

The Clinical Geropsychologist

Society of Clinical Geropsychology

APA Division 12, Section II Volume 31, Issue 2

August 6, 2024

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Please contact your editors Victoria Behr at victoria.behr@va.gov 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

Congratulations to our 2024 Award Winners!



M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology

David Coon, PhD
Associate Dean for Research Initiatives, Support, & Engagement
Professor, Edson College of Nursing and Health Innovation
Arizona State University



Distinguished Clinical Mentorship Award

Nicole Torrence, PhD
HS Assistant Clinical Professor, School of Medicine
University of California, San Francisco



Todd "TJ" McCallum Gerodiversity Award - Professional Member

Katie Mendoza, PsyD
Staff Psychologist
VA Boston Healthcare System, Brockton Division



Todd "TJ" McCallum Gerodiversity Award - Student Member

Erin Timperlake, MA
Gallaudet University



Student Paper Award

Matthew Schurr, MA
University of Nevada, Las Vegas

"A Scoping Review of Cognitive Dysfunction Considerations in Late-Life Depression Psychotherapy Trials"

Comments from the Editors: Victoria & Rachel



Victoria Behr (left)
Rachel Best (right)

Welcome to the Summer 2024 issue of the Clinical Geropsychologist!

In this edition of the newsletter, you will find some of our newsletter standards, such as our research roundup and committee updates. As always, we are excited to celebrate the work and accomplishments of our SCG community (page 3)!

Be sure to check out the introduction from one of our new student representatives, Anna Symington, in the Student Voice column (page 5).

Claudia Son has also shared some helpful guidance regarding how mentors can support mentee self-care in geropsychology practice (page 11). We hope that

some of you are able to enjoy the APA conference in Seattle!

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).

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.

APA Presentations and Events

- SCG/D20 Social Hour on Friday, August 9, from 5:00 PM to 6:50 PM.
- Workshop at APA convention in Seattle:
Saturday, August 10th, 8:00-11:50AM
Veronica Shead, PhD and Ann Steffen, PhD, ABPP
Aging at the Intersection: Expanding Your Practice to Meet the Needs of Diverse Older Adults

Recent Member Books & Publications

- Bergstrom, K. A., Gerstein, E. D., & **Steffen, A. M.** (2023). Self-efficacy for controlling upsetting thoughts and positive appraisals of stressors relate to caregiving competence in female family carers. *International Journal of Care and Caring*, 1(aop), 1-20.
- Laine, A. J., & **Steffen, A. M.** (2023). Improving Gerontological Survey Participation With Mixed-Mode Response Options, Multiple Contacts, and Noncontingent Incentives. *Journal of Applied Gerontology*, 42(12), 2283-2287.
- Lind, L., **Poon, C.**, & Nguyen, C. (2024). Reframing aging in politics: Evaluating job candidates beyond chronological age. *Caring for the Ages*, 25 (5), P1.DOI: <https://doi.org/10.1016/j.carage.2024.05.004>
- Pifer, M. A., & **Segal, D. L.** (in press). On the measurement of aging anxiety: Comparative validity of two popular measures among older adults. *International Journal of Aging and Human Development*. <https://doi.org/10.1177/00914150241260828>
- Schmidt, N., Carpenter, B., & **Steffen, A. M.** (in press). Brief Aging Education Impacts Continuing Education Preferences and Behaviors of Mental Health Providers, *The Gerontologist*.
- Seow, P. S., Byrne, G. J., Arnold, E., & **Pachana, N. A.** (in press). Relationships Between Aging Attitudes and Successful Aging Outcomes in Middle-age and Older Women. *Clinical Gerontologist*, 1–13. <https://doi.org/10.1080/07317115.2022.2072791>

