The Clinical Geropsychologist

Society of Clinical Geropsychology

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President's Column

Professional Organizations: A Look at the Past, Present, and Future
By M. Lindsey Jacobs, Ph.D., MSPH, ABPP

In the past year, APA's organization of the Public Interest Directorate has changed. If you are unfamiliar with the organization of APA, you can learn more by perusing the About APA webpages. Briefly, APA has four Directorates (Education, Practice, Public Interest, and Science) that support APA's strategic plan. The APA Public Interest (PI) Directorate, which promotes human rights, particularly for underrepresented and underserved individuals and communities, has eleven PI areas of focus. These include: 1) Aging; 2) HIV/AIDS; 3) Children, Youth, and Families; 4) Disability Issues; 5) Health Equity; 6) Sexual Orientation and Gender Diversity; 7) Ethnicity, Race, and Cultural Affairs; 8) Minority Fellowship Program; 9) Socioeconomic Status; 10) Violence Prevention; and 11) Women. The PI Directorate is of particular importance to us in geropsychology because this is where the Committee on Aging (CONA) and Office on Aging are located in APA's organization chart. CONA's mission is to ensure that topics and issues related to adult development and aging receive attention within APA, and the Office on Aging was developed to support CONA and to coordinate APA activities pertinent to adult development and aging.

Historically, the Office on Aging had a full-time director who coordinated and supported countless initiatives and activities. Recently, the PI Directorate was reorganized into Portfolios, and each Portfolio has one to two APA staff liaisons who have been tasked to fulfill responsibilities previously held by the office directors. Aging falls under the Human Development Team Portfolio, which also includes 1) Disability Issues in Psychology; 2) Children, Youth, and Families; and 3) the ACT Program, also known as the Violence Prevention PI. With staff liaisons' responsibilities spread across multiple PI areas, many of us in leadership and service positions have been wondering how to ensure adult development and aging are prioritized within APA. To fully understand the recent change and appreciate the significance and impact, we first must look back at the history of geropsychology.

Our Past

The first aging-focused professional organization in psychology was established almost 80 years ago in APA. APA's Division 20, which began in 1946, provided a home for researchers and clinicians in psychology to share ideas and interests pertinent to adult development and aging. In 1981, Psychologists in Long-Term Care (PLTC) was created to connect psychologists who are passionate about advocacy, practice, and research in long-term care. A little over a decade later, in 1993, the Society of Clinical Geropsychology (SCG) was established as a section of APA Division 12 (formerly known as APA Division 12 Section 2). As members of SCG, you know that this organization has been a home and a resource for psychologists who are committed to advancing our field of geropsychology through science, practice, education, and advocacy.

As PLTC and SCG were being established, two important conferences were held to lay the foundation for education and training in geropsychology. The Older Boulder conference in 1981 and Older Boulder II conference in 1992 were instrumental in identifying the need for specialized training in geropsychology, the knowledge base and skills for professional geropsychology practice, and the levels of competence in clinical

geropsychology. These conferences provided the basis for the recognition of geropsychology as a proficiency area by APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) in 1997.

Adult development and aging became a focus within APA's governance in 1996. APA's Council of Representatives, which is the legislative body of APA, formed the Ad Hoc Committee on Issues of the Older Adult. This Ad Hoc Committee recommended the establishment of CONA within APA's PI Directorate. CONA was formally established in 1998 and reports to the Council of Representatives through the Board for Advancement of Psychology in the Public Interest (BAPPI).

The next major advancement in geropsychology occurred with the third national conference focused on education and training in psychology. Held in 2006, this conference, known as the Pikes Peak conference, focused on the development of the Pikes Peak model for training in professional geropsychology. Two years later, the Council of Professional Geropsychology Training Programs (CoPGTP) was formed. CoPGTP is an organization for programs and associates that provide geropsychology education and training consistent with Pikes Peak model. With the development, dissemination, and application of the Pikes Peak model, our field was poised to be recognized as a specialty. In 2010, geropsychology was recognized as a specialty by CRSPP. Three years later, the American Board of Professional Psychology (ABPP) recognized geropsychology as a specialty area. The American Board of Geropsychology (ABGERO) was established, and the first ABGERO examinations were conducted in 2014.

Our Present and Future

Many SCG members are involved in some capacity with other aging-focused professional organizations, such as attending the Gerontological Society of America's annual scientific meeting or contributing the support and sharing of resources on the various listservs. If you are a member of multiple listservs, you may have noticed that cross-posting occurs fairly regularly, particularly when there are announcements and news relevant to members across organizations. Although APA Division 20, PLTC, SCG, CONA, CoPGTP, and ABGERO each have their own executive board, committees, mission, and initiatives, they are not siloed. In fact, these organizations are connected by the Geropsychology Specialty Council, which was founded in 2017. Members of the Specialty Council meet regularly to facilitate collaboration and to promote and support initiatives across organizations. Some of the discussions I have been involved in with the Specialty Council have focused on increasing the number of award applications submitted each year, enhancing community and engagement at events, and encouraging members to self-nominate for leadership positions within our organizations. With the recent change to the organization of APA's PI Directorate, the Specialty Council sought guidance from APA on how to elevate issues pertaining to aging. My understanding is that APA aims to de-silo issues pertaining to human welfare, justice, and rights of underrepresented and underserved individuals and communities with the expectation that these issues should be prioritized across all areas of governance. This is *not* a dissolution or sunsetting of Directorates, as these are essential to APA's strategic plan. However, this change does require that we, as geropsychologists, expand our commitment to service, leadership, and advocacy to spaces where aging has not yet received the attention it deserves. This is a call to action. I encourage you to consider some of the suggestions below, and I invite you to share your own ideas on our listserv.

