

# The Clinical Geropsychologist

## Society of Clinical Geropsychology

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Please contact your editors Victoria Behr [victoria.behr@va.gov](mailto:victoria.behr@va.gov) and Rachel Best at [rbest1@mail.yu.edu](mailto:rbest1@mail.yu.edu) if you wish to comment on the contents of this newsletter.

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*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.*



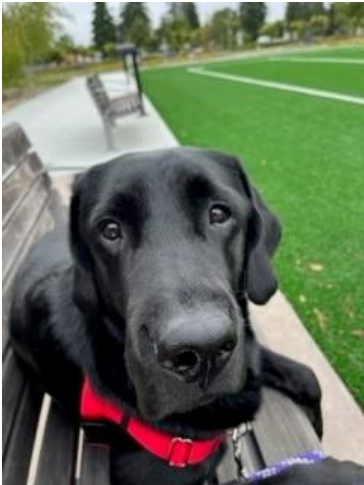
I hope this past Summer and entry into the Fall has been going smoothly for everyone, despite the challenges nationally and globally. Given the stressors of these times, I

decided to keep this column light and use this space to discuss a lesser known approach to therapy that can help individuals across the lifespan: animal assisted therapy.

I recently became the handler to a facility dog, Chapman, for our nursing home and hospice units. Thanks to the [Paws for Purple Hearts](#) program, which trains dogs to work with Veterans, Chapman and I were paired in mid-July and have been working (and living) together ever since. He’s a 3-yr old black lab/golden retriever mix and the only one of his litter. His arrival came just days before my family and I lost my Dad, and a couple weeks after we lost other close family members to illness. In my grief and adjustment to this new reality without my Dad and other mainstay family members, Chapman brought comfort and even moments of laughter

and joy. The timing of Chapman’s entrance, just as my Dad departed, felt like a gift from my Dad to ease the pain of his absence. Through it all, and to this day, “Chappy” remains a constant source of support, laughter, and comfort. He does the same with the Veterans I serve.

Like many, I never anticipated doing animal assisted therapy, but it has changed my life. With Chapman by my side (my “Chap-erone”), staff, Veterans, and their family members openly initiate conversation and share their own experiences with beloved pets. Casual conversations about animals often give way to deeper discussions of love, fear, loss, and adjustment. Those struggling with extreme adversity (e.g., catastrophic illness, acquired disability) or the humbling process of aging often brighten when Chapman graces their doorway. Older adults seem to revert back to a childlike giddiness in the presence of dogs. Some even reminisce about their beloved pets from decades earlier, allowing for exploration of early childhood experiences and life review. Even his trainer who, despite efforts to remain neutral and not anthropomorphize her dogs, described Chapman’s eyes as “looking into my soul.”



Dogs (and other animals) can be powerful co-therapists. Studies show that mere minutes with another dog can have powerful effects on our mood, stress level, and even perceptions of pain (I’m sure cats can have similar effects). Pets offer nonjudgmental presence and openly provide the healing power of touch that transcend language and even species. As we emerge from the ravages of the pandemic amid the ongoing conflicts domestically and abroad, who couldn’t use more of this? So, as I continue my journey providing animal assisted therapy, I hope others also consider this option if possible both for yourself and your clients. Specially trained therapy animals, as well as regular pets, can be a source of joy and laughter as well as comfort during times of sorrow. And if you can’t have pets, come by and pet Chapman. He and I will gladly welcome your visit!

## Comments from the Editors: Victoria & Rachel



Victoria Behr, Ph.D. (left)  
Rachel Best, M.A. (right)

Welcome to the Fall 2023 issue of the Society of Clinical Geropsychology Newsletter! In this edition of the newsletter, you will find our newsletter standards, such as our president’s column (with an adorable dog picture as a bonus!), research roundup, and committee updates. If you are headed to Tampa for GSA, consider attending presentations from fellow SCG colleagues (page 3). Please consider taking the survey on page 4, which looks at the ways in which we as psychologists and trainees engage in the important work of providing anti-racist care to older adults who have been historically marginalized by society. We are also happy to highlight exciting developments in building the geropsychology workforce (page 4 and 13). Be sure to also check out the Student Voice

for a farewell from Laurie and an introduction from Kseniya (page 5). As always, we are excited to celebrate the work and accomplishments of our SCG community (page 2)!

