President’s Column
Nancy Pachana, PhD, FAPS, FASSA

Greetings all SCG members! My first column is devoted to an update on activities in the first quarter of 2019. What a busy time it has been, with a focus on revising the Society’s bylaws while trying to simplify and streamline both our committee structures and our membership payment systems. These have been intertwined processes for which I thank everyone on our Executive Committee and Leadership Team, particularly Bob Knight as the Chair of the ad-hoc Bylaws Committee.

What is our Executive Team? These are our elected officers (President, President-elect, Past-president, Secretary, Treasurer, and Division 12 representative) who e-meet monthly to deal with more day-to-day issues and decision-making of SCG governance. Our Leadership Team is comprised of the Executive Committee plus the leaders of our Communications Team, our various committees, and our other section representatives (including student representatives) who meet quarterly to discuss larger issues, such as the revising of our bylaws. The language here is reflected in the amended bylaws, which have been modernized and streamlined to carry us forward. The amended bylaws were passed in May 2019.
I am also pleased to report that upgrading our PayPal system will allow for greater ease in renewing memberships. As the receipts from PayPal offer the clearest list of active membership status, and given several bookkeeping issues arising from both paying by check and paying for various lengths of membership, we are reverting to a simpler electronic payment with option of paying for a single year, whether student or regular member. Check out our **NEWLY REVAMPPED website** to catch up on committee updates and membership renewal.

Finally, I have been excited to pursue the first parts of my Presidential Initiative, which centers on expanding the international focus of the Society. This has begun with a monthly clinical geropsychology update from an international colleague, sent out over email and archived on our SCG website. As the year progresses, look for student and member-focused webinars on leadership, training competencies and long-term care, all with an international focus. Finally, I am pursuing links between relevant international peak bodies such as the International Psychogeriatric Association and SCG, to promote our common interests.

**CALL FOR A STUDENT REPRESENTATIVE!**

The Society of Clinical Geropsychology is looking for a new student representative to serve a two-year term starting Fall 2019. We are interested in hearing from graduate students with a strong commitment to aging and clinical geropsychology.

To learn more about what SCG student representatives do, please see the Student Representative column in this newsletter or contact Rachael Spalding (rls0046@mix.wvu.edu).

**CALL FOR A WEBSITE CONTENT COORDINATOR!**

We are also looking for a new Website Content Coordinator, to start as soon as possible. To learn more about what this role entails, please contact Caroline Merz (cemerz@go.wustl.edu).

If interested in being considered for either of these roles, please contact President Nancy Pachana (npachana@psy.uq.edu.au) directly.

---

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

As the days stretch from spring into summer, we’re excited to bring you the Spring 2019 newsletter. First of all, a hearty congratulations to the 2019 SCG award winners! Next, Dr. Christopher Beam offers some reflections in our Member Spotlight. A special shout-out for his enthusiastic support of our student membership drive – he signed up no less than nine student members! Look for a special column from the Diversity Committee and a series of Research Roundups from our student members highlighting the latest research in geropsychology. Finally, the Interdivisional Healthcare Committee is seeking a new representative from 12/II – see the flyer at the end of this newsletter.

As always, we are interested in hearing how this newsletter can better serve SCG community. If you have any suggestions or recommendations, please email us at Elissa.Kozlov@rutgers.edu or bnrenn@uw.edu.
# New 2019 SCG Leadership Team

## ELECTED OFFICERS

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Nancy Pachana</td>
<td><a href="mailto:npachana@psy.uq.edu.au">npachana@psy.uq.edu.au</a></td>
<td>Brisbane, QLD, Australia</td>
</tr>
<tr>
<td>President Elect</td>
<td>Brian Carpenter</td>
<td><a href="mailto:bcarpenter@wustl.edu">bcarpenter@wustl.edu</a></td>
<td>St. Louis, MO</td>
</tr>
<tr>
<td>Past President</td>
<td>Doug Lane</td>
<td><a href="mailto:dw_lane@hotmail.com">dw_lane@hotmail.com</a></td>
<td>Seattle, WA</td>
</tr>
<tr>
<td>Secretary</td>
<td>Veronica Shead</td>
<td><a href="mailto:vlynnette@gmail.com">vlynnette@gmail.com</a></td>
<td>St. Louis, MO</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Erin Woodhead</td>
<td><a href="mailto:Erin.woodhead@sisu.edu">Erin.woodhead@sisu.edu</a></td>
<td>San Jose, CA</td>
</tr>
<tr>
<td>Division 12 Rep</td>
<td>Brian Yochim</td>
<td><a href="mailto:Brian.Yochim@va.gov">Brian.Yochim@va.gov</a></td>
<td>St. Louis, MO</td>
</tr>
</tbody>
</table>