1. Self-nominate and/or seek endorsement for nomination for open positions across APA. To ensure issues pertinent to aging are prioritized within the broader APA, psychologists with expertise in adult development and aging must have a seat at the table (all tables, preferably!). The 2024 nomination cycle for most APA boards (e.g., BAPPI) and committees (e.g., Committee on Rural Health) has closed. The next round of nominations will be announced in December this year. Be on the lookout for listserv

emails about this in December and January or visit the APA call for nominations webpage. Current and upcoming nominations are being sought for the following:

   a. APA Board of Directors: Nominations are currently being sought for two members-at-large, and they are seeking someone who has expertise in aging. The deadline to submit a nomination is **April 29, 2024.**
   b. 2024 Advocacy Coordinating Committee: The period for nominations opens June 3rd and closes September 3rd this year.

2. Know your Division Representatives to Council and how to best communicate with them (e.g., email, listserv, APA conference). As an SCG member, you are a constituent of Division 12's Representatives to Council. Formally (by membership) or informally (by shared interests), you are a constituent of Division 20's Representatives to Council.
3. Join an additional APA Division and share your expertise in aging as it pertains to that division's special interest area. There are many APA divisions that would welcome and benefit from your expertise in aging. Engage with their listserv members and consider volunteering to serve on their boards and committees.
4. Expand your networking and advocacy to your state's psychological association. How many geriatric specialists are in your state? Are there enough to serve the older adults in your state who have mental health and behavioral health needs? How is your state legislature attending to older adults' needs and interests, and how is it helping you serve older adults in your community?
5. Use social media to share important topics on adult development and aging. Share pictures taken at conferences or other important meetings, news stories, publications, ideas, and concerns, and consider tagging APA, SCG, or your state's psychological association.

Looking back at the history of geropsychology, I have so much admiration and appreciation for the leaders who worked so hard to establish our specialty field. Their determination and dedication to build professional communities for psychologists committed to advancing the field of adult development and aging is inspiring. Now that we have a bona fide, well-established specialty, I hope we can expand upon the agenda started by our early leaders and infuse aging across all spaces. Keep up the good work, fellow geropsychologists! I look forward to hearing your suggestions.

2024 SCG Leadership

EXECUTIVE LEADERSHIP

President	M. Lindsey Jacobs, Ph.D., MSPH, ABPP
Past President	Kimberly Hiroto, Ph.D.
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Treasurer	Brenna Renn, Ph.D.
Diversity Chair	Stacy Yun, Ph.D.
Section Representative to Division 12	Amy Fiske, Ph.D.
Archivist	Sherry Beaudreau, Ph.D., ABPP
Student Representatives	Kseniya Katsman, M.A. and Anna Roberston, M.A.

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Communications	Charissa Hosseini, Ph.D.
Diversity	Stacy Yun, Ph.D.
Lifelong Learning	Jessica Strong, Ph.D., ABPP
Mentoring	Ira Yenko, Psy.D.
Science and Practice	Ann Pearman, Ph.D.

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Chair and Listserv Manager	Charissa Hosseini, Ph.D.
Social Media Overseer	Taylor Loskot, B.A.
Newsletter Editors	Victoria Behr, 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 2024 issue of the Society of Clinical Geropsychology Newsletter!

In this edition of the newsletter, you will find some of our newsletter standards, such as our president's column, member spotlight, student member spotlight, and committee updates. Be sure to check out an interview with geropsychologist Dr. Rita Ryan about clinical services and training during the pandemic in the Student Voice column (page 10). As always, we are excited to celebrate the work and accomplishments of our SCG community (page 14)!

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) or Rachel Best (rbest1@mail.yu.edu).

Member Spotlight: Christopher Beam, Ph.D.

Year joined Society of Clinical Geropsychology: 2017

Hometown: Los Angeles, CA

Current Professional title and affiliation: Associate Professor of Psychology & Gerontology, Department of Psychology, University of Southern California

Q: Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined SCG because, as an incoming assistant professor at the University of Southern California in 2017, I thought it was important to be among other junior faculty in the clinical geropsychology community. Also, I owe a great debt of gratitude to Brian Carpenter at WashU for inviting me to attend a day-long workshop entitled the "Future of Academic Geropsychology Workshop" prior to the World Congress of the International Association of Gerontology and Geriatrics in 2017. During that meeting, I had my first in-person encounters with many members of the SCG community that instilled in me the importance of bringing up the next generation of clinical geropsychologists.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? As a general resource, the Division 12/II listserv keeps me updated on what others in the society are doing. During the COVID-19 pandemic, I also was able to lean on various members of the SCG community to provide a variety of guest lectures in an intervention course at USC on clinical aging and lifespan development. There contributions were an absolute gift during those unforgiving semesters of teaching on Zoom.

