

# Clinical Geropsychology News

## Society of Clinical Geropsychology

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Please contact Elissa Kozlov  
[Elk2020@med.cornell.edu](mailto:Elk2020@med.cornell.edu) or Brenna Renn, at  
[BNRenn@uw.edu](mailto:BNRenn@uw.edu) if you wish to comment on  
the contents of this Newsletter.

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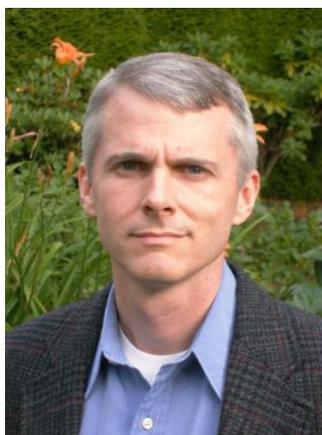
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### President's Column

**Doug Lane, PhD, ABPP**

#### For Fallen Colleagues

*In Memorial: Jennifer Gonzalez, Jennifer Gray  
Golick, Christine Loeber*



“They mingle not with  
their laughing comrades  
again;  
They sit no more at  
familiar tables of home;  
They have no lot in our  
labour of the day-time;  
They sleep beyond  
England's foam.

But where our desires are

and our hopes profound,  
Felt as a well-spring that is hidden from sight,  
To the innermost heart of their own land they are  
known

As the stars are known to the Night;

As the stars that shall be bright when we are dust,  
Moving in marches upon the heavenly plain,  
As the stars that are starry in the time of our  
darkness,  
To the end, to the end, they remain.”

*from “For the Fallen” R.L. Binyon (1914)*

We all certainly heard the heartbreaking news from the soldiers' home in Yountville, California last week. In an unspeakably terrible moment, the lives of three women—two psychologists and a social worker, who worked in a residential PTSD unit—were taken. They were colleagues to all of us who share our profession, and comrades for those with whom they served. I felt that it was only right to use my column in this issue to honor them in some small way. Each of these three was one of us.

As the years of our lives pass, we expect from time to time to hear the news that a colleague has died, generally after a long life and career. Those of us who were close to them grieve and commit ourselves to remember them and the ways they influenced us. Others of us might pull down a text they wrote from the bookshelf and thumb through it, perhaps reflecting on the life behind it. These rituals are natural for us. It is the transition from generation to generation, sad and beautiful all at once.

None of us is prepared when a colleague loses her or his life in the line of duty, suddenly and violently taken away. It defies the core of what we are as mental health professionals. We bind up wounds, we do not inflict them. We work to lift up others, we do not destroy them. These women bore this standard, spending their last day in a place for healing and, very poignantly, honoring departing colleagues at a going-away party.

Their work was cut short. No one can say what they might have accomplished in the years to come. And so, we ask ourselves what we can do with it all. Perhaps, we can understand that we as a profession are their “own land” and so we can keep a solemn obligation to them in our collective “innermost heart”, in simple yet powerful ways. We can ask ourselves as we go through our daily work if we have done all we can today to honor those around us, to stand shoulder to shoulder with them, to lead and to support. And, as we close each contact with a patient, we can challenge ourselves to consider whether we have truly done all we can to help the person. This is the best of us, and by all accounts was them.

Perhaps, in other words, we pick up the standard these three women bore and carry it forward for them, each in our own way, large and small. Their, and our, work should never be finished.

### **Comments from the Editors: Elissa & Brenna**



We always love to put together the spring newsletter because we get to welcome the many new officers and committee members to SCG. We would like to extend a warm welcome and congratulations to all the new psychologists in leadership positions with SCG. Thank you for your service, and we look forward to working with you!

Springtime is also exciting because by now, all the future interns and post docs know where they will be spending the next year(s) of their careers. Congratulations to starting the next chapter in your training, and enjoy your remaining months in your current city. Now is the time to start crossing off items on your bucket lists and getting excited about new adventures.

As always, we are interested in hearing from you about how this newsletter can better serve the SCG community. If you have any suggestions or recommendations, please feel free to email us at any point at [ELK2020@med.cornell.edu](mailto:ELK2020@med.cornell.edu) or [BNRENN@uw.edu](mailto:BNRENN@uw.edu)

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**Society of Clinical Geropsychology Officers  
Committee Chairs and Members – 2017**

**Officers:**

President	Doug Lane, Ph.D., ABPP
Past President	Benjamin Mast, Ph.D., ABPP
President-Elect	Nancy A. Pachana, Ph.D., FAPS, FASSA
Secretary	Veronica Shead, Ph.D.
Treasurer	Kimberly Hiroto, Ph.D.
Section Representative to Division of Clinical Psychology	Victor Molinari, Ph.D., ABPP
Student Representatives	Kelly O'Malley, Ph.D. Meghan McDarby, B.S.

