The Clinical Geropsychologist

Society of Clinical Geropsychology

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INSIDE

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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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Published articles do not necessarily represent the official views of Society for Clinical Geropsychology (Section II), Division 12, or APA

Comments from the Editors: Melissa and Rachel

Submitted by Melissa Zammitti, M.S.

Welcome to the Summer 2026 issue of *The Clinical Geropsychologist*!

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 message from SCG President Maggie Syme, Ph.D., M.P.H., reflecting on the importance of fostering belonging and building community within geropsychology. As we look ahead to the APA Annual Convention, Dr. Syme reminds us of the value of connecting with one another, supporting colleagues across career stages, and strengthening our shared commitment to promoting healthy aging.

We also encourage readers to explore this issue's Research Roundup, which highlights recent work on frailty and intrinsic capacity, the relationship between late-life depression and trajectories of mastery, and creative engagement and cognitive functioning. These articles thoughtfully examine evolving frameworks for understanding healthy aging and resilience while highlighting implications for clinical practice and future research.

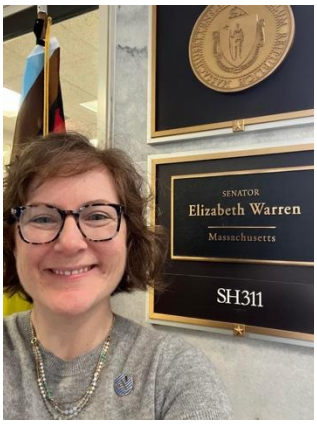
We enjoyed putting together this issue's Member and Student Spotlights, featuring Michelle Kehn, Ph.D., ABPP, and Jillian Crocker, M.S. Their stories illustrate the diverse paths that lead to careers in clinical geropsychology and the mentors, experiences, and values that continue to shape their work. In this issue's Student Voice section, Maayra Butt introduces and celebrates this year's internship match recipients while recent interns and postdoctoral fellows share practical advice on networking, making the most of internship, completing dissertations, and preparing for postdoctoral training.

You will also find updates celebrating this year's SCG award recipients and GSA Student Travel Award recipients, recent member publications, committee updates, and announcements that reflect the ongoing leadership, scholarship, advocacy, and engagement of our community. We hope you enjoy this issue and, as always, thank you for being a valued member of the Society of Clinical Geropsychology.

As always, we would love to hear your thoughts on how we can continue to improve the newsletter. Please feel free to reach out to us at any time—we look forward to hearing from you! 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.



Belonging Together – Building Community at APA

As my presidential year progresses, I continue to focus on belonging and how we can put that into practice—both within SCG and with our larger gero community. We have an opportunity with APA Annual Convention coming up in Washington D.C. in early August. When reflecting on my experiences of APA Convention over the years I keep coming back to the feeling of belonging that comes from the practice of being included in those gero spaces with others who share my goals. Convention provides us a natural space to get together and think about what we are doing as a field and how we can do better. And, honestly, it is a good bit of fun when we get together! I know our SCG members—who are able and traveling—will continue in a long tradition of coming together in community at APA's Annual Convention this August. Not only as SCG members, but as part of a larger community of those committed to the promotion of well-being as we age. Come out to the Social for the Ages on Friday (8/7) from 5:30-7:30pm in the Liberty Salon L in the Marriott Marquis. It is a jointly-sponsored event across gero organizations within APA, and it is a time for our community to celebrate together.

Also, a personal invitation for all our emerging gero folks! I am going to be at APA Convention this year and I'd like to invite all early career folks and students from SCG, Division 20, or otherwise to reach out to me before convention and find a time to meet up. If you're coming to convention and want to meet, email me at msyme@mgh.harvard.edu and I'll find a time and place. For our colleagues who cannot attend APA Convention this summer, we look forward to having more opportunities to foster belonging virtually and in-person as a gero community. Connect locally (as many of you do)! Reach out to folks for that coffee date you keep postponing or email a colleague and reminisce together. I hope that you find many ways to connect and "belong" together this summer. I look forward to seeing many of you in Washington D.C.!

Division 12/2/20 Aging-related Programming at APA:

Please see email attached for document highlighting all aging-related programming at APA!

The attached schedule includes programming from Division 20, Division 12 Section 2 (Society of Clinical Geropsychology), the Committee on Aging (CONA), as well as programs covering adult development and aging topics across APA (e.g., Divisions 1, 2, 9, 12, 17, 18, 22, 33, 34, 35, 38, 39, 40, 44, 46, 51, and 56).

