

Clinical Geropsychology News

Society of Clinical Geropsychology

APA Division 12, Section II Volume 23, Issue 1

April 6, 2016

INSIDE*

President’s Column.....	1
Editor Comments.....	3
Society Leadership.....	3
Call for Nominations.....	4
Member Submission.....	5
Member Spotlight.....	6
Announcements & Member News.....	9
Student Voice.....	11
Diversity Column.....	12
Committee Updates.....	14
Division 12 Update.....	18
Did You Know.....	19
Membership Renewal Form.....	20

Please contact Christine Gould at Christine.Gould@va.gov or Joseph Dzierzewski, at Joseph.Dzierzewski@va.gov if you wish to comment on the contents of this Newsletter.

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

President’s Column

Sherry A. Beaudreau, Ph.D., ABPP



Bringing Diversity to Our Society

The mission statement of the Society of Clinical Geropsychology acknowledges our reach into the realms of clinical work, research, education, consultation, and advocacy. One objective in our mission statement describes the goal “...to support and to encourage the

evolution and development of the subspecialty of clinical geropsychology in both its scientific and professional aspects.” Diversity is certainly one area in which we can continue to evolve and grow as an organization and as a specialty.

Geropsychology and diversity go hand in hand by virtue of age being a diversity variable. As a formally recognized area of specialty, thanks to the tireless efforts of senior leaders in our organization including Drs. Bob Knight and Victor Molinari among others, as we look to the future the intersection between age and other diversity issues are both timely and necessary. The Administration on Aging projects

that multicultural older adults will be the norm over the coming years with nearly one in two older adults representing an ethnic or racial minority by 2050. Less often discussed, but certainly adding to the diversity of our elders we encounter, differences in able-ness due to varying levels of physical and sensory disability, religion and spirituality, and sexual minority status also factor into our professional work. This requires us not only to have the scientific knowledge and clinical skills to serve these diverse older populations, but also the knowledge to train our students, truly the geropsychologists of the future.

As one of the pillars of competent training, APA requires training in cultural and diversity issues. Over the years, this increasing focus on diversity by APA has meant that new trainees receive more coursework and didactics, clinical experiences, and other training experiences in support of this goal in APA accredited programs. This training also includes self-reflection of our own diversity as geropsychologists and support of our burgeoning geropsychologists and their diversity as professionals. With all these issues in mind, the presidential initiative for 2016 was born: to address our diversity as professionals and in the older adults we serve.

When I opened up this month's APA Monitor, I was delighted to see five full pages devoted to a diversity and aging topic written by Drs. Jennifer Hillman and Gregory Hinrichsen: "Competent, affirming practice with older lesbian and gay adults." Not only do I encourage everyone to read this wonderful article, but I also wanted to point out that this underscores just how far we have gone as a specialty where diversity and aging topics garner a full spread as one of the leading articles in our organization's journal.

My goal in this inaugural presidential article is to summarize the objectives of this year's diversity platform. The benchmarks we will aim achieve this year with the help of the Board, and our wonderful Student and Faculty Members will be to:

- **Select a student and a member for the first annual Gerodiversity awards.** I am indebted to the SCG Diversity Committee, Drs. Yvette Tazeau and Tiffany Rideaux for their efforts in proposing and creating these awards. Nominations for students and members who contribute to gerodiversity through their clinical work, research, or in some other professional capacity will be accepted for consideration until April 15, 2016. Please nominate yourself or a colleague.
- **Increase the online presence of diversity in geropsychology through the Psychology Benefits Society blogs on the APA Public Interest Directorate webpage.** Toward this goal, this February Ms. Eden Gallanter, a graduate student from Palo Alto University, and I wrote a blog on bilingualism and late-life cognition. Dr. Brennan-Ing published a blog on LGBT older adults this March. I encourage interested students and full members to submit gerodiversity blogs for publication on that site.
- **Create a Wikipedia entry on Gerodiversity.** This entry is currently in preparation by our Student Representatives, Brenna Renn and Allison Midden, along with Student Volunteer, Eden Gallanter. This will add to the growing collection of gero-related Wikipedia entries begun under Dr. Brian Yochim's presidency.
- **Bridge with other APA Divisions that focus on diverse populations (Women, Cultural Diversity, Religion and Spirituality, Sexual Minorities).** These efforts will increase our presence and attract new members with aging and other diversity interests. I have already begun announcing our gerodiversity awards on other divisions' listservs. I will also be posting SCG membership information to these listservs to encourage new members to join.
- **Work with our membership to create a gerodiversity resources list.** I am seeking volunteers to assist in compiling a list of resources relevant to diverse older adult populations. The final resource list will be added to our website.
- **Report the results of the membership survey on the diversity of our members.** This survey was distributed this Fall by our CE Committee, Michelle Hilgeman, Megan Marty, and Andrea June. The results will be presented during my APA Presidential address, "Integrating Diversity Into Our Work As Clinical Psychologists--Implications for Geropsychology", on Saturday, August 6th, 2016 from

1-1:50pm (Convention Center, Room 505). I hope to see you all there. For those unable to attend, a summary of the Presidential address along with those survey results will be published in this newsletter as my final article as President.

It is truly an honor to serve you all this year and our organization's efforts to increase our gerodiversity focus. I wish to thank the Board, especially Drs. Margie Norris and Brian Yochim for their support, consultations, and ideas that helped me shape this initiative. For those who wish to get more involved with this year's presidential initiative, please email me at sherryb@stanford.edu

Comments from the Editors: Christine and Joe



Welcome to the 2016 Spring edition of the Clinical Geropsychology News! As the snow melts and flowers begin to bloom, we hope you take a few moments to peruse the current issue of the SCG Newsletter. **We are ending our term as newsletter editors in 2016 and are looking for two new editors for a 3-year term beginning in 2017. Please contact us if you are interested.**

- Now is a great time to get more involved in the Society! Please see the call for nominations for elected positions.
- Check out the moving essay submitted by Dr. Sandy Krohn on behalf of a patient. The essay details a first-hand account of memory loss associated with vascular dementia (page 5).
- Make sure to see all the wonderful accomplishments of our members in the Announcements and Members News section. Congratulations to everyone on their recent awards and publications.