Q: How did you get interested in the field of aging? I have had a longstanding interest in developmental and dynamic processes, but primarily was interested in understanding personality development from adolescence through young adulthood. As a graduate student at the University of Virginia, I was given the opportunity to join the International Max Planck Research School on the Life Course at the Max Planck Institute in Berlin, Germany. As a student fellow, I met faculty and students who shaped my scholarly interests away from young adult development to cognitive, affective, and personality development in middle and older adulthood. Then, a few years later, while a Clinical Resident in the Psychology Internship Program at the University of Washington School of Medicine in Seattle, I was repeatedly assigned older adult patients on rounds in the Consultation/Liaison Service at Harborview Medical Center. There, I realized that I enjoyed clinical work more when I was with older adult patients than I did with any other population. All was neatly aligned at that point, so when I left internship for my post-doc at USC in 2015, I knew that my future entailed studying problems of aging and supervising students who were interested in older adult populations.

Q: What was your most memorable experience during your graduate studies? Aside from the ongoing battle against impostor syndrome as a student, I couldn't really pin down a single memory that stands out. I held so many no-paying, low-paying, and enervating jobs throughout my teens and 20s before moving to Charlottesville, VA for graduate school that I never really got over the fact that someone thought it worthwhile to pay my tuition and provide me with a stipend to study Clinical Psychology. Graduate school was a wonderful experience, and my general memories of late nights alone in my office studying or debugging R code to get my analyses to work certainly are some of my fondest memories.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? I've had several mentors that are indispensable in my academic development. While working one of those

enervating jobs alluded to in the question above, I was taking a course at New York University on multiple correlation/regression analysis with Dr. Patrick Shrout. On a lunch break, I went to his office hours to get some clarification about something I didn't understand in a lecture that week. He politely answered my question, but before I left his office (he could see in my eyes that I was desperate for some life advice), he asked rather directly what I wanted to do. I didn't have much of an idea at that time, so after plainly stating, "I don't know," he invited me to start hanging around his lab and do some work with his graduate students. I credit becoming a member of his NYU Couples Lab with setting me on my academic trajectory that opened doors to work with my graduate school mentors at UVA, Drs. Eric Turkheimer and Bob Emery, and my post-doctoral and faculty mentor at USC, Dr. Margaret Gatz. I am forever indebted to their care and mentoring.

Q: What is your current position and what are your key responsibilities? I am an Associate Professor of Psychology and Gerontology in the Department of Psychology at the University of Southern California. I lead a lab that focuses on lifespan development. We don't have a specific outcome that we study but generally focus on cognitive development across the lifespan, risk factors of Alzheimer's disease and related dementias, loneliness, depressive symptomatology, temperament and personality, mortality risk, and physical activity. I have an interest in quantitative methodology, too, but those tend to be ancillary studies in my lab. I teach both clinical psychology and quantitative methodology courses to undergraduate and graduate students at USC, too.

Q: Tell us about your most recent activities. For the last five years, we have been working to revitalize the Louisville Twin Study, which is a longitudinal twin study of cognitive, psychosocial, and physical development that started in 1957. The twins were recruited at birth and followed intensively until mid-adolescence. Now that many of them are in middle and late adulthood, we have funding from the National Institute on Aging (R01AG063949) to study early life risk factors, epigenetic aging, and preclinical symptoms of Alzheimer's disease. With our newly collected DNA methylation data, we are nearing completion of our first epigenome-wide association studies of amyloid-beta, phosphorylated tau181, and APOE ε4 allele status that have allowed us to connect differences in these outcomes to differentially methylated regions of the genome.

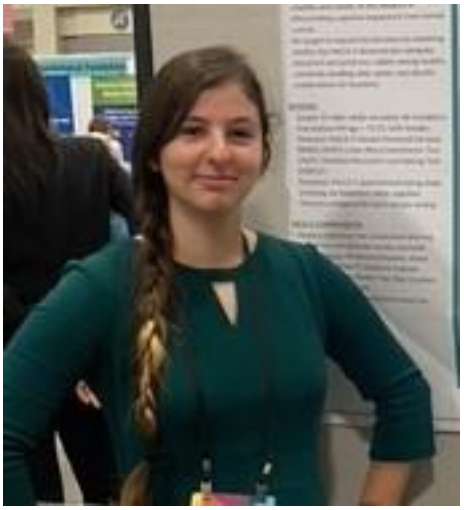
Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? Without question, the most memorable experiences are the stories clients and patients have shared in session. Someway, somehow, people pull through life (mostly) intact.