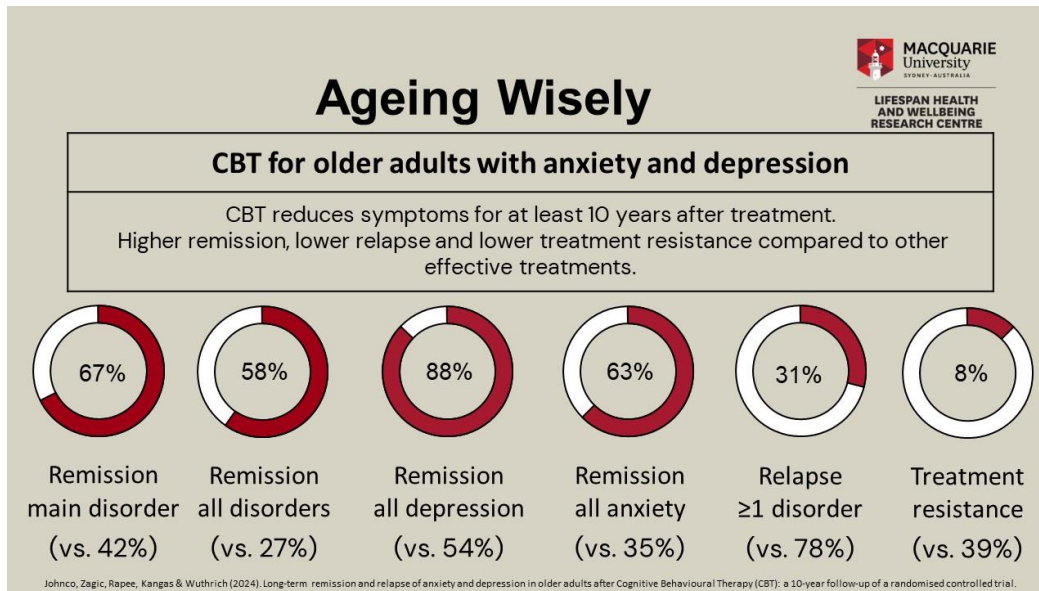
Recent Member Announcements and Presentations

- **Cecilia Poon, PhD, ABPP, HSP** received the BHECN (Behavioral Health Education Center of Nebraska) Ambassador Award in April: https://www.unmc.edu/bhecn/about/2024_awards_dinner.html
- **Cecilia Poon, PhD, ABPP, HSP** completed the Sexual Health Certificate Program (Dual Track in Sex Therapy & Sexuality Education) at the University of Michigan in April.

Member Research Feature! ***Submitted by Carly Johnco, Ph.D.***

Johnco, C. J., Zagic, D., Rapee, R. M., Kangas, M., & Wuthrich, V. M. (2024). Long-term remission and relapse of anxiety and depression in older adults after Cognitive Behavioural Therapy (CBT): A 10-year follow-up of a randomised controlled trial. *Journal of Affective Disorders*, 358, 440–448. <https://doi.org/10.1016/j.jad.2024.05.033>

<https://www.sciencedirect.com/science/article/pii/S0165032724007511>



Ageing Wisely is a CBT program for managing anxiety and/or depression in older adults. Ageing Wisely has been shown to be effective for reducing anxiety and depression in older adults in multiple clinical trials. We recently conducted a 10-year long-term follow-up study of the people who were treated with this program to see whether the benefits last in the long term.

Participants all had comorbid anxiety and depressive disorders at study entry, and had been part of randomised clinical trial to receive either group Ageing Wisely or a discussion group program focused on social support and mental stimulation.

Results showed that after 10 years, those who received Ageing Wisely showed **significantly higher rates of diagnostic remission** compared to the discussion group (67% were in remission of their primary disorder compared to 42% in the discussion group; 58% were in remission of all anxiety and depression diagnoses vs. 27% in the discussion group). Those who received Ageing Wisely also showed **lower rates of relapse** (25-31% in Ageing Wisely compared to 50-78% in the discussion group) and **lower rates of chronic treatment-resistance** (8% continued to experience their main/most severe disorder after 10 years compared to 39% in the discussion group). This is the first study to show that CBT has long-lasting benefits for older adults.

The Student Voice

An Introduction from Anna Symington

Submitted by Anna Symington, M.A.



Being selected as the newest Division 12/II Student Representative is an honor I am grateful to hold! Membership in the Society of Clinical Geropsychology (SCG) has provided a sense of community – albeit through lurking on the listserv! – beyond my graduate program. SCG anchors me via the knowledge that so many of us are passionate about improving, maintaining, and advocating for the well-being of older people. Advocacy is a value I hold dearly, and I earnestly view the Student Representative role as an opportunity to advocate for my peers.

About Me

Born and raised in Arizona, I completed my undergraduate degree in Flagstaff, AZ and worked as a research coordinator in Tucson, AZ before moving to Colorado Springs, CO for graduate school. In July, I will start my internship with the Central Virginia VA Health Care System in Richmond, VA to complete my sixth year of graduate school and earn my Ph.D. in Clinical Psychology. My husband and I are eager to explore the eastern US with our two girls: our 10-year-old mutt Maisie and our 12-year-old cat Phoebe!

