

The Clinical Geropsychologist

Society of Clinical Geropsychology

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President's Column

Submitted by Heather Smith, Ph.D., ABPP

Hello SCG members! I am pleased to have the opportunity to connect with all of you via the Spring 2025 edition of our newsletter. While I recognize that my writing this column and recipients potentially reading it are actually relatively disconnected processes, I use the word “connect” in this context because of its relevance to the primary initiatives for my Presidential term. The first of these entails a continuation and expansion of Dr. Lindsey Wallace’s Presidential aim of **building connections within the geropsychology community**. I am proud to share SCG’s accomplishments in this regard over the past year, including:



- Establishment of a student travel award for up to 10 students to support in-person attendance at the APA annual convention. Applications are welcome from any SCG student member with an interest in the scientific and/or professional aspects of clinical geropsychology, and priority is given to international trainees, first-generation graduate students, trainees presenting research, trainees who do not have other sources of funds for conferences, and trainees who are attending the convention for the first time.
- Increased financial support for:
 - SCG student representatives attending the Gerontological Society of America (GSA) annual scientific meeting.
 - The SCG/Council of Professional Geropsychology Training Programs (CoPGTP) student social at the GSA annual scientific meeting.
- Creation of an SCG student book raffle at GSA featuring geropsychology-related books generously donated by our membership.

Perhaps more than ever, in light of the current climate of uncertainty and philosophical division in our country, I believe that it is essential that we continue to cultivate strong connections within our field. To that end, our SCG Executive Board and committees are continuing to foster connections across geropsychology. For example, in March, the Diversity Committee, which is chaired by Stacy Yun, Ph.D., hosted a safe and supportive virtual discussion space designed to help geropsychology professionals and trainees process and share how they are coping during this challenging time. In addition, SCG leadership is considering how to utilize our membership list as a networking tool and means of identifying future SCG committee members and leaders. Finally, SCG is looking for ways to partner with other geropsychology organizations, such as by co-hosting mentoring events with Division 20 at the APA convention, discussing the potential to co-host quarterly consultation calls with Psychologists in Long-Term Care (PLTC), and exploring areas of synergy among the membership, values, and aims of SCG and Division 20.

The second initiative for my Presential year is an emphasis on understanding **the degree to which aging is considered as an aspect of diversity and intersectionality in psychology training programs**. This is especially important when we consider the fact that the psychologist workforce is insufficient, both in size and preparation, to address the mental health concerns of the country’s aging population. With only approximately 4% of psychologists receiving specialty training in geropsychology, there is an urgent need for not only for more geropsychology specialists, but also the development of competency for work with older adults among generalist psychologists and those within other specialties. Efforts to address the geropsychology workforce pipeline and to stress the importance of training psychologists to be competent to provide services to a heterogenous older adult population have been made by many of our members, such as via involvement in the

Building Bridges conference in 2021 and the work of the APA Committee on Aging (CONA). More locally, my colleagues at the Milwaukee VA Medical Center and I have offered “job talks” about careers in aging at psychology doctoral programs throughout the region to increase awareness of the complex, diverse, and rewarding nature of geropsychological work and to encourage student exploration of the field. To the extent that SCG can contribute to these conversations and initiatives and can partner with other geropsychology organizations to promote the importance of aging as an element of culturally competent training and practice, we will continue to strive to do so.

Comments from the Editors: Victoria, Rachel, and Melissa



Victoria Behr (left), Rachel Best (middle),
Melissa Zammitti (right)

Welcome to the Spring 2025 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 member spotlight, 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 student voice to hear from our newest student representative, Catherine Ju (page 10).

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), Rachel Best (rbest1@mail.yu.edu), or Melissa Zammitti (melissa_zammitti@pacificu.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, Rachel Best rbest1@mail.yu.edu, or Melissa Zammitti melissa_zammitti@pacificu.edu.