2026 SCG Leadership

EXECUTIVE LEADERSHIP

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

COMMITTEES

Awards	Jennifer Moye, Ph.D., ABPP. (Chair)
	Douglas W. Lane, Ph.D., ABPP. (Past Chair)
	Steve Butz, Psy.D., ABPP. (Chair Elect)
Mentoring	Anna Blanken, Ph.D. (Chair)
	Adam Piccolino, Psy.D. ABN.
	Claudia Son, M.A.
	Ira Yenko, Psy.D.
Diversity	Stacy Yun, Ph.D. (Chair)
	Kimberly Hiroto, Ph.D.
	Kristopher C. Kern, Psy. D.
	Cathryn Goldman, Psy.D.
	Timothy Ly, M.A.
CONA	Cecilia Poon, Ph.D., ABPP.
Science and Practice	TBD
Lifelong Learning	TBD

COMMUNICATIONS TEAM

Chair and Listserv Manager	Charissa Hosseini, Ph.D. (Chair)
Social Media Overseer	Taylor Loskot, M.S. (Chair)
Website Coordinator	Jennifer Ho, Psy.D.
Newsletter Editors	Melissa Zammitti, M.S.
	Rachel Best, Ph.D.

Member Spotlight: Michelle Kehn, Ph.D., ABPP.

Submitted by Michelle Kehn, Ph.D., ABPP.

Year joined Society of Clinical Geropsychology: Around 2010
Hometown: Stamford, CT
Current Professional title and affiliation: Health Psychology Program Manager, VA Eastern Colorado Healthcare System – Rocky Mountain Regional Medical Center

Q: Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I was seeking a clinical community of folks passionate about providing psychology services to older adults.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional activities? Being a member of SCG has provided me with a community from which I can receive trusted advice and consultation, as well as obtain and share resources.

Q: How did you get interested in the field of aging? From a young age I was drawn to spending time with older adults. My girl scout troop would spend time at nursing homes volunteering. After learning about a genetic neurodegenerative disease in my family, I pursued every opportunity I could to learn about the brain. At that time, I believed I would pursue the medical field focusing on the aging brain.

Q: What was your most memorable experience during your graduate studies? During my internship year, I was assigned to provide services to the Community Living Center (CLC) in Queens. I worked with an older Black, female Veteran using Reminiscence Therapy. Listening to her stories of growing up in the deep south to her time in the military, along with helping her

unpack spending her last days alone in the CLC. It was both memorable and career altering because, until that time, I was still deciding whether to pursue a fellowship in neuropsychology.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? I didn't have one mentor in my career; however, I have been fortunate to have many supervisors and colleagues along the way who listened, asked hard questions, guided me, and celebrated me.

Q: What is your current position and what are your key responsibilities? I am currently the Health Psychology Program Manager at VA Eastern Colorado. I manage a group of 12 psychologists who work in specialty medicine clinics. My clinical assignment is in behavioral sleep medicine, providing treatment for complex insomnia, nightmare disorder, and CPAP tolerance.

Q: Tell us about your most recent activities. In my small private practice, I continue to focus on providing psychotherapy to older adults. I cultivated a small group of geropsychologists and am fortunate to have education opportunities through our academic affiliate, The University of Colorado, Anschutz School of Medicine. Each year there is a geriatric interdisciplinary conference, which I look forward to attending.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? My most memorable experience(s) occurred during my time working in Home Based Primary Care. Working with an interdisciplinary team who all devoted themselves to the care of older Veterans was truly incredible. When, on my first solo visit, the Veteran answered the door with his walker in nothing but a diaper, I wasn't sure how long I would do the job. I spent nearly twelve years being invited into their homes, connecting through their stories, and providing comfort to their families. I feel privileged to have had those experiences.

Q: Do you have any tips for emerging geropsychologists? Since starting in my graduate training, the world of aging has changed significantly. I would encourage emerging geropsychologists to maintain connections to academic medical centers/research centers focused on aging and assistive technologies.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? I split my time between many hobbies, maybe too many hobbies. Living in Colorado, I love the outdoors: hiking, golfing, kayaking, and skiing. In graduate school, I started knitting and have collected a fair number of skeins of yarn. Shortly after graduate school, I went to my first flying trapeze class and spend as much time flying through the air as the weather outside allows. When it gets too cold, I spend time in the air on other aerial apparatus, my favorite is a tiny lyra rigged to a fabric sling.

Student Member Spotlight: Jillian Crocker, M.S.

Submitted by Jillian Crocker, M.S.

Year joined: 2021
Hometown: Twin Cities, MN
Current academic affiliation: Nova Southeastern University, FL

Q: Why did you join the Society for Clinical Geropsychology (Division 12, Section II)? I joined the Society for Clinical Geropsychology (SCG) during my first year of graduate school to learn more about the field of geropsychology and connect with other professionals who are passionate about advancing care for older adults. It gave me the opportunity to learn more about the specialty while becoming part of a welcoming and supportive professional community.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional development? Through SCG, I have learned about training opportunities, emerging research, and the process of pursuing board certification. Participating in SCG events at the GSA Annual Scientific Meeting also provided opportunities to connect with trainees and geropsychologists from across the country. As I begin my fellowship, I look forward to continuing to learn from the SCG community and hope to contribute throughout my career.