**Committees:**

Membership Committee	Nicole Torrence, Ph.D.
Communications Committee	Christine E. Gould., Ph.D.
Newsletter Editors	Elissa Kozlov, Ph.D. Brenna Renn, Ph.D.
Social Media	Patricia M. Bamonti, Ph.D.
Website Coordinator	Rachel Spalding, B.A.
Website Content Coordinator	Caroline Merz, M.A.
Program Committee	Benjamin Mast, Ph.D., ABPP
Public Policy Committee (joint committee with PLTC)	Cecilia Poon, Ph.D
Continuing Education/Gero Task Force committee	Meghan Marty, Ph.D. Andrea June, Ph.D Michelle M. Hilgeman, Ph.D Erin E. Emery-Tiburcio, Ph.D., ABPP Lauren Mack, Ph.D
Diversity Committee	Nancy A. Pachana, Ph.D., FAPS, FASSA
Mentoring Committee	Barry Edelstein, Ph.D. Jennifer Birdsall, Ph.D.
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Evidence-Based Practice Committee	Forrest Scogin, Ph.D.

Archivist	Sherry A. Beaudreau, Ph.D., ABPP
Interdivisional Healthcare Committee	Kimberly Hiroto, Ph.D. Mary Miller Lewis, Ph.D., ABPP
Bylaws Committee	Sherry A. Beaudreau, Ph.D., ABPP Alisa O'Riley Hannum, Ph.D., ABPP Nicole Torrence, PhD Margaret P. Norris, Ph.D.
Division 17 and 45 Liaison	Katherine Ramos, Ph.D.
Division 46 Liaison	Weston Donaldson, Ph.D.

## Member Spotlight



**Full Member Spotlight:** Kyle Page, PhD, ABPP

**Year Joined Society of Clinical Geropsychology:** 2009

**Current Professional Title and Affiliation:** Behavior Recovery Outreach / CLC Psychologist at the VA Central Iowa Health Care System

**Q: Why did you join the Society of Clinical Geropsychology?**

A: There were not many students interested in aging issues in my graduate program. It was important for me to have a professional home early in my development.

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

A: Membership has allowed me to remain up to date with current advances, but also challenges to our profession. I enjoy learning about the successes and barriers faced by geropsychologists working in different settings.

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

A: I originally set out to earn a graduate degree in counseling to work with police and firefighters. For my master's degree, I obtained a clinical practicum at a rural hospital serving a predominately geriatric population. I was so intrigued by hearing how they related their current struggles to their developmental paths that I began to reflect on my own development as a young adult. This eventually led to a desire to learn more about aging and mental health. I searched out doctorate programs that emphasized aging.

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

A: A conference on death and dying was taking place down the highway from my graduate school. My major professor and I drove down together to attend. We found cheaper parking on the streets outside of the conference hotel, but we were a few blocks away. We took the most direct route to the hotel but were confronted with a commuter rail station between us and the backside of the hotel property. As I looked

around for a path, I turned and saw the professor jump down on the tracks, cross over, and crouch under a hole in the fence to get to the hotel property. I was quite surprised and being a new graduate student followed (I don't recommend any readers jump off train platforms. I think your advisors will understand).

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

A: Great question! I am fortunate to say that I have had several important mentors throughout my training and early career development. It is difficult to name them all, but I am very thankful for the mentorship and friendship of Dr. Bert Hayslip, Jr. over these years. He has served as a great role model and supporting my own curiosity about aging issues.

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

A: I currently work as a geropsychologist at the VA Central Iowa Community Living Center. I provide a range of consultation, assessment, and brief therapy services to secured memory care, restorative care, and physical rehabilitation neighborhoods. A unique aspect is serving as a member of the Behavior Recovery Outreach Team which creates personalized non-pharmacological dementia behavior management plans and communicates the plan with community facilities upon discharge. We then continue to provide phone and onsite behavioral consultation in the community to ensure a streamlined transition to the new facility. This approach works to prevent re-hospitalizations due to dementia behaviors.

**Q: Tell us about your most recent activities?**

A: I recently obtained board certification in geropsychology! I remember learning about the foundational work for this certification during my internship and never stopped thinking about it. Now that it is done, I am taking a break at the moment!