Recent Member Books & Publications

- Band, A. E., Fitzpatrick, J. A., & Steffen, A. M. (2025). Comparative favorability in clinical practice: Psychologists' ratings of their work with older adults versus other ages. *Professional Psychology: Research and Practice*. Advance online publication. <https://doi.org/10.1037/pro0000623>
- Boyle, J. T., Fischer, I., Bashian, H. M., Moye, J., Levy, B. R., & Pietrzak, R. H. (2025). Negative aging stereotypes and clinical insomnia in older U.S. military veterans. *The Gerontologist*, gnaf036. Advance online publication. <https://doi.org/10.1093/geront/gnaf036>
- Granier, K. L., & Segal, D. L. (2024). Convergent and predictive validity of the Mini MoCA and considerations for use among older adults. *Psychiatry Research Communications*, 4(4), 100201. <https://doi.org/10.1016/j.psycom.2024.100201>

- Hogan, J. S. (2024). *Democratizing the Early Identification of Alzheimer's Disease and Access to Care: The Role of Psychologists in Brief Assessment* (Doctoral dissertation, University of Massachusetts Boston).
- Laine, A. J., White, K. S., & Steffen, A. M. (2025). The Later Life Depression Knowledge Questionnaire (LLD-KQ): Development and initial validation. *Clinical Gerontologist*, 1–12. <https://doi.org/10.1080/07317115.2025.2488953>
- Segal, D. L. (Ed.). (2025). *Diagnostic interviewing* (6th edition). New York, NY: Springer Science+Business Media. ISBN-13: 978-1071643617. <https://link.springer.com/book/9781071643617>
- Stone-Bury, L. E., & Segal, D. L. (2025). Temporal stability and predictive validity of the Alternative Model of Personality Disorders among older adults. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*. <https://doi.org/10.1024/1662-9647/a000343>

Member Announcements

- Recent funding from the CoPGTP Research/Program Evaluation Award in Geropsychology Training. This award was given to Dr. Julie Boyle, Catherine Ju, Dr. Michelle Mlinac, Dr. Angelica Boeve, and Dr. Amy Fiske from VA Boston Healthcare System & West Virginia University for the SCG supported research proposal, “Evaluating Behavioral Sleep Medicine Knowledge and Skills in Geropsychologists and Trainees: A Needs Assessment.” This project aims to identify gaps in behavioral sleep medicine knowledge and training in psychologists/psychology trainees who work with older adults and build a curriculum to meet these needs. This survey is currently closed, thank you to all who participated.
- Jacinta Dickens, PhD has joined the Psychiatry Department at the University of Pittsburgh as a T32 Clinical and Translational Research fellow in Geriatric Mental Health.

SCG Honors the Memory and Legacy of Dr. Victor Molinari

A portion of SCG dues were used to make a \$1,000 contribution to the University of South Florida Aging Studies Scholarship, in memory of Victor Molinari, PhD. We thank all the SCG members for their ongoing support of our Section, which allows us to support initiatives such as this, in addition to events at APA and GSA and our annual SCG awards, including our new student travel awards. With this contribution to USF, we hope to play a small part in continuing the legacy of Dr. Molinari.

Member Spotlight: Jackie Hogan, Ph.D.



Year joined Society of Clinical Geropsychology: 2018

Hometown: Lynn, MA

Current Professional title and affiliation: Psychologist in Private Practice

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? In counseling psychology (and beyond) there are few opportunities to develop competencies in working with older adults. In many of my classes, older adults were wholly absent from course curricula and classroom-based conversations. I joined the SCG to not only develop competencies as an academic and a clinician, but also to be part of an organization dedicated to raising awareness about older adulthood, ageism, and the critical need to increase the geriatric workforce.

How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? Although I've been fortunate to work with geropsychologists and other geriatric clinicians during my clinical training, I do not have a geropsychology mentor. Thus, my SCG membership has been invaluable. I used the ABGERO requirements as a guideline for the many choices I made throughout my PhD program. I tailored my coursework, didactics, volunteer work, and clinical training accordingly. In doing so, I developed the competencies necessary to become a geropsychologist. I was fortunate to be a student rep for two years and took advantage of the various offerings from SCG. I learned about opportunities I otherwise would not have had access to, such as assessment and capacity training. Thank you all!

