

The Clinical Geropsychologist

Society of Clinical Geropsychology

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INSIDE

Editors' Comments	2
President's Column	3
2026 SCG Leadership	4
Note on Div20/SCG Merger	5
Member Spotlight	8
Student Member Spotlight	10
Student Voice	12
Announcements & Member News	15
Research Roundup	17
What Does Advocacy Look Like? A Letter to APA	18
Committee Updates	23
Did You Know?	27

Please contact your editors Melissa Zammitti (melissa_zammitti@pacificu.edu) and Rachel Best at (rbest1@mail.yu.edu) if you wish to comment on the contents of this newsletter.

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Comments from the Editors: Melissa and Rachel

Welcome to the Spring 2026 issue of the Society of Clinical Geropsychology Newsletter!

Rachel Best



Melissa Zammitti



In this issue, we are excited to highlight the many ways our community continues to grow, collaborate, and contribute to the field of clinical geropsychology. You will find a submission from President Maggie Syme, Ph.D., MPH, including thoughtful perspectives on advocacy as part of our professional roles and reflections on her recent trip to Capitol Hill. This theme also appears in our featured piece, “*What Does Advocacy*

Look Like? A Letter to APA” and the Committee on Aging (CONA)’s updates.

We encourage readers to engage with the *Home and Belonging: Thoughts on a Merger* piece, which shares updates and reflections on the ongoing discussions around a potential merger between SCG and Division 20. This section thoughtfully considers questions of identity, community, and belonging, and invites continued dialogue from members as these conversations evolve.

We loved putting together this issue’s Member and Student Spotlights, which highlight the impactful work and unique paths of Dr. Simon Forstmeier and Lilla Brody. In the Student Voice section, Maayra Butt shares her journey into geropsychology and her commitment to expanding access to care for older adults.

You will also find highlights from SCG GSA Trainee Travel Award recipients, updates on recent research—including work on mindfulness-based interventions for older adults—and a range of announcements and committee updates that reflect the ongoing work, advocacy, and engagement of our community.

As always, we would love to hear your thoughts on how we can improve the newsletter. Please reach out to us at any point: Melissa Zammitti (melissa_zammitti@pacificu.edu) or Rachel Best (rbest1@mail.yu.edu).

President's Column

Submitted by Maggie Syme, Ph.D., M.P.H.



Hello SCG'ers! It is spring and there is a promise of new growth and sunnier days (here in dreary New England, that is welcome!). Much of my presidential year thus far has been working on member relationships and identity, and I have had so many important and deep discussions with you all in the past few months. The presidential trio got together to write an article addressing that specifically in this newsletter, and I hope you will engage with it.

I wanted to take this space to share something different. Something critical to my identity as a clinical geropsychologist and something that motivates everything I do. It is being an advocate.

During my internship, I had a mentor who was a disability advocate and clinical psychologist and they changed the way I thought about my role. It was because of her that I got connected to APA Governance, and most importantly understood that advocacy is a thread that weaves through every professional activity in which I engage. Through this formative relationship, I was able to get into advocacy work early in my career through the Committee on Aging (CONA) at APA and through my clinical work with older adults and individuals with disabilities. I continue to seek out spaces where my advocacy can be put into action, especially through APA positions such as the Council Representative (the APA's main policy voting body) and leadership in SCG and Division 20.

What is advocacy? It is speaking up, raising awareness, or taking some small steps to enact change in the status quo. At its most basic, it is using your voice (or actions) to stand up for change. It often starts for me as a gut feeling that "This isn't right!", or a sense of injustice. We all have moments when we come away from a patient interaction, a mentor meeting with a student or faculty member, or an update on federal or local programs. We just know something isn't right about it (cue: righteous indignance for me). As geropsychologists, we are taught from the beginning about structural injustices such as ageism and its impact on access to quality services and quality of life for everyone as we age. This equips us for the "it just isn't right" sense.

The key is not just staying with the feelings of injustice indefinitely but moving to "And here's what I'm/we're doing about it." This can feel overwhelming at times and challenging to know what to do about the injustice. One of the most important things to remember is that it doesn't require a grand gesture and most of us won't fix the problem in one step. Our APA Advocacy Office always tells us before we go out for advocacy days that it is the small, consistent steps that make the difference. I am truly grateful for the Advocacy Office at APA, which provides many resources and pathways to enact advocacy (check out their section on the APA site). You can join the leadership in an organization whose mission aligns with your values is one important way (SCG!). It is in the small, daily acts with our patients (e.g., writing a note to a provider who

did not address a key issue for a shared patient) and communities (e.g., attending a rally, volunteering to talk at local senior centers, sending letters to our government officials) that make a difference.

I will end with my latest advocacy experience. I was privileged to be part of Capitol Hill Day at this past Council of Representatives meeting in February, along with a few fellow geropsychologists and over 100 council representatives. With my fellow Massachusetts delegates, I went to Capitol Hill to speak to our Senators and House of Representatives' offices for our state. This was especially cool for me, because our "ask" (request of the legislative office) was the ADAPT Act, or the Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act (H.R. 4484/S. 2356), which is a bipartisan bill aimed at expanding Medicare coverage for mental health services provided by doctoral-level psychology interns and post-doctoral residents. I got to completely nerd out about my training clinic serving dementia caregivers and talk about the importance of workforce development for geropsychologists. A near perfect day (except for the torrential rain).

Many of us are practicing advocacy every day. The good news is that advocacy is accessible. We can do this ☺. If you are interested in talking about advocacy or want to know what you can do, reach out!

2026 SCG Leadership

EXECUTIVE LEADERSHIP

<i>President</i>	Maggie Syme, Ph.D., MPH
<i>President-Elect</i>	Ira Yenko, Psy.D.
<i>Past President</i>	Heather Smith, Ph.D., ABPP
<i>Secretary</i>	Meghan A. Marty, Ph.D.
<i>Treasurer</i>	Brenna Renn, Ph.D.
<i>Diversity Chair</i>	Stacy Yun, Ph.D.
<i>Section Representative to Division 12</i>	Evan Plys, Ph.D.
<i>Archivist</i>	Sherry Beaudreau, Ph.D., ABPP
<i>Student Representatives</i>	Catherine Ju, M.S. Maayra Butt

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<i>Mentoring</i>	Anna Blanken, Ph.D. (Chair) Adam Piccolino, Psy.D. ABN Claudia Son, M.A.

Diversity

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 Stacy Yun, Ph.D. (Chair).
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 Cathryn Goldman, Psy.D.
 Timothy Ly, M.A.
 Cecilia Poon, Ph.D., ABPP
 TBD
 TBD

CONA
Science and Practice
Lifelong Learning

COMMUNICATIONS TEAM

Chair and Listserv Manager
Social media Overseer
Website Coordinator
Newsletter Editors

Charissa Hosseini, Ph.D. (Chair).
 Taylor Loskot, M.S.(Chair).
 Jennifer Ho, Psy.D.
 Melissa Zammitti, M.S.
 Rachel Best, M.A.