Entrance to Geropsychology

Technically, I have been working with older adults longer than I have been an adult myself. I started volunteering for a hospice near me in high school, where patients were typically older adults. I was inspired by the life stories told in hospice and I knew I wanted to continue to work with older adults, but I did not yet know the word “geropsychology” existed, or that gerontology was such a warm and welcoming field. I entered college at Northern Arizona University gravitating toward psychology, particularly health psychology, and started fulfilling work for a caregiving agency serving community-dwelling older adults. Again, I was moved by the diverse lives my clients lived – and often continued to live through older adulthood – and found that, although challenging, the care that I provided was mutually beneficial. I enjoyed listening and caregiving while my clients enjoyed intergenerational connection and reminiscence. Eventually, I stumbled upon geropsychology as a field of study and dove headfirst into the literature, training programs, and career paths of geropsychologists. I knew I was home before I attended my first conference related to gerontology.

By my fourth year of college, however, I reached complete exhaustion. The excitement that initially carried me through had fizzled due to a full courseload, an inconsistent and emotionally evocative workload (e.g., overnight shifts, clients passing away suddenly, etc.), managing a research lab as an undergraduate student, and involvement in extracurricular activities. I had been motivated by a sense of urgency that my clients needed immediate help and simultaneously neglected my own biopsychosocial needs. I felt the full effects of compassion fatigue and burnout in this last year of college, which drastically impacted my personal well-being and professional performance. Upon realizing my burnout, I transitioned from work as a caregiver to a teaching assistant in order to reduce the emotional burden of work and create a stable sleep-wake cycle. Once I finished school, I found work as a research coordinator at University of Arizona, studying aging cognition and Alzheimer’s Disease. I began a comprehensive recovery from burnout through my own engagement in psychotherapy and self-reflection. I learned how to create and maintain work-life balance and re-learned how to care for others while maintaining boundaries.

My journey through burnout reinforced my interest in geropsychology. If I burned out after a few short years, how can family caregivers to older adults maintain their own well-being over decades in the face of their own changing health needs? How can older adults maintain their physical and mental health in order to reduce caregiving needs overall? How do older adults with chronic health conditions age successfully and independently? What even is successful aging, and why does independence matter in older adulthood? My curiosity persisted, and – with a new set of effective coping strategies, introductory knowledge of the aging process, and *many* research questions – I entered graduate school to study clinical psychology with a specialization in geropsychology.

Since starting graduate school, I have been fortunate to observe the welcoming spirit of geropsychologists. The common interests we share in improving the quality of life of older adults, addressing systemic ageism, and supporting developing geropsychologists are evident in the mission of SCG and the exchanges between SCG members. I am glad to be a member of this community and hope to facilitate student belonging in SCG!

Clinical and Research Interests

Following graduation, I primarily aspire to spend my professional time providing individual and group psychotherapy to middle-aged and older adults, and secondarily to supervise or mentor junior colleagues. Today, I am preparing to enter the Interprofessional Geropsychology track in the Central Virginia VA Health Care Center where I will serve older adult US veterans. I follow the scientist-practitioner model by applying up-to-date research to my practice and hope to be involved in program development in the future. My broad research interest is in studying effective psychotherapeutic interventions for mental health conditions with comorbid chronic illness. My dissertation aligns with this interest because I am utilizing nationally representative data to determine whether age and diabetes status moderate the influence of sleep problems on depression and, conversely, the influence of depression on sleep problems. Beyond my dissertation, my future research endeavors will incorporate treatment evaluation and program development.

Research Roundup

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

Internalized Ageism as a Risk Factor for Suicidal Ideation in Later Life

Submitted by Robert C. Intrieri, Ph.D.

The study by Gendron et al. (2024) investigates the relationship between internalized ageism and suicidal ideation in later life using the Interpersonal Theory of Suicide. Their research focuses on how negative stereotypes and beliefs about aging that individuals internalize throughout their life-span impact their mental health, increasing the risk of suicidal thoughts. The paper, sheds light on addressing ageism not only on a societal level but also on an individual level in how people perceive themselves as they age.

Internalized ageism refers to the acceptance and internalization of negative age-related stereotypes, leading individuals to apply these beliefs to themselves. The study highlights that such internalized ageism can have detrimental effects on mental well-being, especially in older adults. By considering ageism as a risk factor for suicidal ideation, the research underscores the significance of understanding the psychological implications of age-related biases.