How did you get interested in the field of aging? I was co-raised by my grandparents, and I wouldn't be the person I've become without them. They lived down the street from me and hardly a day passed that I didn't connect with them. My father worked two full-time jobs, and my mother is both physically disabled and mentally ill. My grandparents took care of me, taught me the fundamentals of basic living, tutored me, drove me to my extracurriculars, put me through college, and beyond. I could always count on my grandparents. I genuinely enjoyed their company, their stories, and their treasures from the past. I tagged along with my grandfather to VFW events, to play cribbage with his buddies, and to volunteer at nursing homes. Spending time with older adults was central to my life. My friends were similar, and it was common for us to visit each other's grandparents on our own accord – even as teenagers. I am fortunate to have lived a life rich with multigenerational experiences at home, during my five years in a small rural town on the Big Island of Hawaii, as a professional, and through my travels. Hawaii had a big impact on me and recentered my values. Life in Hawaii is not like the romanticized version we see on TV, but that's a topic for another day. What is very true about Hawaii, at least where I lived, is their respect for their elders (and their love of babies). I returned home to Boston from Hawaii shortly before starting my master's program. If an older adult walked into a room in Hawaii, most everyone stood up to offer their chair and help the person get settled. When I came home and went to the movies for the first time in Boston, three older women - one with a walker - entered the nearly full theater and struggled to make their way to the seating area. Not only did no one get up to offer their chair, the

women were forced to ask folks to move down a few seats simply so they could safely sit down. That experience crushed me and inspired me to be one of the people working for change.

What was your most memorable experience during your graduate studies? I started my master's at age 42 (with an 8-week-old baby and 5-year-old son) and graduated with my PhD at age 50. I was older than the chair of my department and old enough to be the mother of some of my peers.

During interviews for clinical training, I was asked questions such as:

- How do you feel about being supervised by someone younger than you?
- What will it be like for you to be away from your children?
- Who is going to care for your children while you're training?
- What happened after college... why are you pursuing this degree now?

In my first week of the doctoral program, after staring at my face for a long time, a professor asked me how old I was during class. It was thinly veiled in the context of a statistical point she was trying to make. These experiences weren't pleasant, but they were certainly memorable.

Have you had an important mentor in your career? If so, how did he or she make a difference? I've been fortunate to have amazing supervisors in my clinical training, including SCG members Lisa Bloom-Charette and Kristen Dillon at the Bedford VA. They helped me become a better clinician across multiple domains and offered meaningful support for advancing my academics and career.

I completed my internship at Beth Israel Lahey's Center for Healthy Aging in Danvers, MA. They didn't have a training program, and I cold contacted their medical director, Maura Copeland, MD. She's a geriatric psychiatrist and an angel on earth. She created a position for me out of the goodness of her heart and to help train the next generation of geriatric practitioners. It was no small undertaking as it was not an APA-accredited site, and my program required that it met all APA requirements. I cannot tell you how much I learned working side-by-side with a highly seasoned psychiatrist. It made me a much better clinician. I recently had coffee with her, and she continues to share her wisdom with me.

What is your current position and what are your key responsibilities? I recently launched a private practice and am living my best life. I highly recommend it! I have a 6-minute commute, can meet my husband for lunch, and am a few short minutes from my kids' schools. Setting up private practice was a considerable undertaking, but I found it to be energizing and greatly rewarding to hang my shingle. I'm growing my caseload at a manageable pace and about half of my clients are older adults. I've developed a medically reviewed 10-week "Lifestyle Choices for Brain Health" group, which centers on healthy aging and dementia prevention. I am connecting with organizations in my local community to advance my vision of advancing Newburyport, MA as a brain healthy and age-friendly city.

Tell us about your most recent activities. I finished internship in September 2024, graduated and published my dissertation in December 2024, and moved into my wonderful office space in beautiful Newburyport, MA on March 1st.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? Hands down, the pandemic. I had just started my hospice rotation at the Bedford VA when it hit. Shortly thereafter, I was co-leading a COVID bereavement group. Because of my professional career, I was a confident group leader, but my previous experience didn't help me in this circumstance. The group members

were understandably in shock, devastated, broken hearted, highly dysregulated, politically inflamed, and not tech savvy. Some were relatives of Veterans I had just finished working with on the CLC. I never felt like I got a handle on the group, nor did I know if it helped anyone, and that was all very uncomfortable. Additionally, my children were confused, scared, and prone to walking into my room for emotional support. I was exceptionally well supported by the VA, but nothing could have prepared me for this experience. While I hope to never need these skills in the future, I would certainly be much better prepared should I ever face a similar experience.

