starstruck” when one of my geropsychology heroes “follows” me on Twitter. Twitter is an approachable way for those of us who may be more shy, to meet your “Geropsychology Heroes” and make future connections for internship, postdoc, and when you’re on the job market. The geropsychology community is small but mighty, and there are generally two to three degrees of separation between someone you meet on Twitter knowing someone you’ve been wanting to connect with, which can help for those who may be more introverted.

From a diversity and inclusion standpoint, Twitter has “leveled the playing field” so to speak, for students who may not come from geropsychology-focused graduate programs to make those same connections that traditionally are based on “who you know” or if you happen to have worked up the nerve to say “hello” at a conference. It increases accessibility and equity from students and scholars from minoritized backgrounds and serves the overarching purpose of diversifying our (gero)psychology workforce.

Like any other social media platform, there is the classic double-edged sword of using social media. There is a quote that I often revisit that says, “*Comparison is the thief of joy.*” It can be easy to see everyone’s “highlight reel” where it seems like everyone else is constantly pushing out publications, conference presentations, and working at great clinical training sites, and you begin to wonder if you can even measure up. Speaking for myself, I have definitely felt this way numerous times, and it can be an unnecessary additional source of imposter syndrome and fuels my unhealthy internal drive to want to “do more.” In these instances, it is important to remind myself that this is probably that person’s “highlight reel,” not their reality. On the other hand, there are also those on Twitter who are authentic about their struggles, rejections, and redirections. Lastly, it has been helpful for me to take a few days away from #AcademicTwitter as a whole and re-center myself in the reality that I am enough, and I have my own unique contributions to the field of geropsychology and giving myself permission to be okay with where I am at presently.

Final note, it is important to disclose that your tweets and retweets reflect your own views, and not of the institutions you are affiliated with. You don't want to get in trouble with your bosses!

If you decide to make a Twitter account and join us, it is important to consider the pros and cons. I hope this was a helpful, well-rounded walkthrough of utilizing social media for geropsychologists at all career stages!

Follow me on Twitter at @laurealisabeth
Follow SCG on Twitter at @SCGeropsych

Highlight: Textbook Writing Collaboration

Expanding Clinical Geropsych in the Undergrad Curriculum *Submitted by Brian D. Carpenter, Ph.D.*

As positive representations of aging make inroads across media – check out the growing number of “granfluencers” on TikTok – undergraduate textbooks are still one place where we need to promote the research questions, clinical needs, and career opportunities of geropsychology. You might remember that SCG members were part of this effort for the 9th edition of the *Introduction to Clinical Psychology*, a Cambridge University Press book designed for advanced undergraduates and co-authored by Douglas Bernstein, Bethany Teachman, Bunmi Olatunji, and Scott Lilienfeld. At the invitation of the authors, a team of writers that included **Hillary Dorman** from the University of Alabama, **Kelly Durbin** from the University of Southern California, **Alexa Ebert** from West Virginia University, and **George Lederer** from Yeshiva University, along with **Brian Carpenter** at Washington University in St. Louis, contributed a new chapter dedicated to geropsychology to this best-selling text.

According to Doug Bernstein, that chapter was praised by the publisher, who requested an update for the upcoming 10th edition. With a solid first version as a foundation, a new team came together to work on the next iteration. This time around, co-authors included **Lisa Stone** from the University of Colorado at Colorado Springs, **Sabine Lohmar** from the University of West Virginia, **Matt Picchiello** from Washington University in St. Louis, and returning contributors **Kelly Durbin** and **Brian Carpenter**.

The team began by reviewing empirical and clinical literature that came out since the first version (e.g., new information on teletherapy, cannabis use among older adults, the mental health effects of COVID-19) and brainstorming potential topics to add (e.g., sexual health among LGBTQ older adults, virtual reality treatments, the development of foundational competencies in geropsych). Next, they divided and conquered, with each section of the chapter getting a facelift by a primary author and review by a secondary author. Everyone also reviewed the final version of the chapter prior to submission. Under a tight timeline – just six weeks from invitation to submission – the team utilized cloud-based document sharing for collaborative writing and met weekly on Zoom. (With authors stretched across every time zone, this meant some late-night meetings after the end of the usual business day!)



The authors on one of several collaborative Zoom calls.

In its final form, the chapter introduces undergraduate readers to the history of clinical geropsychology, unique aspects of clinical work with older adults, clinical assessment and treatment, and a closing section on the future of geropsychology. Woven throughout is a case study of a multigenerational family featuring a grandmother, Danutė Bagdonas, her daughter and son-in-law, Lena and James, and grandchildren, that is used to highlight common clinical issues such as differential diagnoses, confidentiality when working with families, and interprofessional collaboration.

This has been an exciting opportunity to collaborate across geropsychology programs, taking full advantage of the talent and expertise throughout our organization. If anyone is interested in learning more and perhaps working together on efforts to spread the word throughout the undergraduate curriculum and beyond, please contact any of the chapter authors. And stay tuned for the 11th edition!

Research Roundup

Every issue, we ask SCG student members to highlight recent publications of original research findings relevant to the SCG audience for the Research Roundup.