## STANDING COMMITTEES

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
<th>Email</th>
<th>Members</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards and Recognition</td>
<td>Sara Qualls</td>
<td><a href="mailto:squalls@uccs.edu">squalls@uccs.edu</a></td>
<td>Peter Lichtenberg, Suzanne Meeks</td>
<td>Colorado Springs, CO</td>
</tr>
<tr>
<td>Diversity</td>
<td>Nancy Pachana</td>
<td><a href="mailto:npachana@psy.uq.edu.au">npachana@psy.uq.edu.au</a></td>
<td>Daniel Parker, Flora Ma, Katie Johanson, Laura Raicu, Charissa Hosseini</td>
<td>Brisbane, QLD, Australia</td>
</tr>
<tr>
<td>Lifelong Learning</td>
<td>Meghan Marty</td>
<td><a href="mailto:meghan@meghanmarty.com">meghan@meghanmarty.com</a></td>
<td>Erin Emery-Tiburcio, Andrea June</td>
<td>Portland, OR</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Jennifer Birdsall</td>
<td><a href="mailto:ibirdsall@cheservices.com">ibirdsall@cheservices.com</a></td>
<td>Barry Edelstein, Becky Allen, Jarred Gallegos, Rachael Spalding, Brenna Renn</td>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>Nominations / Elections</td>
<td>Doug Lane</td>
<td><a href="mailto:dw_lane@hotmail.com">dw_lane@hotmail.com</a></td>
<td>Nancy Pachana, Veronica Shead</td>
<td>Seattle, WA</td>
</tr>
<tr>
<td>Science and Practice</td>
<td>Ann Steffen</td>
<td><a href="mailto:ann_steffen@umsl.edu">ann_steffen@umsl.edu</a></td>
<td>Forrest Scogin, Michele Karel, Julie Wetherell, Ronald Smith</td>
<td>St Louis, MO</td>
</tr>
</tbody>
</table>

## COMMUNICATIONS TEAM

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Media</td>
<td>Patricia Bamonti</td>
<td><a href="mailto:patricia.bamonti@va.gov">patricia.bamonti@va.gov</a></td>
<td>Roslindale, MA</td>
</tr>
<tr>
<td>Listserv Manager</td>
<td>Charissa Hosseini</td>
<td><a href="mailto:chosseini@paloalto.edu">chosseini@paloalto.edu</a></td>
<td>Loma Linda, CA</td>
</tr>
<tr>
<td>Newsletter Editors</td>
<td>Brenna Renn</td>
<td><a href="mailto:brenn@uw.edu">brenn@uw.edu</a></td>
<td>Seattle, WA</td>
</tr>
<tr>
<td></td>
<td>Elissa Kozlov</td>
<td><a href="mailto:Elissa.Kozlov@rutgers.edu">Elissa.Kozlov@rutgers.edu</a></td>
<td>New York, NY</td>
</tr>
<tr>
<td>Website Coordinator</td>
<td>Rachael Spalding</td>
<td><a href="mailto:rls0046@mix.wvu.edu">rls0046@mix.wvu.edu</a></td>
<td>Morgantown, WV</td>
</tr>
<tr>
<td>Website Content</td>
<td>Caroline Merz</td>
<td><a href="mailto:cmerz@go.wustl.edu">cmerz@go.wustl.edu</a></td>
<td>Washington D.C.</td>
</tr>
</tbody>
</table>

