

# Clinical Geropsychology News

## Society of Clinical Geropsychology

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Please contact Christine Gould at [Christine.Gould@va.gov](mailto:Christine.Gould@va.gov) or Joseph Dzierzewski, at [dzierzewski@vcu.edu](mailto:dzierzewski@vcu.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

President's Column

**Sherry A. Beaudreau, Ph.D., ABPP**



### *Gerodiversity Serves All Older Adults*

For many of us, gerodiversity is more than a professional issue; it is a personal issue. When I think about my own experiences and how they inform my perceptions and views of gerodiversity, much of it goes back to my interactions with my grandparents. Both sets of

grandparents were multi-lingual. One set of grandparents were immigrants with limited English language literacy. I have witnessed the different struggles they have all had due to economic disadvantage. For my last living grandparent, my 86-year old grandmother who was born in a small village in Poland, formerly a part of Belarus, I have observed how the health care industry interacts with individuals who have limited English literacy, cultural mismatches between what the doctor wants my grandmother to do and her beliefs about Western medicine. I have also observed the critical role my mother has played in assuring my grandmother gets care, and now observing how my grandmother interacts with others now that she is in assisted

living and soon to move to nursing home due to her progressing cognitive impairment and chronic health problems. Over the years, like many of you, I have worked with older adults who remind me of the issues my grandparents faced and my grandmother continues to face. And over the years, like many of you, I have also worked with older adults whose experiences, identity, and culture were unlike anything I have ever encountered with my grandparents.

The American Society on Aging states that “Aging populations are becoming more diverse in terms of color, culture, identity, disability, and socio-economic standing.” About one out of every five older persons in the U.S. belongs to a cultural, ethnic, or racial minority group. For those under the age of 65, this estimate rises to one in three. These 2010 estimates from the U.S. Census Bureau do not even begin to address the added issues of multiracialism and immigrant status. These estimates also do not address the invisibility some older adults feel in terms of their identity as LGBTQ individuals, diverse spirituality and religious views, and as indicated earlier the issue of economic background. The need for cultural competence in geropsychology has always been imperative, but the issue has never been greater.

My goal in this presidential initiative was not only to increase our society’s awareness about gerodiversity, but also to encourage each and every one of you to take time to improve your cultural competence to inform your aging practice and research. I invite you to explore these resources, some developed or led by our own SCG members\*, to get you started on your journey to become more culturally competent in geropsychology.

- **GeroCentral\*** Reference list of in-depth gerodiversity readings. <http://gerocentral.org/clinical-toolbox/clinical-issues/diversity-issues/>
- **Stanford Geriatric Education Center\*** Webinars, conferences, and other resources including those for CE credit on culture, health literacy, and gerodiversity. <http://sgec.stanford.edu/>
- **Administration on Aging** Toolkits on cultural competence for providers and translated materials. [http://www.aoa.gov/AoA\\_programs/Tools\\_Resources/diversity.aspx](http://www.aoa.gov/AoA_programs/Tools_Resources/diversity.aspx)
- **National Resource Center on LGBT Aging** Videos and brochures on LGBT issues related to caregiving, legal and ethical issues, and in special populations such as Veterans. <http://lgbtagingcenter.org/resources/index.cfm?a=3>
- **Center for American Progress** Information and statistics regarding the struggles for older adults experiencing poverty. <https://www.americanprogress.org/issues/poverty/report/2008/07/30/4690/elderly-poverty-the-challenge-before-us/>

These are but a few resources, but many contain links to other websites on specific issues. Please join me to continue the discussion about gerodiversity during the SCG Presidential address and conversation hour at APA “Integrating Diversity Into Our Work As Clinical Psychologists---Implications for Geropsychology”, on Saturday, August 6th, 2016 from 1-1:50pm (Convention Center, Room 505). See you in Denver!

## Comments from the Editors: Christine and Joe



Photo by Matt Santomaro [flickr](#)

Welcome to the 2016 Summer edition of the Clinical Geropsychology News!

- Advice abounds throughout this newsletter. Grad students and post-docs should not miss the Student Voice column (p. 11-12) and early career psychologists should peruse the CONA update (p. 21).
- Please see the IHC update for answers about several questions posed regarding Medicare and Medicaid programs on

behalf of SCG on p. 17-18.

- Check out the highlights for the APA convention in Denver on p. 2-3.
- 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.
- Finally, we are pleased to announce the incoming **SCG newsletter editors for 2017-2019: Elissa Koslov and Brenna Renn!**

## GEROPSYCHOLOGY EVENTS AT APA CONVENTION

The Office on Aging's Annual compilation of *Sessions on Aging Issues* at the APA Convention is available at <http://www.apa.org/convention/aging-sessions.pdf>

### **Thursday, August 4<sup>th</sup>**

#### ***M. Powell Lawton Address***

Awardee: Gregory A. Hinrichsen "At Age 65: Thinking About 40 Years of Aging and the Field of Aging"

1:00–1:50 pm

Convention Center Room 401

#### ***SCG Board Meeting***

2:00–4:00 pm

Division 12 Hospitality Suite

#### ***Division 20/Society of Clinical Geropsychology Dinner at APA 2016 in Denver***

7:00 pm at Marlowe's

Only a few spots remain! Reserve a spot by emailing Benjamin Mast at [b.mast@louisville.edu](mailto:b.mast@louisville.edu)

### **Friday, August 5<sup>th</sup>**

#### ***Society of Clinical Geropsychology Business Meeting***

9:00–10:30 am

Division 12 Hospitality Suite

#### ***Division 12 Social Hour and Awards***

6:00–7:50 pm

Hyatt Regency Denver Hotel, Third Floor, Centennial Ballroom F

***Speed Mentoring Event at the APA meeting***

6:00–7:50 pm (held at same time as Social Hour and Awards)

**Saturday August 6<sup>th</sup>*****SCG Presidential Address***

1:00 – 1:50 pm

Convention Center Room 505

***The 2016 Geropsychology Internship Networking Event***

4:00 pm–4:50 pm

Hyatt Regency Denver - Centennial Ballroom G

Sponsored by CONA &amp; the Council of Professional Geropsychology Training Programs (CoPGTP)

This is an informal gathering for students applying to geropsychology internships and faculty who supervise interns. Please join us to ask questions, share information, and network.

***CONA Convention Hour*** titled “Faster, Higher, Farther...Older: The Masters Sports Movement.”

5:00–6:15 pm

Hyatt Regency Denver - Centennial Ballroom G

The 2016 CONA Award for the Advancement of Psychology and Aging will be presented at the outset of the Conversation Hour to SCG member, Dr. Forrest Scogin.