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

A: During internship, I completed a geropsychology rotation on a secured memory care neighborhood. While spending time and getting to know the residents, I encountered a gentleman who believed he was to give a speech in front of an audience he was hallucinating. After I listened to him give his speech, he introduced me to the audience, stating I would now be giving a speech on the importance of marriage. I joined in and gave an impromptu speech in the hallway. We both enjoyed the experience and I learned the importance of creating meaningful and pleasurable moments no matter your cognitive state.

**Q: Do you have any tips for emerging geropsychologists?**

A: It is okay to have more than one mentor! I've had mentors for research, education, and professional development endeavors. For those still in school, I recall being so nervous that my career as a geropsychologist would not progress if I did not get that one special internship site. Don't let one thing hinder your passion for this work. Consciously take the time to reflect on your own personal development and future care wishes. It has helped with my own professional and personal development.

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

A: When I'm not hindered by the snow, I love to cycle the trails in Central Iowa. I also love watching every cooking competition show I can find on TV (to my wife's dismay).

### **Student Member Spotlight: Emily Valente**



**Year joined:** 2017

**Hometown:** Rio de Janeiro, Brazil / Seattle, WA

**Current academic affiliation:** Teachers College, Columbia University

#### **Q: Why did you join the Society for Clinical Geropsychology?**

I first heard about the Society for Clinical Geropsychology while attending the APA conference in Washington, D.C. this past year. I had the opportunity to meet Dr. Michael Otto, past President of Division 12, at a speed mentoring event and upon sharing my interest in working with older adults with mood disorders, he recommended SCG as a valuable resource. I joined the society to stay up to date on current issues and research, as well as to become part of a greater community of students, researchers, and clinicians who share my passion for working with the older adult population.

#### **Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional development?**

The information provided on the SCG website has guided me towards a variety of additional resources on trainings, current research, and upcoming conferences which I did not previously know about or have access to. The newsletters and email discussions have helped me feel more connected to the geropsychology community and I have truly started embracing the field as my own.

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

In 2015, I was working at a think tank in Washington, D.C. within a center which focused on global access to primary education—so the complete opposite end of the spectrum, population-wise. Through this work however, I found myself growing increasingly curious about the people who had been children 50 years ago and what resources had been available to them at that time. I realized that older adults both nationally and internationally often receive very little support. Even within my own neighborhood in D.C., there were older people who were socially isolated, suffering from starvation, and no longer able to participate in their communities as they had throughout their lives. This realization impacted me so deeply that I shifted my career path and began working with a local non-profit, Iona Senior Services, working to address the many complex challenges and opportunities of aging. Since continuing my education at Teachers College, I've maintained this focus and hope my future work will be of benefit to the mental health of the older adult population.

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

I have been very fortunate in the support and mentorship I have received thus far from various professors and supervisors. Two mentors that have been especially influential are Dr. David Weiss from the Robert

N. Butler Columbia Aging Center and Erica Dhar from the AARP International Affairs office. Their guidance and kind support have helped shape the course of my academic and future professional path. I am very grateful to have met such wonderful people and hope to emulate their kindness, drive, and professionalism in my own career.

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

My favorite part about working in this field are the stories—I get to hear about the many ways in which life can play itself out. It has been very personally enriching to learn of the hardships that arise and how the strength of friendships, community, and personal resilience help people get through even the most difficult life events. I have met the strongest and happiest people and deeply admire the work they have put in to making their lives personally fulfilling. I meet new role models every single day.

**Q: Tell us about your most recent activities.**

Most recently, I have joined the research team of the Adult and Late Life Depression Clinic at the New York State Psychiatric Institute under the direction of Dr. Bret Rutherford. The opportunities and challenges that will arise throughout the course of this position are very exciting and will substantially deepen my knowledge of aging research. Additionally, I was invited to be a co-author of a chapter on age discrimination within the inaugural Cambridge Handbook of Psychology and Human Rights under the direction of Dr. Neal Rubin. I'm honored to be part of this project as it addresses the important cross section of mental health and human rights.

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

I will be graduating with my Master's in Clinical Psychology from Teachers College this May and applying to PhD programs in New York City this fall! So, there is still a long road ahead but a very exciting one. I have met so many incredible people already and am looking forward to deepening my understanding of mental health practice and research especially as it pertains to older adults.

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

I love painting, drawing, and working with ceramics. I am looking forward to graduating this spring and having some extra time to focus on and develop my artwork. I also love traveling abroad, going hiking, and just in general being out in nature. New York City and all its craziness has also been a lot of fun to explore and make my own.