## REPRESENTATIVES TO AND FROM 12/II

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Representatives</td>
<td>Meghan McDarby</td>
<td><a href="mailto:mmcdarby@wustl.edu">mmcdarby@wustl.edu</a></td>
<td>St. Louis, MO</td>
</tr>
<tr>
<td></td>
<td>Rachael Spalding</td>
<td><a href="mailto:rls0046@mix.wvu.edu">rls0046@mix.wvu.edu</a></td>
<td>Morgantown, WV</td>
</tr>
<tr>
<td>Interdivisional</td>
<td>Kimberly Hiroto</td>
<td><a href="mailto:kimberly.hiroto@va.gov">kimberly.hiroto@va.gov</a></td>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>HealthCare Committee</td>
<td>Mary Lewis</td>
<td><a href="mailto:marylewisphd@gmail.com">marylewisphd@gmail.com</a></td>
<td>Columbus, OH</td>
</tr>
</tbody>
</table>

## 12/II Diplomatic Liaisons

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division 20</td>
<td>Erin Sakai</td>
<td><a href="mailto:erin.sakai@va.gov">erin.sakai@va.gov</a></td>
<td>St. Louis, MO</td>
</tr>
<tr>
<td>PLTC</td>
<td>Craig Schweon</td>
<td><a href="mailto:chsphd@gmail.com">chsphd@gmail.com</a></td>
<td>Pasadena, CA</td>
</tr>
<tr>
<td>CoPGTP</td>
<td>Patricia Bamonti</td>
<td><a href="mailto:patricia.bamonti@va.gov">patricia.bamonti@va.gov</a></td>
<td>Roslindale, MA</td>
</tr>
<tr>
<td>GeroCentral</td>
<td>Erin Emery-Tiburcio</td>
<td><a href="mailto:erin_emerytiburcio@rush.edu">erin_emerytiburcio@rush.edu</a></td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>Victor Molinari</td>
<td><a href="mailto:ymolinari@usf.edu">ymolinari@usf.edu</a></td>
<td>Tampa, FL</td>
</tr>
<tr>
<td>Specialty Council</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Congratulations to the 2019 SCG Award winners!

M. Powell Lawton Award for Lifetime Achievements in Geropsychology

Peter Lichtenberg, PhD, ABPP
Director, Institute of Gerontology and Merrill Palmer Skillman Institute
Professor of Psychology
Wayne State University, Detroit, MI

Distinguished Clinical Mentorship Award

Benjamin Mast, PhD, ABPP
Chair & Professor
Psychological & Brain Sciences
University of Louisville, Louisville, KY

Todd “TJ” McCallum Gerodiversity Award for Excellence in Gerodiversity

Kate Hinrichs, PhD, ABPP
Psychologist, Boston VA Healthcare System,
Brockton Campus, Boston, MA

Student Paper Award

Meghan McDarby, MA
Doctoral Student, Washington University in St. Louis
Mentor: Brian Carpenter, PhD

Barriers and Facilitators to Effective Inpatient Palliative Care Consultations: A Qualitative Analysis of Interviews with Palliative Care and Nonpalliative Care Providers
Congratulations to our Student Member Raffle Winner!

New SCG student members were entered into a drawing to receive a handmade Aboriginal Art pillowcase!

A fun way to increase student membership

Alice Kim, a new SCG student member from Christopher Beam’s lab at University of Southern California and lucky recipient of the Aboriginal Art pillowcase

Nancy Pachana, SCG President sending a handmade Australian Aboriginal Art pillowcase from the historic post office in Queensland

Photo courtesy of Google Maps
Full Member Spotlight: Christopher Beam, PhD

Year Joined Society of Clinical Geropsychology: 2015

Hometown: Los Angeles, CA

Current Professional Titles and Affiliations: Assistant Professor, Department of Psychology, University of Southern California

Q: Why did you join the Society of Clinical Geropsychology?
I joined SCG as a postdoctoral researcher at University of Southern California (USC) to connect with other clinical geropsychologists.

Q: How has membership in the society assisted you with your professional activities?
As the newest faculty member in the clinical science area at USC, SCG has been a resource for answering questions about mentoring, licensure, and even creating course syllabi for clinical geropsychology and lifespan development courses.

Q: How did you get interested in the field of aging?
While in graduate school at the University of Virginia, I became a fellow in the Evolutionary and Ontogenetic Dynamics International Max Planck Research School in Germany. All fellows met twice a year to share research findings on aging. My experiences in the Max Planck Research School soon bled into my clinical interests, where I found myself working more and more with older adults.