With the Summer Olympics underway during convention, join CONA for a conversation with award-winning photographer, Rob Jerome, who for over a decade has been photographing older athletes performing at exceptional levels in various sports. Mr. Jerome will share some of his photographs of international "Masters Athletics" competitions, talk about organized sports available to older adults around the world, and share his observations on the older athletes he's met. Conversation to follow will touch on the importance of sports for older adults beyond the obvious physical benefits.

### **New Geropsychology Resources**

APA Office on Aging is now on Twitter. For news and updates, follow @ddigilio

Alabama Research Institute on Aging at the University of Alabama has developed an **enormous archive of measures commonly used with older adults**, along with data on reliability, validity, and supporting/source articles for each measure. As this is a work in progress, please check back for new measures and articles being added. You can **register to access the archive [HERE](#)**. There are also **links on each of the Clinical Toolbox pages of [GeroCentral](#)**.

The **Editorial Team** of *Clinical Gerontologist*, has created a free access article collection of 10 articles (through the end of the year). The *Clinical Gerontologist* is a journal focusing on behavioral health in aging. <http://explore.tandfonline.com/page/beh/wcli-editors-choice>

## Member Spotlight



### **Full Member Spotlight: Mary M. Lewis, Ph.D., ABPP**

School/Affiliation: Assistant Professor, Columbus State Community College

Hometown: Phillipsburg, Kansas

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

When I joined APA as a graduate student, I was encouraged to join 12/II by Harvey Sterns at the University of Akron, as a way to connect with other psychologists who were doing clinical work with older adults. Although I was in a counseling psychology program, at the time there was no older adult section within Division 17, so 12/II quickly became a professional home for me. Also, many of my colleagues in Psychologists in Long-Term Care were also 12/II members, so it was a natural next step to join the group.

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

**A:** My membership in the SCG has provided me a number of opportunities, but most notably the networking. The listserv and meetings at APA have been invaluable in providing resources, not only for my own education but for my clients.

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

**A:** There were two great influences in my life and work towards aging. The first was my paternal grandmother. She was an inspiration to me in numerous ways, but mostly through her dedication to education. She taught middle and high school, and completed her own bachelor's degree in teaching when she was 62 years old. Once she said to me, "Mary, throughout your life you will lose things – people you love, possessions, and even your health, but the one thing that can never be taken away from you is your education." Those words still resonate with me today, as does the idea that no matter what one loses throughout the lifespan, there is always some strength helping that person move forward and grow. The second influence occurred during my part-time job in high school as a dietary aide in a nursing home. I met so many amazing individuals in the facility, but also realized how much isolation and sadness they faced on a daily basis. I still have a picture of a resident who I became friends with, and we were pen-pals when I went to college – he was a "younger" older adult, and just did not want to be forgotten. I promised him (and other residents) that I would find a way to help them and support them. To that end, I focused on work in the long-term care environment to not just fight the isolation and boredom, but help the residents find resiliency, strength, and more than anything, have joy and meaning in their days.

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

**A:** My most memorable experience was in Dr. Cameron Camp's research lab at Menorah Park in Beechwood, Ohio. I went to acquire practicum hours towards my certificate in Gerontology, but received so much more. Watching him engage with older adults with dementia was insightful, and I learned that actions can be more crucial than words. Specifically, I remember him sitting with an older female and demonstrating a Montessori activity, and then patiently allowing her to show him how to do the activity just

a few minutes later. It was inspiring to work with him that year, and learn how to “think outside of the box” in work with older adults with dementia.

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

A: I’ve had a number of mentors, but the most important in my geropsychology career is Margie Norris. I met Margie when I was a student representative in Psychologists in Long Term Care. I still remember the first time I met Margie, and how intimidated I was to be in the presence of someone so experienced and clearly an expert in the field. I even thought about having her autograph several of the books that she had authored! (I still think of doing that, actually). She laughed and made me feel completely comfortable and welcome in that first PLTC business meeting. Margie has been not only an amazing mentor, but a wonderful friend. She taught me not just about practice in geropsychology, but public policy and advocacy work – most notably how commitment and dedication are the keys to change, even when others do not believe. Margie also fueled a passion for me to find a way to balance practice and academics, and I appreciate watching her successes and hearing her honest assessment of her challenges. She continues to be a model and mentor, even all these years after our first meeting.

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

I’m currently an Assistant Professor at Columbus State Community College (CSCC), and am the lead instructor for the Life-Span Development Course. I also serve as a co-chair for the college service-learning committee, and promote service-learning and social justice work across the campus.

Q: Tell us about your most recent activities.

A: I’m involved in a number of activities at CSCC as well as through the Ohio Psychological Association (OPA). At CSCC, I have become deeply involved in diversity efforts and trainings. Specifically, a colleague and I have developed a sequence of diversity training workshops aimed at helping faculty and staff work with diverse students and understanding their own privilege and power within the academic system. This training will be part of a larger continuing education system that I am assisting in developing at the college, with the goal of creating empirically-validated teaching systems with measurable outcomes that are consistent with the strategic plan.

I also was recently elected as the President-Elect of OPA and will be spending the next year learning about the inner workings of the association in a way I did not when I was just on the Board of Directors. I will serve as President of OPA in 2017-2018.

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

A: There are so many memorable experiences but I think that going through the ABPP process was a recent one that I can think of. The experience was memorable because it truly solidified my identity as a geropsychologist, and made me think about this identity in a purposeful and systematic way that I had not done since graduate school. The application and testing process was intense, but I appreciated the opportunity to validate my knowledge and skills, and alleviate some of the imposter syndrome feelings I was experiencing.

Q: Do you have any tips for emerging geropsychologists?



A: My #1 tip is to find a professional “home” where you can foster your geropsychology identity. This may be within 12/II, PLTC, or your state psychological association. Within that professional home, my #2 tip is to actively seek mentors that can help you with your career development – whether that be academics, practice, advocacy, or all three. My #3 tip is to ensure that throughout your life-long career development always make time for self-care. It is easy to get over-committed in the field of geropsychology because there are so few people doing work in this field compared to other fields – however, if you get burnt out, you can’t do the work!

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

A: Right now my non-professional time is focused on training for my second marathon. I’ve found that running is not just exercise, but time for me to meditate or socialize with other runner friends. I completed my first marathon in April of 2016 and really appreciate the discipline involved as well as the ability to challenge my body and mind. When I am not training, I spend time with my two children and love learning about the world through their eyes.