Q: How did you get interested in the field of aging? My interest in the field of aging developed through personal experiences and early career research coordination focused on aging and neurocognitive disorders. Working with older adults across research and clinical settings influenced the direction of my career and broadened my understanding of the diverse experiences of aging. I was continually inspired by their wisdom, unique life experiences, and commitment to participating in research for the benefit of others. I was equally inspired by the interdisciplinary professionals and researchers dedicated to their care. That combination of experiences motivated me to pursue doctoral training and intentionally seek opportunities that would allow me to continue learning and developing in clinical geropsychology.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference? I have been fortunate to learn from many exceptional mentors throughout my career. My doctoral advisor, Dr. Stripling, inspired my interest in psychology education through her dedication to clinical training. Under her mentorship, I completed my first practicum working with older adults, where I developed my therapeutic approach and learned about the Pikes Peak Model for Geropsychology Training. I later served as the clinic coordinator for the practicum site, where I developed a research interest in competency development. She encouraged me to

pursue opportunities in research, clinical practice, teaching, and community service and introduced me to colleagues who became valued mentors throughout my training.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research? Learning the value of neuropsychological assessment, particularly the feedback process, has had the greatest influence on my career. Providing feedback to older adults and their families has shown me that assessment findings are most meaningful when communicated with empathy and translated into practical, understandable recommendations. Mentorship from experienced neuropsychologists has taught me to integrate assessment findings into evidence-based recommendations that support patients, families, and referring providers.

Q: Tell us about your most recent activities. I recently completed my internship and plan to defend my dissertation in August. My dissertation examines the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool, and I hope to publish this work to increase awareness of geropsychology training opportunities and encourage more psychology trainees to pursue clinical experiences working with older adults.

Q: Looking forward, what are your plans post-graduation? Following completion of my dissertation, I will begin a postdoctoral fellowship in clinical neuropsychology, where I will build on my clinical training while contributing to didactics and supervision. My goal is to become a clinical neuropsychologist specializing in geriatric neuropsychology while contributing to clinical education.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies? Growing up in Minnesota gave me an appreciation for warm weather, and living in Florida has given me every opportunity to enjoy it. In my free time, I enjoy being outdoors, especially near the ocean, and spending time with family and friends.

The Student Voice

Submitted by Maayra Butt, M.S.

Each year, Clinical Psychology students apply to internship sites across the country. This year, SCG had several student members who shared where they will be headed for their training. Congratulations to all of our amazing psychologists in training for their match results!

We wish you all the best as you continue your training!

Chris Griffith
Clinical Psychology Ph.D. Program at University of Colorado - Colorado Springs
Match Site: VA Boston, Gero track

Elizabeth Cousins-Whitus
Clinical Psychology Ph.D. Program at Kent State University
Match Site: Central Virginia VA, Gero track

HyeRim Ryu
Clinical Psychology Ph.D. Program at Rosalind Franklin University of Medicine and Science
Match Site: University of Rochester Medical Center, Adult - Gero track

Megan Fisher
Clinical Psychology Ph.D. Program at Ohio State University
Match Site: UCLA Semel Institute for Neuroscience & Human Behavior, Gero - Neuro track

Rakshitha Mohankumar
Clinical Psychology Ph.D. Program at University of Nevada, Las Vegas
Match Site: VA South Texas (San Antonio), Gero track

Sabine Lohmar
Clinical Psychology Ph.D. Program at West Virginia University
Match Site: West Virginia University Medicine, Behavioral Medicine track

Teresa Walker
Clinical Psychology Ph.D. Program at
University of Nevada, Las Vegas
Match Site: VA Northern California
(Sacramento), General track

Some of the new interns featured above shared questions about internship (shown in bold below). Read below for answers from two recent interns (now postdoctoral fellows)!

Kelly Harnsberger, Ph.D.
Geropsychology Postdoctoral Fellow at VA Boston
Previously a predoctoral intern at Brigham and Women's Hospital

Q: What advice would you give new interns about how to effectively network during the internship year? Be vocal to supervisors and colleagues about your interests. Chances are they can connect you with someone who has similar interests/is looking for a trainee or employee with your specific interests. Also, if they give you the contact information of someone, or if you come across the contact information of someone you'd be interested in working with, don't hesitate to reach out! Cold emailing can be extremely effective.