Q: What was your most memorable experience during your graduate studies?
My most memorable experience(s) in graduate school were weekly lab meetings with Drs. Eric Turkheimer, Robert Emery, and John Nesselroade. The conversational style that each led their lab meetings made it possible to allow “quarter-baked” ideas to develop into fully executed studies.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?
Yes! Dr. Margaret Gatz has played an integral role in my development as a clinical geropsychologist. She has guided my transition to the faculty at USC, supervised the development of group-based complicated grief protocol, mentored my research training in Alzheimer’s disease and related disorders, and has shown me what it is to be a present and attentive mentor to my own graduate students.

Q: What is your current position and what are your key responsibilities?
Currently, I am an assistant professor in clinical science. At this point, my key responsibilities entail developing my lab, representing assistant professors in our department on the executive committee, and teaching lifespan developmental methods to graduate students in clinical psychology and the Davis School of Gerontology. Additionally, I and Dr. Deborah W. Davis at the University of Louisville are working to restart data collection in the Louisville Twin Study.
Q: Tell us about your most recent activities.
Currently, I am funded by the Alzheimer’s Association to study whether physiological dysregulation mediates effects of loneliness on Alzheimer’s disease risk in older adults. As a member of the Interplay of Genes and Environments Across Multiple Studies (IGEMS) consortium, I am investigating whether genetic and environmental factors have to do with why women are diagnosed more often with Alzheimer’s disease than men; and using structural equation modeling to validate a latent dementia indicator across 11 studies that other consortium members can use in their research.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?
My most memorable finding in aging research, and clinical practice for that matter, is that more physically and socially active older adults live longer and perform better on cognitive functioning measures.

Q: Do you have any tips for emerging geropsychologists?
Take a lifespan developmental perspective in both research and practice. The accumulation of a lifetime of experiences informs older adults’ thoughts, feelings, and behaviors, so becoming a good geropsychologist involves becoming a good therapist with populations of all ages.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?
Music has been an important part of my life since junior high school concert band, so I keep a practice space where I can make music after I finish teaching during the week. I have been a bread-baking enthusiast for the last 10 years, so spend much time each week baking bread. I also spend my free time studying Italian.

******************************

Student Member Spotlight: Jacinta Dickens, MA

Year joined Society of Clinical Geropsychology: 2018

Hometown: Sacramento, CA

Current affiliation: University of Louisville

Q: Why did you join the Society for Clinical Geropsychology?
I joined Division 12 Section 2 in order to learn more about what is happening in the field and to be inspired and motivated by the work of others.

Q: How has membership in the Society for Clinical Geropsychology assisted you with your professional development?
The membership has been a great way to expand my list of internship and postdoctoral fellowship opportunities for consideration, as well as stay up to date on current research.
Q: How did you get interested in the field of aging?
I suspect that every time I am asked this question, I provide a slightly different answer as I found myself frequently connected to the field of aging, yet a career path was unclear. However, my time as a hospice volunteer was a significant influence on my decision to explore opportunities in aging. Working directly with patients, I found myself engaged and energized in ways that surprised me.

As I began to consider aging related careers nothing captivated me, therefore it appeared I was on the wrong path. Little did I know that I would find the right path while working in corrections, where I discovered prison hospice. Intrigued, I started exploring the literature and was surprised to discover that incarcerated older adults are a vulnerable and underserved subgroup of the aging population. It was also through existing literature that I learned of Geropsychology and how it can be instrumental in supporting the needs of this group.

Q: Have you had an important mentor in your career? If so, how did he or she make a difference?
Through an unexpected chain of events I have established a research collaboration with Stephanie Grace Prost, MSW, PhD that, like hospice, engages and energizes me. Our work together has challenged me to examine both multidisciplinary and interdisciplinary approaches to research, which has had a substantial impact on how I develop projects and explore the significance of findings.

Q: What has been your most memorable experience in gerontology and aging clinical practice and/or research?
While I have had many great experiences in the world of aging, I think I am too early in my career to have a most memorable one.