## 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 Elissa Kozlov (ELK2020@med.cornell.edu) or Brenna Renn (bnrenn@uw.edu).

## Request for 2018 Award Nominations and Submissions

**The deadline for application materials for all three of these awards has been extended to Monday, April 9, 2018.** Materials should be sent in Word or PDF format by to Sherry A. Beaudreau, PhD, ABPP, Awards and Recognition Chair, at [sherryb@stanford.edu](mailto:sherryb@stanford.edu).

### ***M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology***

Nominations are sought for the Society of Clinical Geropsychology (SCG; Division 12, Section 2) M. Powell Lawton Award for lifetime contribution to Clinical Geropsychology. Members of SCG can make nominations. Nominees must be a member of SCG. A letter of nomination and current vitae must accompany nominations for the nominee. Previously submitted nominations may remain active; however, nominees should contact the Awards and Recognition Committee Chair to update their materials to be considered for the award. The award recipient will be asked to give an address at the 2019 APA convention.

### ***Distinguished Clinical Mentorship Award***

Nominations are sought for the Society of Clinical Geropsychology (SCG; Division 12, Section 2) Distinguished Clinical Mentorship Award. The purpose of the award is to recognize clinical geropsychologists who have played important mentorship roles in the clinical supervision of psychology graduate students, interns, and/or postdoctoral fellows who are training for careers in clinical geropsychology. Members and student members of SCG can make nominations. Nominees must be a member of SCG. Nominations must be accompanied by letters from at least three current or former supervisees attesting to the abilities of the nominee as a supervisor or mentor, as well as a copy of the vitae of the nominee. Previously submitted nominations may remain active; however, nominees should contact the Awards and Recognition Committee Chair to update their materials to be considered for the award.

### ***Student Paper Award***

The Society of Clinical Geropsychology (SCG; Division 12, Section 2) invites entries for its Annual Student Paper Award competition. The award is for exemplary student research papers, and the winner will receive a \$350 check and plaque in recognition of the achievement at the upcoming APA convention. Entries need to be reports of original research with relevance to geropsychology for which the student is the senior author. All entries should be consistent with the structure of a journal submission. If the paper is co-authored, the entry should be accompanied by a letter from the mentor stipulating that the work was conducted primarily by the student. Graduate students and interns are eligible for this award.

### **The Society for Clinical Geropsychology (SCG) 2018 Todd “TJ” McCallum Gerodiversity Awards**

In memory of Dr. Todd (TJ) McCallum, the Diversity Committee and the Awards Committee are pleased to announce the Society for Clinical Geropsychology Todd (TJ) McCallum Gerodiversity Awards. In addition to his lifework in technology and community outreach, Dr. McCallum was also widely known for his research on stress coping in African American caregivers. <http://thedaily.case.edu/departments/psychological-sciences-todd-tj-mccallum-passes-away/>

The purpose of the awards is to acknowledge outstanding contributions to advance gerodiversity issues in clinical practice, training, research, advocacy, and/or public policy. Contributions can include exceptional practice activities or service delivery, exemplary training models, innovations in research, and/or other meritorious contributions in advocacy, public policy, and mentoring of others related to gerodiversity.

- The Diversity Committee in conjunction with the Awards Committee will provide two awards, one for psychologists, and one for psychologists-in-training.
- Each of the awards is presented at the annual APA convention.
- Applicants for this award may be nominated by their peers or be self-nominated. For those nominating someone else, please instruct your nominee to write their own essay response.

**What is Gerodiversity?** <https://en.wikipedia.org/wiki/Gerodiversity>

*The term gerodiversity represents an approach to the issues of aging embedded within a cultural diversity framework; a framework that treats people not just as individuals but as existing within an ecological context that includes their cultural identity, cultural heritage, local social culture, family and interpersonal relationships, as well as the larger society's dominant social frameworks. While conventional approaches to aging issues may seek to address the special issues of minority group elders, gerodiversity is an assertion that all aging occurs in a cultural context. In this framework, the term gerodiversity addresses the differences in values and meanings of and about elders that exist among cultures and the special challenges of aging as part of a group that experiences discrimination or economic and social oppression. Gerodiversity necessarily implies a social justice perspective. Various issues faced by minority elders cannot be fully understood without a social justice concept. ...the term gerodiversity entails an action-oriented communication and decision-making process to promote equal access to societal resources for all seniors regardless of their historically marginalized group status. (p.71)*

\* 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.