Society of Clinical Geropsychology Officers Committee Chairs and Members – 2016

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Call for Nominations for Elected Positions

Margaret Norris, Ph.D.

Chair, Committee on Nominations and Elections

The Society of Clinical Geropsychology (SCG) is seeking nominations for one elected position this year: President-Elect.

The President-Elect is an Officer of SCG and a member of the Board of Directors with the right to vote. The President-Elect serves as the Program Chair for the APA convention, and also organizes a social event for SCG at the APA convention. As an Officer, the President-Elect attends all Board meetings, including those held at the APA convention, as well as the Board conference calls, which are held approximately once per month. The President-Elect shall be a Divisional or Affiliate Member of SCG, and is elected for a term of one year starting January 1, 2017. This term is followed by one year (2018) as President of SCG and then one year as Past-President (2019).

In anticipation of becoming SCG President, the following information is provided. The President plans and conducts Board meetings including regular conference calls and the Board and Business meetings at the APA convention. The President maintains contact with Committee Chairs, Student Representatives, and others playing leadership roles in the Society. He/she writes columns for three editions of the Newsletter throughout the year. The President also takes a leading role in planning and conducting the Society-related programming at the APA convention. The President should undertake a Presidential Initiative during his/her term and has discretionary funds available for this purpose. The President also takes charge in responding to time-sensitive issues in the field of Clinical Geropsychology.

Please consider serving our field in this leadership role in SCG. We welcome all nominations, including self-nominations. Elections will be held this spring and electronic ballots will be sent to Divisional and Affiliate Members. Please send your nominations to Margie Norris at margienorris@hotmail.com.

Member Submission

REGRET: A PATIENT PERSPECTIVE

Submitted by Sandy Krohn, Ph.D.

Written by Mariane Ross

This essay was written by a patient of mine who was asked to reflect on something in her life that she regretted. I believe it gives a perspective on memory loss that even those of us who work with older adults cannot fully grasp without hearing it firsthand. Mariane passed away around one month ago. I am so pleased that her great wisdom on aging will live on in this piece.

Regret - A Patient Perspective

I regret not writing down my memories. Sometimes they are so clear, other times not so much. I think it's a question of vanity. I do not, at this point, care what other people think and that took time to get to. I care what I think of myself. I sit here and I try to remember. You can't help it when you're alone, you're bound to go somewhere in your mind. I'll see something on television about Italy, and I'll think, "Oh, I've been there," but I don't know with whom or why. I try so hard to remember the details to the point of giving myself a headache. It makes me realize how old I actually am.

The other night I was watching a rerun of Cheers and there he was; Bill Ross, my husband.

I first saw Bill, on the stage when I was 13. He was in a production of Hamlet at the Birmingham Repertory Theater. Years later, after I had auditioned for the same theater and been accepted, part of my duties as a student was taking cups of tea to the actors in the intermission. After a certain amount of time taking Bill his tea, he invited me to an afternoon symphony concert, all very formal and proper. My parents insisted they meet with him before they would allow me to go. They met him and agreed.

Years earlier, at 17, Bill had contracted tuberculosis and was sent to a sanitarium by the sea. While he was there a visiting professor from nearby Cambridge University would lecture to the patients. The professor and his wife took an interest in Bill, exposing him to music, art and literature so by the time I met him, that's what he was all about. He opened up the world to me.

When I told my father that I wanted to marry Bill, he said, "Of course you may my dear, when you're 21." Then the lies began. Bill was going on tour with a theatre company so we told them that we were getting married so why not take me along and use me for work. Then I told my parents that I had been *offered* a job with the company and I would like to join the tour. They all believed me, and we got married. The next day we went with the theatre company to a part of northern England – a dreadful industrial wasteland – and that was our honeymoon. But we had 40 years together before he died.

Now, I have to be reminded or prompted about them. My children and grandson are wonderful in helping me remember. And my best friend and confidant, Blue helps when necessary. I love having her here because all those memories are gone until she reminds me of them. She pulls out her little phone gadget and tells me of things I said, memories I've shared, and people I want to remember.

One always has both sad and happy memories. The episode of Cheers was particularly difficult to watch but I couldn't turn it off. I finally settled on turning down the sound and watching Bill's dear face.

I think that's just how it goes though, I have the joy and the sadness. I'm so thankful to have caring people around me who help with that.

But I still get frustrated, although I am getting better. The only time I relax and feel okay with myself is when I *can* look back and I actually remember. I don't want to infer that everything is gone. Sometimes when you're being completely honest about not having a memory, people will accept that. It's just that sometimes I remember and sometimes I don't.

I'm now writing down my thoughts for a memoir class. I never wanted to write in my life, but I enjoy it so much now. You dredge up all of the things you thought were gone. My notebooks are essential. I get mad at myself if a day passes and I've not written anything. The loss of long term memories, I think that happens to everyone but if someone asks me what I had for dinner last night, and I have to say, I don't know, that's frustrating.

One of my friends is losing her memory as well and she's completely open about it. If she doesn't remember something she simply says that she doesn't remember and that's that. She's so natural with it. I wish I could be more like her. I find my trying so hard to hide that my memory is going, is exhausting. What a waste of time to pretend such a thing, but I just don't want to be discounted because I forget.

I never heard my parents talk about this, no one talked about it. It came as quite a shock. I think I will definitely tell people to write things down. I have to say it to everyone, no matter what age, write it down. You think you'll never forget something and then you're 80 and you'll be pissed that you didn't.

I'm Mariane Ross and I'm 86 years old.

Member Spotlight



Full Member Spotlight: Natalie D. Dautovich, Ph.D.

Assistant Professor
Counseling Psychology Program, Department of Psychology
Virginia Commonwealth University
Environmental Scholar for the National Sleep Foundation

Q: Why did you join APA Division 12 Section II, Society for Clinical Geropsychology (SCG)?