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 [victoria.behr@va.gov](mailto:victoria.behr@va.gov) or Rachel Best [rbest1@mail.yu.edu](mailto:rbest1@mail.yu.edu).

## GSA Presentations

Best, R.B. Ogilore, A., Rule, P.D. , & Hill, P.L. (2023, November) *Purpose Promotes Mental Health for Retirees, But They Need Help Finding It*. Poster will be presented at the meeting of the Gerontological Society of America, Tampa, FL.

Stone-Bury, L.E. (2023, November). *Exploration of the need for grief services: Methodology of a community-based research study*. In L.E. Stone-Bury & R. E. Weiskittle (co-chairs), Community based research on grief support for older adults: From exploration to implementation. Symposium talk will be presented at the meeting of the Gerontological Society of America, Tampa, FL.

Stone-Bury, L.E., Premovich, A.M., & Segal, D.L. (2023, November). *Evidence of age bias on the Alternative Model of Personality Disorders*. Poster will be presented at the meeting of the Gerontological Society of America, Tampa, FL.

Stone-Bury, L.E., Hurd, J.A., & Segal, D.L. (2023, November). *The effect of lifespan trauma exposure on pathological personality traits*. Poster will be presented at the meeting of the Gerontological Society of America, Tampa, FL.

## 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 [victoria.behr@va.gov](mailto:victoria.behr@va.gov) or Rachel Best [rbest1@mail.yu.edu](mailto:rbest1@mail.yu.edu).*

### ***Recent Member Announcements and Presentations***

**Schaefer, L.A.**, Bekerman, E.H., & Levin, V.P. (2023, October). How a celebrity's disclosures of aphasia and dementia impacted online searches regarding dementia screening, prevention, and treatment: a big data analysis. Poster presented at the *National Academy of Neuropsychology Annual Meeting*, Oct 25-28, 2023; Philadelphia, P.A.

**Kate L.M. Hinrichs, Ph.D., ABPP**

- **The 2023 Psychologists in Long Term Care (PLTC) Awards:** The James Georgoulakis, PhD Award for "Outstanding Contributions to Psychology in Long Term Care" is presented to **Kate Hinrichs, Ph.D., ABPP** "for making a significant impact on psychology in long term care via research, clinical training or through other contributions."

**Jackie Hogan, M.A.**

- Completing internship at Beth Israel Lahey's Center for Healthy Aging in Danvers and Gloucester, MA.

**Nancy A. Pachana, Ph.D., FAPS, FASSA**

- The University of Queensland was the first university in the Southern Hemisphere to join the Age Friendly University Global Network (AFU-GN). Now, UQ has been chosen to be the first regional

lead for the Oceania region as part of the AFU-GN, with Dr. Pachana as the regional chair. The AFU-GN website is: <https://www.afugn.org/about-1>

**Lynn A. Schaefer, Ph.D., ABPP-CN**

- Elected a Fellow of APA, Division 20 (Adult Development & Aging) in August.

## Survey Opportunity!

*Submitted by Kristopher Kern, Psy.D., Brenna Renn, Ph.D., and Rakshitha Mohankumar, M.A.*

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. 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-reflection on how we embody deep empathy and provide services rooted in compassion. We have thoughts and behaviors about the aging process and easily acknowledge the sources of misinformation about older adults. We quickly recognize how social standards prioritize youthfulness and how media outlets negatively portray the aging process. 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. 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.