Do you have any tips for emerging geropsychologists? I'm at a different stage of life than my peers and (like a good New England woman), have a salty perspective on being a graduate student. The process of obtaining a PhD exceeds what any reasonable person can do without suffering. You don't have to do it all. For example, I didn't do an APA internship, which was a serious "problem" for my department and, therefore, for me. You would have thought the earth ceased rotating on its axis and that I would never be able to get licensed (despite an APA internship not being a requirement for licensure in MA). My internship was AMAZING, and I was fortunate to work closely with a multidisciplinary team who valued me. I was also close to home and able to work a modified schedule, which enabled me to tend to my health, wellness, and my family.

For those of you considering private practice, I highly recommend it if it fits your lifestyle. I intentionally soft-launched my practice and went live with nothing more than a temporary website and a Psychology Today profile. With no advertising or marketing efforts, it took less than 3 months for my caseload to reach 50% of my goal. I trialed taking insurance through Alma and Headway and quickly realized that the administrative overhead (and other annoyances) exceeds what one person can comfortably manage in private practice and I didn't like how it impacted my work. I stopped accepting insurance and the clients continued showing up. My justice spirit is struggling with the decision, but the hard truth of the matter is that I'm a much better clinician without it. However, I am accepting Medicare for obvious reasons. Unless you have the secret decoder ring for their website, definitely outsource getting credentialed with Medicare.

All that said, private practice is a bit lonely, and you need to be proactive about supervision, peer consultation, and staying current. Massachusetts has a great group called the Private Practice Colloquium. I learn a ton from their listserv, have received referrals through them, and met great people at their social networking events. I highly recommend joining such a group if available to you in your area.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I started training in Matsumura Seito Shorin-ryu, a traditional style of Okinawan karate, two years ago and am now a martial artist. My husband is my sensei and our dojo trains family style, with adults and children together. Multigenerational classrooms are unusual in modern karate, which is a shame. Our youngest student is 5 and our oldest is 72. It's empowering to be able to self-defend. Activities like karate are great for healthy aging and brain health. In a few years, I'll get my blackbelt and continue training until I can't, which I hope is never.

Just today, I was sworn in by the Mayor's Office as a member of the Human Rights Commission of Newburyport. I'm beyond delighted to finally have the time to begin weaving myself into the fabric of my local community. Last week, we sponsored an Iftar to celebrate Ramadan. It was a wonderful opportunity to share a meal with great people while learning about another culture.

Lastly, if I wasn't a psychologist, I'd want to be a costume designer. I'm already working on our costume for the annual Salem Witch's Ball. It's my favorite night of the year.

Student Member Spotlight: Kelley N. Kinder, M.A.



Year joined Society of Clinical Geropsychology: 2024

Hometown: Abingdon, VA/Charleston, SC

Current academic affiliation: Capella University (PsyD Candidate); Marshall University's Department of Psychiatry (Intern)

Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? As a student working toward specialization in geropsychology, I believe it is important to connect with and learn from others in this field. While exploring possible affiliations, I found SCG extremely inviting and supportive of student members. It seems that geropsychologists as a whole are invested in supporting up-and-coming professionals and have a strong desire to mentor and train those of us new to this field. SCG offers a space for meaningful connection that I truly appreciate.

How has membership in the Society for Clinical Geropsychology assisted you with your professional development? Accessing conversations about topics in the field has become a significant part of my professional development since joining SCG. I find it helpful to learn about opportunities for training, conferences, and other networking events. I feel encouraged to be part of such an active and engaging community and take comfort in knowing that I have a place I can turn for answers to all of my questions about geropsychology. I also appreciate SCG's guidance on the requirements of ABGERO certification and the roadmap it provides.

How did you get interested in the field of aging? To answer this question, I feel it is necessary to provide some context by sharing a bit more about my background. I am a non-traditional first-generation college student. I obtained my bachelor's degree in 2006 and my master's in 2016. My husband and I are both licensed professional counselors in Virginia and had worked in the field of mental health for many years when we decided to enroll together in Capella University's PsyD program. As working adults, Capella's program gave us the flexibility to pursue doctoral degrees while continuing to manage our existing obligations, which included raising my stepdaughter and supporting our aging parents. We began our doctoral journeys in April 2021, and during the first year of the program, my grandmother passed away at the age of 89 after suffering with dementia for several years and my mother was diagnosed with Parkinson's disease and mild cognitive impairment. These life events propelled my interests in aging and cognition, which led me to seek out opportunities to gain experience and knowledge related to treating older individuals. Once I started treating this population, my passion was further ignited, and I now cannot imagine myself doing any other type of work.