Home and Belonging: Thoughts on a Merger

Submitted by Maggie Syme, Ph.D., Ira Yenko, Psy.D., and Heather Smith, Ph.D.

We have been thinking a lot about belonging lately, especially since we started talking about a merger among aging entities across APA. Belonging is a sense of security, acceptance, and inclusion. It is both a feeling AND a practice. Something we create and something we feel because of that creation. This echoes in the discussions we've had with folks about SCG and the community that was built to be a "home" for us geropsychologists. We feel seen, heard, and are among those with similar values. As we look at the issue of merging communities, we want to make sure that we are mindful of what it means for us to belong with each other and how to create that sense of belonging in whatever communities we call "home" in APA.

In professional community practice, belongingness happens when all groups are included in the structures that shape their professional lives (inclusion). It happens when we are all recognized and made visible within these spaces. We feel belonging when we are all empowered to have a real voice in shaping these spaces. This is our goal when approaching discussions about a merger among aging communities. We want everyone to feel they have visibility in these spaces and that they have acceptance, and that ultimately, they can see themselves as belonging to this "home" we've built together.

As SCG, we want to move toward understanding our needs and what is necessary to create a sense of belonging as a professional group. One of the first steps was a joint effort with Division 20 to gather data from our members about a potential merging of communities.

The Data

An important part of the data gathering process for exploring a potential merger between SCG and Division 20 was the distribution of a survey to members of both organizations in December 2025 and January 2026. Thanks to Dr. Bill Haley, we worked with Maggie Helmus at APA to assess for overlap in membership across the organizations. In 2025, SCG had 266 members, and Division 20 had 1,136 members. Only 90 individuals were listed as members of both organizations, which represents 34% of the membership of SCG and 8% of the membership of Division 20. When the survey closed at the end of January, responses from 168 individuals were received. Of these, 34 (20%) completed the survey in January after the robust discussion of this issue that occurred on the SCG listserv. There were no differences between responses received in January and those received in December.

Quantitative Results:

Forty-eight respondents reported membership in SCG, 59 reported membership in Division 20, and 61 reported memberships in both SCG and Division 20. Ninety-one individuals indicated that they consider SCG to be their primary division, 54 viewed Division 20 as their primary division, and 23 indicated that they view a division other than SCG and Division 20 to be their primary division. Respondents were asked to consider the potential benefits and drawbacks of a merger and to indicate whether they were leaning more toward or more against a merger of the two organizations. Of the 41 members of SCG who responded to this question, 26 (63%) leaned toward the merger. For these SCG members, the primary issue driving support for a potential merger was having a stronger advocacy voice within APA, followed closely by a desire to maintain a distinct professional identity within a merged organization and the opportunity for enhanced APA programming on aging topics. Of the 57 members of Division 20 who responded to this question, 42 (74%) leaned toward the merger. For these members of Division 20, the primary issue driving support for a potential merger was the potential of enhanced programming on aging topics, followed closely by a desire for a stronger advocacy voice within APA. Of the 56 individuals who were members of both divisions, 41 (73%) leaned toward the merger. For these members of both organizations, the primary issue driving support for a potential merger was having a stronger advocacy voice within APA, followed closely by enhanced programming on aging topics, increased council representation, and the desire to maintain identity within a merged organization.

Qualitative Results:

Qualitative responses regarding potential benefits of a merger revealed the potential for a stronger and more consistent voice for aging within APA, inclusion of and presence in wider areas associated with aging and adult development, such as among counseling psychologists who are not affiliated with Division 12, greater opportunities for networking, reduction in duplication of efforts and the burden of leadership across organizations, increased integration and decreased siloing of psychologists interested in aging so that services, research, and policies for older adults may be enhanced, and reduced confusion for trainees and early career professionals regarding the need to belong to multiple professional organizations within APA.

Qualitative responses regarding potential drawbacks of a merger included potential loss of professional identity and specific focus, concern that founding members of SCG would feel their

efforts have been diminished, loss of a division focused on adult development earlier in the lifespan, loss of an aging voice within Division 12 (Clinical Psychology), fear of change and the growing pains of change (potentially affecting listservs or journals), and desire to see clinical geropsychology representation in Division 20 leadership.

Next Steps

While responses are in favor of a merger, the merger remains under consideration as we understand what conditions are necessary for communities to come together and create a “home” with a sense of belongingness for all who are devoted to aging. Over the coming months, we will continue to gather input through forums, small-group discussions, and direct outreach. What comes next will not be determined in isolation, and it will be shaped in part by what members name as essential in those conversations. This is an opportunity for ownership.

We want to specifically extend an invitation to colleagues who are not currently members, or have not felt moved to share publicly, but have followed these discussions. Some have shared their thoughts from outside the division or have stepped away from the community or discussions over time. We value your perspective and want to call you in to actively participate.

Many members have built their professional identity, or sense of belongingness, in SCG over years of service, mentorship, committee work, conference conversations, and shared effort. That history deserves care. Any future direction is not meant to erase the sense of home people found in SCG. Merger or not, we will work tirelessly to build a structure in which that home can keep its character, its relationships, and its voice at the table.

We acknowledge that structural changes do not by themselves produce belonging in the same way building a new house does not make it a home. A sense of belonging develops, in part, through what is shared and what is welcomed in; when someone is asked to join a committee, when a trainee receives a reply to their first post, or when a colleague feels seen and heard by their peers.

We will continue to share updates, schedule discussions, and respond to comments in a way that can be tracked over time. Members and those considering returning can take part by attending forums, joining discussions, and contacting leadership as decisions take shape. For those who are considering joining, we welcome you to this very exciting time. For those considering returning, we are excited to welcome you back home.

Member Spotlight: Simon Forstmeier, Ph.D.

Submitted by Simon Forstmeier, Ph.D.



Year joined Society for Clinical Geropsychology: Around 2010

Hometown: Wetzlar, Germany

Current Professional title and affiliation: Professor of Developmental Psychology and Clinical Psychology of the Lifespan, University of Siegen, Germany

Q: Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined the society during my postdoctoral period because I wanted to connect with the international geropsychology community, discuss my own research findings with others, and stay informed about current research and emerging developments in the field.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? Through my membership, I have benefited from valuable resources such as access to journals and discounted conference registration. Most importantly, however, it has made it much easier for me to connect with colleagues from around the world.

Q: How did you get interested in the field of aging? After completing my degree in psychology, I worked for several years in a psychosomatic clinic where adults of all ages were treated for depression, anxiety disorders, trauma-related disorders, chronic pain, eating disorders, and various other mental health conditions. During that time, I also treated older adults and realized that I found it easy to connect with people in this age group, build trust, and support them therapeutically. I often truly enjoyed the work. After completing my clinical work, psychotherapy training, and doctoral studies, I came across a postdoctoral position focused on mental health in later life. The topic immediately resonated with me, and I was fortunate to be offered the position. That was 21 years ago. Since then, my work has centered on mental health and psychotherapy in older adulthood.