Dr. Kristopher Kern (VA Southern Nevada Healthcare System), Dr. Brenna Renn (University of Nevada, Las Vegas), and Rakshitha Mohankumar (University of Nevada, Las Vegas) are looking at the ways in which we as psychologists and trainees engage in the important work of providing anti-racist care to older adults who have been historically marginalized by society. Whether on a micro (individual) level or on a larger scale (e.g., policies in patient care), we want to learn about your experiences in order to improve our care for older adults who experience oppression from and within systems. Please consider taking our survey so that as a greater field we can improve our approach to person-centered care.

Survey link: [https://unlv.co1.qualtrics.com/jfe/form/SV\\_cGCzSX4VZqtQPR4](https://unlv.co1.qualtrics.com/jfe/form/SV_cGCzSX4VZqtQPR4)

## Highlight: Building the Geropsychology Workforce



**Building the geropsychology workforce: A national survey and virtual conference define critical obstacles and steps forward**

*Submitted by Flora Ma, Ph.D.*

The national population is aging. However, the number of psychologists currently prepared to work with older adults falls far short of the demand. To address this potential crisis around a worsening geriatric workforce shortage, we proposed the development of a national virtual conference aimed at brainstorming strategies and generating solutions to overcome these challenges.

In order to structure this proposed virtual conference, we formed a planning committee diverse in terms of gender, racial/ethnic identity, and career stage. This committee also was formed with representation from six supporting gerontological organizations. We then ran a survey to shape the key goals of this proposed virtual conference.

Based on survey results, the planning committee established two goals: (a) to bring people into the dialogue about the workforce concerns articulated in the survey results and (b) to generate solutions, bridging groups who may have less opportunities for dialogue (e.g., between clinically and academically situated psychologists; between geropsychologists and psychologists in other specialties) through virtual technology.

Our virtual conference in March 2021 spanned two days to maximize participation, tallying around 150 attendees in total. During the conference, attendees worked across 11 breakout groups of around 14 people each to discuss solutions addressing concerns identified in the survey. Specifically, we defined a list of 16 common "high-priority" ideas, visualized on screen based on collective voting popularity. These results are available in the paper for anyone curious to see ([Ma et al., 2023](#)).

After the conference, a follow-up survey was sent where 89 respondents identified which of the 16 high-priority areas they were willing to assist in as a tangible next action step. Additionally, different working groups were formed according to participants' interests at post-conference. Some of the groups include guest lectures/ speaker's bureau, post-licensure, outreach to undergrad and grad students related to careers in aging. Here's an example of a work product that was catalyzed from one of the post-conference working groups: [Development and evaluation of a national careers in aging webinar series for psychology trainees](#). This conference represented an opportunity to energize and connect psychologists to each other around key issues. Maintaining forward momentum is as important as ever, and if you're reading this now, we would love to have your involvement. You can reach me at [drflora@stanford.edu](mailto:drflora@stanford.edu). Let's make a meaningful impact together.

## The Student Voice

### Farewell and Introduction

*Submitted by Laurie Chin, M.A. and Kseniya Katsman, M.A.*

#### A Farewell Message from Laurie Chin



It has been such an honor to serve as an SCG student representative over the past two years. A huge thank you to SCG for taking a chance on me and providing me with one of my very first leadership opportunities as a graduate student. SCG has connected me with amazing role models and colleagues who I would not have otherwise been connected with before, but with whom I hope to stay connected to for decades to come!

Serving as student representative has allowed me to have a continued pulse on current geropsychology research and interview change makers in our field. A pivotal opportunity that would not have been possible without SCG was working as an APA Aging Portfolio intern and assisting with the updates for the APA Guidelines for Psychological Practice with Older Adults. In working with some of the greatest pioneers in our field, many of whom are soon phasing into retirement,

it struck me how important it is (now more than ever!) for the upcoming generation of geropsychologists to keep the field of geropsychology alive and relevant. There are many systemic barriers (e.g., lack of competitive salary, Medicare reimbursement, lack of training opportunities, etc.) that may lead trainees to think twice about pursuing a career in geropsychology that must be urgently addressed. Clearly, it is not something that can be resolved overnight, but something we can continue to aspire towards.