Photo by Jessica Palopoli

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**Student Member Spotlight: Eden Gallanter, Ph.D. Candidate**

School/Affiliation: Palo Alto University

Hometown: San Francisco

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

I began my Ph.D. program in clinical psychology at Palo Alto University last year. Shortly after I started, I joined the APA as a first step towards my new career. A few months later, I joined Division 12/II because I had an idea for writing an article for the chapter’s Psychology Benefits Society Aging blog. I find language cognition fascinating, and decided to propose an article about the protective benefits of bilingualism on age-related cognitive decline.

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

I am currently collaborating on a new Wikipedia page on Gerodiversity with students I met through the Society of Clinical Geropsychology. Cultural diversity in the United States is on the rise, and providing care without cultural competence will result in a dramatic increase in underserved populations. The articles in the APA’s Monitor on Psychology, as well as posts in the aging blog and Division 12/II newsletter, has provided me with a wonderful introduction to psychology. I tend to read about what’s new in neuropsychology, geropsychology, and LGBT psychology over breakfast; it’s an inspiring way to start the day, and a good reminder of why I’m working so hard all the time!

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

Before I began my Ph.D. program, I worked with elderly residents at the Jewish Home of San Francisco. I already had a long-standing interest in neuroscience, and I thought that working with older adults who had neurocognitive disorders would give me insight into whether I wanted to pursue a career in psychology. The

experiences I had with the residents I worked with were deeply meaningful to me. At that time, I had no training in psychology, but I saw that so much was needed to raise the patients' quality of life, and I wanted very much to be a part of that work.

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

The first book I read that described the human brain and its complex processes was *Awakenings*, by Oliver Sacks (a compilation of case studies of a group of post-encephalitic and Parkinsonian patients during the advent of L-dopa treatment). I was only sixteen, but I was fascinated, and never thereafter stopped pursuing my interest in exploring the intricacies of the human brain. I would not be in this field if it had not been for Dr. Sacks' wonderful books about his patients and their disorders.

Dr. Lisa Brown, my first year academic advisor, taught my first class on geropsychology and was incredibly supportive of my interests in writing and working with older adults. Dr. Sherry Beaudreau then agreed to be my co-author on [Good News for Bilinguals](#), which was then published in the chapter's blog. I learned a great deal while writing this article—my first psychology-related publication—largely thanks to the contributions of Dr. Beaudreau, and to the kind advocacy of Dr. Brown.

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

During my first week at the Home, I met a woman who lived on the "Memory Ward". All the residents there had severe memory impairment. Many of them could no longer speak, but this woman spoke three languages fluently (Russian, French, and English), although she often switched between them without realizing it. She had once been a successful doctor, but she now appeared to be entirely unaware of where she was, or indeed that any time had passed for the past ten years. When I sat down with her for the first time, she addressed me as though I was a young girl she was hiring. Later, she thought I was her sister, and then abruptly switched to believing that I was her mother. "Mamma," she said, "I don't know why I am here, but I'm glad, so glad, that you are with me. I'm all alone here."

Finally, she came to believe that I was her younger self, just setting out in the world to become a doctor. She called me by her own name and said "Look at me, an old woman who has lost her mind, but you're not me just yet. Find out how to save us. I will help you." And she smiled. She did help me, and I hope to help her too, by helping others avoid or cope with the loss of cognitive abilities, and, where possible, restore cognitive functioning.

Q: Tell us about your most recent activities.

I am currently a research assistant at SRI International's neurosciences lab, where we are running studies on the cognitive effects of Parkinson's Disease, HIV, and alcohol use and aging. I am learning how to conduct SCIDs and cognitive assessments, and training in MRI scanner operation. I also recently began work at the Sexual and Gender Identities Clinic (a specialty training clinic at the Gronowski Center), where I am providing supervised therapy to sexual and gender minority clients. I have finished my foundational coursework, am now studying psychometrics, and will begin classes in assessment this fall.

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

I would like to eventually be a board-certified clinical neuropsychologist, doing cognitive rehabilitation with TBI and stroke patients. I want to work closely with individual patients, as a part of a collaborative team of



medical professionals. I am also interested in writing case studies, and in doing research on language cognition and its relationship to emotion regulation.

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

Outside of school, I am an artist. I work in pen, ink, pencil, and watercolor, and I have been selling my artwork all over the world. I also enjoy creative writing. Someday, I would like to publish an illustrated novel, so, although my doctoral program is demanding, I try to make time in my life for creative projects every week. When I'm not working on my career or projects, I enjoy hiking, reading, dancing, and spending time with my wife at our home in San Francisco.

## 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](mailto:Christine.Gould@va.gov)) or Joseph Dzierzewski ([dzierzewski@vcu.edu](mailto:dzierzewski@vcu.edu)).

### Announcements

#### Membership Renewals for 2016 were due December 1, 2015

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

How to renew?

- ✓ Log onto the website, [geropsychology.org](http://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.

### Member News

**Joseph Dzierzewski, Ph.D.** accepted a faculty position in the Department of Psychology at Virginia Commonwealth University. His new email address is [dzierzewski@vcu.edu](mailto:dzierzewski@vcu.edu).

#### *Recent Member Awards*

**Forrest Scogin, Ph.D.**, of the University of Alabama is the 2016 recipient of the APA Committee on Aging CONA (CONA) Award for the Advancement of Psychology and Aging. The award will be presented at the outset of the CONA's Conversation Hour at the APA Convention in Denver.

**Kimberly Hiroto, Ph.D.** recently received the "Stellar Advocate for Diversity in Psychology" Award from the VA Puget Sound Healthcare System. The psychologist recipient of this award has shown notable commitment to underrepresented populations within the VA; actively attempts to seek and facilitate cross-cultural interactions between staff, peers, trainees, and Veterans; and has established clinical programming or organizational policy that focuses on race, ethnicity, and/or multicultural issues.

### ***Recent Member Grants***

**Joseph Dzierzewski, Ph.D.** was awarded a five year Mentored Patient-Oriented Research Career Development Award (K23) from the National Institute on Aging. This grant is entitled “Cognitive and Inflammatory Consequences of Sleep Disorders in Older Adults.”

### ***Recent Member Publications***

Dissanayaka, N. N. W., O’Sullivan, J. D., Pachana, N. A., Marsh, R., Silburn, P. A., White, E. X., Torbey, E., Mellick, G. D., Copland, D. A., & Byrne, G. J. (2016). Disease specific anxiety symptomatology in Parkinson’s disease. *International Psychogeriatrics*, 28(7), 1153-1163.