A: I was excited to join the Society because of the unique emphasis on clinical approaches to aging.

Q: How has membership in SCG assisted you with your professional activities?

A: The Society has helped me find a community of like-minded researchers. The resources provided on the website have been particularly helpful for training and mentoring.

Q: How did you get interested in the field of aging?

A: My mother was a registered nurse who worked with geriatric populations for her entire career. Visiting her at work, I saw how much she loved working with this population and how she contributed to a mutually respectful relationship. Later, working in an assisted living facility while in High School, I recognized how much I could learn from older adults and I sought a career path that would give me this opportunity.

Q: What was your most memorable experience during your graduate studies?

A: When delivering behavioral interventions for insomnia in older adults, I was struck by the effectiveness of behavioral health interventions. This experience helped to reinforce my understanding of the mind-body connection and the important role for geropsychologists in improving and maintaining the health of older adults.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?

A: I have had so many important mentors at each stage of my career, including currently as an early career professional. At a critical stage in my career, transitioning from a postdoctoral position to a faculty position, I was fortunate to be mentored by Dr. Amber Gum at the University of South Florida. Dr. Gum displayed an authentic approach to leadership (self-awareness, transparency, balanced processing, and positive ethical foundation) that has served as a valuable model for my development.

Q: What is your current position and what are your key responsibilities?

A: I am an Assistant Professor in the Counseling Psychology Program at Virginia Commonwealth University. My time is devoted to research, mentoring (graduate and undergraduate students), teaching, and service activities.

Q: Tell us about your most recent activities.

A: My research focuses on the study of daily processes from a positive and preventative perspective. I examine a variety of daily processes with specific emphasis on sleep, affect, health behaviors, and routines. Recently our lab received funding from the National Sleep Foundation to conduct a systematic review on the association between the timing and intensity of light exposure and sleep outcomes. We have also piloted a subjective light exposure scale to assess older adult daily light exposure. My graduate students have initiated several exciting projects including examining contextual factors predicting daily fluctuations in cognitive performance, savoring as a process predicting health outcomes, the positivity ratio as a predictor of sleep quality, and the association between sleep timing, emotional processes, and obesity.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?

A: A memorable experience for me was when I was able to integrate my most meaningful clinical and research experiences in order to develop a research focus. My involvement in the daily lives of older adults informed my research focus on quotidian processes. I witnessed the importance of small events such as reading the newspaper, the morning coffee, or a chat with a neighbor in creating a foundation for well-being. Concurrently, my exposure to statistical and methodological approaches such as ecological momentary assessment, intraindividual variability, and multilevel modeling provided the skills to develop this interest.

Q: Do you have any tips for emerging geropsychologists?

A: I believe that mentorship is key, and that we can benefit from mentorship at all stages of our career. Also, given that we will all make mistakes and fail many times, it can be helpful to recognize that career development is a life-long learning process.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

A: I have a strong appreciation for nature and a love for animals that can fill all of my time if I let it!



Student Member Spotlight: Brian Ludwin, M.A.

Psychology Intern
VA Boston Healthcare System

Hometown: Boston, MA

Q: Why did you join Division 12 Section II, Society for Clinical Geropsychology?

A: Having decided to pursue a career in geropsychology, I wanted to establish a broader connection with the clinical geropsychology community and to join a group that integrates clinical, research, and policy goals.

Q: How has membership in 12/II assisted you with your professional development?

A: My membership has provided me access to clinical and research resources, a platform to network with fellow geropsychologists, and a place to observe and participate in trends in the field.

Q: How did you get interested in the field of aging?

A: I have always found myself drawn to the stories of people's lives, particularly those of resilience and adaptation, and to what occurs when our psychological and social selves face physical changes. Working with older adults has been a natural and rewarding fit.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?

A: I have been very fortunate to work with a number of mentors, such as Suzanne Meeks, Benjamin Mast, and Richard Lewine, who have left an indelible mark on my approach as a clinician and researcher. In their clinical work and research programs, they have demonstrated a passion for how the science and art of psychology can be used to understand and improve our lives, and modeled an approach to their work that is curious, flexible, integrative, scientifically rigorous, and humanistic.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?

A: Having been immersed in the practice of clinical geropsychology as an intern at the VA Boston, I have witnessed how the application of our field's knowledge and experience can lead to growth and empowerment for older adults. I have also been challenged with numerous situations where I am left with many questions and few to no answers, and those experiences excite me as they are points for the field to continue growing.

Q: Tell us about your most recent activities.

A: My research interests have focused on examining what psychological and behavioral factors influences nurses' use of antipsychotics and psychosocial interventions with an eye towards finding methods rooted in psychology that may increase the use of psychosocial interventions.

Q: Looking forward, what are your plans post-graduation?

A: After graduation late this summer, I'll be starting a year-long postdoctoral residency at the VA Boston in clinical geropsychology. Thereafter, I would like to work in a VA nursing home providing clinical care and developing a "living" laboratory and research program in that nursing home.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?

A: I love to sit back and listen to NPR (e.g., Planet Money, On Being, and Marketplace). If not listening to the radio, then I'm avidly reading the New York Times and National Geographic. Once it's warm, I find myself outdoors hiking with my partner and our 1-year-old Labrador retriever.

Announcements and Member News

This section of the newsletter highlights announcements relevant to the membership and the accomplishments of the Section's members. If you have received any local or national awards, or want to let the Section know about recently accepted publications, or recently published books, please email updates to Christine Gould (Christine.Gould@va.gov) or Joseph Dzierzewski (Joseph.Dzierzewski@va.gov).

Announcements

Membership Renewals Were Due December 1st

If you have not renewed already, we encourage you to do so soon.

How to renew?

- ✓ Log onto the website, geropsychology.org and pay using paypal.
- ✓ Print the membership application form at the end of the newsletter and mail with a check to Treasurer Kimberly Hiroto.