Q: What suggestions do you have to get the most out of the internship experience? Try not to put too much pressure on yourself. You're there to learn and your supervisors know that. You also may not like every experience or rotation you try, and that's okay. Part of internship is further developing your own clinical identity, and sometimes that requires some trial and error. With that being said, be open to trying new experiences. You may come to love an experience you thought wasn't for you, or you realize a certain population, setting, etc., isn't what you expected; it's all valuable information for your future career as a psychologist.

Q: Any tips or advice for how to complete one's dissertation while on internship? Unfortunately, I don't have the most helpful advice because I completed mine before starting internship. However, if this is feasible for you, I HIGHLY recommend it. What helped me to get it done in general – I had my advisor give me hard deadlines for each section to be finished (even if they were arbitrary deadlines). A looming deadline is oftentimes the best motivator!

Q: How do I prepare for applying to postdoc? Are there internship experiences I should prioritize for postdoc applications and interviews? I don't think I started looking for available postdoc positions until October of internship year (my internship started July 1). If possible, give yourself some time to settle into your internship before you start worrying about postdoc. In terms of experiences to prioritize, think about what you would want to specialize in (if you want

to specialize) and prioritize those experiences. If your internship doesn't explicitly offer specific experiences, just ask! My internship was on a General Adult Track and I knew I liked working with older adults, so I simply asked for as many older adult experiences as they could provide. I know this may not always be feasible, but you won't know for sure unless you ask.

Darby Simon, Ph.D.
NIA-funded T32 Postdoctoral Fellow in the Center for Health Outcomes and Interdisciplinary Research (CHOIR) at Massachusetts General Hospital (MGH) and Harvard Medical School (HMS)
Previously a predoctoral intern at CHOIR, MGH/HMS

Q: What advice would you give new interns about how to effectively network during the internship year? There are so many ways to expand your personal and professional network during internship, but here are a few ideas!
1) Take advantage of as many opportunities as you can to meet new people! I especially encourage you to remember that not everyone you network with needs to further your career. Sometimes, you meet someone who does completely different work from you but becomes a great friend!
2) Invest time in getting to know the people who you work with! You might or might not get much face time with senior faculty/staff as an intern but really get to know the people you work closely with from research coordinators and administrative staff to your co-interns to current postdocs and junior faculty/staff. Though you are still a trainee, remember that you'll be these folks' colleague for much longer than you're a trainee! Your reputation will always proceed you, so try your best to make sure it's a good one across every level of your team! (This tip also applies to members of any interdisciplinary team you're a part of).
3) Depending on your internship, there might be happy hours/socials or trainings/workshops for fellows/residents for multiple disciplines across your training institution. You never know who you'll meet! You can also always invite people you already know (e.g., co-interns) to get to know each other better! Plus, there is often free food, which is always a win!
4) Keep track of the lectures/didactics you attend as part of your internship and who gave the talk. Those folks are almost always willing to have people reach out after their lecture (even many months later) if something relevant to their work comes up!

Q: What suggestions do you have to get the most out of the internship experience?
Internship is SUCH an exciting time for so many reasons! Let your enthusiasm show and lean into new/uncomfortable experiences/rotations. You'll be surprised how much you can learn! For example, I was wary of a couple of my required rotations because they were so far outside my grad school training and experience. However, those rotations turned into some of my favorite rotations, and I got to expand my knowledge SO much! That being said, I think that due to all the excitement, we can forget that internship can also be demanding! I think this is especially true if

you move to a new city/region for internship and/or are doing a lot of new training experiences. It can be hard but try not to get too excited/ambitious and overcommit yourself! Additionally, at the beginning of internship and during any routine change (e.g., rotation/supervisor changes), make sure to check in with yourself. It's okay and totally normal if it feels harder while you are learning new things!! If you are comfortable, it can be helpful to share this with your clinical supervisors, mentors, or internship director. Bare minimum, talk to other interns (at your site or elsewhere) or recent interns! A great phrase I was constantly told during internship is "never worry alone!" And remember: You are learning SO much good information and skills, and you are SO close to finishing your degree!!

Q: Any tips or advice for how to complete one's dissertation while on internship? My best advice is to do your best to finish as much as you can before internship! However, things definitely happen that prevent that. So, if you must work on it during internship, remember that completing a dissertation is a marathon, not a sprint. I tried to set aside at least a couple of hours, several nights per week, over several months to chip away at my dissertation. If you find yourself in the position where you have to crunch (I did!), talk to your internship director/primary advisor to find out what options you have. For example, I was able to use several professional days and a little PTO to take a whole week off to write a large portion of my dissertation. I also planned that week to be the one before a 3-day holiday weekend so I could get an extra day.