Q: Do you have any tips for emerging geropsychologists? One general piece of advice I give to anyone figuring what they would like to do with their career is to try as many things – whether it be research, courses, clinical settings, or clinical populations – as possible during your training. The best way to figure what you would like to do, with whom you would like to work, and where you would like to work is to first rule out what doesn't interest you.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I've always had an interest in music and music recording. Lately, I've developed an interest in recordings that use highly sensitive microphones (e.g., transducers used to record seismic activity) to archive sounds in the field. Ultimately, the plan is to use these recordings as part of some sort of audio-visual installation. But before I get around to making that happen… I *really* need to finish writing another grant application!

Student Member Spotlight: Katie L. Granier, M.A.

Student Member Spotlight: Katie L. Granier, M.A.



Year joined: 2018

Hometown: Thibodaux, LA

Current academic affiliation: University of Colorado, Colorado Springs (UCCS; Doctoral program); VA North Texas Healthcare Center (Internship)

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined SCG in my first year of graduate school to connect and network with other trainees and professionals in geropsychology. At the time, I was completely new to the field and hoping to learn more about geropsychology and the opportunities within the field for my career path. I was also interested in advancing my professional growth by participating in events and programming hosted by SCG, and staying up-to-date on news and innovations within the field through the organization's newsletter and communications.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? Being a member of SCG has allowed me to meet so many people within the field of geropsychology beyond just my local community and has provided an avenue for networking and sharing my work with those who share my interests. I've enjoyed participating in events hosted by SCG at various conferences and have taken advantage of student writing opportunities, such as the research roundup segments within the SCG newsletter to help build my confidence in sharing my work. Communications from SCG have also allowed me to stay connected with the field at large, even during times where in-person activities were unavailable (e.g., due to the COVID-19 pandemic).

How did you get interested in the field of aging? Growing up in rural Louisiana, I spent a lot of time around older adults within my community and noticed many biases towards aging from both the general public and older adults themselves. At the end of my undergraduate career, I was presented with the opportunity to work as a psychometrist in a local outpatient psychology clinic where I worked one-on-one with older adults with cognitive concerns. Throughout this experience, I was exposed even more directly to the significant disconnect between what our field knows about aging and what the older adults (and many healthcare professionals working with them) in my community understood about growing older; specifically, what constitutes "normal" aging. It also raised a new awareness in me of the unique challenges many older adults face within the healthcare system due to a wide range of barriers to accessing optimal care, a lack of providers trained in working with older adults, and ageism within the healthcare field. This experience sparked both my personal and professional interest in the field of aging, and led me to develop my ongoing goal of helping bridge the gap between geropsychology (and specifically, the latest literature on aging) and the older adults within my community by educating both patients and colleagues about aging and mental health.

Have you had an important mentor in your career? If so, how did they make a difference? I've been incredibly fortunate to receive graduate training at the University of Colorado Colorado Springs (UCCS) where I have worked with several outstanding mentors in geropsychology throughout my

training who have all contributed in their own ways to my professional growth. My academic advisor, Dr. Daniel Segal, has been an integral part of facilitating my entry into the field of geropsychology through assistance with networking, research activities, and professional development. I've also received support from clinical supervisors such as Dr. Sara Qualls, Dr. Jessica Zamzow, and Dr. Rachel Thayer who have contributed to my growth as a clinician specializing in working with older adults during practicum experiences at the UCCS Aging Center. While they have all had different roles in my training, as a whole, I've found the mentorship I've received from them, among others within my program, has had a tremendous impact in helping me identify ways to become involved within the geropsychology community (e.g., serving on committees, participating in events), bridging connections with professionals within and beyond our local geropsychology community, and ultimately alleviating anxiety about planning my career and becoming an active contributor to the field.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? For me, my most memorable experience in the field of geropsychology was during my first practicum experience at the UCCS Aging Center, co-facilitating a caregiver psychoeducation/support group. Through working directly with caregivers of older adults with dementia within the 6-week psychotherapy group, I was able to see the clear impacts that our work can have on the lives of older adults and their families. Seeing caregivers' confidence grow over the course of the program and the supportive network they formed through meeting other caregivers in the group, this was one of those "lightbulb" moments for me. Throughout this clinical experience, I got to see firsthand how our research and training translates into the lived experiences of those we work with. Hearing the positive outcomes reported by our group members at the end of the program gave me one of my first impressions that I was making progress toward my goal of bridging the gap between science and community, and in a way that also allowed me to blend my interests in geropsychology and neuropsychology. To this day, this experience has shaped my clinical and research work, as I continue to seek avenues to be actively involved in caregiver support services and aim to provide holistic care for older adults and their families.

Tell us about your most recent activities. Currently, I am completing my predoctoral internship in clinical psychology, with an emphasis in neuropsychology, at the VA North Texas Healthcare System in Dallas, TX. Over the past several months, I have been involved in the VA's interdisciplinary geriatric mental health clinic and am currently providing individual and group psychotherapy services to older adults, in addition to neuropsychological services. Recently, I have devoted part of my time to developing and evaluating a virtual caregiver coping group for caregivers of older adults with dementia within our outpatient clinic, inspired by my previous experiences at the UCCS Aging Center. Currently, I am preparing a manuscript of the group's outcomes for publication in a peer-reviewed journal.