Board Meeting Minutes Available on [Website](#)

As part of our efforts to increase member awareness of and promote involvement in our Division, the official minutes of each Executive Board meeting are now available in the Member's area of our Division's website. We encourage members to review these minutes to learn more about our continual efforts to strengthen the Division and promote the field of geropsychology.

Member News

Jon Rose, Ph.D. is the inaugural recipient of the Rebecca “Becky” J. Adcock, PhD Award for Excellence in Mentoring from The Academy of Spinal Cord Injury Professionals. This new Academy level award is in memory of Dr. Becky Adcock, a rehabilitation psychologist and ASCIP member who recognized the importance of providing mentorship to SCI professionals to advance the field of SCI health care. This award recognizes a member who has demonstrated exceptional accomplishment in the area of mentorship within the SCI field.

Recent Member Announcements

Lauren Fox MacMillan, Ph.D., ABPP, joined the Department of Family Medicine at the Keck School of Medicine of USC where she will be providing integrated mental and behavioral health services in multiple primary care practices in the Los Angeles area, as well as supporting the Department’s HRSA-funded Geriatric Workforce Enhancement Program. One of the GWEP projects is an interdisciplinary collaborative care geriatric assessment/consultation program in which she is working with a highly skilled, motivated, and compassionate team of professionals, and is excited to model and teach best practices to the next generation of interdisciplinary geriatric healthcare providers.

Recent Member Publications

Liddle, J., Allen, S., Tan, A., Liang, P., Bennett, S., Lie, D., Pachana, N.A. (2016). “The biggest problem we’ve ever had to face”: How families manage driving cessation with people with dementia. *International Psychogeriatrics*, 28(1), 109-122.

Yang, J., Ashtari, N., Kyupelyan, L., & A. Runyan. (2016). Treatment of an Older Adult with Borderline Personality Disorder and Prescription Opioid Abuse. *Clinical Case Studies*, 1-13. DOI: 10.1177/1534650115623656.

Mahoney, C. T., Segal, D. L., & Coolidge, F. L. (2015). Anxiety sensitivity, experiential avoidance, and mindfulness among younger and older adults: Age differences in risk factors for anxiety symptoms. *International Journal of Aging and Human Development*, 81, 217-240.

Pepin, R., Segal, D. L., Klebe, K. J., Coolidge, F. L., Krakowiak, K. M., & Bartels, S. J. (2015). The Barriers to Mental Health Services Scale Revised: Psychometric analysis among older adults. *Mental Health & Prevention*, 3, 178-184.

Zeiss, A. M. (in press). Cognitive Behavioral Therapy as an Integral Component of Interprofessional Care. *Cognitive and Behavioral Practice*. DOI: 10.1016/j.cbpra.2016.01.004

David S. Glenwick co-edited the *Handbook of Methodological Approaches to Community-Based Research: Qualitative, Quantitative, and Mixed Methods* (2016, Oxford University Press).

Highlighted Recent Member Publications

Carpenter BD, Sakai, E, Karel MJ, Molinari V, Moyer J. Training for Research and Teaching in Geropsychology: Preparing the Next Generation of Scholars and Educators. *Gerontology and Geriatrics Education*. 2016 Jan-Mar;37(1):43-61. PMID: 26652756.

Karel MJ, Sakai EY, Molinari V, Moye J, Carpenter BD. Training for Geropsychology Supervision and Practice: Perspectives of Geropsychology Program Graduates. *Training and Education in Professional Psychology*. 2016; 10:37-44. <http://dx.doi.org/10.1037/tep0000101>

With the hope of improving gaps in geropsychology training, the authors conducted a survey of psychologists who completed training in doctoral programs and/or postdoctoral fellowships emphasizing work with older adults. A total of 100 responses were collected from psychologists who had completed their training between 1990 and 2013. Most of the psychologists who responded to the survey were providing clinical care, and about half were engaged in research, teaching, clinical training or supervision, or administration. Respondents rated the quality of their clinical training in different domains according to the Pikes Peak skill competencies. In general, psychologists reported feeling well-trained to conduct assessments, though they felt less prepared to do risk and decision-making assessments. They reported feeling generally well-prepared in individual interventions, though less prepared in group and family interventions. In the consultation domain, respondents reported feeling relatively well-equipped to work on interprofessional teams but less so in providing staff training, participating in a variety of models of aging service delivery, and implementing organizational change. Participants reported variable training in clinical supervision, with a quarter endorsing poor or fair supervision training and a third endorsing very good or excellent supervision training.

Enthusiasm for research was high. About 50% of participants wanted to do more research but many felt they did not have sufficient time, skills, or funding. Psychologists rated their research training highest in the areas of identifying research questions, research design, study implementation, and data presentation but felt they were least prepared to write grant applications. Recommendations for facilitating research included writing support groups, local and national networks for identifying potential collaborators, and opportunities for shared data collection, such as through national older adult subject pools.

In general, psychologists rated their training for teaching as fair or poor. They felt most ready to prepare lectures and teaching exercises and less prepared to develop objectives/syllabi and employ various teaching methods. When asked what resources would facilitate teaching, respondents highlighted a need for training in teaching methods, protected time for teaching preparation and execution, support from more seasoned teachers, and better funding.

In summary – clinical training is strong with a few areas that could be stronger (risk and capacity assessments; group and family interventions). Interest in research is high – and folks would like opportunities to collaborate with one another. Finally, in the midst of the many training goals it would be helpful if we could find a way to offer more training in teaching.

More details about our findings can be found in the full articles. We hope these findings highlight both where geropsychology training is doing well and where we can still improve with the goal of developing confident and competent geropsychologists.

The Student Voice

Aging in Context: What is Gerodiversity?

Submitted by Brenna N. Renn, M.A., and Allison Midden, B.A.