The sample recruited from older people (65 and older) from the U.S. identified through Research Match and were recruited to take-part in an online survey. The researchers examined demographics, perceived burdensomeness, thwarted belongingness, and two forms of self-directed ageism (internalized and relational). Data were analyzed using hierarchical logistic regression analysis. The final sample comprised 454 older adults from over 30 states. Twelve percent of the respondents reported they experienced suicidal ideation during the past month. Results from the logistic regression showed adults were older and endorsed higher internalized ageism had a greater risk of suicidal ideation.

The study findings emphasize the need for interventions that target internalized ageism to prevent adverse mental health outcomes in later life. Addressing ageism at an individual level through therapy, support groups, or educational programs has the potential to mitigate the suicide ideation and suicide risk among older adults. Gendron et al. (2024) maintain that combating ageism in society at large is crucial for promoting positive attitudes towards aging and reducing the internalization of negative stereotypes.

Gendron et al. developed a comprehensive treatment approach for older adults by incorporating various interventions. Their study contributes valuable insights into the relationship between internalized ageism and suicidal ideation in later life. The research emphasized the need to address ageism's negative impact on mental health at individual and societal levels. This research serves as a call to action for implementing strategies to challenge ageist attitudes and promote healthy aging practices to enhance the well-being of older adults.

Gendron, T., Camp, A., Amateau, G., & Iwanaga, K. (2024). Internalized ageism as a risk factor for suicidal ideation in later life. *Aging & Mental Health*, 28(4), 701–705.
<https://doi.org/10.1080/13607863.2023.2271870>

Enhancing Patient Awareness and Autonomy in Neurodegenerative Dementias Through Cognitive Rehabilitation: Insights from Alzheimer’s Disease and Frontotemporal Dementia

Submitted by Ashley Allahand, M.S., M.B.A.

Understanding neurodegenerative dementias, such as Alzheimer’s disease (AD) and frontotemporal dementia (FTD), is significant in geropsychology due to its impact on patient awareness, which significantly influences disease progression and management. A recent study by Salmon and colleagues (2024) examined how self-assessments and caregiver assessments of daily activity dependence changed before and after cognitive rehabilitation (CR) programs, and the impact on patient autonomy and awareness over a year. The study involved 215 participants diagnosed with mild to moderate AD (186 individuals) or FTD (29) individuals and their caregivers. To qualify for the study, participants needed a clinical diagnosis of AD or FTD, to reside independently, and agree to maintain daily activities with relative assistance, indicating at least partial awareness of their condition. Using the Profinteg research tool, the study evaluated dependence in 98 daily activities and assessed caregiver burden concurrently. The study utilized the discrepancy scores between patient and caregiver assessments to gauge awareness of dependence. Additionally, researchers analyzed factors, such as sex, age, education, and changes in Mini-Mental State Examination (MMSE) scores over a year to gain deeper insights into the level of dependence on caregivers for daily activities following CR programs. Patients in CR programs engaged in weekly one-hour individual sessions for three months initially, followed by monthly sessions for the next nine months. The program tailored activities to each patients’ challenges, employing methods such as spaced retrieval and errorless learning. Caregivers underwent training to sustain daily routines and received psychosocial counseling. The researchers employed the Zarit Burden Interview to measure caregiver burden and utilized the MMSE to evaluate overall cognitive functioning.

Based on the study findings, there was a notable discrepancy between how caregivers perceived the level of dependence in daily activities compared to how patients with FTD perceived their own limitations. Caregivers reported significantly higher levels of dependence in the FTD group than what the patients themselves reported, indicating a lack of awareness among FTD patients regarding their functional limitations. Despite this, both AD and FTD groups experienced substantial improvements in their ability to perform adapted daily activities over the course of a year-long CR program. These improvements were statistically significant and comparable between the two dementia types, with AD patients showing a reduction in dependence by 26.90% and FTD patients by 25.63%. Therefore, understanding patient awareness in neurodegenerative dementias like AD and FTD is important as it profoundly impacts disease management, treatment adherence, and engagement in CR programs. These programs aim to enhance cognitive function, promote independence in daily activities, and slow cognitive decline, thereby optimizing overall quality of life (QOL) for patients. Such interventions are essential in geropsychology for their potential to improve care outcomes and QOL for both patients and caregivers.