Over the weekend, I finished rereading “Being Mortal” by Dr. Atul Gawande. It was such a potent reminder for us as clinicians that our role is not simply to be an informant regurgitating our knowledge, but rather to be a guide who centers our care around what matters for older adults and making the third/fourth act of life a meaningful one. What we do is essential, and will only continue to be as the years go on. As I start phasing out of this stage as a trainee, I hope to continue to advocate for changes that can lead us further along in that direction. Additionally, I hope to continue my involvement in aging and public health policy, promoting health equity for older adults from marginalized communities and helping improve EDI initiatives in geropsychology training programs and recruiting more BIPOC geropsychologists.

Thank you again for letting me service as a voice for geropsychology trainees, and I know that this role is in great hands with Kseniya and the next SCG representative! 😊



### **An Introduction from Kseniya Katsman**

I am honored and appreciative for being selected as the incoming Division 12/II Student Representative. This community has proved to be indispensable in my journey of becoming a geropsychologist. I am eager to represent the student population of our wonderful society! I look forward to connecting students and leadership and always welcome student ideas, questions, and musings on all things geropsychology! You can reach me at [kkatsman@fordham.edu](mailto:kkatsman@fordham.edu).

### **Background and Geropsychology Involvement**

I was born in Russia, where I spent the first 13 years of my life. Later, I moved to Israel, where I spent my adolescence and young adulthood. Several years ago, my husband and I (and our two cats) decided to move to the United States. I completed a Master’s degree at John Jay College of Criminal Justice in 2018, and I am currently a fourth-year counseling psychology Ph.D. candidate at Fordham University.

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, 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 a photo editor, working with older clients was the most enjoyable. However, once I began studying psychology, the topic of working with older adults did not come up in my curriculum. While I knew that I would 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 when I had a discussion with a professor working with the older population that I considered geropsychology as an option. 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 multiculturalism and began learning about the intersectionality of older adults and how underserved they are in the mental health system. The more I learn, the more this field feels right for me. In my work, I hope to serve older clients, address the need for more mental health professionals in geropsychology, and apply my knowledge to public policy work.

### **Research and Clinical Interests**

My research interests span a wide range of topics, and it is hard to stop myself from engaging in additional exciting research adventures! Broadly, I am interested in structural ageism and resilience as experienced by older adults navigating the U.S. healthcare system, interventions aimed at reducing ageism in professionals, cultural neuropsychology, and clinicians' well-being. My most recent mixed-method research project attempted to reduce ageism and increase interest in working with older adults among graduate mental health students through video interventions. My dissertation project (still in progress!) is on the role of resilience and structural ageism in female Holocaust survivors' navigating the U.S. healthcare system. I have a deep appreciation for quantitative and qualitative methodologies and am always looking to collaborate with others!

For my clinical work, I enjoy providing neuropsychological assessment and psychotherapy for older adults. Currently, I am a geropsychology trainee providing psychotherapy to older clients at Long Island Jewish Medical Center, as well as a neuropsychology trainee at the department of neurological surgery at Weill Cornell Medicine. While juggling assessment and psychotherapy is not easy, it is highly rewarding, and I hope to combine these two passions.

## **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.*

### **Positive Minds-Strong Bodies (PMSB) Follow-up Summary**

*Submitted by Amy Band, Julia Fitzpatrick, Abby Laine  
University of Missouri-St. Louis*

Older adults of color in the United States have been disproportionately affected by the COVID-19 pandemic due to insufficient access to healthcare, the presence of premorbid conditions, and significant disruptions in their social networks. These disparities suggest that ethnically and racially diverse older adults can benefit from interventions that improve resilience in the face of major stressors. **Positive Minds-Strong Bodies (PMSB)** is a disability prevention intervention provided by community health workers in multiple languages (e.g., English, Spanish, Mandarin, Cantonese) to improve the mental and physical health of older adults with preexisting mental illness symptoms and physical disability (Alegría et al., 2019). Although PMSB has demonstrated short-term efficacy in reducing symptoms of depression, anxiety, and physical limitations in samples of diverse older adults, less has been documented about its effectiveness in promoting longer-term resilience.