The *zeitgeist*, or spirit of the times, has long shaped the science and practice of psychology. A historical account of our field illustrates how scientific discourse has been influenced by the social concerns and cultural norms of each era; however, it is only within a relatively recent history that explicit attention has been paid to the influence and impact of culture on psychological research, education, and clinical work. Today, multiculturalism conceptualization and competencies are inherent in the work we do and reflected in the training we receive as emerging psychologists. (So much so, in fact, that the American Psychological

Association requires training in the role of diversity in psychological science and practice for accreditation of doctoral programs, internships, and postdoctoral fellowships.)

Attention to individual and cultural differences is particularly germane to us as geropsychologists, given that age is one such diversity domain. In the United States, aging often confers with it a marginalized identity, as any of our clients who have experienced ageism can attest. The concept of *gerodiversity* recognizes that aging occurs in a cultural context. Gerodiversity is an approach to conceptualizing aging within a framework that incorporates an individual's cultural identity, heritage, social culture, and relationships in the larger context of society's dominant and overarching culture. Essentially, the aging experience is different for individuals of diverse backgrounds, particularly for those from groups that experience discrimination or oppression. Furthermore, the very meaning of aging, and the values ascribed to aging and to older adults, is heavily influenced by culture.

What can you do to incorporate principles of gerodiversity as a trainee? First, experts outline the following general diversity characteristics of which practitioners should be aware: age, gender, race and ethnicity, sexual and gender minority status, religious and/or spiritual identity, ability/disability status, socioeconomic status, national identity/origins, and rural versus urban dwelling. The intersection of these factors, and likely several others, are important to consider when trying to understand the context of clients' lives and how their diverse experiences may have impacted their mental health.

As future geropsychologists, we are taught to be curious about our clients as unique individuals, as they are the ultimate authorities on their lived experiences. This is never more relevant to our work in geropsychology as the US population ages and the proportion of older adults from immigrant, ethnic and gender minority groups, and other marginalized populations grows. Thus, it is important that we, as students of the field, practice competence in issues of gerodiversity. Consider how you can advance your awareness of gerodiversity in your own training, be it through coursework, clinical practice, research, or advocacy. Perhaps you are fortunate to have dedicated coursework in geropsychology that addresses these issues; if not, seek out mentors who embody a multicultural approach to psychology. Even if you have formal didactic preparation in gerodiversity, the myriad domains of multiculturalism within an aging context ensures that you can always hone your knowledge, conceptualization, and skills.

For future reading, consider:

American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from <http://www.apa.org/pi/aging/programs/pipeline/multicultural-geropsychology.aspx>

Iwasaki, M., Tazeau, Y. N., Kimmel, D., Baker, N. L., & McCallum, T. J. (2009). *Gerodiversity and social justice: Voices of minority elders*. In J. L. Chin (Ed.), *Diversity in Mind and in Action: Vol. 3. Social Justice Matters* (pp. 71-90). Westport, CT: Praeger.

Tazeau, Y. N. (2013). *Multicultural aging and mental health resource guide*. Retrieved from <http://www.apa.org/pi/aging/resources/guides/multicultural.aspx>

Diversity Column

CALL FOR SUBMISSIONS: The Diversity Committee would love to hear from you!

In an effort to more accurately represent the GeroDiversity interests of the division, the Diversity Committee is seeking written submissions and ideas directly from the division members. We welcome submissions that provide information about resources and upcoming professional development events, or that detail your clinical experience related to GeroDiversity. The committee also appreciates your ideas about what you think

would be helpful for us to feature in the newsletter. Please email submissions or ideas or if you have questions to Tiffany Rideaux at tiffany.rideaux@gmail.com

***Results of the 2015 Society of Clinical Geropsychology Gerodiversity Survey
Charissa Hosseini, B.A. Katie Johanson, B.A., and Tiffany Rideaux, Psy.D.***

The Diversity Committee thanks the responders of the 2015 Society of Clinical Geropsychology (SCG) Survey. Your time and feedback is greatly appreciated. Here we report on three different factors related to diversity, years of professional experience, sexual orientation, and clients served. We discuss the implications of the survey results for the Diversity Committee and provide action plans related to the three different factors.

First, we examined diversity broadly by observing group differences in years of professional experience. The majority of responders reported 20 or more years of experience and the least number of responders were doctoral students with zero years of independent experience. This low response rate among students is important to consider because it may help inform approaches to increase their participation in the division. Dynamics that inhibit student participation may be lack of time, overall lack of information or awareness of the activities and events sponsored by SCG. There may be financial constraints that impede students from joining multiple divisions. Additionally, students may not understand the utility of joining or participating in divisions. Therefore, to gain increased involvement from the student population, it may be important to emphasize how students may benefit from participation in SCG. Students may be more interested in participating in the division if there are better publicized opportunities to collaborate with others on research, to gain more clinical experience with older adults, or receive mentorship.

Next, we examined the sexual orientation of responders. The gerodiversity survey generated illuminating results related to the sexual orientation of some of the SCG members. Particularly, the results indicated that a larger proportion of survey responders identified as LGBT (14.5 percent) compared to the number of LGBT identified individuals in the general United States (U.S.) population (2.3 percent; National Health Interview Survey, 2013). Of the 62 gerodiversity survey responders, 6.5 percent identified as gay, 1.6 percent as lesbian, and 6.5 percent as bisexual. In contrast, less than three percent of the U.S. population identified as LGBT: 1.6 percent identified as gay or lesbian and 0.7 percent as bisexual (National Health Interview Survey, 2013). The implications of these findings are valuable to the SCG diversity committee. We can invite LGBT members to share their experiences through round table discussions or conference mixers so as to better understand their unique perspectives and challenges in clinical work or research. We can also enhance our scope to cover more information about sexual orientation, the LGBT community, and issues specific to this population now that we are knowledgeable of the large proportion of individuals who identify as LGBT in the SCG.

Finally, we examined the populations served by the responders of the survey. A significant percentage of responders provide services to ethnic minorities (86%), clients from low socioeconomic status (85%), and to clients with immigrant status (31%). We also noticed that survey responders expressed interest in continuing education opportunities focused on dementia, decision-making capacity, and adjustment to health problems. These results highlight a potential need for providing education and training resources related to dementia, decision-making capacity, and adjustment to health problems as these issues relate to ethnicity, socioeconomic status, and immigrant status.