Q: What was your most memorable experience during your graduate studies? I once treated a couple in their early eighties. She was in the early stages of Alzheimer's disease and suffered from depressive symptoms; he was her primary caregiver and struggled with anxiety and anticipatory grief. We conducted individual sessions with each of them as well as joint sessions as a couple. It was deeply rewarding to observe how a structured life review strengthened her sense of self-worth, improved her mood, and helped restore her joy in life. It was equally moving to witness a strong, composed man break down in tears as he mourned the gradual loss of the woman his wife had once been, and to see how the conversations supported him in processing that grief. This case remains particularly vivid in my memory because, toward the end of treatment, her dementia symptoms worsened significantly. She had to move into a nursing home,

and the therapeutic focus shifted increasingly to supporting her husband. Not all patients express gratitude as openly as he did at that time.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? An important mentor in my career was Professor Andreas Maercker, in whose research group I worked during my postdoctoral period at the University of Zurich, Switzerland. He shaped my development in many ways. He introduced me to his professional networks and taught me how to develop an initial idea into a coherent scientific construct and examine it with methodological rigor (for example, in the case of “motivational reserve”). The process was not without frustrations, such as rejected grant proposals or manuscripts that were not accepted by the intended journal. During those times, he consistently encouraged me to stay committed to the research idea and to believe in my own abilities.

Q: What is your current position and what are your key responsibilities? I am full professor of psychology at the University of Siegen, Germany, with a denomination in Developmental Psychology and Clinical Psychology of the Lifespan. I teach in a range of academic programs, primarily at the bachelor’s and master’s levels in psychology, but also in social work and teacher education. My courses cover both developmental psychology and clinical psychology, partly (but not exclusively) with a focus on later life. In psychotherapy training institutes, I teach psychotherapeutic techniques for working with older adults, with a particular emphasis on life-review therapy, which I especially enjoy teaching. In addition to teaching, my responsibilities include leading research projects, supervising doctoral candidates and postdoctoral researchers, and contributing to academic self-governance at the university.

Q: Tell us about your most recent activities. A few months ago, together with my colleague Professor Eva-Marie Kessler, we started a clinical trial. We are examining the efficacy and mechanisms of change of a group psychotherapy program for older adults with major depressive disorder and comorbid anxiety symptoms. A distinctive feature of the intervention is that it is delivered online in small groups of four participants. Our goal is to improve access to psychotherapy for older adults, particularly those who are no longer mobile or who live in remote areas. In terms of content, the program is an extended form of life-review therapy, complemented by modules addressing current life stressors and future-related anxieties, such as concerns about death and dying.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? The most emotionally meaningful project of my career to date has been my work with Holocaust survivors. Together with colleagues from Israel, we developed a psychotherapy program that combined life-review therapy with narrative exposure. To our knowledge, this was the first randomized controlled trial conducted with Holocaust survivors, and likely the last. The conversations with the survivors deeply moved me. One supervision day in Tel Aviv remains particularly vivid in my memory. We spent the entire day discussing complex therapeutic processes; it was emotionally demanding for everyone involved. During the closing round, one of the therapists, who were all children of Holocaust survivors, shared that it was especially meaningful for him that a German colleague was helping them in their work with Holocaust survivors. His words resonated with a quiet, shame-laden question I had carried within

me: how I, as a German, could be taken seriously by my Israeli colleagues. In that moment, there was a profound sense of gratitude in the room, and tears were shed.

Q: Do you have any tips for emerging geropsychologists? Attend smaller training events for doctoral students and postdoctoral researchers, such as summer schools. There, you not only gain new knowledge, but also connect with people who share similar goals, individuals with whom you can plan joint projects and who may continue to support one another throughout your careers. Although these smaller, more intensive programs can be demanding for introverts, they are particularly valuable for professional development.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? A significant part of my time is devoted to my family, my wife and our 15- and 17-year-old children. We have a garden that requires regular care. I find it easy to relax when listening to music. I probably exercise less than I should, but at the moment I am trying to become more physically active again, as it is beneficial for my overall well-being.

Student Member Spotlight: Lilla Brody

Submitted by Lilla Brody



Year joined: 2025

Hometown: Los Angeles, CA

Current academic affiliation: Doctoral Student in Clinical Psychology at the University of Nevada, Las Vegas

Q: Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? My amazing mentor, Dr. Brenna Renn, was the treasurer for 12-2 and she encouraged my lab twin (SCG student representative Maayra Butt) and I to join during our first year... and paid for our first year's dues – Thanks, Brenna!

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional development? I am proposing a symposium for ABCT 2026, which is only possible because of the network of SCG (as well as Dr. Renn). This symposium is intended to elevate the presence of geropsychology at ABCT. We are such a small pool in the larger landscape of clinical psychology as well as gerontology, so having 12-2 is vital for getting to know the scope of our field. I also particularly love when educational opportunities are posted in the listserv!

Q: How did you get interested in the field of aging? My mom is a geriatrician and my grandfather actually turned 95 today as I write this, so I have very powerful personal motivation for being interested in aging. In college, it started to dawn on me more and more that not everyone felt warmly towards older adults and that ageism is really commonplace in our society.

When I realized that what I felt personally was not necessarily the norm, I felt the need to get involved professionally.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? I have had several very important mentors in my career. I feel unbelievably lucky in this respect. First and foremost, Dr. Brenna Renn, without whom I would not be a geropsychologist in training! She has been incredibly impactful not only because of her research and clinical expertise, but also because of the way she supports her mentees. She makes us all feel more confident and capable, which is very special in a graduate mentor. I will also mention Drs. Catherine Riffin, a psychologist at Weill Cornell Medicine, where I previously worked. Catherine gives amazing opportunities to her RAs and really cared about my career development, going above and beyond to facilitate my learning. Finally, Dr. Maria Marquine, a neuropsychologist at Duke, gave me my first research opportunity in Clinical Psychology and is one of the most supportive mentors and has such passion for her research.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? The most memorable experiences I continue to have involve getting together with current and former colleagues and friends at GSA every year. It feels like the best break in the middle of November to get to catch up on personal lives and projects. I feel very lucky to be a member of such an exciting and warm community and cannot wait to meet more gerontologists and geropsychologists!

Q: Tell us about your most recent activities. Currently, I am working on my master's thesis, which is a systematic review and meta-analysis of psychotherapy RCTs for anxiety and depression in older adults. I hope to defend my thesis in the next month, so very much in crunch time! I also am working on a few projects with my lab mates and assisting on two doctoral dissertation projects. I recently co-authored a paper which was published in *Aging & Mental Health* (Walker et al., 2026) and finished co-authoring a chapter which will come out in a book on aging and cross-cultural psychology.