Sánchez González et al., (2023) describes the COVID-19 follow-up study (N = 165; 62% of original sample still living) of racially and ethnically diverse older adults who had previously participated in a

randomized clinical trial of the PMSB intervention. The follow-up results include a notably diverse sample (9.7% White, 6.06% Black/African/African American, .61% American Indian, 33.94% Asian or Pacific Islander, 44.85% Hispanic, and 4.85% Other). In the original study conducted by Alegría and colleagues (2019), participants who received the PMSB intervention saw greater improvements in physical functioning and depressive symptoms, but no changes in their anxiety symptoms compared to the Enhanced Usual Care (EUC) group. In the current study, the same participants were contacted between 2021 and 2022 and asked to complete various outcome measures such as the function component of the Late-Life Functioning and Disability Instrument (Late-Life FDI; Haley et al., 2002), the Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006), and the Geriatric Depression Scale (GDS-15; de Craen et al., 2003) to see whether benefits of the PMSB intervention that had been assessed immediately post-treatment persisted through the COVID-19 pandemic.

The follow-up assessment revealed that participants who received the PMSB intervention reported fewer depressive symptoms and higher physical functioning levels during the COVID-19 pandemic compared to the EUC group. Interestingly, improved mood and level of physical functioning for participants in the PMSB group did not increase over time, but were sustained post-intervention through the pandemic. No differences were observed between the EUC group and the PMSB group on measures of psychological distress, anxiety symptoms, or disability level.

Sánchez González et al., (2023) provides encouraging evidence supporting the PMSB intervention as a means of enhancing long-term resilience to depression and physical limitations among culturally diverse older adults. Even more encouraging is the finding that this resilience perseveres in the face of an unprecedented social, economic, and health crisis (i.e., the COVID-19 pandemic) among a population seemingly most at risk during this time. PMSB did more than effect immediate changes in older adults' physical and emotional well-being. This intervention also provided older adults with the skills needed to be resilient to diverse stressors long after the program's termination.

Sánchez González, M. L., Cruz-Gonzalez, M., Falgas-Bague, I., Markle, S. L., & Alegría, M. (2023). Resilience of racial and ethnic minority older adults during the COVID-19 pandemic: The role of a prior disability prevention intervention. *The American Psychologist*, 10.1037/amp0001177. Advance online publication. <https://doi.org/10.1037/amp0001177>



## Committee Updates

### **Fostering Inclusive Mentorship in Geropsychology: Cultivating Safety, Trust, Humility, Authenticity, and Communication**

*A collaborative initiative between the SCG Mentorship and Diversity Committees  
Submitted by Flora Ma, Ph.D. and Ira Yenko, Psy.D.*



Equity, Diversity, and Inclusion (EDI) in mentorship is more important now than ever before in today's society. I'm proud to bring forward this mentorship initiative that will hopefully make a meaningful impact. SCG Mentorship and Diversity Committees have put together a resource to share with you all. I invite you to view below to learn more about ways that you can foster and apply inclusive mentorship! Mentoring across differences can promote intercultural mentoring relationships that embrace diversity and support inclusion (Addy et al., 2023; Martin & Harr, 2021; Thompson & Taylor, 2023). As geropsychologists, we aim to explore the significance of EDI and offer some strategies to shift the culture of mentorship. We are happy to hear your stories and experience in cultivating safety, trust, humility, authenticity, and communication in an inclusive growing environment. Please feel free to reach out to the committee chairs Ira Yenko or Flora Ma for any feedback and questions that you may have to help us improve our resources.