While the SCG diversity committee recognizes the expansiveness of gerodiversity, the survey results highlight specific resources and needs of the division. The gerodiversity committee now includes two doctoral students, which I believe will help us provide resources more directly targeted towards connecting doctoral students to the benefits of participating in gerodiversity. We see the large representation of SCG members who identify as LGBT as a significant strength and hope to present compelling opportunities for those members to share their experience and knowledge. Although the Diversity Committee featured a newsletter article in the 2013 Winter issue related to neuropsychological testing and language interpreters,

we have not focused on clinical and research issues related to socioeconomic status or immigrant status and would like to include these topics in a future newsletter.

Article references and online resources:

National Health Statistics Reports. (2014). *Sexual orientation and health among U.S. adults: National health interview survey, 2013* (DHHS Publication No. 77). Hyattsville, MD: National Center for Health Statistics.

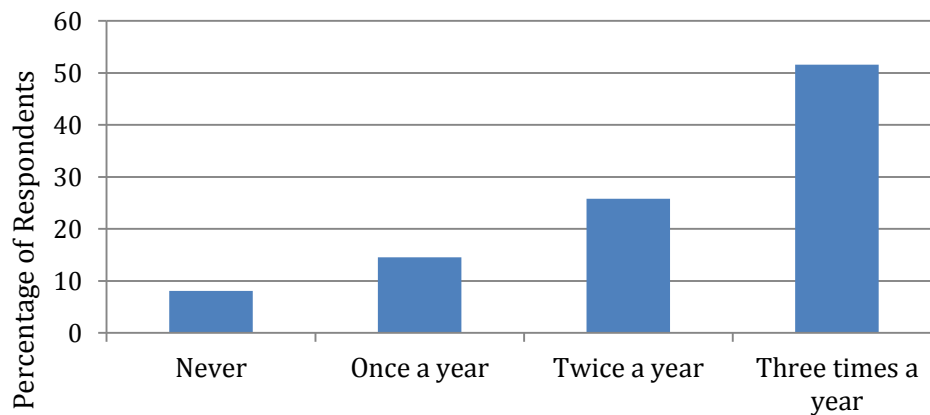
Committee Updates

Communication Committee Update

Submitted by Christine Gould, Ph.D.

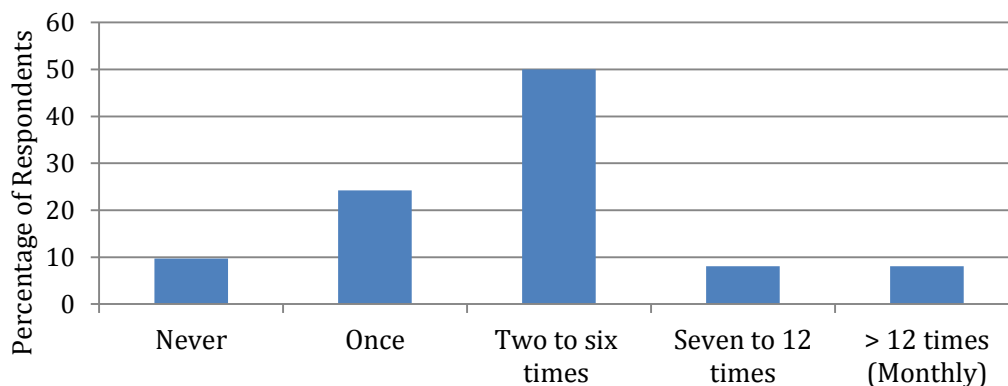
SCG Committee Needs Assessment Survey included questions to assess Communication Committee needs. The key findings are summarized below (N=62 respondents).

How often do you read the SCG newsletter?



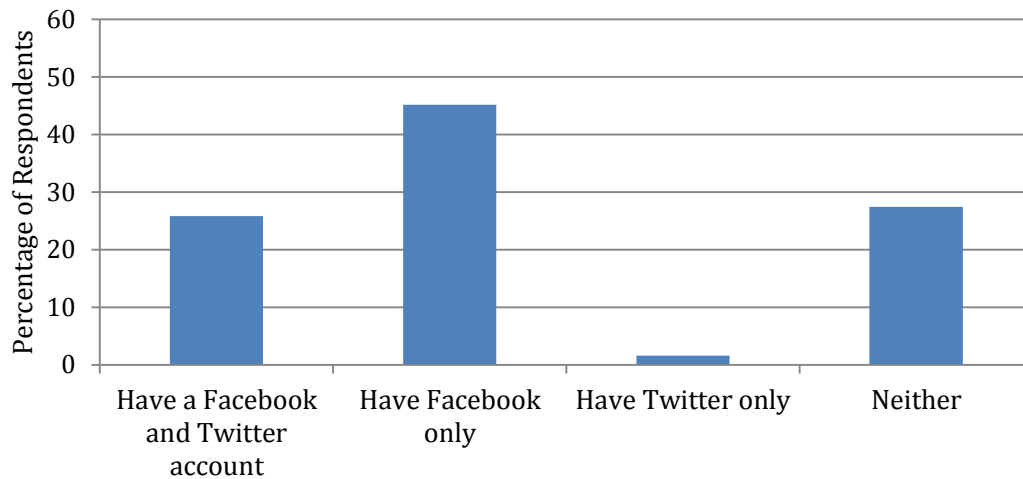
We were happy to find that the majority of respondents read each issue of the SCG newsletter. We hope that those who did not respond to the survey also read the newsletter.

How often have you visited geropsychology.org in the past year?



The most frequently cited reason for visiting the website was: membership renewal followed by obtaining the newsletter, ABGERO information, and policies and practices (i.e., Medicare) information.