Salmon, E., Lekeu, F., Quittre, A., Godichard, V., Olivier, C., Wojtasik, V., & Bastin, C. (2024). Awareness and cognitive rehabilitation in Alzheimer's disease and frontotemporal dementia. *Alzheimer's & dementia (New York, N. Y.)*, *10*(2), e12469. <https://doi.org/10.1002/trc2.12469>

Biomarkers in Alzheimer's Disease: Role in Early and Differential Diagnosis and Recognition of Atypical Variants

Submitted by Claudia Hristova, M.S.

Overview: This article delves into the role of biomarkers in diagnosing Alzheimer's disease (AD). It highlights the shift in AD diagnosis from the later stages of dementia to earlier stages, emphasizing the potential for pre-symptomatic diagnosis and the importance of identifying atypical variants.

Alzheimer's disease is the most common form of dementia, affecting millions worldwide. Despite this prevalence, a significant number of dementia cases remain undiagnosed or misdiagnosed due to the heterogeneous nature of AD presentations. This misdiagnosis often leads to inappropriate treatments and delayed interventions, adversely impacting patient outcomes. Accurate and early diagnosis of AD is critical for optimizing the benefits of symptomatic medications and emerging disease-modifying treatments (DMTs).

Main Research Findings and Implications: This review discusses the phenotypic presentations of AD and the use of various biomarkers for early and differential diagnosis. Key biomarkers include:

- **Amyloid Positron Emission Tomography (PET):** Identifies amyloid plaques in the brain, demonstrating high accuracy in imaging-to-autopsy studies.
- **Tau PET:** Visualizes neurofibrillary tangles and predicts cognitive decline, offering a direct marker of these tangles. At this time, it is predominantly used in research settings.
- **Fluorodeoxyglucose (FDG)-PET:** Topographic biomarker which helps characterize typical and atypical AD through patterns of regional hypometabolism. Notably, FDG-PET can yield greater diagnostic insights than those obtained through MRI.
- **Cerebrospinal Fluid (CSF) Biomarkers:** Detect early AD pathology through changes in amyloid and tau protein levels. Notably, changes in these biomarkers can be detected sooner than those in neuroimaging.
- **Blood-Based Biomarkers (BBBMs):** Emerging tools that show promise in detecting AD pathology at all disease stages through BBBMs that measure concentrations of A β peptides and pTau in the blood, which have demonstrated associations with corresponding concentrations in cerebrospinal fluid (CSF) and PET positivity.

Utilizing these biomarkers can help distinguish AD from other neurodegenerative diseases and in identifying atypical AD phenotypes, such as logopenic variant primary progressive aphasia (lvPPA) and posterior cortical atrophy (PCA). This review underscores the need for a combination of clinical assessment and biomarker evaluation to ensure accurate diagnosis and effective patient care.

Conclusion: Incorporating AD biomarkers into diagnostic criteria enhances the early identification of atypical AD presentations, leading to more tailored treatment plans and better patient outcomes. This review advocates for the use of these biomarkers in clinical settings to support early diagnosis and guide therapeutic approaches, especially with the advent of DMTs.

Dubois, B., von Arnim, C. A., Burnie, N., Bozeat, S., & Cummings, J. (2023). Biomarkers in Alzheimer's disease: role in early and differential diagnosis and recognition of atypical variants. *Alzheimer's Research & Therapy*, 15(1), 175.

Committee Updates

Diversity Committee

Submitted by Stacy Yun, Ph.D.

In the dynamic field of geropsychology, we are navigating a landscape where current events and societal celebrations intersect with our professional practice, presenting both challenges and opportunities. Recent global events in Palestine and Gaza, alongside national conversations during the U.S. presidential campaign and observances like Disability Pride Month, LGBTQ+ Pride Month, Juneteenth, Older Americans Month, and Asian American Heritage Month, underscore the importance of diversity, equity, inclusion, and belonging (DEIB) in our work.

The ongoing conflicts in Palestine and Gaza evoke complex emotions among older adults, many of whom have lived through similar historical upheavals. As geropsychologists, it is crucial that we acknowledge and understand these deep-seated feelings to provide effective and compassionate care. Our commitment to diversity means respecting and validating the diverse identities and experiences of older adults from all backgrounds.

Simultaneously, national conversations during the U.S. presidential campaign and celebrations, such as Disability Pride Month and Juneteenth, bring DEIB issues and ageism to the forefront of public discourse. These discussions are pivotal moments for us to advocate for policies and practices that challenge stereotypes and promote accurate information related to aging.