#### **Introduction**

Mentorship plays a crucial role in the development of professionals in various fields, and geropsychology is no exception. As geropsychologists, who are focused on the mental health and well-being of older adults, it is essential that we foster equity, diversity, and inclusion (EDI) in mentorship relationships. By emphasizing safety, trust, authenticity, humility, and communication, mentors can create an inclusive environment that supports mentees in their personal and professional growth. This article explores the significance of EDI and offers practical strategies to shift towards a more inclusive perspective in geropsychology mentorship.

#### **Equity, Diversity, and Inclusion: Why It Matters**

Equity, diversity, and inclusion are fundamental principles that promote fairness, respect, and equality within professional settings. In the context of geropsychology, embracing EDI means recognizing and valuing the unique perspectives, experiences, and identities that both mentors and mentees bring to the table. By fostering an inclusive mentorship environment, we can create opportunities for individuals with minoritized identities and ensure equal access to resources, support, and opportunities.

#### **Creating a Safe and Welcoming Space**

Safety is a foundational element of an inclusive mentorship relationship. Mentors must actively promote a safe and welcoming space for their mentees, where they feel comfortable expressing their thoughts, concerns, and questions. Encourage open dialogue, listen attentively, and create an environment free from

judgment or discrimination. Mentees should feel confident that their voices are valued and that their experiences will be respected.

Practical Application: Explicitly state the importance of safety/fostering a safe environment in your first meeting and inquiring about how you can help your mentee feel safe, comfortable, and supported.

### **Building Trust and Rapport**

Mentors can build trust by being reliable, consistent, and supportive. Establishing a mentor-mentee agreement outlining expectations, goals, and boundaries can set the stage for a trusting relationship. Actively demonstrate your commitment to the growth and development of your mentee and be transparent about your own experiences and challenges. Trust will enable mentees to seek guidance and advice more freely, leading to a more enriching and fruitful mentoring experience.

Practical Application: Refer to the questions outlined in the following article: [Top-10-Questions-to-ask-Mentors-and-Mentees.docx \(live.com\)](#) or see article below!

### **Embracing Authenticity**

Authenticity is a powerful aspect of mentorship. Encourage mentees to be their authentic selves by showing up as your authentic self. Foster an environment that celebrates diversity and individuality. Emphasize that there is no one "right" way to be a geropsychologist, and diversity of perspectives strengthens the field as a whole.

Practical Application: By sharing personal experiences, including both successes and failures, mentors can create a safe space for mentees to do the same. This vulnerability promotes growth, learning, and the development of well-rounded professionals.

### **Humility**

Humility is a vital, though underrepresented, component. It involves recognizing the limitations of one's knowledge, fostering collaboration, and embracing a learning mindset. Humble mentors value the expertise of their mentees, create a culture of feedback and growth, and remain open to diverse perspectives. By approaching mentorship with humility, mentors can help empower mentees to develop a sense of competence and expertise.

Practical Application: Regularly request feedback from your mentee and try to receive the feedback in a non-defensive manner. This further encourages mentees to meaningfully reflect on their mentorship experience and take ownership of their goals.

### **Effective Communication**

Open and effective communication is essential in mentorship relationships. Encourage mentees to express their goals, concerns, and expectations openly, while mentors should provide constructive feedback, guidance, and resources. Active listening is vital, as it demonstrates empathy and validates the mentee's

experiences. Communication should be a two-way street, with both mentors and mentees actively engaging in dialogue and sharing knowledge.

#### Practical Application:

Regular check-ins, scheduled meetings, and clear channels of communication can help mentees feel supported and valued. Communicate the framework of your mentorship relationship (e.g., expectations, logistics, feedback, etc.) in your first meeting.