Gottschling, J., Segal, D. L., Häusele, C., Spinath, F. M., & Stoll, G. (2016). Assessment of anxiety in older adults: Translation and psychometric evaluation of the German version of the Geriatric Anxiety Scale (GAS). *Journal of Psychopathology and Behavioral Assessment*, 38, 136-148.

Gould, C. E., O’Hara, R., Goldstein, M. K., & Beaudreau, S. A. (2016). Multimorbidity is associated with increased anxiety in older adults in the Health and Retirement Study. *International Journal of Geriatric Psychiatry*. Epub ahead of print. doi:10.1002/gps.4532

Hantke, N. C., Gyurak, A., Van Moorlehem, K., Waring, J. D., Adamson, M. M., O’Hara, R., & Beaudreau, S. A., (2016, in press). Disentangling cognition and emotion in older adults: the role of cognitive control and mental health in emotional conflict adaptation. *International Journal of Geriatric Psychiatry*. Epub ahead of print. doi:10.1002/gps.4535

Kawai, M., Beaudreau, S. A., Gould, C. E., Hantke, N. C., Cotto, I., Jordan, J. T., Hirst, R. B., & O’Hara, R. (2016, in press). Impact of Delta Activity at Sleep Onset on Cognitive and Affective Function: A Longitudinal Examination in Community-Dwelling Older Adults. *International Journal of Geriatric Psychiatry*.

Segal, D. L., Connella, A., Miller, T., & Coolidge, F. L. (in press). Deliberate self-harm among younger and older adults. *Death Studies*.

### ***Book Announcements***

Drs. Kelly Carney and Margaret Norris authored a new book titled: *Transforming Long Term Care: Expanded Roles for Mental Health Professionals*.

*Description:* Every long-term care setting has the potential to foster healthier and happier lives for the older adults who reside there. Mental health practitioners are uniquely positioned to serve as critical change agents in these communities. This book shows how mental health practitioners can use their full range of skills to create systems that are more supportive and engaging for residents, while also providing the staff with greater opportunities for professional growth and meaning.

To illustrate what is possible, Dr. Carney and Dr. Norris explore an innovative practice model that incorporates consultation, training, and interdisciplinary team leadership, in addition to traditional direct care services, to enhance the wellbeing of older adult residents. Readers will also find practical information about Medicare and reimbursement for direct mental health services.

## The Student Voice

### ***What I Wish I Knew When... Words of Wisdom for the Upcoming Academic Year*** **Submitted by Allison Midden, B.A., and Brenna N. Renn, Ph.D.**

Summer is an exciting time in graduate school—new clinical rotations, the anticipation of a new year and challenges (taking comprehensive exams! applying for internship!), and best of all, some rest and relaxation. However, with the start of the new academic year only a handful of weeks away, we wanted to compile some advice to jumpstart the fall semester. We asked students, emerging professionals, and faculty to share their thoughtful insights to the following prompt: *What I wish I knew when...*

I started graduate school: "If I was making progress in my research, being conscientious about my clinical work, and keeping up with my courses, a B in a class could be a good thing, a sign I was achieving some kind of balance across all my responsibilities." *Brian Carpenter (Washington University in St. Louis)*

I was in my first year of grad school: "Consult others. Talk to other students, post-doctoral fellows, or junior faculty about how they approach their work and gain access research and clinical opportunities." *Andrea Alioto (PGSP-Palo Alto University)*

I was a graduate student: "Speak up. I still am a graduate student but I think this is important. Have a question? Speak up. Have an idea? Speak up. There's a reason you're here and it's important to remember that people want to hear your voice." *Allison Midden (University of Louisville)*

Starting graduate school, internship or postdoc: "Your peers and mentors are your future colleagues. Foster those relationships from Day 1!" *Sherry A. Beaudreau (Palo Alto VA & Stanford University)*

I submitted a paper for my first publication: "Journal fit is important. Take time to find the right fit." *Mona Shah (University of Central Florida)*

I saw my first client: "Keep your mind on why you're there—that is, on your client, not on how nervous or scared of making a mistake you are. If you keep your attention and energy focused on them, they will feel seen and cared for. That's why you're there." *Eden Gallanter (Palo Alto University)*

First patient death: "There is never enough time in this life, professionally or personally. Focus on your values for both!" *J.B. Robinson (VA San Diego/UCSD)*

Throughout graduate school: "There are so many career options and paths; network and do informational interviews to learn about as many as possible." *Danielle Jahn (University of Maryland School of Medicine/VA Capitol Health Care Network Mental Illness Research, Education, and Clinical Center)*

Transitioning from a master's program to a doctoral program: "It's a marathon not a sprint, so be open to the changes as you move forward—there will likely be many, so ease into them as much as you can... It was helpful to understand the difference between an advisor and a mentor; both are helpful, but mentors last a lifetime. Also, be open to mentors from different settings—it is like developing your own brain trust." *Kadija N. Williams (University of Colorado at Colorado Springs)*

I was applying for internship: "Seek advice from people from your program who recently went through the application process, they may give you valuable insight into the process that has not occurred to faculty.

Don't take it personally if you don't match and don't give up - you may still get an outstanding internship in the second round or in the post-match vacancy listings (I did)!!" *Victoria Liou-Johnson (Palo Alto University/PGSP PhD program; current intern at University of Colorado School of Medicine)*

I was a postdoc and first applying for academic jobs: "I found this helpful blog site: <http://theprofessorisin.com/pearlsofwisdom/>. It helped me understand what needed to be in a cover letter, teaching and research statements, CV, etc." *Maggie Syme (Kansas State University)*

I started my first job post-training/post-licensure: "No one expected me to know it all; there was more support there than I knew from senior colleagues, psychologists and other allied disciplines." *Douglas Lane (VA Puget Sound Health Care System)*

I started my research career: "Senior researchers are often very willing to help you; don't be afraid to ask them, even if you've never met." *Suzanne Meeks (University of Louisville)*

I began to supervise students: "I understood what distinguishes a good from a bad supervisor: An open minded and compassionate supervisor who is invested in your growth." *Jenny Yen (William James College)*

Evaluating your own performance in graduate school, internship, or beyond: "Set your own standards for what you hope to accomplish and whether you're meeting those goals. (This assumes you are meeting the standards of training set by your institution.) This is more helpful than comparing your accomplishments to those of your peers. Likewise, there will always be peers or colleagues that are working when you are not, which can make you feel like you should be working too. Set your own schedule for when you should be working and when you should be taking time off and follow the schedule that works best for you." *Brian Yochim (National Jewish Health)*

We wish you the best start to the new academic year! As always, feel free to contact either Allison ([Allison.Midden@louisville.edu](mailto:Allison.Midden@louisville.edu)) or Brenna ([bnrenn@uw.edu](mailto:bnrenn@uw.edu)) with student-related concerns, comments, or questions.