Q: Looking forward, what are your plans post-graduation? I won't graduate for another million years, essentially, so I luckily do not have to worry about graduation any time soon! I am inclined to say I want to work at an academic medical center, because that is where I have spent the most time and because I like being embedded within that type of system.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I used to be an actor, so that is still something I love and spend a lot of time thinking about. I love going to see theatre whenever I am in a city that has a lot of it. I also love to read fiction and watch a lot of TV. Right now, I am very much sucked into Season 2 of *The Pitt*.

The Student Voice

An Introduction from Maayra Butt

Submitted by Maayra Butt, M.S.



I am excited and grateful for the opportunity to serve as the newest student representative for Division 12-2! I first learned about the Society of Clinical Geropsychology when I was applying to Clinical Psychology Ph.D. programs. As a first-generation student, there are often times when navigating higher education can be challenging (and scary). However, throughout my academic journey, I have been pleasantly surprised and deeply grateful for the mentorship, guidance, and support I have received through the Geropsychology and SCG community. As a student representative, I hope to continue fostering this positive environment and the shared goal of providing mental health care for older adults.

Background and Path to Clinical Geropsychology

My path to Clinical Geropsychology has been marked by both personal and professional experiences. I was born on Long Island, New York and was raised predominantly in Central Pennsylvania. For a large part of my childhood, I lived in a multi-generational household with my parents, siblings, cousins, aunts and uncles, and dado (grandmother). My dado was a central figure in my early life and shaped how I view older adulthood as a stage of life marked by meaning, connection, and growth. Through this, I also got to see culturally rooted perspectives on mental health care and aging.

I later went to undergrad at the University of Pittsburgh where I majored in psychology. My initial interest in a career in working with older adults developed during my senior year of undergrad when I took a Psychology of Death and Dying course and began working at UPMC Western Psychiatric Hospital as a student behavioral associate. Prior to this, I didn't know that careers specifically in aging existed. I graduated undergrad in 2020 during COVID and began my master's degree. After graduating with my master's, I worked as a research coordinator at the University of Pennsylvania Palliative and Advanced Illness Research Center under the mentorship of Dr. Katie Auriemma. During this time, I solidified my interest in working with older adults, the field of Clinical Psychology, and a career that incorporated facets of both research and clinical work. Although Dr. Auriemma herself is a physician, she consistently supported my interest in pursuing psychology and provided essential mentorship and guidance in my application to Clinical Psychology programs.

I am now a second-year Clinical Psychology Ph.D. student at the University of Nevada, Las Vegas working under the mentorship of Dr. Brenna Renn. Our lab focuses on mental health services research to improve access to evidence-based care and behaviorally based psychotherapies for older adults. Although I am early in my career, I know that my ideal career path is in Geropsychology (I often feel like I have to pinch myself because I feel so lucky that I get to do something I love and with such amazing mentorship from Dr. Renn and my lab members).

Research and Clinical Interests

Throughout my career thus far, one of the most meaningful aspects of my work has been connecting with older adults in the community and learning directly from them. As such, my research interests have been driven by a commitment to improving access to mental health care for older adults in community settings and amplifying the voices of those directly impacted by the research we do. Last year, during my first year in my program, I began a scoping review assessing literature on the recruitment and retention of historically underrepresented older adults in mental health research. Expanding on this work for my thesis, I am now conducting focus groups with older adults from racially and ethnically minoritized backgrounds to learn their perceptions of mental health research and identify barriers and facilitators to equitable participation. As part of my thesis study, I am providing educational talks about mental health and aging to older adults at local senior, cultural, and university medical centers. It truly feels like a privilege to have the opportunity to pursue higher education and gain knowledge about mental health and aging, and I deeply value sharing what I learn with the community, especially with those who may not otherwise have the opportunity to access this information. I hope to continue this work as I progress in my career. Clinically, I am specifically interested in palliative psychology and supporting older adults with life-limiting illnesses and their care partners. Over the summer, I will begin my first external practicum experience at the Las Vegas VA Hospital with their Geropsychology team, and I cannot wait to learn from this experience and expand my clinical foundation in working with older adults!

SCG Trainee Travel Award to attend GSA: Winners and Reflections

Submitted by Catherine Ju, M.S., and Maayra Butt, M.S.



Lilla Brody

Clinical Psychology Ph.D. Student at University of Nevada Las Vegas

With SCG support, I attended GSA to present my poster titled “Behavioral Activation as a Mechanism of Change in Late-Life Therapy,” which was co-authored by new SCG student representative, Maayra Butt, as well as our wonderful mentor and former SCG Treasurer, Dr. Brenna Renn! I always love attending GSA – it feels like getting to spend a few days a year with some of the nicest and most generous collaborators of any academic field. I am incredibly grateful to SCG for facilitating my attendance. I learned so much - from innovations in intervention to new statistical techniques that I am both excited and scared to try! Getting to spend some time in Boston with my friends and colleagues gave me a necessary boost to finish out the fall semester of graduate school with heart, knowing that all future roads lead to me working in geropsychology.



Kate Shirley, Ph.D.

Former Clinical Psychology Ph.D. student at Oregon Health & Science University and Predoctoral Intern at Brown University, Current Postdoctoral Clinical Fellow at Brown University

I am grateful to have attended my first GSA Annual Scientific Meeting, and it was exciting to be part of a conference so clearly centered on aging and older adults. I presented a poster titled “Feasibility of Motivationally Enhanced Compensatory Cognitive Training for Older Veterans with Mild Cognitive Impairment,” conducted in collaboration with the Portland VA and San Diego VA. Findings indicated that the intervention was feasible and acceptable across in-person and telehealth formats, with high attendance, low dropout, and strong participant satisfaction. This travel award allowed me to share this work with a geropsychology-focused audience and further strengthened my interest in aging-related cognitive health, particularly through exposure to implementation science frameworks that are now shaping how I think about adapting and delivering interventions in real-world settings. I truly valued this experience and am eager to continue participating in and contributing to the SCG and GSA communities!



Duyen Tran

Clinical Psychology Ph.D. Student at Washington University in St. Louis

I would like to express my sincere gratitude to SCG for providing the travel award that enabled me to attend the GSA conference in Boston for the first time, where I presented a poster titled “Subjective and Objective Measures of Family Dynamics Within Multi-Generational Late-Life Families.” The GSA conference gave me opportunities to immerse myself in various topics related to aging such as ageism and end-of-life care. Attending talks and poster sessions also helped me expand my knowledge about different types of interventions across a variety of settings, as well as the factors that need to be considered when designing a behavioral intervention for specific settings, such as nursing homes versus community settings. Additionally, the conference allowed me to connect and engage in meaningful conversations with colleagues about mechanisms and mediating pathways of interventions, which has shaped my current research on dementia caregiving. Finally, the conference provided valuable networking opportunities, helping me learn more about the roles of clinical geropsychologists in different settings and giving me a clearer understanding of what I hope to pursue after completing my Ph.D..