The Diversity Committee within Society of Clinical Geropsychology hopes to serve as a vital resource for our members, offering platforms for education, dialogue, and support on diversity-related issues. If you are passionate about advancing diversity in geropsychology and would like to contribute to our initiatives, we invite you to join us. The Diversity Committee is open to new members who are eager to make a difference. For those interested in getting involved or providing feedback, please contact Stacy Yun at stacy.wonkyung.yun@gmail.com.

The Diversity Committee strives to foster geropsychologists with the tools and knowledge needed to provide culturally competent care through initiatives like networking and educational events and curated resources. Your feedback and ideas are invaluable as we work together to cultivate inclusive environments and advocate for the mental health needs of older adults. Additionally, as our committee remains dedicated to these efforts, we also recognize the need for ongoing reflection and action in response to current events. We invite our members to engage in these conversations, share insights, and collaborate on initiatives that promote DEIB within geropsychology.

Together, let us continue to navigate these complexities with empathy and dedication. By embracing diversity and addressing the impacts of current events, we can enhance the quality of care for older adults and strengthen our profession's commitment to equity and inclusion.

Thank you for your dedication to the field of geropsychology and your commitment to promoting DEIB in our practice.

Respectfully,

SCG Diversity Committee:

Stacy Yun, Ph.D.

Cathryn Goldman, M.A.

Timothy Ly, M.S.

Mentoring Committee

Submitted by Anna Blanken, Ph.D.

The SCG Mentoring Committee is thrilled to welcome two new members, Drs. Adam Piccolino and Richard Zweig. Both new members are experienced geropsychologists who are deeply committed to psychology training and leadership. Dr. Piccolino serves as the Director of Clinical Training for the Minnesota Department of Corrections, and Dr. Zweig as the Director of the Ferkauf Older Adult program concentration area within the Clinical Psychology Graduate Program at Yeshiva University. We are excited to have them on board and for the fresh perspectives they have to offer.

In this newsletter update we would also like to highlight a new article authored by committee member Claudia Son titled, “**Guiding Light: How Mentors can Support Mentee Self-Care in Geropsychology Practice.**” Here, Claudia offers practical suggestions for how geropsychology mentors can take a humanistic approach to supporting not only mentees’ career development, but also their well-being.

For anyone who would like to join either as geropsychology mentors/mentee OR as a member of the mentoring committee, please reach out to Ira Yenko (irayenko@gmail.com) or Anna Blanken (dr.annablanken@gmail.com).

SCG Mentoring Committee:

Anna Blanken, PhD (Co-Chair)

Claudia Son, MA

Ira Yenko, PsyD (Co-Chair)

Adam Piccolino, PsyD, ABN

Richard Zweig, PhD ABPP-Geropsychology

Guiding Light: How Mentors can Support Mentee Self-Care in Geropsychology Practice

Submitted by Claudia Son, M.A.



Clinicians working primarily with older adults help people work through unique, often overlapping, challenges – for instance, role transitions, changes in functioning, loss, and death. These are all human experiences that can evoke personal thoughts, emotions, beliefs, and values for mental health providers. In fact, clinicians working in a palliative care or hospice setting may be exposed to more frequent conversations and experiences of death. This can be an emotionally heavy experience and may spur clinicians to struggle with their own existential questions.

Mentors can play an influential role in assisting mentees to navigate the complexities of working with older adults, a skill often not explicitly addressed or taught by training programs or academic curriculums (Hoge et al., 2016). Mentorship is vital at all professional levels, encompassing graduate school, internships, postdoctoral programs, as well as for early-career and seasoned psychologists aiming to refine their geropsychology skills. This layered approach to mentorship is essential to developing a robust skill set tailored to the needs of the older adult population (Zimmerman et al., 2011). To effectively support this framework, this article outlines primary recommendations that address key aspects of mentorship and systemic support.

The first recommendation is that mentors create a safe space for mentees to explore the intersection of these existential questions and personal values and beliefs that are coming up for them, and how it impacts their work with older adults. Mentors can also model what it looks like to practice self-assessment and self-reflection. Mentors can share about their own journey of self-exploration and how they approach processing the heaviness that comes with the experience of things like the death of a client. By doing so, mentors can demonstrate how to navigate the emotional complexities that arise from intense experiences such as the death of a client or witnessing a client go through the stages of dementia (Karel et al., 2014). Such modeling helps mentees develop resilience and coping strategies, ensuring they maintain their emotional and professional health in challenging situations.