## Diversity Column

We are pleased to bring back a feature of this column, *GeroDiversity Interviews*! In 2014 we ran our first student interview and we are pleased to bring back two new interviews completed by student members of the GeroDiversity committee. It is especially exciting because the interviewees are both recipients of the inaugural GeroDiversity awards.

We aim to continue to periodically include these interview profiles of professionals-in-training (students) and seasoned professionals (academicians, researchers, clinicians) who represent diversity and/or are interested in diversity in geropsychology and its related fields.

We invite anyone who would like to be interviewed to contact us. Also, if you know someone you would like to recommend to be interviewed, please let us know ([tiffany.rideaux@gmail.com](mailto:tiffany.rideaux@gmail.com)).

## *GeroDiversity Interviews*

*Submitted by Charissa Hosseini, B.A., Doctorate Student at Palo Alto University*

Our first *GeroDiversity Interview* features Dr. Katherine Ramos, a Counseling/Clinical psychologist who has spent the majority of her career advocating and serving ethnic minority older adults and is this year's recipient of the 2016 Gerodiversity Award. Dr. Ramos is a postdoctoral fellow at the Geriatric, Education, Research, Clinical Center (GRECC) in Durham, North Carolina Veterans Affairs Medical Center, and is also a senior fellow with Aging Center at Duke University. I spoke with Dr. Ramos and was able to ask her a few questions about her interest in gerodiversity and her career goals.

*Charissa Hosseini: What drew you to the field of geropsychology and diversity issues?*

Katherine Ramos: I became interested in the field of geropsychology and diversity issues based on multiple personal experiences. One such experience included witnessing my grandfather suffer from Parkinson's disease related dementia within a medical system that was not culturally aware or sensitive to his needs. For example, our family received limited information about his care, advanced directives, and what to expect with illness progression. This experience left my family and my grandfather feeling isolated, uninformed, and (frankly) unprepared for his subsequent death. I believe this poignant experience propelled my clinical work to focus on the intersection of aging and diversity issues. In addition, it further motivated my own interests in understanding clients and patients as multicultural beings and how this translates in the delivery of therapy.

*CH: How have you formed your identity as a bilingual therapist?*

KR: Born and raised in NYC afforded me rich opportunities to explore my identification as a Latina and as an American. In addition, living with my grandparents (at the age of 6) for three years in Colombia (South America) also had a significant impact in my personal notions of multiculturalism. I believe these two enriching experiences nurtured a diverse space that allowed me to honor my cultural roots and heritage with American values. These experiences were also later contextualized in my professional work. As a clinician, I feel really fortunate to be fluent in a second language. As a bilingual therapist I can (a) serve older adults with limited access to mental health treatment, and (b) further connect to my Hispanic community.

*CH: What do you enjoy about working with diverse older adults?*

KR: Everything. I feel that diverse older adults have much to offer particularly when they share unique perspectives that teaches me a lot about the world. They challenge my own views about aging and inspire me to be a more thoughtful, sensitive and understanding human-being. What I appreciate most is the privilege that comes with hearing their life stories. I have quickly learned to value how people's beliefs, thoughts and behaviors have been heavily influenced by the rich and historical context from which they belong. Out of the many different populations I have worked with, I have found a home with diverse older adults. I am continuously enriched by the invaluable perspectives and wisdom they offer; and it makes my job feel meaningful and purposeful every day.

*CH: What do you think will be an important issue for the field of gerodiversity in the next five to ten years?*

KR: Within the next five to ten years, I believe an important issue to consider is the intersection between medical/mental health access and continued health disparities from a family-systems perspective. As older adults age, there is a continuous re-negotiation of personal identity, family roles, and caregiving. And this

looks quite different across cultures. I think collectively, these factors impact and influence how healthcare is pursued and accessed. I believe further attention to such issues will open various opportunities for geropsychologists to closely work with the medical community in order to sensitively meet the healthcare needs of underserved older adults.

*CH: What do you think the field of gerodiversity is doing well?*

KR: I believe the field of Gerodiversity is very sensitive to the fact that older adults are not created equal and that there is much heterogeneity within this population. I feel we make conscious efforts to be culturally sensitive advocates. Such sensitivity enables us to be more strategic and intentional with how we engage in education, research and provide clinical care.

*CH: What do you hope to accomplish in your geropsychology career as it relates to issues of gerodiversity?*

KR: I want to be a stronger advocate for mental health improvement among diverse older adults. My hope is that through my work and collaboration with others sharing the same mission we can raise awareness about mental health disparities in the context of mental health service delivery. I certainly hope that my career mission in the development and implementation of mental health interventions (with special attention to cultural diversity) may also improve older adults' quality of life.

*CH: Lastly, Do you have any guidance for early career psychologists or other students interested in the field of gerodiversity?*

KR: Do not be shy about contacting people who share your similar interests and passion. I have found the field of gerodiversity to be an open, close-knit, and well connected community. Everyone has been wonderfully welcoming and encouraging. Moreover, I found that having a mentor who will provide you with guidance and advice has been very helpful. Additionally, organizations like APA Division 12-2 and the Gerontological Society of America have been great resources. Both are easily accessible, and share great information about how interests in gerodiversity can translate to both research and clinical efforts.

***A Passion for Advocacy, Intricacy, and GeroDiversity***  
***Submitted by***

***Katie Johanson, B.A., Master's student at the University of Colorado, Colorado Springs***

I recently had the exciting privilege to interview Dr. Weston Donaldson, this year's recipient of the Professional Psychologist Gerodiversity Award. Dr. Donaldson is a geropsychologist on the older adult services team at Aurora Mental Health Center, a community mental health center in the Denver metro area. He completed his graduate training in Counseling Psychology at Colorado State University in Fort Collins, Colorado.

*Katie Johanson: What made you interested in geropsychology in general, and diversity issues in particular?*

Weston Donaldson: I really didn't know what I wanted to do when I went to graduate school, but I picked my advisor, who's a geropsychologist, because she became a natural mentor for me, and she gave me the opportunity to help her start an older adult clinic at the university. At that point I had a chance to work with older adults and ended up liking it more and more. It became a growing interest of mine and I developed a love for this population.