Have you had an important mentor in your career? If so, how did he or she make a difference? Narrowing this to only one person is much too difficult, as there are so many people who have had a positive influence. In the interest of conciseness, I will choose two mentors who have made a significant and lasting impact on my life. In October 2022, I had the pleasure of connecting professionally with Dr. Andrea Sartori. Dr. Sartori practices neuropsychology in Charleston, South Carolina, where she works almost exclusively with older individuals providing dementia evaluations. She has allowed me to shadow her on several occasions, has given

me trusted feedback as I have navigated a critical time of professional development, and has continued to be my go-to person when I need to consult on cases. The knowledge she has imparted to me has been instrumental in my growth and I will be forever grateful for her mentorship. Soon after becoming acquainted with Dr. Sartori, I was extremely fortunate to meet Dr. Gerald Koocher, who had recently become Director of Capella's PsyD program. Dr. Koocher stepped into his role with our program with an infectious passion and motivation. On several occasions, he served as an instructor and his presence in the classroom was like nothing I have experienced. I am continually inspired by his knowledge and his drive to make a difference, particularly by making quality higher education accessible to non-traditional students, like me. Much of what I hope to accomplish through the attainment of this degree would not have been possible without his contributions to our program and the field of psychology.

What has been your most memorable experience in gerontology and aging clinical practice and/or research? During my practicum experience, I became familiar with reminiscence therapy while working with older individuals in an inpatient setting. Many of the patients had advanced dementia symptoms and I had the opportunity to see first-hand how using reminiscence techniques in individual sessions can exert a powerful impact on their mood. Many times, I had patients who presented initially as severely anxious and depressed, but would leave our sessions smiling and laughing. I also enjoyed the inpatient setting because it allowed me to treat many manifestations of neurocognitive disorders, which I otherwise would not likely have experienced so early in my training or in an outpatient setting.

Tell us about your most recent activities. Since August 2024, I have been immersed in my doctoral internship at Marshall University's Department of Psychiatry in Huntington, West Virginia. Older individuals comprise a significant portion of my therapy patients, which has solidified my desire to work with this population. I have also focused on completing the initial phases of my dissertation, which is addressing a program design for individual reminiscence therapy for people living with dementia in rural Appalachia. In the midst of completing internship and dissertation requirements for my program, I stumbled upon a passion for research and have recently been given the opportunity to help lead a research study at Marshall University focusing on integrating psychotherapy into a multidisciplinary treatment approach for individuals in the early stages of dementia. My colleagues and I are in the process of launching that project. These activities have kept me very busy, but I feel grateful for these opportunities!

Looking forward, what are your plans post-graduation? After I graduate in December, I plan to begin my postdoctoral training under the supervision of Dr. Andrew Heck, which is a true honor, and I feel extremely excited to learn from him. If all the pieces fall into place, I will be working toward Virginia licensure and, hopefully, board-certification. My long-term plan is to work through my private practice to provide dementia evaluations, consultation, and psychotherapy for older adults. I am also in the process of launching a non-profit organization with the mission of increasing accessibility to dementia evaluation and treatment in rural Appalachia. Through the non-profit, I plan to engage in community outreach to increase awareness about the symptoms of dementia and the importance of early detection, while also working to equip and train other mental health professionals to work with older adults.

What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I love thrifting, antiquing, and traveling to coastal cities with rich history, beautiful architecture, and delicious foods! My favorite city is Charleston, South Carolina, and my husband and I have had a getaway home there since 2020, so I am very much looking forward to spending more time there once my internship is complete. He is also a private pilot, so we enjoy flying to Charleston in our little four-seat Cirrus aircraft. The coastal regions are so beautiful from the sky! I also love quiet, lazy days at home with family,

which includes my 16-year-old stepdaughter and our two sweet miniature schnauzers. As I have more free time once I have completed my doctoral program, I would like to develop my musical abilities by learning to play piano and guitar, and I also plan to continue learning to speak French. *Merci beaucoup et bonne journée!*

The Student Voice

An Introduction from Catherine Ju

Submitted by Catherine Ju, B.A.