Q: How do I prepare for applying to postdoc? Are there internship experiences I should prioritize for postdoc applications and interviews? I think it depends a lot on the type of postdoc position you are applying for: primarily clinical or primarily research. Disclaimer: I only looked at research-focused postdocs with clinical opportunities to gain hours for licensure. However, I am comfortable saying that regardless of your focus, if you hope to stay on at your internship site, I would start by talking to the relevant people to get an idea of how they handle internal applicants (e.g., is it a formal or informal application? Are there multiple different opportunities?). If you aren't planning on staying or want to apply broadly, the sooner you start thinking about this after starting internship the better (like, within the first month). Though, I will admit it is kind of the last thing you want to do right after starting internship! The good news is that you already have a great template for applying to postdoc based on what you did for internship. The best news is that you can often build off your internship documents for postdoc applications! For example, you probably already know what experiences you want/need before postdoc, just based on your cover letters from your internship applications. And, I think it is okay if you don't have them at the time of applying/interviewing, as long as you have a clear plan of how you are going to gain them before you start postdoc! Additionally, thanks to internship applications, you already know the general application process you should follow! I started both application processes by compiling a list of potential opportunities, their requirements, and deadlines. Then, I reached out to people to express interest and gather more information. Then, I refined my list. Ultimately, I decided to focus on funding opportunities at my internship site/department and didn't invest my time into submitting external applications. If you are applying for research postdocs, the information above still applies, but it will also be a little different. Work with your mentorship team (or network!) to identify potential funding opportunities, such as project manager/study clinician positions on larger grants or individual

career development awards (e.g., T32, K12). Be ready to put together a research project proposal/application for individual awards! Be prepared: these opportunities can happen on really short timelines!

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

- Ommensen, B., Attwood, T., Pachana, N.A., & Sofronoff, K. (2026). The potential for successful autistic ageing: Proposing a lifespan developmental psychology approach. Autism: Journal of Research and Practice https://doi.org/10.1177/13623613261418468
- Mock, C. E., Segal, D. L., & Lac, A. (2026). Toward a further understanding of intrapersonal factors in psychopathology among older adults: A psychometric evaluation of the Intrapersonal Problems Rating Scales. Journal of Psychopathology and Behavioral Assessment, 48, 33. https://doi.org/10.1007/s10862-026-10296-2
- Segal, D. L. & Williams, K. (2026). Toward a further understanding of suicide risk from a mindset framework among older adults. Psychology, 17, 126-137. https://doi.org/10.4236/psych.2026.172007
- Stone-Bury, L. E., Premovich, A. M., & Segal, D. L. (2026). A differential item functioning analysis of the Alternative Model of Personality Disorders across younger and older age groups. The International Journal of Aging and Human Development, 102(3), 377-394. https://doi.org/10.1177/00914150251382807
- Stone-Bury, L. E., & Segal, D. L. (2026). Normative and pathological personality traits in older adults: Conjoint structure and predicting psychosocial functioning. Personality and Individual Differences, 257, e113796. https://doi.org/10.1016/j.paid.2026.113796
- Williams, K. N., Segal, D. L., Feliciano, L., & Coolidge, F. L. (2026). Attitudes on aging and perceptions of late-life suicide among younger and older adults: A test of the cultural scripts model. International Journal of Psychological Studies, 18(2), 69-81. https://doi.org/10.5539/ijps.v18n2p69

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.

Frailty and Intrinsic Capacity

Submitted by Irene Best, MSN, RN, Ph.D. Candidate, M. Louise Fitzpatrick College of Nursing, Villanova University

Across the globe, populations are aging at an accelerated rate, highlighting the challenge of providing healthcare in diverse settings, with and without universal health coverage and flexible care models. Gero psychologists are acutely aware of the multidimensional needs of our older adult populations and lead the charge in promoting concepts and frameworks that support age equity and challenge the stigma of ageism and ageist beliefs. Gero psychologists are at the forefront of efforts to move away from chronological age and toward a more fluid understanding of aging.

Cesari and colleagues (2026) have highlighted these critical concerns in an exploration of two complementary concepts, intrinsic capacity and frailty. The paper provides an overview of each of these concepts, identifies their applicability, and explains how they can be used in complementary ways. Frailty, rooted in geriatric medicine, is illness-focused and reflects decline in function and physiologic reserves. Alternatively, Intrinsic Capacity (IC), which originated with the WHO in 2015 (Beard et al., 2016) is a composite reflection of a person's individual physical and mental capacities, is strengths-based, and promotes resilience-building. Cesari et al. (2026) reviewed the qualitative evidence suggesting "frailty" is perceived by older adults as negative and disempowering. In contrast, IC is more acceptable to individuals than frailty, without the negative connotations associated with frailty.

The authors present a conceptual model suggesting that the two concepts may lie on a continuum within the same framework, with intrinsic capacity at one end and frailty at the other, as care needs increase over time (Cesari et al., 2026). These complementary perspectives are intended to ultimately support the diverse needs of healthy aging, with the IC domains useful in the daily geriatric assessment and frailty terminology, and the comprehensive geriatric assessment reserved for more complex cases.