With regard to diversity, during my first semester of graduate school I completed a Project Disability training for long-term care services for the older adult LGBT population. I was so touched by what I learned and became so passionate about this project, as it joined the values of diversity with my passion for working with older people. It ultimately led me to my current research and writing interests.

*KJ: What do you enjoy about working with diverse older adults?*

WD: Older adults have a unique diversity of generational experiences, intersecting identities, and medical, psychological, and cognitive issues that are all overlaid with decades of life experience. Furthermore, this combination of factors brings with it an added complexity, which I really enjoy. I see that older adults, especially those possessing one or more minority/marginalized identity, have a resilience they can tap into in the face of functional or cognitive decline or general challenges, which is another aspect I love about working with older adults; they've already confronted challenges in their lives and they know how to deal with new ones.

*KJ: Describe a typical day you might have that involves issues of gerodiversity.*

WD: In my work, I am always reminded about how important it is to ask the right questions. I'll go through an intake and try to get to know someone, their life, and their history, and I have to remind myself to ask every question – otherwise, I would never know about someone's sexual orientation or religious affiliation, and what that means for them. In this regard, I try to check myself and really practice what I preach in terms of humility, being OK with not knowing something, and being willing to ask these questions. I try to appreciate the diversity of *all* my clients, advocate for them in the face of having less privilege or power, and be more open to thinking about those issues.

*KJ: What tips can you provide to others who are interested in recruiting diverse participants for research studies?*

WD: Post information about research studies in places where diverse older adults live and can access it, such as senior centers, LGBT centers and programs, church communities, and different parts of the city that vary in socioeconomic status, racial, and ethnic identity. Generally, think about where diverse or minority participants might be and go there.

*KJ: If you had a large grant or other source of funds, how would you spend the money for issues of gerodiversity?*

WD: I would want to do a large project, probably training in nursing homes for sexual and gender diversity. I completed a mini study of this type during my post-doc, where we provided an online training module for LGBT cultural competency for staff in the long-term care unit. I would like to do a more expanded project looking at the same kind of training and outcomes. Alternatively, I would want to do a qualitative research project with older LGBT adults in the community, identify their needs, build more support services, clarify what can be done better to help them, and (because I am a service provider) build awareness and educate people about older LGBT people.

*KJ: What do you think will be an important issue for the field of gerodiversity in the next five to ten years?*

WD: I think it's crucial that we introduce a gerodiversity perspective into our policy and law-making efforts, including involving a more diverse array of people in that policy-making. Issues of aging get missed a lot in mental health policy and law, especially those that impact diverse older adults.

*KJ: What do you think the field of gerodiversity is doing well?*

WD: It seems like those who are passionate about gerodiversity are bringing it into training programs and education and emphasizing its importance well. I think that, especially in the field of psychology, people recognize the *value* of diversity in training with different populations, like with gerodiversity.

*KJ: What do you hope to accomplish in your geropsychology career, and as it relates to issues of gerodiversity?*

WD: I hope to continue to be an advocate and a voice for increasing resources for older people. More specifically, I want to continue being an advocate for greater visibility for LGBT older adults, whether that's through research, writing, or collaboration with other organizations. I hope that by the time that I am in need of a nursing home, if that time should come, that I can have confidence that staff will know how to treat people like me with respect, dignity, and compassion.

## Committee Updates

### Communication Committee Update

*Submitted by Christine Gould, Ph.D.*

Vicky Liou-Johnson, M.S., SCG website coordinator, continues to work closely with the web developer that we hired to convert it to a Word Press platform. We are extremely grateful for the initiative and effort that Dr. Norm O'Rourke put in to the geropsychology.org website in 2014 along with Dr. David King. While these efforts created a clear website brimming with resources, we also encountered unanticipated issues with some of the connectivity between PayPal and the membership directory on the site (issues described in the November 2015 board meeting minutes). Most recently, we encountered issues with the presidential voting beginning in late July. We are holding off on having our hired web developer finish converting the current site to the Word Press platform until after the election is finished. We anxiously await the finished website so we can focus on adding content to the website. In the meantime, suggestions for website content can be sent to the SCG Website Content Coordinator, Caroline Merz at [christinecarolinemerz@gmail.com](mailto:christinecarolinemerz@gmail.com).

### Education and eLearning Committee Update

*Submitted by Meghan Marty, Ph.D.*

#### *2016 Annual Convention Continuing Education Opportunities*

The SCG CE committee would like to remind you about the upcoming CE sessions and workshops available at the Annual Convention in Denver. There are two options for obtaining CEs at the Annual Convention:

1) CE Sessions (CES) throughout the Convention

- Over 300 convention sessions will be designated as CE sessions (look for the CES logo in the Convention Program)
- Obtain unlimited CE credits by attending as many of these 1-2 hour CE sessions as you'd like

- When you register on-line for the convention, be sure to click the box under “Unlimited CE Credit for CE Sessions,” which will include an extra flat fee
- 2) APA CE workshops (CEW)
- There are five preconference workshops (Wednesday, 8/3) and 74 half- or full-day workshops during the convention (Thursday, 8/4 through Sunday 8/7)
  - CE workshop enrollment fees and convention registration fees are separate (see workshop descriptions for specific fees)
  - You will receive an e-mail confirmation that will serve as your workshop ticket(s) in mid-July
  - Attendance at each workshop will be verified by the e-mail confirmation, so you must print it out and bring it to convention (new process this year)

## **Interdivisional Healthcare Committee Update**

*Submitted by Cheryl Shigaki, Ph.D.*

### ***What is the IHC?***

The Interdivisional Healthcare Committee (IHC) comprises representatives of APA divisions that have investment in clinical healthcare. The IHC offers a way for clinically specialized psychologists to work collaboratively and act on common issues and concerns. While the IHC is not formally affiliated with APA, the committee works closely with APAs Practice Directorate.

### ***Statement to the Society for Clinical Geropsychology***

#### ***Notes from the Interdivisional Healthcare Committee (IHC) Midyear Meeting***

Elena Eisman, EdD, ABPP  
 Director, Center for Psychology and Health  
 Associate Executive Director, Governance Operations  
 Practice Directorate

During the midyear meeting of the IHC several questions were posed regarding Medicare and Medicaid programs, on behalf of the Society for Clinical Geropsychology (SCG). These questions were addressed primarily by Elena Eisman, Director, Center for Psychology and Health and Associate Executive Director of Governance Operations for the APA Practice Directorate. Clarifications were made following the meeting, with review of this section by Margie Norris (past SCG president) and Diane Pedulla (APA Practice Directorate).