**Eligibility Criteria:** The Society for Clinical Geropsychology's Diversity Committee seeks to acknowledge, encourage, and honor psychologists and psychologists-in-training in the advancement of clinical practice, training, research, advocacy, and/or public policy for underrepresented older adults including but not limited to ethnic and racial minorities, women, sexual orientation minorities, and older adults with a disability. Award applicants are not required to be members of the Society for Clinical Geropsychology.

Applicants should submit the following:

1. A current curriculum vitae
2. A response of no more than 500 words to address the following question: *How have you advanced principles of gerodiversity in your psychology work for clinical practice, training, research, advocacy, public policy, and/or mentoring?*

The award winner will be chosen by the Award Selection Committee based upon dedication to gerodiversity in one's professional psychology work as evidenced by:

1. Evaluation of curriculum vitae
2. The response to the prompting question

***Recent Member Books & Publications***

Segal, D. L., Qualls, S. H., & Smyer, M. A. (2018). *Aging and mental health* (3rd edition). Hoboken, NJ: Wiley/Blackwell.

Arias, S. A., Boudreaux, E. D., Segal, D. L., Miller, I., Camargo, C. A., & Betz, M. E. (2017). Disparities in treatment of older adults with suicide risk in the Emergency Department. *Journal of the American Geriatrics Society*, 65, 2272-2277.

Hinrichsen, G., Emery-Tiburcio, E., Gooblar, J., & Molinari V. (in press). Building foundational knowledge competencies in geropsychology: Council of Professional Geropsychology Training Program (CoPGTP) recommendations. *Clinical Psychology: Science and Practice*.

Sadeq, N., & Molinari, V. (in press). Personality, depression, and cognition in older adults: Implications for practice. *Clinical Gerontologist*.

Dobbs, D., Hobday, J., Roker, R., Kaas M., & Molinari, V. (2018). Certified nursing assistants' perspectives of the CARES Activities of Daily Living Dementia Care Program. *Applied Nursing Research*, 39, 244-248.

Mitchell, L. K., Knight, B. G., & **Pachana, N.A.** (2017). Wisdom across the ages and its modern day relevance. *International Psychogeriatrics*, 29(8), 1231-1234.

Yochim, B. P., & Woodhead, E. (Eds.). (2018). *Psychology of aging: A biopsychosocial perspective*. New York: Springer Publishing Company.

Polenick, C. A., **Renn, B. N.**, & Birditt, K. S. (2018). Dyadic effects of depressive symptoms on medical morbidity in middle-aged and older couples. *Health Psychology*, 37(1), 28-36. doi: [10.1037/hea0000573](https://doi.org/10.1037/hea0000573)

**Renn, B. N.**, Asghar-Ali, A. A., Thielke, S., Catic, A., Martini, S. R., Mitchell, B. G., & Kunik, M. E. (2018). A systematic review of practice guidelines and recommendations for discontinuation of cholinesterase inhibitors in dementia. *American Journal of Geriatric Psychiatry*, 26(2), 134-147. doi: 10.1016/j.jagp.2017.09.027

**Kozlov, E.**, & Reid, MC. (In Press) Developing mHealth Applications for Older Adults with Pain: Seek Out the Stakeholders! *Pain Medicine*.

Niknejad, B, Boiler, R, Henderson C, Delgado D, **Kozlov E**, Loeckenhoff C, & Reid MC. (In Press) The efficacy of psychological interventions for chronic pain in older adults: A Systematic review and meta-analysis. *JAMA Internal Medicine*.

## The Student Voice - Turning the Page on Ageism

*Submitted by Meghan McDarby and Kelly O'Malley*

Those of us who have chosen to dedicate our career to the field of aging recognize that aging is a normal part of the lifespan that comes with opportunities for growth, learning, and productivity. However, the prevailing attitude toward aging in America is largely negative, and often synonymous with loss, impairment, and stagnation. These negative beliefs result in discrimination, prejudice, and stereotypes about age, or *ageism*. In 2015, the World Health Organization reported, “ageism may now be more pervasive than sexism or racism.”

*External ageism* has a significant impact on our society:

- **Healthcare.** Providers may experience “therapeutic pessimism” (Robb et al., 2002, p. 2) or the belief that older adults have poor prognoses and are less appropriate for treatment. This attitude often results in lower expectations for improvement and normalization of non-normative problems, like depression (Fischer et al., 2003).
- **Employment.** Ageism limits older people’s ability to obtain employment and prevents them from contributing to the workforce (Sweetland et al., 2017).
- **Policy.** Age is not considered an area of inequality that affects life trajectories in the same way as race, gender, SES, etc. The failure of politicians and policymakers to acknowledge age and age bias is risky because it could result in a reduction or removal of policies designed to support the aging population (Sweetland et al., 2017).
- **Education.** High school and college students tend to be less interested in pursuing careers in aging, possibly because they learn inaccurate information about aging (e.g., “memory loss and Alzheimer’s Disease are common in older adults”), and often because aging-related content is never presented in their early coursework altogether (Levy, 2016; Marshall, 2015).