#### Conclusion

Mentorship in geropsychology that emphasizes equity, diversity, and inclusion is vital for cultivating a generation of compassionate, skilled, and culturally competent professionals. By prioritizing safety, trust, authenticity, humility, and communication, mentors can create an environment that nurtures the personal and professional growth of mentees from all backgrounds. By embracing EDI principles, we pave the way for a future where geropsychology is inclusive and responsive to the diverse needs of older adults. Together, let us foster a culture of mentorship that uplifts, supports, and empowers the next generation of geropsychologists.

### Mentoring Committee

*Submitted by Ira Yenko, Psy.D., Stephanie Liu, M.P.H., and Claudia Son, M.A.*



Ira Yenko, Psy.D. (left), Claudia Son, M.A. (center), Stephanie Liu, M.P.H. (right)

In this edition of our fall newsletter, we are thrilled to feature an article written by Stephanie Liu and Claudia Son entitled “Top 10 Questions to ask Mentors and Mentees.” The article is part of our committee’s ongoing efforts to increase accessibility and enhance mentor-mentee relationships. We are always looking for new mentors/mentees and committee members. If interested, please reach out to Ira Yenko ([irayenko@gmail.com](mailto:irayenko@gmail.com)).

### Top 10 Questions to ask Mentors and Mentees

Whether you’re experienced or a first-timer, the beginning of a new mentorship relationship can be both exciting and nerve-wracking for both the mentee and mentor. We prepared a list of questions that mentors and mentees can ask one another to start laying the groundwork of the mentorship relationship! From asking about professional goals to discussing boundaries about disclosure, these questions will act as helpful talking points to encourage thoughtful conversations between mentor and mentee.

### 5 Questions for Mentees to ask Mentors

1. How do you differentiate between a mentorship and supervisory relationship?
  - Exploring the perceived similarities and differences between mentorship and supervision allows the mentor and mentee to collaboratively set the frame of the relationship. It may be helpful to address comfort and limits surrounding topics, such as self-disclosure and communication styles (e.g. formal/informal). Setting boundaries will allow the mentor and mentee to feel safe in the relationship.
2. Tell me about your professional and academic background.
  - The mentee can gain an understanding of the mentor's academic and professional backgrounds. This would provide an opportunity for further discussion regarding important points the mentee should consider as they move forward in their own professional and/or academic careers in geropsychology.
3. How are some ways that we can balance our personal and professional identities within this mentorship relationship?
  - A power differential exists within the mentorship relationship. Addressing this helps the mentor and mentee share comfort levels regarding setting boundaries for personal disclosure within the mentorship relationship.
4. What were some meaningful supervisory or mentorship experiences you have had?
  - The mentor and mentee can share past mentorship experiences that have positively impacted their growth, which may help them learn about each others' values (e.g., respect, openness to learning, inclusivity, etc.) in the context of mentorship. It may also help the mentee to hear about and learn from challenges that mentors have faced.
5. What are your expectations (e.g., time commitment, preferred communication methods, agenda setting) for our mentorship relationship?
  - Transparency and explicit communication can be a boon to the development of your mentorship relationship. By clarifying expectations, you can make the most of each interaction. Doing so can also help eliminate the anxious guessing game regarding general expectations for communication. Identifying expectations can also serve as a springboard for conversations on boundary-setting and work-life balance.

### 5 Questions for Mentors to ask Mentees

1. Tell me about your professional and academic background.
  - Developing an understanding of your mentee's background and experiences provides a compass for goal setting. Addressing values that influenced the decisions a mentee has made throughout their career may also be a helpful transition into the next question.
2. What specific goals do you have for your professional development?
  - The mentor may begin generating possible ideas on how their expertise and experience can fit in with the mentee's goals. This may help the mentor tailor their advice to their mentee's professional goals and identify additional resources for their mentee. For some mentees, discussing or identifying goals may be stressful. If this is the case, it may be helpful if mentors shared goals previous mentees have worked on to serve as a reference point.
3. What are the top three specific challenges to achieving those goals?
  - Mentors can become aware of the obstacles the mentee is facing in their professional development. This can initiate a collaborative problem solving process to work through those obstacles.