For further exploration of this topic, it is helpful to consider other concepts that have been associated with aging and intrinsic capacity, such as resilience, functional ability, and successful aging (Grigoraș et al., 2025). Grigoraș et al. (2025) draw connections between IC and resilience, provide a comprehensive overview of the conceptual framework of IC, and describe how to measure the various domains of IC: cognitive, psychological, sensory, locomotor, and vitality. Higher IC has been shown to improve resistance to stressors, such as fractures or surgery, thereby reducing mortality risk. Interventions to improve IC, such as exercise, nutrition, and psychological support programs, have shown evidence of improved resilience and functional status of older adults (Grigoraș et al., 2025). The challenges of standard measurement of IC exist;

however, continued efforts to implement the use of validated assessment tools will enable the accurate evaluation of IC in older adults, supporting person-centered intervention programs.

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Cesari, M., Canevelli, M., Amuthavalli Thiyagarajan, J., Arai, H., Assantachai, P., Chan, P., Chhetri, J. K., Ferriolli, E., Geffen, L., Gregson, C. L., Guaraldi, G., Gutierrez Robledo, L. M., Hammami, S., Jang, H., Kalula, S., Mathur, A., Merchant, R. A., Oliveira, D., Perracini, M. R., … Martin, F. C. (2026). Frailty and intrinsic capacity: Integrating complementary concepts to promote healthy ageing and transformation of care. *Age and Ageing*, *55*(5), afag138. https://doi.org/10.1093/ageing/afag138

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Shifting Sense of Control: State, Trait, and Scar Effects of Late-life Depression in Trajectories of Mastery

Submitted by Kallisse R. Dent, M.P.H., M.S., University of Michigan

According to Pearlin and Schooler (1978), mastery is the extent to which "one regards life chances as being under one's own control in contrast to being fatalistically ruled." Existing evidence suggests that common late-life experiences such as changes in functional abilities and bereavement can lead to declines in mastery. However, less is known about how late-life depression may shape this construct. Information on the long-term impacts of depression on mastery and who is most vulnerable to changes in mastery during depression may inform tailored treatment approaches.

Ambe and colleagues (2026) tested whether there are distinct trajectories of mastery in the periods before and after a major depressive episode and whether there are key factors that distinguish individuals in different trajectories. They used data from the Longitudinal Aging Study Amsterdam, a population-based study of adults 55+ in the Netherlands. The study cohort (n=246) included participants 55-84 with a major depressive episode. Mastery was measured in the two waves (6-8 years) preceding and following an individual's first major depressive episode.

The authors found that a majority of the sample's mastery scores appeared unaffected by depression. Most (67%) individuals maintained a high level of mastery before and after their major depressive episode, and 13% maintained a low level of mastery. In contrast, 8% of individuals experienced a "state effect", in which mastery initially declined and then recovered. In addition, 12% of individuals experienced a "scar effect," in which mastery declined during their depressive episode and did not recover.

Next, the authors found that there were relatively few characteristics that differentiated individuals that were in these separate trajectories. First, individuals whose mastery declined in response to a major depressive episode and then recovered ("state effect") tended to have less education and poorer physical functioning when compared to those with sustained high levels of mastery. Second, among those whose mastery declined, those whose mastery never recovered ("scar effect") tended to have more somatic diseases, but less severe depression symptoms, than those whose mastery did improve ("state effect").

Taken together, the authors concluded that approximately one fifth of those with a major depressive episode experienced declines in mastery and those with lower levels of education and an accumulation of physical health conditions tended to be more vulnerable to those declines. They suggested that monitoring levels of mastery during a depressive episode may help identify individuals who may benefit from interventions that target perceived control.

The authors also described the limitations of their work, highlighting areas for future research. First, depression symptoms persisted across follow-up for many individuals, such that the observed "scar effect" may have been attributed to the continuation of depression rather than the lasting impact of a single episode of depression. In addition, assessments occurred every 3-4 years, precluding the authors from examining more acute effects of a depressive episode on mastery. Finally, the study was conducted in Netherlands which may limit generalizability to other countries, especially those with less individualistic cultures where mastery may not be valued to the same degree.

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Creative Engagement and the Aging Brain: Evidence from a Combined Art-Based Intervention Trial

Submitted by Jonah R. Herbsman, Psy.D., The Wright Institute

As the prevalence of cognitive impairment continues to rise with an aging population, identifying effective non-pharmacological interventions has become an increasingly important focus of geropyschology research. Creative engagement has emerged as one promising avenue, with growing evidence demonstrating that art-based interventions can enhance cognition, emotional well-being, and quality of life. A recent randomized controlled trial by Yan et al. (2025) extends this work by asking not only whether these interventions are effective, but how measurable changes in functional brain connectivity may help explain these cognitive benefits.