Maayra Butt

Clinical Psychology Ph.D. Student at University of Nevada, Las Vegas

I am immensely grateful to SCG for providing a travel award that supported my attendance at the GSA conference in Boston. I co-presented a poster with my lab twin, Lilla Brody, titled “Behavioral Activation as a Mechanism of Change in Late-Life Therapy” and presented a poster titled “Recruitment of Underrepresented Older Adults in Mental Health Research: A Scoping Review”. Through the travel award, I was able to disseminate my findings to an interdisciplinary gero audience.

Attendance at the conference provided me with the opportunity to learn about strategies for community-based participatory research and qualitative research methodologies, which have subsequently informed the development of my master’s thesis study. The conference also enabled me to network with geropsychologists working in a wide range of settings, broadening my understanding of what a career in geropsychology can look like.

Announcements and Member News

This section of 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 Melissa Zammitti (melissa_zammitti@pacificU.edu) or Rachel Best (rbest1@mail.yu.edu).

Recent Member Publications

- **Bush, S. S.** (2026). Ethical considerations in the use of artificial intelligence in clinical neuropsychology. *The Clinical Neuropsychologist*, 1-21. <https://doi.org/10.1080/13854046.2025.2609770>
- Coolidge, F. L., Srivastava, A., Chappelle, C., & **Segal, D. L.** (2026). Characteristics of people who believe in conspiracy theories: Personality disorder traits, paranormal beliefs, and political ideologies. *International Journal of Personality Psychology*, 12, 1-8. <https://doi.org/10.21827/ijpp.12.43021>
- **Segal, D. L.** & Williams, K. (2026). Toward a further understanding of suicide risk from a mindset framework among older adults. *Psychology*, 17, 126-137. [10.4236/psych.2026.172007](https://doi.org/10.4236/psych.2026.172007)
- Coolidge, F. L., **Segal, D. L.**, Srivastava, A., & Sadaphal, D. P. (2025). The continued evolution of the diagnosis of personality disorders. *International Journal of Personality Psychology*, 11, 43-52. <https://doi.org/10.21827/ijpp.11.42317>

- Pifer, M. A., & Segal, D. L. (2025). On the measurement of aging anxiety: Comparative validity of two popular measures among older adults. *International Journal of Aging and Human Development*, 101(2), 171-188. <https://doi.org/10.1177/00914150241260828>
- Scott, C. & Pachana, N.A. (2026). The Impact of Volunteer Wildlife Caregiving on Meaning in Life in Mid-aged and Older Australians. *Behavioral Sciences*, 16(3), 381. <http://doi.org/10.3390/bs16030381>
 - A special congratulations to Claudia Scott on her first publication! To mark the occasion, Dr. Pachana commemorated the milestone with a personalized mug—a thoughtful gesture recognizing this important achievement. We encourage other PIs to consider similar ways of celebrating their trainees' accomplishments.



Upcoming Member Presentations

- **Friday Forum: The Assessment and Enhancement of Capacity in Older Adults**
 - **Friday, May 15 9AM (virtual)**
 - Presenter: Lynn Schaefer, Ph.D., ABPP, CBIST
 - Minnesota Psychological Association

Member Announcements

- **Behavioral Sleep Medicine Webinars for Geropsychologists:** A workgroup, consisting of Drs. Julie Boyle and Michelle Mlinac (VA Boston), Dr. Angel Boeve (Minneapolis VA), as well as Catherine Ju and Dr. Amy Fiske (West Virginia University), has been working on a project aimed at improving behavioral sleep medicine (BSM) knowledge and skills in geropsychologists and trainees. This project was supported by SCG and received funding from CoPGTP. The workgroup is excited to share results from the first phase of the project which was focused on conducting a BSM needs assessment in geropsychologists and trainees. Survey respondents were members of clinical geropsychology listservs, and results suggested that overall, respondents had a strong baseline understanding of general facts about sleep in older adults. However, survey findings indicated that respondents may benefit from more knowledge about non-insomnia sleep disorders (e.g., REM sleep behavior disorder). Respondents also demonstrated a desire to gain more training in BSM interventions such as Brief Behavioral Therapy for Insomnia (BBT-I) and Cognitive Behavioral Therapy for Nightmares (CBT-N). Preliminary results were presented at GSA 2025 and a manuscript about this project is in preparation. The workgroup is currently developing a four-part series of continuing education webinars for geropsychologists and trainees to address the

BSM knowledge and competency gaps identified by the needs assessment. The webinars will be hosted by APA Division 12 and will be presented by clinicians with BSM and geropsychology expertise. The workgroup thanks everyone who participated in the survey and invites the SCG community to stay tuned for more news about these upcoming webinars in the next several months

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.

The Mindful Aging Memory Program: A mindfulness-based intervention for older adults *Submitted by Hailey R. Martchek, B.A., and Lisa Stone-Bury, Ph.D. Bucknell University*

Mindfulness-Based Interventions (MBIs) may be a promising non-pharmacological approach to improve cognitive health in older adults. MBIs are mentally stimulating activities designed to cultivate mindfulness through both formal and informal practices. The hypothesized benefits for these practices are increases in attention, working memory, processing speed, and overall executive functioning. Despite their promise, however, research on MBIs exhibit mixed results and are limited in their generalizability for low-income older adults.

To better determine the feasibility, acceptability, and perceived benefits of brief- meditative practices for older adults, MacAulay et al. (2026) conducted a two-part study. The first aimed to understand the acceptability of MBIs for improving cognitive health, enrolling 23 older adults (aged 50-89) in a one-hour mindfulness skill workshop. Participants were at or below 60% of the Area Median Income and were enrolled from two low-income community-dwelling sites in rural Northern New England. Through qualitative and quantitative analyses conducted after the workshop, researchers found that MBIs reportedly improved attention, thinking, and mood. Ninety-six percent of participants found the practices worthwhile, with themes of well-being, self-care, learning, and improved attention as the top three benefits in qualitative analyses.

The second part of the study recruited 21 older adults from a registry of underrepresented community-dwelling adults (ages 50-89). Participants were randomly assigned to either an in-person or a tele-video condition of the Mindful Aging Memory Program (MAM). This program encompasses weekly 60 to 90 minute sessions for four weeks, consisting of straightforward and approachable attention-focused breathing practices and psychoeducation on cognitive aging. Mindfulness home practices were also assigned and discussed weekly. Compared to their ratings before the program, all participants in both conditions endorsed improvements in thinking, awareness, and concentration. They also strongly endorsed the opportunity to socialize and reported that learning helped to reduce stress and improve mood.