4. How do you prefer to receive feedback and guidance?
  - The mentor can gain an understanding of the mentee's preferred communication style in order to build rapport and facilitate more effective interactions.
5. How do you envision your ideal work-life balance?
  - Mentees can communicate their values regarding work-life balance and initiate a conversation about how mentorship may fit into their lives in a way that upholds that balance.

While the start of any mentorship may have its hurdles, we hope these questions can provide a helpful framework for navigating those challenges for both mentors and mentees.

**SCG Mentoring Committee:**

Anna Blanken, PhD

Stephanie Liu, MPH

Claudia Son, MA

Ira Yenko, PsyD (Chair)

**Committee: DEI Discussions at a National Virtual Conference**

*Submitted by Timothy K. Ly, M.A., Flora Ma, Ph.D., Rebecca S. Allen, Ph.D., Brian Carpenter, Ph.D., & Jennifer Moye, Ph.D.*

As readers of this newsletter well know, the number of psychologists equipped to work with the aging population falls short of the growing demand. In a national virtual conference held in March 2021 aiming to generate solutions addressing the worsening geriatric workforce shortage, a pertinent discussion on issues of diversity, equity, and inclusion arose. A preconference survey ( $n = 56$ ) showed that advertising and outreach (12.6%), student or faculty recruitment (11.5%), and mentorship (10.3%) were some of the most discussed strategies and approaches to recruiting individuals from diverse racial and ethnic backgrounds to geropsychology. During the two-day conference, attendees developed and prioritized strategies targeting undergraduate students ( $n = 14$  responses), graduate students ( $n = 23$  responses), trainees/clinicians ( $n = 24$  responses), and those in academic positions and settings ( $n = 15$  responses). Across all the discussion groups, enhancing diversity awareness and cultural humility in geropsychologists and mentors was identified by most participants as an important area for change. Qualitative responses provide detailed ideas on the strategies and barriers to enhancing racial and ethnic diversity in geropsychology. Eight themes emerged from these discussions: need for financial support/resources (7.2%), diverse student and faculty recruitment (16.2%), intentional awareness of/emphasizing diversity (15.3%), creating an inclusive environment (6.3%), creating safe spaces for discussing/educating on issues of diversity (5.4%), creating intersectional/intergenerational opportunities (8.1%), outreach and networking (22.5%), and training (10.8%). Strategies related to intentional awareness/emphasizing diversity, creating an inclusive environment, and creating safe spaces for discussing/educating on issues of diversity were priorities among respondents from academic settings. Among clinicians, prioritized strategies centered on the recruitment of diverse students and faculty, and outreach and networking across disciplines, specialties, and community partners. Priorities pertaining to graduate students focused on networking and training, while those related to undergraduate students centered on addressing intentional awareness of/emphasizing diversity and creating more intersectional/intergenerational opportunities and experiences. Please see table below for more information on strategies prioritized for different response groups. Qualitative themes that emerged from

this virtual conference serve as an impetus to developing and implementing solutions to reduce barriers and facilitate a diverse, growing geriatric mental health workforce.

	Academia	Post-licensure Clinicians	Undergraduate	Graduate
Financial	3	1	1	3
Recruitment of Diverse Students/Faculty	<b>4</b>	<b>7</b>	2	2
Intentional Awareness of/Emphasizing Diversity	<b>6</b>	3	<b>4</b>	-
Creating Inclusive Environment	3	-	2	1
Creating safe spaces for discussing, educating, and engagement on issues of diversity	2	-	1	1
Creating intersectional/intergenerational opportunities	-	1	<b>3</b>	3
Outreach and Networking	-	<b>15</b>	1	<b>5</b>
Training	-	1	2	<b>5</b>

*Note:* Qualitative responses may contain one or more themes.

### **Communications Committee** *Submitted by Charissa Hosseini, Ph.D.*



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