Building on research suggesting that multimodal creative interventions may offer a more effective approach to mitigating cognitive decline than relying on a single artistic medium, Yan et al. examined a combined art-based intervention (CAI) integrating visual, performing, and literary arts among older adults across the cognitive continuum. Participants were adults aged 60 and older in China diagnosed with either subjective cognitive decline (SCD), mild cognitive impairment (MCI), or mild probable Alzheimer's disease (AD). The participants were stratified by diagnosis and randomly assigned to either a waitlist control group, or a 16-week, 24-session CAI programme. Neuropsychological tests and MRI were conducted before and after the 16 weeks, to evaluate changes in cognitive performance and functional connectivity (FC). The CAI was structured across three stages—art experience, enlightenment, and exploration—and incorporated warm-up activities, artistic creation, and group sharing.

Participants in the intervention group demonstrated significant improvements in general cognition, language, and memory compared with those in the waitlist control group, however these effects varied across the cognitive continuum. Participants with SCD showed improvements in language abilities and verbal memory, while participants with MCI displayed improvement in general cognitive functioning. Participants with probable AD showed no significant improvements compared to the control group. Functional MRI also revealed significant connectivity differences in several brain regions involved in cognitive processing, with participants in the intervention group exhibiting reduced FC and those in the control group exhibiting increased FC in these regions. Although this may seem counterintuitive, the authors interpret these findings as consistent with increased neural efficiency. In other words, the results suggest that following the intervention, the participants showed a pattern of more efficient network functioning with less apparent need for excessive communication between brain regions, alongside improved cognitive performance.

These findings suggest that CAIs serve as cognitively enriching interventions capable of supporting both psychological well-being and brain functioning, particularly during earlier stages of cognitive decline. This study is especially notable for linking cognitive improvements to measurable changes in functional brain connectivity, offering initial insight into underlying neuronal mechanisms of change. Clinically, the results suggest that timing may matter, with interventions being most useful for patients who are in earlier stages of cognitive decline.

The study does have several important limitations. The study used a relatively small and homogenous sample size, and lacked a long-term follow-up. The study also used an inactive waitlist control group, rather than one with a similar active social-interaction component. An active control group of this type would help clarify whether benefits were attributable to artistic engagement specifically. These limitations inform directions for future research, and the findings support further investigation of multimodal creative interventions as meaningful approaches to cognitive health in later life.

Reference

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Committee Updates

Awards Committee

Submitted by Jennifer Moye, Ph.D., ABPP

Congratulations to all the SCG Award Winners! Winners will be celebrated at both the upcoming APA and GSA meetings! Thank you to the SCG Award Committee Doug Lane and Steven Butz (Lawton, Mentorship, Diversity, and Student Paper Awards) and Maayra Butt and Catherine Jue (Student Travel Awards).

M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology
Rebecca (Becky) S Allen, Ph.D., The University of Alabama

Distinguished Clinical Mentorship Award
Cecilia Poon, Ph.D., Nebraska Medicine; University of Nebraska Medical Center

Todd "TJ" McCallum Gerodiversity Awards
Flora Ma, Ph.D., Stanford University School of Medicine – Psychologist
Rakshitha Mohankumar, MA, University of Nevada, Las Vegas – Psychologist-in-Training

Student Research Paper Award
Blake Peeples, Ph.D. Student, University of Louisville

Student Travel Awards
APA
Ellen Park, Ph.D. Student, Ferkauf Graduate School of Psychology, Yeshiva University
Hannah Heintz-Monette, MS, Ph.D. Student, Virginia Commonwealth University
Colin Schmitt – Master's Student, University of Colorado, Colorado Springs

GSA
Lilla Brody, Ph.D. Student, University of Nevada, Las Vegas
Yichen Zhang, Master's Student, University of Pennsylvania
Annaliet Delgado-Rodriguez, Ph.D. Student, Xavier University
Jessica Kim, Ph.D. Student, West Virginia University
Sophia Geisser, Ph.D. Student, University of Alabama
Karuna Thomas, Ph.D. Student, Washington University in St. Louis

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.
Kimberly Hiroto, Ph.D.
Kristopher Kern, MSCP, Psy.D.
Cathryn Goldman, Psy.D.
Timothy Ly, M.S.

CONA Committee
Submitted by Cecilia Poon, PhD., ABPP.

Dear SCG Members,

Reflecting on the first half of 2026, CONA is pleased to share what we have accomplished.