From their study, researchers concluded that brief mindfulness practices are a feasible and accepted cognitive intervention for cognitively and socially diverse older adults. Across both substudies, improvements to attention, learning, focus, awareness, and well-being were reported. The social connectivity element of the group practice was also universally appreciated. Tele-

video intervention appeared to have less robust effects on improving self-reported cognitive function. This condition exhibited less improvement compared to the in-person intervention; however, it also had less attrition, with more participants preferring tele-video. Tele-video interventions could greatly increase the accessibility of MBIs, especially for those with physical or cognitive impairments or those from lower socioeconomic backgrounds where remote intervention may reduce barriers to participation. Tele-video options would also be a promising form for mindfulness intervention, as this condition still reported a sense of social support and community, which are important contributors to improved cognition. This study was a preliminary, feasibility study, and while it found improvements to subjective cognition, individuals with diagnosed cognitive impairment were excluded from the study. The benefits for individuals already diagnosed with cognitive impairment are unknown. Additionally, the sample was also predominantly female (91.3%) and mostly white, limiting generalizability to more diverse older adults.

Reference:

MacAulay, R. K., Goldstein, A., Tallman, M. D., Landry, M., & Gupta, S. (2026). Brief mindfulness-based intervention for older adults: The mindful aging memory (MAM) program. *Mindfulness*, *17*, 1-13. <https://doi.org/10.1007/s12671-026-02764-3>

What Does Advocacy Look Like? A Letter to APA

Submitted by Richard Zweig, Ph.D., ABPP

To our geropsychology colleagues: This 2024 letter, written to APA leadership regarding the loss of the APA Office on Aging, is included here as an example of “What does Advocacy Look Like?”. Although the letter did not achieve its intended aim of restoring the APA Aging Office, it reviewed the vibrant history of geropsychology professional organizations within our field, raised awareness among APA leadership of the importance of the Office, and represented an example of aging-related organizations joining together to achieve a common goal, as there are signatories from representatives of CONA, APA D12-2, CoPGTP, & PLTC. Our hope for current and future generations of emerging geropsychology professionals is to consider advocacy a vital part of your career as a geropsychologist.

Please see the CONA Updates section below for more information and updates on advocacy work in the field.

March 21, 2024

Arthur Evans Jr., Ph.D., CEO and Executive Vice President, APA
(aevans@apa.org) Jim Diaz-Granados, Ph.D., Deputy Chief Executive Officer, APA
(JDiaz-Granados@apa.org) Cynthia de las Fuentes, Ph.D., President, APA
(cdfuentes@apaboard.org)

Dear Drs. Evans, Diaz-Granados, and de las Fuentes,

We are writing to express our collective concern about the impact of recent organizational changes at the American Psychological Association (APA) on older adults, geropsychologists, the Committee on Aging (CONA), and more broadly, all APA committees. These changes neither serve the best interests of APA nor those for whom we advocate (e.g., older adults, caregivers, psychologists in a range of professional roles).

We are aware that APA's executive officers have downsized the APA Office on Aging (<https://www.apa.org/pi/aging>) to a Portfolio, and will not be replacing the previous portfolio's director, Latrice Vinson, Ph.D., MPH. It is our understanding that the staff member assigned to CONA is assigned to two other Portfolios. Additionally, although it is still housed in the Public Interest Directorate, we were told that the Aging Portfolio was being reassigned to central governance. This further confuses and exacerbates the situation, as the Portfolio on Aging does not have a clear and dedicated home. For almost two decades, prior to Dr. Vinson's departure, the Office on Aging had a director with substantive expertise in aging, an advanced degree, and the full-time administrative support necessary to carry out its duties. These duties included **representing aging in national forums** and initiatives, **providing consultation and guidance to APA staff** at all levels on aging issues, serving as **organizational contact for aging issues**, and **developing a plethora of educational initiatives** and materials related to psychology and aging practice, research, and training for psychologists, other disciplines, students and the general public. Additionally, the directors **forged relationships and collaborations with aging stakeholders within and outside of the organization**. For example, in 2022, the Portfolio collaborated with the Gerontological Society of America (a professional organization in which many APA geropsychologists hold membership and elected office) for a series of three anti-ageism webinars with an unprecedented number of registrants. Without a point of contact on staff dedicated to aging, plans for future partnerships have unfortunately stalled. Moreover, there are other missed opportunities to develop critical aging initiatives when staff with aging expertise are not at the table.

For example, since the move to a Portfolio and the departure of the portfolio's director, it has been the experience of the members of CONA that initiatives are less well orchestrated and can become stalled. This is not to say that the CONA staff liaison is ineffective. Rather, being spread across several Portfolios within the context of having no administrative staff support limits the opportunity for the CONA staff liaison and CONA members to meet annual goals and complete work product milestones. In 2023, several CONA initiatives were not implemented (e.g., endorsement of the Reframing Aging initiative of the Gerontological Society of America, approved by the Presidential triad, did not occur). Two additional workplans endorsed by CONA at Spring Consolidated 2023 that were not implemented as planned include: 1) needed updates to the APA Resolution on Palliative and End of Life Care (revisions were submitted for approval to Council and were rejected – CONA plans to address this internally in 2024), and 2) a recommendation for APA Governance to address needed updates to the APA Resolution on.

Assisted Dying (this is not solely an aging issue and, in fact, it is ageist to treat it as such. CONA recommends a full-scale cross-division work group be formed, including CONA or other psychologists with expertise in aging as one component, to address this issue).

APA has long represented members with an interest in aging, dating back to the formation of the Division 20 - Adult Development and Aging in 1946 (originally as the Division of Maturity and Old Age) and Division 12, Section II - Society of Clinical Geropsychology in 1993.

Recognizing the burgeoning population of older adults within the U.S. and the dire need for psychologists with requisite training in aging research, practice, and academia, during the presidency of Norman Abeles, Ph.D. in 1997, the APA Council of Representatives established the Committee on Aging (CONA) in the Public Interest Directorate “to advance psychology as a science and profession and as a means of promoting human welfare by ensuring that older adults, especially the growing numbers of older women and minorities, receive the attention of the Association.”

The Office on Aging was established the following year. Since the founding of these groups, the collective leadership of APA staff and members has resulted in significant contributions of psychological practice and science to address critical societal issues such as ageism, capacity assessment, effective treatment of mental health conditions, elder abuse, end of life care, family caregiving, integrated healthcare, health disparities, and race-related stress. APA also has established policy on issues including the Resolution on Ageism that directs APA to scrutinize its own practices to assure that older members of the Association are treated with fairness and dignity, and the Resolution on Family Caregivers that directs APA to continue to serve as a leader in raising awareness about the critical role that family caregivers play in our society. There have also been strong partnerships with the Education Directorate to develop course materials, including high school curricula, to infuse aging into psychology offerings. The Office on Aging also worked closely with APA advocacy leaders to support legislation on behalf of older adults.

There is a growing crisis within the field of geriatric mental healthcare. The number of older adults is growing at a rapid pace. Older adults with mental health disorders are less likely than younger and middle-aged adults to receive mental health services and, when they do, are less likely to receive care from a mental health specialist than younger persons (Choi et al., 2015; Institute of Medicine, 2012; Jacobs & Bamonti, 2022). Further, older people of color are even less likely to receive adequate mental health care (Chen et al., 2022; Jimenez et al., 2013). According to APA’s own data, psychologists devoted to care of older adults will not meet the anticipated demand (APA, 2018). This finding is consistent with other research findings (Hoge et al., 2015; Karel et al., 2012; Moye et al., 2019; See also 2018 APA: A Summary of Psychologist Workforce Projections).