The second recommendation is for mentors to advocate for greater systemic support for mentees. For trainees, this can look like suggesting incorporating sick time and planned leave into their training contract, which are benefits that are commonly included as part of employment (George, 2024; Maxwell & Praetorius, 2024). For psychologists at any career point, this can look like advocating for “mental health” days and self-care to be considered a highly appropriate use of leave (George, 2024). While there have been more conversations about self-care, it is unclear to what extent self-care is actually being supported systemically. Greater systemic support for this kind of utilization of sick leave and time off would also provide greater weight for conversations about identifying early signs of burnout and intentionally acting on them. Another possibility of integrated systemic support may include providing a space for psychologists to meet with one another to process work-related challenges without managerial oversight. These meetings may provide a space for people to voice their concerns and needs, while also providing opportunities for staff to give and receive support. However, a culture of safety, empathy, and trust is a crucial element that would need to be established. In fact, mentors would have a significant responsibility to model and reinforce this culture.

While it may be difficult to achieve this when part of a larger system, research has found that therapist burnout can negatively impact treatment outcomes for clients (Delgadillo et al., 2018). More research in this area may reveal further correlations between therapist well-being, burnout, and treatment outcomes. These empirical findings may create greater weight for the importance of improved systemic support for the well-being of therapists. As trainees or early-career psychologists are in positions where they lack the power or influence to be able to advocate for these changes, it is important for mentors who have more experience to utilize their seniority and voices in their stead.

Overall, there are actions that mentors can take on a mentorship and systemic level for better implementation of mentees’ self-care. This may help make significant waves in the well-being of current and future generations of geropsychologists, who will hopefully feel more seen and valued as humans and professionals.

References:

- Delgadillo, J., Saxon, D., Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety*, 35(9), 844-850. <https://doi.org/10.1002/da.22766>
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- Karel, M., Altman, A., Zweig, R. & Hinrichsen, G. (2014). Supervision in professional geropsychology training: Perspectives of supervisors and supervisees. *Training and Education in Professional Psychology*, 8(1), 43-50.
- Maxwell, D., & Praetorius, R. T. (2024). "Gutting It Out" Does Not Work: Why Mental Health Days are Needed. *Social Work in Public Health*, 39(3), 221-233. 10.1080/19371918.2024.2322589
- Zimmerman, J. A., Schulz, R., & McDonough, I. M. (2011). The influence of mentoring on professional development in geropsychology. *Journal of Geropsychology*, 22(5), 355-360. <https://doi.org/10.1002/da.22766>

Committee on Aging (CONA) Report

Submitted by Christopher Nguyen, Ph.D., ABPP

Dear SCG colleagues,

I am pleased to share several important updates and announcements from the Committee on Aging (CONA). These developments showcase the incredible work and dedication of our members and offer opportunities for further engagement and collaboration. From honoring remarkable achievements to welcoming new members and forming specialized workgroups, there is much to celebrate and anticipate. Additionally, I invite you to join our APA-wide CONA listserv to foster discussions on aging topics. We also honor the memory of a cherished colleague whose contributions have left an indelible mark on our field.

CONA Award for the Advancement of Psychology and Aging

Every year, our committee eagerly awaits nominations for the prestigious Award for the Advancement of Psychology and Aging. This esteemed award is a testament to the significant contributions individuals have made to the mission of CONA. It is with great pride to announce that Karlene Ball, PhD, has been selected as the 2024 recipient of the CONA Award for the Advancement of Psychology and Aging. Dr. Ball's remarkable and sustained contributions to the field have earned her this honor. She will be presented with the award during the APA Convention at the SCG/D20 Social Hour on Friday, August 9, from 5:00 PM to 6:50 PM.

CONA Appointments

We are delighted to welcome our incoming CONA members: Joann Montepare, PhD, Ranak Trivedi, PhD, and Cristina Pinheiro. Their term, approved by the Board of Directors and beginning on January 1, 2025, promises

to be a period of valuable contributions and leadership under the guidance of Susan Whitbourne, PhD, ABPP, our CONA Chair-Elect.