Moreover, *internalized ageism* may result in older adults’:

- **Reluctance to seek out care** because they believe symptoms, like pain, depression, and forgetfulness, are to be expected with age (Pepin et al., 2009; Sarkisian, Lee-Henderson, & Mangione, 2003).
- **Increased fear and pessimism** about their own aging, dying, and death.
- **Acceptance** of inappropriate social treatment, like being called “honey,” or receiving “over the hill” birthday cards (Levy & Apriceno, 2017).

Thankfully, there are opportunities for us to address ageism as researchers, clinicians, and educators. For example, a large body of research evidence suggests that interdisciplinary aging courses at the undergraduate level increase positive attitudes about aging (Cottle & Glover, 2007; Funderburk et al., 2006). Furthermore, exposure to positive information about aging, awareness of the injustices suffered by older adults, and acknowledgment of implicit biases about aging significantly reduces negative beliefs about older adults and aging (Sweetland et al., 2017). Moreover, research-informed media campaigns like AARP’s #DisruptAging have found creative, media-inspired ways challenge misconceptions about aging and deliver the message to large numbers of diverse individuals (Jenkins, 2016). And perhaps most importantly, exploratory studies have demonstrated that exposure to, and contact with, older adults can be enough to increase student interest in aging as a topic of study and potential future career options (Gorelik, Damron-Rodriguez, Funderburk, & Solomon, 2000).

So, you might be asking yourself, “What *specifically* can I do?” Well, we’re glad you asked! Some suggestions we’ve come up with are:

- Avoid using ageist language like “silver tsunami,” “I threw X away because it was old”
- Teach a class about aging/lifespan development
- Get involved in aging related organizations (GSA, SCG, APA divisions)
- Join or create advocacy campaigns to spread the word
- Give talks
- Disseminate your research at non-aging related conferences
- Create collaborative symposiums with other APA divisions
- Establish aging subgroups within other APA divisions (e.g., the LGBT aging group in Division 44)
- Coordinate events /participate in groups on campus that facilitate positive views of aging

Additionally, the World Health Organization’s Ageing and Life-course webpage suggests using social media to promote positive images of aging and asking local and national politicians to support aging friendly policies (see <http://www.who.int/ageing/features/action-against-ageism/en/> for additional suggestions). The Psychology Benefits Society blog “Give the Gift of Kindness to Your Elders this Holiday Season” (<https://psychologybenefits.org/2017/12/20/give-the-gift-of-kindness-to-your-elders-this-holiday-season/>) provides many suggestions to combat ageism, including recognizing older adults all year long and participating in events during Older Americans Month in May and on National Senior Citizens Day on August 21<sup>st</sup>.

In closing, we leave you with this from Robert Browning, **"Grow old along with me! The best is yet to be."**

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## Committee Updates

### Mentorship Committee Update

*Submitted by Jennifer Birdsall, PhD*

The 12-II Mentoring Committee continues to meet monthly to discuss current projects, goals, and resource development for mentoring relationships. A continued primary interest of the committee is *professional development*, including factors that contribute to career choice and specific job selection. We are considering what informational resources are available to geropsychology trainees and early career clinicians to help make informed career/job decisions, and in what ways the Mentoring Committee can support the development of such resources. In conjunction with this goal, we have been discussing ideas for website development related to professional development topics. For mentors and mentees, we hope these developments will provide helpful guidance and resources to support informed career decisions and professional satisfaction.

### Membership Committee Update

*Submitted by Nicole Torrence, PhD & Kelly O'Malley, PhD*

- Total Paid Members: 154
- Total Paid Regular Members (including Emeritus members): 141
- Total Paid Student Members: 13

We have experienced a significant decline in membership over the last quarter. Please remember your SCG memberships expire at the end of the calendar year regardless of when you paid for your membership. If you have not renewed your membership for 2018, please visit <https://www.geropsychology.org/new-membership/> to complete the membership application and pay your dues. If you are not sure if your membership is current, please email Nicole Torrence and Kelly O'Malley at [membership@geropsychology.org](mailto:membership@geropsychology.org)

With the transition to our new website, we kindly request that existing members who have not completed a new membership application, please complete one at <https://www.geropsychology.org/new-membership/>. This will help us keep track of our current membership.