#### **Medicare, Medicare Advantage plans and “Physician” designation:**

In regard to the question about whether psychology stands to lose more by getting written into the physician definition due to new, greater penalties for which we might become eligible – In the new Merit-Based Incentive Payment System (MIPS) for physicians, there is greater risk of financial penalties but also the potential for financial reward. The goal of MIPS is to show quality as well as cost saving, which involves combining three programs: PQRS, Electronic Health Records Incentive (also referred to as Meaningful Use), and the Value-Based Payment Modifier (VBM). [Depending upon the size of their practice physicians

may lose up to 10% of their Medicare charges (2% for failing to report PQRS measures, 4% for failing to satisfy Meaningful Use and 4% under the VBM). Conversely they may avoid the PQRS penalty and do well on Meaningful Use and the VBM, resulting in an 8% reward.] Note, however, that psychologists are not yet included in the full model. Psychologists are only subject to PQRS and thus face a lesser potential penalty than physicians do. Psychologists do not, however, have the opportunity physicians do to earn a reward for demonstrating quality.

In the new PQRS program under MIPS, providers must report 6 measures, rather the previous requirement of 9 measures. In addition, under MIPS, psychologists and certain other non-physicians are expected to begin PQRS reporting in 2019, and therefore they will not be required to report quality measures in 2017-2018. If they do not report any measures under MIPS once they become eligible, they should expect to see significant reductions in their Medicare payments. During the 2017-1028 period, CMS will allow the specialties currently excluded from MIPS to voluntarily continue reporting quality measures and gain experience with the new program. This reporting can be done through claims, registries, and EHRs.

An IHC member stated his understanding that he is included in PQRS and faces a 5% decrease in salary if he does not do the PQRS documentation. The difficulty is that psychologists are not included under “Meaningful Use” (electronic health records). And therefore, this provider’s organization and others may be incorrect. Also, Elena noted that some physicians say that because of the increased reimbursement due to compliance, penalties for noncompliance are not so bad for “physician” providers. Thus, the benefits of becoming a “physician” may outweigh the costs.

Another complication is the time lines for different things. When talking about “physician status” for psychologists the time frame is probably 5 years. All APA initiatives have timelines before implementation and the timelines help to make sense of APA’s objectives. APA is anticipating that there will be an exemption from PQRS reporting by the time the “physician” designation for psychologists actually starts.

Regarding costs associated with APAPO’s PQRS registry – this is run by a private external organization and APAPO has negotiated to keep the cost as low as possible. For small Medicare-volume practices, any penalty or cost may make participating in the registry not financially viable. Note, if a practice has less than \$10,000 in Medicare claims and no more than 100 Medicare patients (both conditions must be met), this would meet the proposed definition of “low threshold” and the psychologist would not be required to report quality measures.

Regarding Medicare Advantage Plans – in these plans, the private insurance payer (usually a managed care company) has substantial control over what services they pay for, who is included in their in-network panels, and their fee schedules. It can look very different than traditional fee-for-service Medicare plans and Elena agreed there is little consistency between the various Advantage plans. She noted that state psychological associations have been doing advocacy with managed care companies and this may be a way to get help for advocacy and access problems with local plans. Consumer groups such as AARP also may be helpful and we may need to get much more involved with these kinds of consumer groups to have them argue the issue of appropriate access to services for their members.

There was a brief discussion about whether Debbie DiGilio might be able to help organize a state level means for addressing the concerns of SCG. For technical questions about Medicare, PQRS, MIPS etc. the best contact person is Diane Pedulla at [DPedulla@apa.org](mailto:DPedulla@apa.org).

## 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: 211
- Total Paid Regular Members (including Emeritus members): 173
- Total Paid Student Members: 38

We are delighted to announce that we have increased our student membership by 10 people. Nevertheless, we have sustained a decrease in regular membership by 42 people since our last newsletter. In keeping with our bylaws, this year 2016 dues were due 12/1/2015. The membership committee would like to thank everyone who paid their 2016 dues.

<h2>ABGERO Update</h2>
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*Submitted by Victor Molinari, Ph.D., ABPP*

Just an update on ABGERO activities. I am pleased to announce that we will be examining at least a couple of ABGERO candidates at APA this year, and have some in the pipeline hopefully for GSA. As one can see below, becoming a certified specialist in geropsychology may be a worthwhile and timely endeavor, especially for more recent graduates.

I attended a couple of ‘summits’ in the last few months; first as the ABGERO representative to the specialty summit co-sponsored by ABPP, the Council of Specialties (CoS), and the Association of State and Provincial Psychology Boards (ASPPB); and second as geropsychology specialty council representative to the post-doctoral summit sponsored by APPIC. The specialty summit’s main thrust was the long term vision that over the next 25 years or so, specialization will be considered an accepted aspect of almost every psychologist’s identity. Psychology would be modeled after medicine i.e., medical students are licensed after they receive their medical degree (MD), and are expected to specialize early in their careers (e.g., psychiatry, surgery etc.). The summit participants emphasized that psychology should be gearing up for this contingency and that there should be better communication between graduate school, internship, and postdoctoral directors regarding the competencies necessary for each specialty at each stage of the training process. The CoS specialty training grid that geropsychology has developed is a template for such a venture, but much work needs to be done to build upon competencies at each stage of traditional specialty training, and also allow flexibility of entry for those who may have non-conventional specialty trajectories. Greg Hinrichsen’s foundational competencies project is very consistent with the latter idea of a sequential building upon basic competencies yoked to CE offerings. ASPPB seems very much in line with this thinking and the EPPP2 is in the pilot stages, assessing the best way to evaluate professional competencies via responses to clinical vignettes.

The post-doctoral summit almost seemed like an extension of the specialty summit with many of the same APA, ABPP, and ASPPB participants present. One major idea was the sense that post-doctoral training should be divorced from licensure considerations, and that psychology groups should get on board with the APA model licensing act which recommends licensure after one receives the doctoral degree (I was

surprised to learn that many states have already endorsed the model licensing act perhaps setting the stage for seamless reciprocity agreements between states). One outcome of this would be to allow recently minted PhDs who get licensed to be reimbursed by third party payors which may encourage more sites to conduct post-doctoral training if their fellows can be reimbursed for services. Post-doctoral training should be conceptualized first and foremost as training to advance one's competency in a specialty, again building upon more basic competences at the graduate school and internship levels. Just as the health care industry as a whole, the times are rapidly changing and it behooves geropsychology to be part of this process.