For 2030, the largest projected demand for psychological services among age groups is within the U.S. older adult population: 16,540 FTE psychologists, an increase of 5,790 FTEs from 2015. The increase includes a 2,330 FTE increase in demand within the population of ages 65 to 74 years, and a 3,460 FTE increase within the population 75 years and older (APA, 2018). Yet, fewer than one-third of APA member practicing psychologists conducting clinical work with older adults reported any graduate coursework in geropsychology, and fewer than one in four received any supervised practicum or internship experience with older adults (Qualls et al., 2002; Segal et al., 2012; Moye et al., 2019). In the practitioner survey conducted by Qualls and colleagues (2002), a high proportion of the respondents (58%) reported that they needed further training in professional work with older adults, and 70% said that they were interested

in attending specialized education programs in clinical geropsychology. There was strong interest in further aging-related education in the areas of adjustment to medical illness/disability, depression, bereavement, dementia, anxiety, psychotherapy, and caregiver stress. In the APA Workforce study, there was strong interest in further training in aging among psychologists (APA, 2018; Moye et al., 2019). **APA needs an expert at the helm who can lead and advocate for the issues the field faces at any given time.**

The aging of the APA membership also presents a challenge and an opportunity for APA's leadership. According to the 2022 APA State of Membership report, among the Association's 146,000 members, 26.6% are aged 60+. At the most recent APA convention, attendees of a symposium on the newly revised "Guidelines for Psychological Practice with Older Adults" spontaneously questioned whether APA was cognizant of the professional needs of its aging members, many of whom have now joined the ranks of older adults. Younger members were also upset that voices representing aging interests within APA appeared to have fallen silent. The recent changes within APA have left many of us APA members working in geropsychology, adult development and aging, and related fields feeling disappointed and abandoned.

In sum, given the growing gap between the burgeoning demand for mental health services among the nation's older adults, the limited supply of psychologists with training in geropsychology and adult development in aging, and the growing calls for APA to be responsive to the professional needs of its aging members, we believe the APA's lack of expert, dedicated staff and recent lack of attention to aging issues as well as the administration's decision to downsize the Office on Aging to a Portfolio is of serious concern. Diminishing aging-related organizational focus vehicles in APA marginalizes the expertise of many prominent psychologists in the field of psychology and aging. It is further puzzling that, given APA's major emphasis on diversity and inclusion, the interests of older adults have been minimized as 10,000 members of the baby boom generation turn 65 years of age every day. The timing couldn't be worse. Likewise, APA recognized in 2020 that ageism is pervasive in our society and relates to significant negative health and mental health outcomes for older adults. APA's commitment in this resolution "to reject ageism in all its forms" and "support efforts to eliminate it from our society" is not supported by these administrative changes.

We respectfully ask that these topics form the agenda for the expected joint meeting between the APA CEO or Deputy CEO, APA President, and the Committee on Aging in recognition of the critical importance of psychology's contributions to older adults and society and the mental health needs of diverse older adults in the U.S. We ask that the issues raised and discussed be followed up on in a solution-focused manner that may impact all committees. Finally, in the spirit of collaboration, we ask that the APA CEO, professional leadership, and leaders and stakeholders within the field of aging share the responsibility of respecting each other's obligation to safeguard principles of public accountability that are the foundation of our association. We appreciate your attention to this issue.

Respectfully yours,

Christopher Nguyen, Ph.D., ABPP, Chair, APA Committee on Aging
(Christopher.Nguyen@osumc.edu) Rebecca S. Allen, Ph.D., ABPP, Member, APA
Committee on Aging

Lisa Lind, Ph.D., ABPP, Member, APA Committee on Aging

Cecilia Poon, Ph.D., ABPP, Member, APA Committee on Aging

Ann Steffen, Ph.D., ABPP, Member, APA Committee on Aging

Susan Krauss Whitbourne, Ph.D., ABPP, Member, APA Committee on Aging

On behalf of:

Erin Emery-Tiburcio, Ph.D., ABPP, Co-chair, APA Guidelines for Psychological Practice
with Older Adults Revision Working Group

Richard Zweig, Ph.D., ABPP, Co-chair, APA Guidelines for Psychological Practice with
Older Adults Revision Working Group

Patricia M. Bamonti, Ph.D., ABPP, Chair, Council of Professional Geropsychology Training
Programs Mark Brennan-Ing, Ph.D., FGSA

Brian D. Carpenter, Ph.D.

Grace I. L. Caskie, Ph.D.

Weston V. Donaldson, Ph.D., ABPP

Dolores Gallagher-Thompson, Ph.D., ABPP

Gregory A. Hinrichsen, Ph.D., ABPP

Amy Houston, Psy.D.

M. Lindsey Jacobs, Ph.D., MSPH, ABPP

Allison Jahn, Ph.D.

Michele J. Karel, Ph.D., ABPP

Kseniya Katsman, M.A., Student Representative, APA Division 12, Section II – Society
of Clinical Geropsychology

Douglas C. Kimmel, Ph.D.

Katherine King, PsyD

Peter A. Lichtenberg, Ph.D., ABPP

Michael W.V. Mackie Jr., Ph.D., Treasurer, Psychologists in Long

Term Care Michelle Mlinac, Ph.D., ABPP

Brenna N. Renn, Ph.D., Treasurer, APA Division 12, Section II – Society of Clinical

Geropsychology Anna C. Robertson, MA, Student Representative, APA Division 12,

Section II - Society of Clinical Geropsychology

Heather M. Smith, Ph.D., ABPP, President Elect, APA Division 12, Section II - Society
of Clinical Geropsychology

Rachael Spalding, Ph.D.

Larry W. Thompson, Ph.D., ABPP

Jacqueline S. Weinstock, Ph.D.

Tonita E. Wroolie, Ph.D., ABPP

Ira Yenko, Psy.D.

Committee Updates

Awards Committee

Submitted by Jennifer Moye, Ph.D., ABPP

Each year the awards committee solicits nominations for four awards. Award nominations are due March 31st. Please contact jennifer.moye@va.gov with any questions.

1. M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology
2. Distinguished Clinical Mentorship Award
3. Todd “TJ” McCallum Gerodiversity Awards
4. Student Research Paper Award

If you didn’t nominate anyone this year – please keep this in mind for future years!

SCG Awards Committee:

Jenny Moye, Chair

Doug Lane, Past Chair

Steve Butz, Incoming Chair

Diversity Committee

Submitted by 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.

Cathryn Goldman, Psy.D.

Kristopher Kern, MSCP, Psy.D.