To access the site (and renew your membership) you must complete a new membership application (even if you are a current member). You will only be asked to complete this step once.

Please complete the following steps to complete your application and renew your membership:

- 1) Go to website and membership tab <https://www.geropsychology.org/new-membership/> (Helpful hint: Have your **APA member number** handy).
- 2) **Complete the membership application.** We know you have done this previously, but with our new site, each member is required to complete the membership form again. This will be the only time you will be asked to complete this step.
- 3) Select membership status (New or Renewal). \*Existing SCG members please select renewal (even though you are completing a new membership application).
- 4) Select type of membership and complete form.
- 5) Pay with PayPal (or print form and mail with check to Kimberly Hiroto). If renewing by mail, please complete the Membership Dues Form included in this newsletter with a check made payable to Kimberly Hiroto, PhD, VA Hospice and Palliative Care Center, VA Palo Alto Health Care System (116B), 3801 Miranda Avenue, Palo Alto, CA 94304
- 6) If you pay with PayPal, you will see thank you/order details at the bottom of the membership form. You also will receive emails from both the website and paypal confirming the order.

We hope you will find the membership renewal process quick and easy. If you have any trouble, please use the “Contact Us” form at the bottom of the membership application page.

### **Communication Committee Update:**

*Submitted by Christine Gould*

Caroline Merz (Website Content Coordinator) and Rachael Spalding (Website Coordinator) have been working diligently to provide up-to-date information on the website – [www.geropsychology.org](http://www.geropsychology.org). Check it out for links to upcoming conferences, newsletter archives, and more! You can also access the past board meeting minutes by logging onto the site to view them. Please contact Rachael Spalding (Website Coordinator) at [rls0046@mix.wvu.edu](mailto:rls0046@mix.wvu.edu) with suggestions for changes to pages. Ideas for new website content to be developed can be sent to Caroline Merz (Website Content Coordinator) at [cmerz@wustl.edu](mailto:cmerz@wustl.edu)

Information to be posted to the SCG Facebook page can be sent to Patty Bamonti (Social Media Overseer) at [Patricia.Bamonti@va.gov](mailto:Patricia.Bamonti@va.gov)

## **Interdivisional Health Care Committee**

*Submitted by Kimberly Hiroto, PhD & Mary Lewis, PhD*

### ***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.

The IHC met in late January for our annual mid-year meeting. Divisions represented included: 12/II, 17 (Counseling Psychology), 22 (Rehabilitation Psychology), 38 (Society for Health Psychology), 40 (Society of Clinical Neuropsychology), 43 (Couple and Family Psychology), and 54 (Society of Pediatric Psychology). Additionally, representatives also attended from the APA Practice Directorate, APA Center for Psychology and Health, and the APA Board of Professional Affairs. The IHC addresses multiple topics related to psychology's role in healthcare. Summarized here are some key points related to Clinical Geropsychology:

1. Ongoing efforts toward developing biopsychosocial models of health care highlighting the value added of psychologists for relevant issues including opioid use, disability/functioning, and chronic pain. APA is taking efforts to collaborate with medical organizations to this end. Stakeholders seem to appreciate that Medicaid recipients and patients with complex needs contribute to the minority of the population accounting for the majority of health care costs.
2. The Depression Clinical Practice Guidelines are in progress and plan to cover the lifespan, including older adults.
3. IHC continues collaborating with and supporting APA's Center for Psychology and Health on projects to train psychologists on integrated care and help psychology increase its foothold as healthcare providers. Geropsychology, in addition to other specialties, are familiar with this process and continue being leaders in the field and offering models of care for others to emulate.

## **Public Policy Committee (Joint committee with PLTC) Update**

*Submitted by Cecilia Poon, PhD*

Members: Cecilia Poon, PhD, Kelly Carney (SCG/PLTC), PhD, Perri Grabow, MA (SCG), Heather Noble, PhD (PLTC)

### **Committee Membership:**

We welcome Perri Grabow, MA, a student member of Society of Clinical Geropsychology (SCG) to our committee. Perri is a current pre-doctoral psychology intern at the St. Louis VA. She will be joining the St. Louis VA as their first geropsychology post-doctoral fellow this summer. An aspiring geropsychologist, Perri is hoping to familiarizing herself with the current public policy climate as it relates to older adults and their caregivers. She would like to become more active in this area. Welcome, Perri!