Looking forward, what are your plans post-graduation? Following my graduation this summer, I will be pursuing a 2-year postdoctoral fellowship in clinical neuropsychology at Baylor Scott & White Medical Center in Temple, TX. Following completion of my postdoctoral training, I intend to pursue board certification in clinical neuropsychology and aim to begin a career within an interdisciplinary medical center. Broadly, my career goal is to blend my interests in geropsychology and neuropsychology by becoming a clinical neuropsychologist specializing in neurodegenerative diseases and working with older adults and their families. Throughout this upcoming journey, I hope to continue maintaining my ties with the geropsychology community through continued participation in SCG activities and to utilize my background in geropsychology to inform my clinical and research practice throughout my career.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? Outside of work, I love spending time on indoor gardening (though in reality, I just have way too many houseplants for a tiny apartment space!) and hope to start an outdoor balcony garden this Spring. I also enjoy art, reading, and listening to music in my spare time, as well as playing video games with friends after work. Since moving to Dallas for internship, I've also been enjoying exploring the culinary scene and activities within the city with my internship cohort.

The Student Voice

Interview with Rita Ryan, Ph.D. Regarding the Impact of the COVID-19 Pandemic on Geropsychological Clinical Services and Training

Submitted by Kseniya Katsman, M.A.

Rita Ryan, Ph.D. is a geropsychologist at the Geriatric Clinic, Zucker Hillside Hospital, Long Island Jewish Medical Center, Northwell Health in New York. She is a clinical supervisor and a coordinator of the geropsychology externship training program.

Kseniya Katsman, M.A. (left)
Rita Ryan, Ph.D. (right)

Before we dive into talking about the impact of COVID-19 on geropsychological training, could you tell me a bit about yourself and your career path in geropsychology? When I moved to the United States from Ireland in 1988, I was shocked at the difference between older adults over here vs. Ireland. My version of an older adult was a grandmother sitting in the corner in dark clothes and saying the rosary for much of the day, which was not atypical for Ireland. In the U.S., I saw older adults who were jogging, dating, cohabitating, and going to Elder Hostels! It was such a dramatic contrast. The other piece was pure luck. I started my externship here (interviewer's note: practicum at Zucker Hillside Hospital, Long Island Jewish Medical Center). And my supervisor happened to be Dr. Richard Zweig, who is an incredible geropsychologist. Then, I started internship here, and I recall requesting a youth rotation, informing the internship director that I wanted to be a child psychologist. I was given that child placement first, and I very quickly learned that I did not, in fact, want to be a child psychologist! My last rotation was in the Gero Partial Hospital, which, when I saw it, I thought, "Oh, that's kind of disappointing. I guess it's going to be like working in a senior center where we're talking about knitting or grandchildren," something attenuated clinically. Not only was it not attenuated, but it seemed like more was happening to my older patients each week than was happening in my younger adult work that I was doing concurrently. It was very meaningful, interesting work, and I wasn't expecting that. In addition, I won the lottery with supervisors – Drs. Richard Zweig and Greg Hinrichsen – two such gifted, smart, and lovely people who are so dedicated to the field, who modeled excellent clinical work, and who have also worked at the national level in geropsychology. It was impossible for me not to get drawn into wanting to learn from these icons, picking up on their passion and appreciation for the field. I subsequently was offered a staff position at Gero Clinic. I've been working at Zucker Hillside Hospital in one way or another, going on for 30 years.

From your experience, what was the main impact of the COVID-19 pandemic on the clinical service in geropsychology? How is it different now, after the end of the public health emergency in May 2023? The main clinical impact was that we were working with the population that was the most at risk from the virus.

COVID-19 became a leading cause of death, exceeding heart disease and cancer at its peak. There was a tremendous amount of fear and a lot of unknowns. It reminded me of the AIDS crisis in the 80s in that there was this identified subgroup that, in some ways, was seen as expendable and whose life value was dismissed by the larger population. Furthermore, people could look healthy but still be contagious, and they had so many peers lost or impacted. I imagine it had parallels to working with the gay male health crisis back then with a perfect storm of stigma, vulnerability, lack of knowledge, lots of fears, and ugly politicization of a medical crisis.

Family and friend interactions were fraught with danger for our patients. Navigating how to get the vaccine in those earlier days was so unbearably challenging. Time with grandchildren lost, milestones missed. Due to older age, many of my patients spoke of losing out on what was already a limited number of milestones available to them in their remaining years, such as birthdays or celebrations with family. Even the basic tasks, such as shopping, became that much more dangerous, complicated, and exhausting for older adults during the pandemic. For the older adults who were not tech savvy, which were many of them, having to switch to Zoom or some platform like that was very stressful and very labor intensive and often reinforced the sense that they were "dinosaurs." Geropsychologists also tend to be very attentive to physical presentations of our patients. That data simply did not translate well via Zoom, such as how pale they were on any particular day or how unsteady they might be as they ambulated.