I am grateful for the opportunity to be the newest student representative for Division 12-II! I joined the Society of Clinical Geropsychology when I was an undergraduate student, hoping to become more plugged in to the community. What I found was a warm, genuine, and generous crowd (and active listserv) eager to share knowledge and resources with each other. I am excited to foster and maintain trainee interest in geropsychology in this new position.

Background and Path to Clinical Geropsychology

I grew up in Iowa City, Iowa, before moving to Minneapolis, Minnesota, with my family. I went to college at Washington University in St. Louis (what can I say, I love the Midwest!), where I worked with Dr. Brian Carpenter. He and his (then) graduate students helped nurture my initial curiosity in working with older adults and I will be forever thankful to them. I am currently a second-year clinical psychology doctoral student at West Virginia University and have benefitted from the encouraging mentorship of Dr. Amy Fiske, my advisor, and Dr. Barry Edelstein. This year, I began my term as a student representative for our program's clinical training committee and have found representing and advocating for my peers to be rewarding. Like many, my interest in aging and older adulthood grew from familial experiences. My parents moved to Iowa from Taiwan and growing up we would visit my grandparents there every couple of years. The last time I saw my grandmother was the summer before I started college. From afar, I watched as my grandmother's social life changed and how her concerns about losing independence prevented her from receiving care that could have enhanced her well-being. Through my research and clinical work, I have come to understand and appreciate the emotional challenges older adults encounter. The desire to aid individuals in achieving a fulfilling aging experience has driven my interest in clinical geropsychology.

Research and Clinical Interests

My research interests have ranged from looking at how ethnic identity may impact intergenerational relationships to my more recent work examining suicide risk in older adulthood. Specifically, my thesis work examines how use of compensatory strategies (e.g., seeking help) mediates the relationship between value placed on autonomy and suicidal ideation. I have also participated in research related to burnout in sandwich generation caregivers, as well as research assessing behavioral sleep medicine knowledge in geropsychologists and trainees. As for my clinical experiences, I have enjoyed working with older adults at an assisted living facility and have also gotten a lot of satisfaction out of providing Cognitive Behavioral Therapy for Insomnia to older adults.

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 Megan Armstrong, M.A.

Suicide is a major public health concern that is especially prevalent in older adults. As such, it is imperative to gain a thorough understanding of factors that confer elevated risk for suicide among older adults in order to inform prevention and intervention efforts. Ageism is another issue that older adults face. Ageism refers to discrimination based on age, and can be externally driven (i.e. when discrimination is directed at others) or internalized (negative beliefs or fears that one has about aging). Internalized ageism has been linked to negative physical and mental health outcomes, and externalized ageism has demonstrated associations with suicidal ideation (SI). Thus, research that elucidates the relationship between ageism and SI is critical. To this end, Gendron and colleagues (2024) conducted a thoughtful study to examine associations between ageism (both internalized and externalized) and SI.

In their study, Gendron et al. (2024) drew upon a predominant theory of suicide, the interpersonal-psychological theory of suicide (IPTS; Joiner, 2005) which posits that there are two proximal factors that confer risk to suicidal desire (also called SI): perceived burdensomeness (PB) and thwarted belongingness (TB; Van Orden et al., 2010). PB refers to a belief that one is a burden or liability to one's friends or family, and may involve feelings of self-hatred or a belief that others would be better off without them. TB refers to an unmet need to belong, and is comprised of two facets: feelings of loneliness and the absence of reciprocally caring relationships. Gendron et al. (2024) tested whether ageism contributes to SI beyond the variance explained by the IPTS constructs of PB and TB.

A total of 454 older adults (M age = 72.6, SD = 5.7 years) participated in the study. SI was measured by the Columbia Suicide Severity Rating Scale (CSSR-S), PB and TB were assessed by scores on the Interpersonal Needs Questionnaire (INQ), and ageism was measured by the Relational Aging Anxiety Scale (RAA). Hierarchical logistic regression analyses revealed that both PB and TB were significantly associated with SI, consistent with the broader literature. However, once ageism was added into their analyses, these variables no longer showed a significant association. In their model, internalized ageism demonstrated a stronger association with SI than demographic variables and the IPTS risk factors.