### **SCG Policy and Practice Website:**

Currently, links to Medicare Local Coverage Determinations (LCDs) that impact psychological services are available as a pdf on the Policy and Practice page. We are hoping to update relevant information on the SCG website in the next few months.

### Online Survey:

To facilitate future website updates and better serve our members' public policy interests, you are invited to participate in a brief public policy survey online. We will be sending out the link via this listserv later this month. Stay tuned! (Fun fact: Based on our "archival research" of previous SCG newsletters, Dr. Donna Raisin Waters and the PPC planned a similar survey in 2010.)"

### **Lifetime Learning Committee**

*Submitted by Meghan Marty, PhD*

Looking for CE Credits? APA has several CE opportunities available through the Office of Continuing Education, including article-based exams, book-based exams, newsletter-based exams, video on-demand, and Clinician's Corner workshops. Several offerings include topics that may be of interest to SCG members, such as assessment of capacity, treatment of late-life mental health issues, family caregiving, end-of-life care, and working with older lesbian and gay adults. Discounted fees are available for APA members. For more information, see the APA Office of Continuing Education website at <http://www.apa.org/education/ce/index.aspx?tab=1>

### **CONA Update**

*Submitted by Erin Emery-Tiburcio, PhD, ABPP*

CONA met in Washington DC March 23-25 for our annual consolidated meeting. We met with multiple members of APA leadership, including the president-elect, Rosie Phillips Davis (no longer Bingham). Dr. Phillips Davis presented her presidential focus on deep poverty. CONA was able to share with her that older adults are the fastest growing population in deep poverty in the US, and that being female, a person of color, or having poor health increases risk of poverty. As such, CONA will work with her to help focus on this population in need in its efforts this year, and increasing focus on social connectedness. CONA will also focus on dissemination of our recent release of the [Roadmap for Careers in Aging](#), including for Careers in Aging Week, April 2-6 – please spread the news of this great resource! We are in the process of creating activities to use along with the Roadmap, including creating student videos. CONA is currently partnering with the APA Early Career Office to create a whiteboard video for ECPs about aging, in response to their survey that indicated ECPs feel least confident in working with adults compared to any other population. Dr. Phillips Davis would like us to include focus on ECPs aged 50+ in that work; we'll look forward to next steps with that endeavor! Our 2018 strategic plan includes blogs, advocacy training, and much more – details to follow as the projects unfold.

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

*Submitted by Victor Molinari, PhD, ABPP  
Section 2 Representative*

The SCP Board of Directors meeting was held Feb 9-11 in San Diego. A number of items were discussed which I will be glad to elaborate on via email or on the next call:

- 1) SCG needs to start thinking about nominating SCG people for SCP awards, especially the Distinguished Contributions to Research and Student Research awards.

- 2) SCP CEU program proposals have been launched. SCG has wanted to get a CEU proposal with geropsychology content. Its now operative.
- 3) With the reduction in hours allotted to SCP programming, the SCP programming plan will at least have one intersectional program promoting leadership at the SCP hospitality suite. The SCP suite may be used for even more programing this year.
- 4) Grooming sectional reps for SCP board leadership is an important initiative that will merit more discussion.
- 5) The book published by Mast and Yochim on ‘Alzheimer’s disease and dementia’ published by Hogrefe Press received very good reviews!
- 6) Dr. Gayle Beck is completing her job as editor of Clinical Psychology: Science and Practice. She has done a great job and has been ‘friendly’ to articles with geropsychology content.
- 7) Kim Penberthy (a member-at-large for SCP) is a candidate for the Division 12 rep to APA Council. She is a woman with expertise and a commitment to diversity.

### 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 Elissa or Brenna.

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) <input type="checkbox"/> <b>New Member</b> <input type="checkbox"/> <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 <input type="checkbox"/> <b>Check here to OPT OUT of the LISTSERV</b> <input type="checkbox"/> <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> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>Yes—student member</b> <input type="checkbox"/> <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) <input type="checkbox"/> <b>Clinical Practice</b> <input type="checkbox"/> <b>Research</b> <input type="checkbox"/> <b>Teaching</b> <input type="checkbox"/> <b>Administration</b>				
<b>Payment of Dues (USD) Please select one:</b> <input type="checkbox"/> <b>\$35—one year membership</b> <input type="checkbox"/> <b>\$10—one year student membership</b> <input type="checkbox"/> <b>\$100—three year membership</b> <input type="checkbox"/> <b>Emeritus members are dues exempt</b>			\$ _____	
<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, VA Hospice and Palliative Care Center, VA Palo Alto Health Care System (116B), 3801 Miranda Avenue, Palo Alto, CA 94304.				