While older adults and medically compromised folks were more at risk for this virus, every person was potentially affected. I noticed more care, concern, and personal questions to us clinicians from patients about our own vaccine choices and our health and that of our families. That reminded me of 9/11 when our patients were dealing with the shock and horror, but so were we, and patients knew this. Compassion fatigue among clinicians was a concern in the face of the global horror. Clinicians were dealing with patients having worsening psychiatric and substance abuse symptoms, loss of access to supports, such as social clubs, houses of worship, libraries, more demands for services, and fewer supports. Delays of preventive care and urgent medical care were realities. I recall a shocking clinical discussion about a suicidal patient in crisis at our clinic and whether they were 'safer' being sent to the ER vs. not.

One of the most challenging aspects was group work. For my groups, we first transitioned to the telephone. We were fortunate enough that members knew each other well by that point, so each voice was familiar. I think if people were starting groups or people were new to the group, there would be greater feelings of disconnect to a bunch of disembodied voices on the phone and would have been harder to foster cohesion. We also didn't have any body language to read during telephone groups, so turn-taking was more challenging. Another important piece for group work was the pre- and post-group chitchat in the waiting room, where group peers might show each other pictures of grandchildren or get updates on more informal topics. This was an important element in maintaining group cohesion and something that really enhanced their experience. For some folks, just coming into our clinic meets some social needs. And a brief conversation and a cheerful smile with our secretarial personnel can brighten their day, if not their week. All of that was lost.

On the plus side, the convenience factor was phenomenal for older adults, especially for those we don't necessarily want out on icy days or on humid New York summer days. Through telehealth, we could also get a more accurate glimpse of how our patients live, and we witnessed various types of family dynamics up close and personal in real time. For clinicians, the session schedule was much "cleaner" and easier to enforce more precise session start and end times than trying to move someone in and out of an office.

In terms of how it's different after the end of the public health emergency, we had to bring the patients

back in person due to reduced Medicare coverage for telehealth services and for our clinic to remain financially viable. In working with older adults, there is a saying, "Transportation is more important than transference;" so the basics of getting the patients here are vital. It's been challenging and frustrating to have to insist they come back in person. It's unfortunate that there isn't more of an allowance for older adults to be able to utilize telehealth or hybrid services and for providers to be getting the same reimbursement for that.

How did the COVID-19 pandemic impact the training and supervision of students? What has changed since the end of the public health emergency in May 2023? For me watching it unfold, I was particularly saddened that students missed out on getting to know their fellow students. It was more difficult to build cohesion and friendships when they could not "run into" each other at the water cooler, or come out of a difficult session and be able to process that with a member of their cohort, to not have lunch at a seminar together. That whole peer relationship, which I think can be such a powerful and meaningful dimension to training, was lacking. The more informal supervision was also missing. Furthermore, it was more difficult to get to know the other members of the team, psychiatrists, nurses, social workers, and the administrative staff, without being in the same space together and merely relying on digital correspondence.

Another thing that shocked me was that some students had never seen a patient in person because they began their training during the pandemic. That's such a different way of conducting therapy. It struck me that it must be like training veterinarians who were several years into training but never actually touched a live animal! That really opened my eyes to not only the difference in how it might feel to a student, but they also would have lost out on experiencing and knowing the technicalities and small details of seeing patients in person, such as meeting them in the waiting room perhaps sitting beside a family member, conversing as you walk to the room, perhaps helping them off with a coat. Students also have had to manage more no-shows, cancellations, and losing patients with return to in-person.

We witnessed patients and their families go through illness and hospitalization in a different way than before COVID-19. It was heartbreaking for our older patients, their family members, and for us as clinicians to know that our patients died alone in a hospital, as opposed to surrounded by family. And then not be able to have proper burials and funerals in the way that has typically helped people.

What factors do you think come into play when supervising students who hold minoritized identities during COVID-19 and after the end of the public health emergency? Given how politicized things became, I could imagine greater discomfort working with folks who harbored negative stereotypes about, say, Asian Americans. Or patients who made gross generalizations without appreciating how hard it was for minorities to be wary of taking COVID-19 tests because of lack of health insurance or whose jobs just could not be done remotely. There may well have been direct or indirect playing out of that hostility in therapy. It was challenging to deal with patients who had less medically driven and more politically driven opinions. And then the awfulness of losing patients who died from COVID-19 or as collateral damage. In my caseload, my African American patients were disproportionately more affected, either dying from it or having someone in their family or extended family or neighborhood who died from COVID-19.

These issues were included in supervisory discussions and prompted me to put together a lecture for our trainees on working with patients with different values. How we need to strive to try to see how our patients see things, to compartmentalize as necessary, process it with colleagues or therapists, and then make sure we remember what our function is for that patient. Our function is to be their therapist, and it's not to be their conscience or their religious or political advisor.

What is your biggest takeaway from navigating geropsychological services and supervision during the global pandemic? My biggest takeaway was humility. Prior to the pandemic, I had been quite elitist in looking down on telehealth services as sub-optimal and something only to be considered for rural areas or jails. While it is still not my preferred way to conduct therapy, I was very surprised and impressed that we were able to do good therapy via that format. When we came back, there was a kind of a reunion feel with patients which was very heartening. There was almost a post-survivor feel for all of us.