Timothy Ly

CONA Committee

Submitted by Cecilia Poon, Ph.D., ABPP

Dear SCG Members,

We are pleased to share updates on our work in the first quarter of 2026. We welcome Elissa Kozlov and Wendy Rogers, as we say goodbye to Rebecca Allen and Susan Krauss Whitbourne (<https://www.apa.org/pi/aging/cona/>).

Policy

We are pleased to report that APA Council approved the revised Resolution on Palliative Care and End-of-Life Issues (PEOL) during their mid-February meeting (<https://www.apa.org/about/policy/palliative-care-end-life-issues.pdf>). We met with APA Communications and Advocacy to discuss how best to share this far and wide, especially as a way to advocate for psychologists' role in palliative care, as well as increased funding for training and research. We are grateful for the help from the resolution revision workgroup (2024): Ashley Fromenthal, Brian Carpenter, Danielle McDuffie, Kimberly Hiroto, Mary Beth Morrissey, Holly Prigerson, Elissa Kozlov, Cecilia Poon, and Rebecca Allen.

We are hopeful the revised Resolution on Family Caregivers (FCG) will be considered and approved during the early-August Council meeting. We would like to thank those who were in the original revision workgroup (2024): Joe Gaugler, Bert Hayslip, Karen Roberto, Bill Haley, Ann Steffen, and Lisa Lind. We also want to thank SCG members who submitted public comments last Fall to help us further enhance the document. Our goal is to receive final feedback and approval by APA's Legal team and the Board of Advancement in Public Interest (BAPPI), which is CONA's parent board.

Practice/ Advocacy

CONA responded to calls for public comments on proposed revisions of APA's *Resolution on Prioritizing the Behavioral Health Needs of Rural Communities*, *Model Act for State Licensure of Psychology Professionals*, *Guidelines for Education and Training Competencies for Doctoral-Level Psychology Practice in Primary Care Settings*, *Recording Keeping Guidelines* to highlight the unique needs and challenges facing older adults and the geropsychology workforce.

CONA actively engages with APA Advocacy office to discuss advocacy priorities relevant to older adults, lifespan developmental issues, and those who are in the field of psychology and aging. Recent and ongoing areas of focus include caregiving, mental health care access and reimbursement, older adults in the workforce, technology use, and artificial intelligence. CONA assists with drafting written testimonial(s) to the Senate Special Committee on Aging hearings (e.g., *Experience Matters: Seniors and the Workforce* hearing on March 25) and gathering information and examples to support the ADAPT Act, the Older Americans Act re-authorization, the work of the Coalition to End Social Isolation & Loneliness, among others.

Education

CONA looks forward to opportunities to amplify aging-related topics and events at the APA annual convention in DC (August 6th-8th). We are particularly excited about our ongoing partnership with Division 12-2's and Division 20's mentoring committees to support student engagement. We will host a CONA Conversation Hour within the joint aging social hours (co-sponsored by Division 20, Division 12-2, and other organizations) Friday August 7, 2026, at 5:30pm.-7:30pm. Our theme this year is *Getting Engaged: Increasing Impact of Psychology across the Lifespan through Professional Service Opportunities*.

Our CONA student representative Cristina Pinheiro has this to say about professional service:

“Professional service has been an important part of my training and has allowed me to build meaningful professional relationships, learn from mentors outside of my immediate environment, and gain a broader perspective on how psychology as a field evolves. As someone whose primary interests are in cognitive decline and neuropsychological assessment, I’ve especially valued opportunities to engage with areas adjacent to, but also outside of, my expertise, such as caregiving and end-of-life palliative care. Broadening my knowledge has made me better understand family systems and quality-of-life considerations. These experiences have strengthened my preparation for APPIC internship by helping me approach clinical work with greater interdisciplinary awareness, stronger communication skills, and a more holistic understanding of patient and family needs. Professional service creates opportunities for students to connect with peers and mentors and to contribute to shaping the profession in ways that benefit trainees and the communities we serve.

At the same time, some aspects of professional service have been challenging. In particular, advocacy-related work has sometimes felt outside the scope of my expertise, and I have found it difficult to feel fully confident or prepared when contributing to policy statements or resolutions. Those experiences have highlighted the learning curve involved in translating clinical and research perspectives into broader policy language, and they have pushed me to think carefully about where my strengths lie and where I still want to grow. Stepping into conversations that center caregiving or end-of-life care requires a willingness to engage with perspectives that may feel outside my usual clinical framework. Balancing service commitments with clinical and academic responsibilities can be demanding, and I’ve had to be intentional about choosing opportunities that align with both my interests and capacity so that my contributions remain sustainable. I have thoroughly enjoyed making updates to APA webpages and working closely with CONA members to provide accessible information to the community.

Looking ahead, I hope to continue growing as a collaborative clinician and improving my ability to integrate cognitive science with person- and family-centered perspectives. I am still exploring what role professional service will play in my future career, but these experiences have helped clarify the areas where I feel most engaged and the skills I would like to continue developing as I move forward.”

Public Interest

CONA supported APA Media with their publication of a free eBooklet on Perspectives on Aging (<https://pages.apa.org/perspectives-on-aging/>). Please share it with those who may be interested!

We will update the CONA page based on APA Media team’s new template to make it more accessible to the public. We plan to update several key resources, namely the Caregiver Briefcase (<https://www.apa.org/pi/about/publications/caregivers/>), the Psychological Services in Long-Term Care Resource Guide (<https://www.apa.org/pi/aging/resources/guides/long-term-care>), the Psychotherapy and Older Adults Resource Guide (<https://www.apa.org/pi/aging/resources/guides/psychotherapy>), and the Explore the Careers in Aging Roadmaps (<https://www.apa.org/pi/aging/resources/careers>). Please reach out if you have any suggestions.

Public Affairs

CONA members attended the Spring Consolidated Meeting in DC in mid-March to participate in 3 BAPPI-led workgroups (Artificial Intelligence, Immigration, and Misinformation) to develop public-facing resources that are informed by psychological science.

Nominations and Award

We are grateful for the significant increase in nominations we received for our two positions for new committee members (2027-2029). The nominations are currently under review by APA. Results will be announced by early September 2026.

Please consider [nominating yourself or someone for the CONA award](https://www.apa.org/about/awards/pubint-aging) (<https://www.apa.org/about/awards/pubint-aging>) The portal will close on **Friday, May 15, 2026**

We thank you for supporting our work to advance research, practice, training, and advocacy in geropsychology. We welcome your questions and suggestions to help us move forward!

Communications Committee

Submitted by Charissa Hosseini, Ph.D.



As a friendly reminder we have a Facebook page and an X 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 @SGeropsychology 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.

Please reach out if you would like to update your email address for the listserv at chosseini@paloinfo.org.

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

Did You Know...

- The Society has a [Facebook page](#) for all members?
- All the archived newsletters are available [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 and awards), clinical work (awards and recognition), teaching, and public policy to either [Melissa](#) or [Rachel](#).