SCG Membership's Social Media Accounts



The Communication Committee has been focused on addressing some website issues that have arisen with regards to our website coordinator not being able to make changes to the website requested by the board. The board's requests included: finding a way for student members who are not APA member to log in to the members only section and to address the issues encountered by the treasurer and membership committee with regards to the membership database on the website and listserv not updating automatically after members renewed their dues using PayPal. To address these issues, the board hired a programmer/developer to make changes to the website and to convert it to a Word Press platform. The details of these issues are described in the November 2015 board meeting minutes posted on the website. This process is ongoing and we hope to have an updated website sometime in April. Once the website is updated, we will return to focusing on adding content to the website. Any suggestions for website content can be sent to the SCG Website Content Coordinator, Caroline Merz at christinecarolinemerz@gmail.com.

Membership Committee Update

Submitted by Alisa O'Riley Hannum, Ph.D., ABPP (chair), Nicole Torrence, Ph.D. (coordinator), and Brenna Renn, M.A. (graduate assistant)

Membership Update

- Total Paid Members: 253
- Total Paid Regular Members (including Emeritus members): 225
- Total Paid Student Members: 28

The membership committee would like to thank everyone who paid their 2017 dues on or around 12/1/2016. We have increased our membership by 6 people since our last newsletter! We are hoping our website redesign will be completed very soon.

New members since last newsletter:

Tara Afonso, Shelly Condon, Weston Donaldson, Steven Ecker, Kelsey Fitzgerald, Katherine Johanson, Samantha John, Brenda King, Lee Lonitz, Nehjla Mashal, Emelie McFarland, Joie Molden, Hannah Ottmar, Laura Perry, Heather Plakosh, Tiffany Rideaux, James Robinson, Lynn Schaefer, Andrew Schechterman, Whitney Stubbs, Jenna Van Slyke

Interdivisional Healthcare Committee Update *Cheryl Shaigaki, Ph.D. and Erin Cassidy-Eagle, Ph.D., CBSM*

Mid-year Meeting, March 11-13, 2016

Members Present: IHC Chair: **Rob Glueckauf** (Division 22); IHC Archivist: **Cheryl Shigaki** (Division 12-2), **Josette Harris** (Division 17), **Barry Nierenberg** (Division 22), **Bill Gunn** (Division 38), **Dan Bruns** (Division 38), **Scott Porter** (Division 40), **Nancy Ruddy** (Division 42), **Kevin Smith** (Division 54), **Stephen Gillaspay** (Division 54).

Guests: **Lynn Bufka** (APA Practice Directorate, phone); **Elena Eisman** (APA Practice Directorate); **Randy Phelps** (APA Center for Psychology & Health); **Doug Tynan** (APA Center for Psychology & Health, phone); **Traci Cipriano** (APA CAPP, phone)

I. Update on Clinical Practice Guidelines: APA and Inter-Professional Developments

Lynn Bufka highlighted APA's publication *Stress in America*, which covers a range of issues, including the impact of race, age and gender discrimination on health. APA continues work on developing clinical guidelines. Currently in the works are guidelines for PTSD, Depression, and Childhood Obesity.

It was noted that only a limited number of psychologists work in payer group settings. Payers may make decisions about payments and cost-effectiveness based on consensus statement documents because these are the only evidence available. It may be useful to disseminate the new guidelines among payer groups as existing consensus statements may reflect medication-only models of care.

The IHC continues to encourage APA to consider ways take advantage of interdisciplinary guidelines developed outside of APA. This might occur through endorsement of others' guidelines or through collaborations to develop interdisciplinary guidelines. Currently, APA has no process in place for these kinds of activities. But given the amount of resources needed to develop good guidelines, this may be a reasonable avenue to explore. Examples include the Colorado guidelines for treating brain injury, orthopedic injury and chronic pain. The IHC will invite the chair of the Colorado guidelines working group to IHC meeting at the APA Annual Convention.

The IHC discussed ways to show the public and other healthcare professions, the value of involving psychology in healthcare. APA's Center for Psychology and Health hopes to obtain data and stories to support the ways that psychologists make a difference in health outcomes and costs to facilitate marketing efforts

II. H&B Medicaid Database: Update and Future Directions

Stephen Gillaspay facilitated the creation of a database that includes every state and whether H&B codes are reimbursed by Medicaid in that state. The database is now finished. APAs Director of Legal and Regulatory Affairs, Stacey Larson, will assist in determining on the proper home for and ongoing maintenance of the database.

III. Practice Directorate Report: Current Developments

Elena Eisman provided background information about APAs Practice Directorate (PD) and Practice Organization (PO). They are separate, with distinct tax statuses. While they play different roles, APA is trying to determine the best ways to help them stay connected. IHC members will receive language to help us convey to our division memberships the importance of the APA PO as a guild interest group and the critical role it plays (e.g. such as in marketing).

Elena Eisman encouraged IHC members to consider that clinical psychologists have skills for data analysis, organizational dynamics, and training. These skills are needed in organizations that address the systems side of healthcare. In such organizations doctoral level psychologists are “listened to” differently than masters-level professionals. The IHC discussed questions such as: How do psychologists prepare for the role the public has for us? What are the workplace demands that psychologists should be filling? The APA Practice Directorate, with assistance from the Education Directorate will begin looking at these questions and the effects on all psychological communities, not just those in clinical practice.

IV. CAPP Report

Traci Cipriano, IHC CAPP liaison, provided a general report (via telephone). Finances continue to be challenging and a major focus this year for CAPP will be APAPO membership retention and recruitment. CAPP also will be working with APAPO to find ways to manage and address APAPOs financial situation. A list serve was started to improve communications and outreach. Finally, CAPP is involved in educational efforts to distinguish APA and APAPO.

V. APA Center for Psychology and Health Update, Effective Pain Management Initiative

Doug Tynan and Dan Bruns provided an overview of key issues associated with opioid use, heroin abuse and chronic pain, which are becoming widely recognized public health problems. There have been increased numbers of opioid overdose events and attempts to obtain pain medications illegally. Many states are using prescription registries and prescribing restrictions to address the problems. However, Dan emphasized the importance of promoting appropriate pain management approaches, which include psychological approaches. Some states are pursuing action around these issues.