Policy, Practice, and Advocacy
We submitted the revised *Resolution on Family Caregivers* to APA leadership in April 2026. It is now on the consent agenda. We are hopeful it will be adopted at the August Council meeting. We met with APA's editorial team to share the approved revised *Resolution on Palliative Care and End-of-Life Issues*. We are hoping to see it featured in at least one upcoming Monitor on Psychology article, as well as in the Practice Update email.

We responded to APA calls for public comments on proposed revisions of *Section D.5 3 of the Commission on Accreditation (CoA) Implementing Regulations, APA's Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization*, *COPPS Professional Practice Guidelines: Framework for Developers and Users, and APA's Guidelines for Prevention in Psychology.*

We submitted public comments to APA's Advocacy office to inform APA's response to the *Framework for the National Institutes of Health (NIH) RFI Strategic Plan for 2027–2031.* We encouraged psychologists and students in the aging field to support other Advocacy initiatives, e.g., supporting the bipartisan ADAPT Act (H.R.4484 / S.2356) to increase accessibility of psychological services by expanding Medicare coverage for certain behavioral healthcare services, and urging Congress to reject the administration's FY 2027 budget proposal that seeks a complete dissolution of the Social, Behavioral, and Economic Sciences (SBE) Directorate and a 54% cut to the National Science Foundation (NSF).

We bid farewell to Serena Davila, JD, long-time Advocacy staff liaison to CONA and welcomed support from Andrew Strickland, JD, long-time Advocacy staff liaison to CDIP (Committee on Disability Issues in Psychology). With the support of APA's Advocacy office, we submitted a written testimonial to the Senate Special Committee on Aging regarding older adults in the workforce in April 2026. We continued to review and support other initiatives at the congressional level that focus on older adults and artificial intelligence, as well as policies that impact long-term care and other services for older adults, caregivers, and people with disabilities.

Education

In partnership with Division 20's Program Co-Chair, CONA compiled a document listing all APA Annual Convention events that feature aging topics. We will host a CONA Conversation Hour at 6:30pm within the joint Aging Social Event (Co-sponsored by Division 20 and Division 12-2) on Friday August 7, 2026 from 5:30 to 7:30pm.

CONA graduate student member Cristina Pinheiro, through the Geropsychology Specialty Council, has been supporting the Gero The Next Generation initiative @GeroTNG to enhance student engagement (https://linktr.ee/geroTNG)

Nominations and Award

We are delighted to announce CONA (2027-2029) appointments by APA Elections. We welcome Flora Ma, Ph.D., a geropsychologist at Stanford University. She is a long-time Division 12-2 and Division 20 member, and a 2026 recipient of the SCG Gerodiversity Award. We also welcome Margaret Beier, Ph.D., an industrial and organizational psychologist and professor at Rice University. She is a Division 20 member whose research involves aging and the workforce. Both will begin their term on January 1, 2027. The portal for CONA member nominations (2028-2030) will open in November 2026, when we will be recruiting 1 graduate student member and 2 professional members.

We are honored to announce Dr. Dolores Gallagher-Thompson as this year's CONA Award for the Advancement of Psychology and Aging. As a board certified geropsychologist, Dr. Gallagher-Thompson has been an influential figure in the field of psychology and aging for more than four decades. In addition to being a prolific researcher, she has been an educator and mentor to many of us, especially in the areas of Cognitive Behavioral Therapy with older adults and caregiving. Her work and her collaboration with others have significantly shaped our practice and understanding of multicultural aging and caregiving. A former CONA member (2008-2010), Dr. Gallagher-Thompson has remained active with APA. In 2025, she was appointed to a

multidisciplinary panel to update the *2019 Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts*. In addition, she has been supporting CONA's ongoing efforts to update APA's caregiver resources. We look forward to recognizing her at the APA Convention on August 7, 2026.

Nominations and Award
The next award call would be in April 2027 and the next committee call would be in October/November 2026. If you have any questions, please do not hesitate to backchannel.

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!

Mentoring Committee

Submitted by Anna Blanken, Ph.D.

The mentoring committee continues to work on expanding peer consultation and social opportunities within geropsychology. Thank you to everyone who filled out our needs assessment this spring!

We want to thank Claudia Son and Ashley Eaton England for all of their contributions to the committee and wish them well as they transition onto new ventures.

We are actively seeking new voices on the mentoring committee! Reach out to dr.annablanken@gmail.com if you would like to discuss becoming a committee member, collaborations, or other ideas.

Communications Committee

Submitted by Charissa Hosseini, Ph.D.

As a friendly reminder we have a Facebook page and a Twitter account and need your help to grow our voice. Please follow, like, retweet, share, etc. using the links below. If you have any ideas for content to post, please don't hesitate to email Taylor directly (Tloskot@berkeley.edu). 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@paloaltou.edu.

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 (melissa_zammitti@pacificU.edu) or Rachel (*rbest1@mail.yu.edu*).