CONA Workgroups

I'm excited to announce that CONA has brought together several expert teams to revise important APA Resolutions and Guidelines. Workgroup Members:

- *APA Family Caregiving Resolution*: Ann Steffen, PhD, ABPP; Lisa Lind, PhD, ABPP; Joseph Gaugler, PhD; William Haley, PhD; Bert Hayslip, PhD; and Karen Roberto, PhD
- *APA Palliative and End-of-Life Care Guidelines*: Rebecca Allen, PhD, ABPP; Cecilia Poon, PhD, ABPP; Brian Carpenter, PhD; Ashley Fromenthal; and Mary Beth Morrissey, PhD, JD, MPH
- *APA Resolution on Ageism*: Susan Whitbourne, PhD, ABPP; Jameca Woody Cooper, PhD, ABPP; and Christopher Nguyen, PhD, ABPP

Additionally, we are forming an ad hoc workgroup to update the APA's Caregiver Briefcase. This resource, aimed at psychologists (both clinicians and researchers) and the general public, is currently outdated. We need your help reviewing and providing feedback on its organization and content. If you're interested, please contact me at Christopher.Nguyen@osumc.edu, and we can discuss the next steps.

CONA Listserv

Do you know that CONA hosts our own listserv? The listserv will be dedicated to discussing aging topics and connecting with like-minded individuals passionate about the field. We will open the listserv membership to members of all APA divisions and hope the platform offers a unique opportunity to share insights, ask questions, and stay updated on the latest research and developments in aging. To join, contact us at aging@apa.org if you are interested, and we'll add you to the listserv!

In Memoriam

With great sadness, we celebrate the life of Dr. Michael A. Smyer, PhD, Emeritus Professor of Psychology and former Provost at Bucknell University, who passed away on May 3, 2024. Dr. Smyer was a remarkable figure in psychology, education, and social innovation, inspiring a generation of psychologists specializing in aging.

Dr. Smyer earned a bachelor's degree in psychology from Yale University and a Ph.D. in clinical psychology from Duke University. He began his career at Pennsylvania State University in 1977 as an assistant professor and served as associate dean for research and graduate studies at Penn State's College of Health and Human Development from 1988 to 1992. In 1994, he moved to Boston College, where he became Dean of the Graduate School of Arts and Sciences and co-Director of the Center for Aging and Work, funded by the Alfred P. Sloan Foundation. He also served as a Senior Fellow in Social Innovation at Babson College. Dr. Smyer became Provost at Bucknell University in 2008, serving until 2015 and retiring in 2020.

Dr. Smyer profoundly impacted aging and mental health, publishing extensively on decision-making capacity, mental health interventions in nursing homes, and more. He co-authored *Aging and Mental Health* and co-edited *Challenges of an Aging Society: Ethical Dilemmas, Political Issues; Changes in Decision-Making Capacity in Older Adults: Assessment and Intervention*; and *Aging, Biotechnology, and the Future*. His over

100 invited chapters and research articles enriched discourse on work-life policies, collaborative work environments, and mental health care financing.

Dr. Smyer served as President of Division 20 (Adult Development and Aging) in 1992 and member of the Committee on Aging (1996-1997 and 2007-2008). He received the M. Powell Lawton Award for Distinguished Contribution in Clinical Geropsychology and the 2013 Committee on Aging's Lifetime Contribution to the Psychology of Aging Award. In 2018, he received an APA Presidential Citation for his leadership in addressing climate change's impact on older adults. Through "Graying Green," he championed the role of elders in climate action, bridging research, advocacy, and community engagement.

Dr. Smyer was also a fellow of the TIAA/CREF Research Institute, a Fulbright fellow (Japan and India), a W.K. Kellogg Foundation Fellow, and an American Council on Education fellow. He was awarded Fulbright fellowships to Japan and India and held an appointment as Civic Innovation Fellow at Stanford University's Hasso Plattner Institute of Design. He consulted with Fortune 500 companies, legislative leaders, and higher education organizations on the impact of aging on curriculum.

Beyond academia, Dr. Smyer founded and led Growing-Greener.org, leveraging psychology, gerontology, and human-centered design to catalyze climate action. Through initiatives like "Your Climate Journey" workshops, he empowered individuals to transition from climate silence to engagement, fostering a culture of climate leadership and action. His advocacy highlighted the potential for older adults to lead in environmental sustainability.

Dr. Smyer also contributed to community efforts, including post-Hurricane Katrina relief in New Orleans and serving on boards focused on land conservation and community improvement. Additionally, he lent his vocal talents to the Rustical Quality String Band, contributing to their CD, *Rescued from Oblivion*.

Dr. Smyer's career epitomized dedication to scholarship, advocacy, and social impact, leaving a legacy that will inspire future psychologists. He is survived by his wife, Pat Piper-Smyer; his children, Brendan Piper-Smyer and Kyle Piper-Smyer; and four grandchildren, three nephews, four nieces, four grand-nephews, and a grand-niece.

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 @SCGeropsych 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>

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Did You Know...

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