What is your advice to trainees navigating the changes in delivering geropsychological service post-public health emergency? Be aware of countertransference to no-shows that increased as well as how it feels to be the 'bad guy' insisting a patient return to the office for services. And then there are clinical issues that never came up over telehealth for these novice trainees. For example, body odor.

Following the return to in-person services, students had to learn how to approach these conversations in a clinical, respectful manner with their patients. Another thing is that those 3+ COVID-19 years for an older adult are very different from 3+ years in a younger adult's life. For many of our older patients, those COVID-19 years included perhaps losing driving privileges, not being able to walk without help, maybe macular degeneration got worse, or their adult child moved out of state, maybe their pain level or GI problems worsened to the point that they tried to minimize how often they deal with public transportation. We couldn't simply pick up where we left off since our patients' lives changed so much. My advice is to be mindful of what that time period meant for them. We now have a cohort of older adults who went through COVID-19. Clinicians should hold space for their grief in terms of the multiple losses experienced (both tangible and intangible), as well as the lived experience of having to deal with facing their own (and loved ones') mortality in such a sudden, violent, and unpredictable way. I am honored to be able to help trainee psychologists tackle all of this. And I feel both compelled and privileged to play a role in contributing to the cadre of providers who have expertise with this fascinating population.

Thank you very much, Dr. Ryan!

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 or Rachel Best rbest1@mail.yu.edu.

Recent Member Books & Publications

- **Stone-Bury, L. E.,** & Segal, D. L. (2023). Associations between physical health and the Alternative Model of Personality Disorders: A cross-sectional age study. *Personality and Mental Health, 17*(3), 220-231. https://doi.org/10.1002/pmh.1576

- Elayoubi, J., **Haley, W. E.,** Nelson, M. R., & Hülür, G. (2023). How social connection and engagement relate to functional limitations and depressive symptom outcomes after stroke. *Stroke, 54,* 1830-1838. https://doi.org/10.1161/STROKEAHA.122.042386

- Jang, Y., Hepburn, K., **Haley, W. E.,** Park, J., Park, N. S., Ko, L., & Kim, M. T. (2024). Examining cultural adaptations of the Savvy Caregiver Program for Korean American caregivers using the Framework for Reporting Adaptations and Modificatons-Enhanced (FRAME). *BMC Geriatrics, 24 (1),* 79. https://doi.org/10.1186/s12877-024-04715-w

Recent Member Announcements and Presentations

- **Nancy A. Pachana, Ph.D., FAPS, FASSA** recorded aTEDx UQ video: https://www.youtube.com/watch?v=QCtZnbFrf0s

- **Lisa Stone-Bury, M.A.** accepted a tenure-track position as Assistant Professor of Clinical Psychology at Bucknell University that I will begin this fall

- **Anikka Goldman, M.A.** accepted a Post-Doc with the Durham VA in their Clinical Geropsychology Post-Doc

Committee Updates

Diversity Committee

Submitted Stacy Yun, Ph.D.

We are always looking for passionate and dedicated individuals to serve on our committee! If you or someone you know has an interest in diversity, equity, inclusion, and belonging issues and would like to meaningfully contribute by serving on the diversity committee, please reach out to our committee chair, Stacy Yun (stacy.wonkyung.yun@gmail.com). We hope to recruit more members to continue this important work/component of SCG.

SCG Diversity Committee:
Stacy Yun, Ph.D.
Taylor Loskot, M.S.
Timothy Ly, M.A.

Mentoring Committee

Submitted by Anna Blaken, Ph.D.

We are excited to share several highlights from the mentorship committee, whose members have been busy generating new ideas to support and enhance mentorship opportunities within the field of geropsychology. We are actively looking for new mentors/mentees AND new committee members to join us. If interested, please reach out to Ira Yenko (irayenko@gmail.com) or Anna Blanken (dr.annablanken@gmail.com).

We would like to share a new article written by our committee members titled, “Empowering Mentors to Motivate, Educate, Respond to Mistakes, and Elevate Mentees” (article link). Excellent mentorship is recognized as a powerful tool in career development. However, mentoring relationships can vary widely and it is not always clear how to meet the needs of mentees. Whether you are a new/aspiring mentor, or an

experienced one looking for fresh ideas, we hope to provide some practical strategies for readers to enhance their mentorship abilities.

Also, during this quarter, mentorship committee member Stephanie Liu interviewed Dr. Claudiu Dumitrescu, who is the founder and director of the internship program at the Canandaigua VA in Upstate New York. We will be sharing the finished interview with all of Dr. Dumitrescu's kernels of wisdom regarding geropsychology, training, and mentorship, in the next newsletter update.

SCG Mentoring Committee:
Anna Blanken, PhD (Co-Chair)
Stephanie Liu, MPH
Claudia Son, MA
Ira Yenko, PsyD (Co-Chair)

Lifelong Learning Committee

Submitted by Jessica Strong, Ph.D., ABPP

The Lifelong Learning Committee has taken a bit of a rest after a number of large deliverables, that included the Geropsych assessment workshop in June 2022 (videos are available on the SCG website), and then the gerodiversity survey, that we did in collaboration with the Diversity Committee into 2023. A poster on some of the results of the gerodiversity survey was accepted for the APA convention, so we hope to see you there.