It was noted that physicians do not always know the effective alternatives to pharmacological management. Medical schools do not have a required class on chronic pain and its management, even though this is the most common reason why people see a doctor. Outcomes of some surgeries have been shown to be about equal when compared to pain education. Large scale, comprehensive services are needed, such as the ability to provide psychological services for an entire hospital.

Psychology could be on the front line of this emerging epidemic and reduce its negative impact on the healthcare system. However, many psychologists are unfamiliar with the principles of pain management. Thus, training opportunities are needed, possibly through mentorship and/or supervision. The IHC will develop a statement of need for APA.

VII. Center for Psychology and Health Office of Healthcare Financing: Update and New Developments

Debra Lansey has been hired and will serve as editor of “Up to Code,” an update on coding for APA (Office of Healthcare Financing - OHCF@apa.org; website: Practice@APA.org). Divisions can reprint articles on coding.

Also, Randy Phelps has been assigned to the AMA CPT work group on telehealth services. The workgroup will address questions such as: What services should be reimbursed? How should they be valued? What code numbers can be used?

Geropsychology Education and eLearning Committee Update

Erin E. Emery-Tiburcio, Ph.D., ABPP, Erin Woodhead, Ph.D., and Laurin Mack, Ph.D.

The Geropsychology Education and eLearning Committee has been working with CONA to increase the visibility of psychology at the national level, including in HRSA (Health Resources & Services Administration) initiatives regarding dementia. We are also working with the HRSA-funded Geriatric Workforce Enhancement Programs nationally to educate health care providers about managing multiple

chronic conditions including dementia, and to connect primary care to aging community services to improve care for older adults.

Geropsychology Education and eLearning Committee Update *Meghan Marty, Ph.D., Michele Hilgeman, Ph.D., and Andrea June, Ph.D.*

Thank you so much to everyone who responded to our survey a few months ago! In total, 64 members responded. It was a joint effort with the Diversity Committee and the Communications Committee with the goal of finding out more about the needs of our members. On the CE Committee, we plan to use this information to guide our targeted efforts to serve the membership over the next year. With this in mind, we wanted to share with you a few of the findings. Sixty-five percent of the respondents were 11+ years post graduate work. As a group, we most frequently obtain CEs from local seminars and conferences, online training, and regional/national conferences. These were also listed as the preferred methods for obtaining CEs. Respondents preferred to hear of CE opportunities through professional organizations and listservs. If barriers to obtaining CEs exist, it is most likely due to high cost or time limitations. The top five domains for which respondents would like to see more CE content include (in order) Dementia/Mild Cognitive Impairment, Capacity Issues/Assessment, Adjusting to health problems, Neuropsychological Assessment, and Reimbursement. Finally, respondents encouraged the CE committee to focus equally on specialty competencies for geropsychologists and competency enhancements for general psychologists.

Society of Clinical Psychology (Division 12) Update

*Submitted by Victor Molinari, Ph.D., ABPP
Section 2 Representative*

On February 6th and 7th, I attended the Society of Clinical Psychology Board meeting as the SCG representative. A lot of stuff is going on!

- 1) Brad Karlin, geropsychologist, is the current president of SCP. His main initiative is to promote “membership value, inclusivity, and engagement among a broader array of members”.
- 2) As in many divisions in APA, membership in the SCP is going down, in part due to the aging of its membership (X age = 63) and associated deaths. There will be a ‘needs assessment’ of the membership to stem this tide. A main question is: “What is the membership value of SCP”? A number of strategies were discussed including getting new members immediately involved in governance at some level, promoting a mentorship program, allowing payment of multi-year dues, and perhaps membership rebate for successful referrals. One other intriguing idea was to have a SCP annual conference so members can identify with the SCP brand.
- 3) SCP has been debating how to keep Section 3 (Society of Science of Clinical Psychology: SSCP) to remain in its fold. In the past, SSCP has been uncomfortable with its relationship with APA. The tension between scientists and practitioners continues to rear its ugly head.
- 4) There is a group of APA members who are interested in “Dissemination and Implementation” and who are trying to become an APA division. SCP would welcome this group with open arms.
- 5) SCG members are encouraged to nominate others or themselves for fellowship status.
- 6) Nominations are open for Secretary, APA Council Rep, and President-elect for SCG.

Did You Know...

- That the Society has two Facebook pages?
 - One is for all members: <https://www.facebook.com/#!/ClinicalGeropsychology>
 - The second is for student members: <https://www.facebook.com/groups/53793187809/>
- That all the archived newsletters are available on the Society website?
 - <http://www.geropsychology.org>
- That you should encourage your colleagues and students to join the Society? Please distribute the membership form on the next page to encourage others to join!
- We publish announcements of recent members' achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy. Please send information concerning your own achievements or those of a colleague to either Joe or Christine.

APA Division 12, Section II: The Society of Clinical Geropsychology
MEMBERSHIP DUES FORM

Name (Print)		Degree	Membership Status (Please check one) _____ New Member _____ Renewal	
APA Member No. (Required) _____ You must be a member of APA to join Section II (unless you are a student)				
Street Address				
City		State	Zip Code	
Phone () _____	Fax () _____	Cell () _____		
Email: _____ Note: Your email address is crucial for our records and, therefore, strongly encouraged _____ Check here to OPT OUT of the LISTSERV _____ Check here to OPT OUT of the membership directory				
Are you a member of APA Division 12 (The Society of Clinical Psychology) _____ Yes _____ Yes—student member _____ No				
Please list other Divisions and Societies you are affiliated with:				
Please list your special interests within geropsychology:				
Please list your primary emphasis as a geropsychologist (defined as 51% or greater) _____ Clinical Practice _____ Research _____ Teaching _____ Administration				
Payment of Dues (USD) Please select one: ___ \$35—one year membership ___ \$10—one year student membership ___ \$100—three year membership ___ Emeritus members are dues exempt			\$ _____	
Added contributions to Section II: Donations are strictly voluntary but greatly appreciated			\$ _____	
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