Diabetes, Depression, and Executive Functioning from a Biopsychosocial Perspective

Submitted by Anna C. Robertson, M.A.

Psychotherapy for older adults requires a thorough understanding of biopsychosocial factors across lifespan development for many reasons, one being that a majority of clients presenting with a mental health condition have - or will develop - at least one comorbid physical health condition. Diabetes and depression are common comorbidities, and each is a risk factor for developing the other. Moreover, long-term depression and diabetes are each correlates of cognitive decline beyond what is expected while aging, leading not just to potential physical disability but potentially preventable cognitive decline as well. Lastly, impairment in physical functioning, cognitive functioning, or emotional functioning can each have deleterious effects on clients' social experiences. Psychotherapy treatment plans may benefit from assessing these factors across a client's lifespan.

Khambaty and colleagues (2022) utilized a large, inclusive, and longitudinal database to measure executive functioning (EF) and depressive symptoms as predictors of diabetes based on blood glucose in linear mixed-effects regression models. The researchers controlled for sex, race, and annual household income at baseline, given that individuals are at greater or lesser risk of developing diabetes among these sociodemographic variables. Participants were primarily middle-aged throughout the study, mostly African American, and mostly female. Among adults with low EF, the presence of depressive symptoms accelerated increased blood glucose over time. The researchers found a similar, yet more subtle pattern appeared for individuals with average EF and no pattern for participants with high EF.

Clinicians may take from this study a few ideas. First, when working with clients with depression, it could be worthwhile to consider their baseline EF or overall cognitive functioning to consider appropriate treatment of depression. Moreover, engagement in preventive measures via behavior change during psychotherapy may also attenuate the likelihood of developing chronic illness. It is also critical that psychotherapists consider clients who enter psychotherapy with comorbid depression and diabetes may have varying EF abilities, and measuring these abilities through brief screens may help the provider adjust treatment as needed. Lastly, it is worthwhile for psychotherapists to explore social factors, such as isolation, as both a cause and an outcome of depression and low EF. Addressing social concerns while engaging in psychotherapy and preventing/maintaining physical illness can address psychopathology through a biopsychosocial framework.

Khambaty, T., Leibel D. K., Katzel, L. I., Evans, M. K., Zonderman, A. B., & Waldstein, S. R. (2022). Synergistic associations of depressive symptoms and executive functions with longitudinal trajectories of diabetes biomarkers among urban-dwelling adults without diabetes. *Psychosomatic Medicine*, 84, 478-487. doi: 10.1097/PSY.0000000000001069

Committee Updates

Mentoring Committee *Submitted by Ira Yenko, Psy.D.*

Dear members of the Society of Clinical Geropsychology,

As the population ages, the need for clinical geropsychologists continues to grow, and we believe that investing in the development of the next generation of leaders in our field is essential. We are collaborating with Division 20 to create a cross-division mentorship panel discussion and social at APA 2023. If you or anyone you know may be interested in attending as a guest or would like to serve as a panelist, please reach out to Dr. Ira Yenko at (iyenko@northwell.edu).

We recognize that diversity, equity, and inclusion (DEI) are critical components of effective mentorship. As such, the Mentoring Committee is committed to promoting DEI in all of our activities. We also recognize that DEI is not just about representation but also about creating a welcoming and inclusive environment where all members feel valued and supported. With this in mind, we are partnering with SCG's diversity committee to provide information and strategies for mentors to help them understand the unique challenges faced by individuals from diverse backgrounds and to develop strategies to address these challenges.

We encourage all members who are interested in participating in the Mentoring Committee as a mentor, mentee, or committee member to reach out to us. Our goal is to create a supportive community where professionals at any stage in their career can receive guidance and support as they navigate the challenges of their careers.

As a member of our committee, you will have the opportunity to connect with like-minded professionals, share your knowledge and experience, and contribute to the growth and development of our field. Whether you are an experienced professional or just starting your career, your expertise and insights can make a real difference in the lives of our mentees.

Before concluding this newsletter entry, we would like to take a moment to express our sincere gratitude to three members who have recently transitioned off of our Mentoring Committee. Cecilia Poon, Heather Smith, and Stacy Yun have been instrumental in the development and success of our committee, and we cannot thank them enough for their contributions. Their dedication, passion, and commitment to mentoring early career professionals in clinical geropsychology have been truly inspiring, and their legacy will continue to live on through the work that we do.

Finally, we would like to welcome Claudia Son, M.A. to our committee. Claudia is a 4th year Doctoral Candidate in Clinical Psychology at the Rosemead School of Psychology at Biola University.

SCG Mentoring Committee:

Anna Blanken, PhD
Stephanie Liu, MPH
Claudia Son, MA
Ira Yenko, PsyD (Chair)

Communications Committee
Submitted by Charissa Hosseini, Ph.D.



As a friendly reminder we have a Facebook page and a Twitter account and need your help to grow our voice. Please follow, like, retweet, share, etc. using the links below. If you have any ideas for content to post, please don't hesitate to email Taylor directly. Tag @SCGeropsychology 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/SCGeropsych?s=20>

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

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 [Victoria](#) or [Rachel](#).