Results of this study indicate that internalized ageism may be a salient risk factor for SI, above and beyond the effects of two already well-established risk factors for SI – PB and TB. These findings highlight the importance of recognizing and understanding the impacts of ageism on the mental health of older adults.

References

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>

Joiner T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press

Committee Updates

Diversity Committee: Healing through Community *Perspectives from Members of the SCG Diversity Committee*

Kristopher C. Kern, MSCP, PsyD

It was during my post-doctoral fellowship at the Palo Alto VA that I learned that being a geropsychologist was my passion. As the son of a Vietnam Era Veteran, the fulfilling work was just a constant motivator to improve and strengthen my craft to meet the unique needs of older adult Veterans. The intersection of mental health, aging, medical concerns, and military service remains fascinating despite recent challenges.

Working as a geropsychologist in the VA during the Trump administration is a study in contrasts – constantly facing policies and practices that are constantly changing, considering the intentions and outcomes of executive orders that at times feel in direct conflict with my ethical codes, and wondering what good quality and culturally sensitive care can look like during this social political climate. Put simply, it has been an immense challenge. When I reflect upon this intersection, even with my own identities as a queer male of color, there is a constant dread on how the system feels oppressive, not only for me, but also for older Veterans looking for answers and support in what can be a vulnerable and scary time in their life.

What makes things even more complicated is navigating various reactions of Veterans and their families: some being die-hard supporters, others being deeply opposed. Politics come into the therapy room, even when it isn't named directly, that I have to hold space for, which results in many emotions. I know my job isn't to judge, but instead to witness, support, and treat. And so navigating all of this is exhausting and frustrating, as all I want is to deliver the best ethical and culturally sensitive care to a vulnerable community.

To cope with this, I work to build community in the hopes of not feeling so alone. Instead of letting the systemic policies create distance from others, I continue to strengthen bonds to process, empathize, and support colleagues who may also be taking this journey with me. Our recent SCG “Healing Through Community” Event was an opportunity to see colleagues and connect with others who are also navigating this challenging time. Being a geropsychologist remains my passion, even during these uncertain times. Connecting with others who share similar values gave me courage to continue holding steady in the storm. This community helps me stay rooted in my ethics, even when the system feels shaky. I am inspired to keep fighting, in small and big ways, to maintain dignity, continuity, and compassion for all.

Tim Ly, MA

During the recent virtual Healing through CommUNITY safe & supportive space hosted by the Society of Clinical Geropsychology, I led a breakout room with fellow trainees. A common theme that emerged was a deep sense of uncertainty and concern for the future of psychology and our training as future geropsychologists. While we were unable to think of action steps for how to combat these concerns, there was some relief in finding solidarity in each other. It was especially uplifting to hear about how some trainees are working with their peers to build community in light of the current geopolitical climate. As both a trainee and a member of SCG's Diversity Committee, I hope that this space continues to exist and to get the word out to trainees that there are opportunities to find community within SCG in times of uncertainty and isolation.

Given the interest in the virtual “Healing through CommUNITY” safe & supportive space, we hope to hold another event in the near future. In the meantime, we are always looking for passionate and dedicated individuals to serve on our committee, especially those who are interested in building community amidst these uncertain and isolating times. 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.
 Kimberly Hiroto, Ph.D.
 Cathryn Goldman, Psy.D.
 Kristopher C. Kern, Psy. D.
 Tim Ly, M.A.

Lifelong Learning Committee *Submitted by Jessica Strong, Ph.D., ABPP*

The Lifelong Learning Committee is organizing some talks for CE credit this calendar year on managing death and grief with cultural sensitivity. We hope to share more details soon!

SCG Lifelong Learning Committee

Jessica Strong, Ph.D., ABPP (Chair)
 Julia T. Boyle, Psy.D.
 Eliza Morgan, B.A.
 Chris Nguyen, Ph.D.
 Natalie Regier, Ph.D.
 Lynn Shaefer, Ph.D.

Mentoring Committee *Submitted by Anna Blanken, Ph.D.*

- We are excited to welcome a new member, HyeRim, who is a doctoral student at Rosalind Franklin University.
- We have been working on an idea for expanding peer consultation and social opportunity within geropsychology and plan to soon conduct a needs/interest assessment.
- We are working on a new article showcasing individuals' passions for working with older adults, and different paths for careers in geropsychology. Please get in touch if you would like to share your story. We are developing a more specific list of interview questions, which will soon be completed.
- And finally, after the continued success of "Munching with the Mentors" in Seattle at GSA this year, we are again pairing with Div 20 to plan a mentor/mentee social event in Denver. This year's theme will be "Museum with the Mentors" and we hope to bring together mentees and mentors for a fun trip to Meow Wolf - an interactive art exhibit. More details and sign up will follow.