## Committee on Aging (CONA) Update

### *Calling All Early Career Psychologists!*

Have you ever considered taking on a leadership position in APA or one of the geropsychology and aging organizations that represent you? The time is ripe for early career psychologists to give your voice to these groups. You may be thinking, "I'm early in my career, what could I possibly contribute?"

Well, even if you're early in your career (and *because* you're early in your career), you have an important perspective to share on the challenges faced by ECPs and what they need to succeed. These organizations are discussing what to do about student debt, the adjunctification of academia, EPPP Step 2, and other issues critical to ECPs. So no matter your current job, your knowledge and experience are valuable to these organizations.

*"As an ECP on the Committee on Aging (CONA), I have already learned a lion's share about APA, contributed to important projects to promote aging issues to APA and the public, and it has all fit well within my tenure-track life. I would encourage you to think (not too long!) on this and other upcoming opportunities for leadership. It can fit in a (over)packed schedule and we do make a difference. If you have questions or would like to talk about leadership in APA with someone, please contact me."*

*Maggie Syme  
Assistant Professor, Kansas State University  
msyme@ksu.edu*

Service within APA or one of our aging-related professional organizations is also an excellent professional development experience, where you can learn how these organizations work, expand your professional network, and influence the field of aging. You'll interact with other leaders in the field, learn firsthand what is shaping and changing your field, and grow as a professional. Beyond the genuine learning, this looks good on a CV too!

*"My first service experience was on the Division 20 Continuing Education Committee. I had no idea what I was doing at first, but I was warmly welcomed, and the more experienced members of the committee taught me the ropes. I got to learn more about how the division operates, and I met in person many people whose names I recognized from my reading lists and publications I'd read. They were all generous with their time and mentorship, and I felt like I made a genuine contribution."*

*Brian Carpenter  
Professor, Washington University in St. Louis*



Leadership opportunities are open to ECPs who are researchers, teachers, and clinicians. And our organizations are built on the service that others who came before us have provided. Volunteering for a board or committee is one way to repay the contributions made by generations of scholars and practitioners who helped build geropsychology.

*“I was in academia when I became involved in geropsychology organizations, but I want to mostly sing the praises of leadership activity after I went into independent practice. Leaders from the practice arena have a special and important place in our organizations. Practitioners know first hand the needs and challenges of providing clinical services. The enjoyment that being a leader in geropsychology gave to my professional life in practice has been invaluable. We need more leaders from independent practice - consider it one of best decisions you might make in your career!”*

*Margie Norris*

*Past President, Society of Clinical Geropsychology*

What opportunities are there for you? For starters, there are two seats open on the APA ECP Committee right now: an Education Rep and a State, Provincial, and Territorial Associations (SPTA) Rep. This is an ideal opportunity to make sure the ECP voice is strong within APA *and* to make sure a voice for aging is at the table. The ECP Committee meets at least once (no more than three times) a year in Washington DC, expenses paid for by APA. You are also encouraged to attend APA convention, where the Committee hosts many programs and activities. Throughout the year you will keep in touch virtually and conduct the business of the committee. The application process includes a statement of interest from you, your CV, and one letter of recommendation. (Learn more and apply here: <http://www.apa.org/careers/early-career/committee/index.aspx>)

Other opportunities are available with the Society of Clinical Geropsychology, Division 20 of APA (Adult Development and Aging), and the Council of Professional Geropsychology Training Programs (CoPGTP). You can contact the Presidents of any of those organizations to inquire how you can get involved.

## **Society of Clinical Psychology (Division 12) Update**

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

- 1) As part of geropsychologist Brad Karlin’s presidential initiative, SCP has sent a needs assessment survey to all its members. SCP wants to determine what its value is for its members, and how to increase the value of SCP for its membership. Some members may value the newsletter, others the LISTSERV or networking opportunities at SCP events. SCP needs to stay relevant with the times and perhaps do more with social media to encourage graduate students and newly fledged psychologists to join.
- 2) Related to membership issues, SCP is trying to encourage non-renewers to renew by contacting them. We should recognize that the membership of SCP is aging, and that much of the attrition in membership may be due to disability and deaths.
- 3) On a positive note, there is a great need to cultivate and groom young psychologists to assume the leadership mantle in clinical psychology. Indeed, there has been strong support for the new SCP

mentorship program, which potentially could provide senior guidance in a variety of professional areas, perhaps along research, teaching and/or practice career lines. SCG's own Michele Karel is taking the lead in developing this program together with Natalia Potapova. The hope is that SCP becomes a home base for such mentees who then may be more likely to identify primarily as clinical psychologists, maintain membership within SCP, and fill the leadership gap.

### **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 board meeting minutes are available on the [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.
- 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

<b>Name (Print)</b>		<b>Degree</b>	<b>Membership Status</b> (Please check one)  _____ <b>New Member</b> _____ <b>Renewal</b>	
<b>APA Member No.</b> (Required) _____ You must be a member of APA to join Section II (unless you are a student)				
<b>Street Address</b>				
<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>Phone</b> ( ) _____	<b>Fax</b> ( ) _____	<b>Cell</b> ( ) _____		
<b>Email:</b> _____ Note: Your email address is crucial for our records and, therefore, strongly encouraged _____ <b>Check here to OPT OUT of the LISTSERV</b>  _____ <b>Check here to OPT OUT of the membership directory</b>				
<b>Are you a member of APA Division 12 (The Society of Clinical Psychology)</b> _____ <b>Yes</b> _____ <b>Yes—student member</b> _____ <b>No</b>				
<b>Please list other Divisions and Societies you are affiliated with:</b>				
<b>Please list your special interests within geropsychology:</b>				
<b>Please list your primary emphasis as a geropsychologist</b> (defined as 51% or greater)  _____ <b>Clinical Practice</b> _____ <b>Research</b> _____ <b>Teaching</b> _____ <b>Administration</b>				
<b>Payment of Dues (USD) Please select one:</b> ___ \$35—one year membership ___ \$10—one year student membership ___ \$100—three year membership ___ Emeritus members are dues exempt			\$ _____	
<b>Added contributions to Section II:</b> Donations are strictly voluntary but greatly appreciated			\$ _____	
<b>Total amount enclosed:</b> Please make checks in US dollars payable to APA Division 12, Section II			\$ _____	
<b>Signature</b>			<b>Date</b>	
<b>Faculty Endorser</b> (if joining as a student):	<b>Signature</b>		<b>Date</b>	
Make your check payable to: "APA Division 12/II" Mail this form to Kimberly Hiroto, PhD, Puget Sound VA, American Lake Division , A-116-MHS-PC, 9600 Veterans Drive SW, Tacoma, WA 98493				