If you are interested in joining the Lifelong Learning Committee, we would love to have you! We hope to plan some trainings based on the results of the gerodiversity survey in the coming months and would love to have your input.

SCG Lifelong Learning Committee
Jessica Strong, Ph.D., ABPP (Chair)
Julia T. Boyle, Psy.D.
Erin Emery-Tiburcio, Ph.D., ABPP
Andrea June, Ph.D.
Eliza Morgan, B.A.
Chris Nguyen, Ph.D.

CONA Committee

Submitted by Christopher Nguyen, Ph.D., ABPP

Dear Members of the Society of Clinical Geropsychology,

I'm pleased to share some of the significant accomplishments and initiatives that CONA and our partners undertook over the past few years.

In 2021, the Chair of CONA and Presidents of Division 20, Division 12-Section II, appointed a six-member work group to revise the 2013 Guidelines for Psychological Practice with Older Adults. APA's governing Council of Representatives approved the revised Guidelines for Psychological Practice with Older Adults during their February meeting. Congratulations to members of the workgroup members, including Erin E. Emery-Tiburcio,

PhD, ABPP (Co-Chair), Richard Zweig, PhD, ABPP (Co-Chair), Mark Brennan-Ing, PhD, Bonnie Sachs, PhD, ABPP, Veronica Shead, PhD, and Ira Yenko, PsyD, with support from Latrice Vinson, PhD, MPH and Amani Basker, and interns Rose Burke, Laurie Chin, MA, Nicole Herrera, MS, Caitlin Reynolds, and Claire Williams.

In collaboration with the Gerontological Society of America, CONA has been actively combating ageism and advocating for inclusive aging representation through the ***Psychologists Against Ageism*** webinar series. With a focus on expanding existing efforts to counter age-related biases, particularly heightened by the COVID-19 pandemic, and the adoption of the 2020 APA Resolution on Ageism, this series aims to disseminate evidence-based insights on the nature and impact of ageism while offering strategies for its mitigation within the APA community. By directly confronting ageism, the initiative seeks to bolster the well-being of older adults and ensure that society fully benefits from their expertise and contributions. The sessions, including "Overview of the Psychologists Against Ageism Series," "A Generation's Work: Reframing Aging Together," and "Strategies for Detecting and Addressing Ageism," feature esteemed speakers such as Becca Levy, PhD, Karen Fingerman, PhD, Peter Lichtenberg, PhD, Alan Castel, PhD, Sheri Levy, PhD, Patricia "Trish" D'Antonio, BSPharm, MS, MBA, BCGP, Gregory Hinrichsen, PhD, and Alana Officer, offering diverse perspectives and actionable approaches to tackle ageism across various domains. Over 1000 participants registered and attended these webinars!

CONA has initiated the dissemination of updated guidelines for assessing dementia and age-related cognitive decline by creating the *Clinician's Corner*, a three-part webinar series now available on APA Continuing Education platform. Led by Benjamin Mast, PhD, ABPP, and Bonnie Sachs, PhD, ABPP, the 2021 revisions to the APA Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change reflect significant updates in response to evolving diagnostic criteria and assessment practices. The series delves into recent changes in diagnostic criteria, terminology, and insights into the biological mechanisms of neurodegenerative diseases while addressing essential skills, assessment tools, and professional expertise necessary for psychologists to evaluate and intervene with older adults exhibiting signs of cognitive decline or dementia.

In 2023, CONA launched an initiative to address the disparities faced by minorities of color in dementia care by developing and disseminating culturally tailored information to healthcare workers and local law enforcement agencies. This effort, led by APA's Board for the Advancement of Psychology in the Public Interest, focuses on combating bias, stigma, and discrimination associated with dementia through ongoing training programs within law enforcement to influence policy and promote better understanding and care for those affected by the disease. By advocating for policy changes and providing targeted training, CONA seeks to ensure that law enforcement agencies and first responders are better equipped to support individuals with dementia, particularly when exhibiting challenging behaviors.

Looking ahead to 2024, our agenda centers on several key goals. CONA is committed to advocating for integrating ageism into APA's EDI initiatives and across the psychology field. We also plan to enhance the convention experience by offering specialized programming focused on aging. Additionally, we're devoted to improving the visibility and accessibility of aging-related resources on APA's website. This involves thoroughly reviewing existing materials, updating content with current knowledge and best practices, and implementing measures to enhance accessibility features on the APA Aging Topics webpage. We continue to be actively engaged in the Geropsychology Leadership and Specialty Council Team, fostering collaboration among psychology and aging groups to address emerging issues and facilitate open discussions and potential collaborations.

For an extensive overview of our activities, please visit our CONA webpage. Of note, committee members serve staggered 3-year terms, so keep an eye out for a call for nominations for two new CONA members in the summer

months. If there are ways that we can assist you in your endeavors at SCG, don't hesitate to reach out and connect with us through our staff liaison.

Sincerely,

Christopher Nguyen, PhD, ABPP
2024 Chair, APA's Committee on Aging

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.