APA Committee on Aging (CONA) Update

Submitted by Susan Krauss Whitbourne, PhD, ABPP



Dear SCG Colleagues,

On behalf of the Committee on Aging (CONA), I'm pleased to share this update on our work in the first three months of 2025. CONA's membership was recently expanded to include a graduate student member, and we have already benefited this year from this addition to the group. You can find the complete list of members, along with other information about CONA's mission and focus on the [current website](#) (more on the website, shortly).

Over the course of 2024, CONA was asked to review and revise three major APA resolutions concerning aging-related topics: family caregiving, ageism, and end-of-life and palliative care. By the end of 2024, CONA had completed the ageism resolution and submitted it for consideration to be approved by the Council of Representatives at the February 2025 meeting. However, there was a delay in the review process, and we are aiming to submit it for approval at the August Council meeting. At the same time, two workgroups were busily revising the remaining two resolutions. As of the moment, these two resolutions are in various stages of completion, with PEOL soon to be released for public comment. When you see the call for comments, we hope you'll respond.

These resolutions are important because they establish official positions by APA on these major issues. However, the Advocacy Office of APA also seeks to have briefer, what are called "policy statements," that can be used to advance lobbying efforts with Congress. In response to requests from the Advocacy Office in late 2024, CONA prepared two of these that parallel our existing work on the resolutions: ageism and family caregiving. I am pleased to report that Council approved both of these policy statements in February 2025, and they are now being used to seek support from legislators during the current session of Congress.

In addition to these efforts, CONA is completing two projects this year that we are very excited about. The first is a long overdue revamping of the aging topics website, including that website I sent you to earlier to check out CONA's mission and membership. We are currently consulting with the APA website team, but are very open to comments and suggestions from you. Our goal is to make the material more accessible to the public and also make it easier for APA members who are interested in CONA to learn more about who we are and what we do.

The second project, which is just underway now, is the preparation of a webinar series for the fall that will focus on the 2024 Guidelines for Psychological Practice with Older Adults. We have received approval from the APA CE office to make these webinars available for credit, and will have details on these by early summer. The goal is to make these webinars the first in what will be a yearly series with CONA-sponsored topics and speakers.

It is our hope that, through these efforts, we can continue to spread the word about the importance of advancing research, training, and advocacy in the field of geropsychology. We welcome your questions and suggestions to help us fulfill these goals!

Representative to APA Division 12 Update

Submitted by Evan Plys, PhD, ABPP



I am honored to serve in this position of Representative to APA Society of Clinical Psychology (SCP; Division 12). I look forward to sharing relevant information and opportunities to the Society of Clinical Geropsychology membership, as well as advocating for clinical geropsychology within the larger SCP.

A reminder that SCP has an official journal – Clinical Psychology: Science and Practice. I recommend that our membership keep this journal in mind for publications, as it would be great to have more geropsychology representation. As investigators and research institutions continue to face uncertainty regarding the future of funding, it is imperative that we support one another and highlight the amazing work that we have invested in to advance our field and, ultimately, the mental health care of older adults. In particular, mental health disparities continue to exist for older adults and various intersecting identities. Our membership has made significant contributions to address these disparities. This work is more important than ever and let's continue to showcase those efforts.

As we continue in our roles as advocates, I want to highlight a formal statement from SCP that calls us to action. I encourage members to read the SCP, SSCP, CAAPS, Division 44, SAP, and Division 32 Statement on Meta's (Facebook) hateful conduct policy: <https://div12.org/announcement/scp-sscp-and-caaps-statement-re-metas-hateful-conduct-policy/>.

SCP continues to host educational events and awards. Please make sure you are subscribed to the listserv to stay up to date of these opportunities. If you have any questions about any of these opportunities or other initiatives at SCP, please do not hesitate to contact me: Evan Plys, PhD, ABPP (eplys@mgh.harvard.edu)

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](#), [Rachel](#), or [Melissa](#).