Q: Tell us about your most recent activities.
I am currently working toward a PhD in Clinical Psychology with a specialization in Geropsychology at the University of Louisville. My research projects are primarily focused on incarcerated older adults and include topics such as quality of life, palliative caregiver self-efficacy, and depression.

Q: Looking forward, what are your plans after graduation?
Post-graduation, I intend to pursue state licensure in California and board certification through the American Board of Geropsychology. While acquiring those I anticipate working on a research-focused postdoctoral fellowship addressing aging in correctional institutions and long-term care settings. Afterward, I will return home to California to launch the next phase of my Geropsychology research career in a government or academic setting.

Q: What keeps you busy when you are not working with older adults? What are your non-professional aspirations and hobbies?
My spare time is routinely spent immersed in performing arts including ballet, opera, and theater. As a cinephile, particularly foreign and independent films, I would love to make my way around the large film festival circuit such as Sundance, Cannes, and TIFF.
Special Column: CoPGTP Recommendations

Recommendations for Building Foundational Competency in Professional Geropsychology
Submitted by Gregory A. Hinrichsen, PhD, ABPP

Geropsychologists are increasing asked by other psychologists with little or no background in aging, “What do I need to know to start seeing older adults in clinical practice?” Until recently guidance was informal: Attend a workshop, read some recommended articles and books, and perhaps get some local mentorship from a geropsychologist. Several years ago, the Council of Professional Geropsychology Training Programs (CoPGTP) convened a Workgroup to see if some consensus could be developed on what knowledge might be considered foundational for post-licensure psychologists interested in expanding practice to older adults. The Workgroup conducted a survey of 149 geropsychologists. They were asked to prioritize the content of the Pikes Peak Model for Training in Professional Geropsychology for post-licensure psychologists who wished to obtain “Exposure” level training in geropsychology as recommended by the Council of Specialties in Psychology (i.e. 15 hours of continuing education).

The recommendations were published in Division 12’s Clinical Psychology: Science and Practice. Recommendations were endorsed by APA’ 12/I, Division 20 (Adult Development and Aging), and Committee on Aging (CONA) as well as Psychologists in Long-Term Care. Members of the CoPGTP workgroup included: Gregory Hinrichsen, Erin Emery-Tiburcio, Dolores Gallagher-Thompson, John Gooblar, Andrew Heck, Michele Karel, Victor Molinari, Erlene Rosowsky, and Richard Zweig.

References & Related Readings

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 (Elissa.Kozlov@rutgers.edu) or Brenna Renn (bnrenn@uw.edu).

Member News & Awards

Erin Emery-Tiburcio, PhD, ABPP, Gregory Hinrichsen, PhD, ABPP, Victor Molinari, PhD, ABPP, and Richard Zweig, PhD, ABPP developed a two-day workshop based on the CoPGTP-recommended competencies in professional geropsychology, presented at the Illinois Psychological Association in April.

Kim Van Orden, PhD is the 2019 recipient of American Association of Suicidology Edwin S. Shneidman Award for outstanding contributions in research in the field of suicidology. Dr. Van Orden is
an Associate Professor in the Department of Psychiatry at the University of Rochester School of Medicine.

Recent Member Books & Publications


The Student Voice

Submitted by Rachael Spalding, BA

Hello, everyone! My name is Rachael Spalding and I am a second-year graduate student in the clinical psychology doctoral program at West Virginia University. I am thrilled to begin serving as the newest Student Representative to SCG, in addition to continuing to help out with technological troubleshooting

Clinical Geropsychology News Spring 2019 Volume 26, Issue 1
Diversity Column

“The Invisible Elder”: Considerations for Working with Older Indigenous Individuals

Submitted by Laura Raicu, MA

By 2050, the world's population aged 65 years and older will total approximately 1.5 billion (up from 617 million in 2016) and is expected to become more diverse as it continues to grow (World Health Organization, 2017). Older indigenous populations in particular are expected to grow exponentially, specifically in countries like the United States, Canada, and Australia (Conte, Schure, & Goins, 2015; Vincent & Velkoff, 2010). Given these populations’ long histories of generational trauma, oppression, and discrimination, mental health issues disproportionately affect indigenous communities and are chronically under-addressed (Schure, Odden, & Goins, 2013; Wilson, et al., 2010). As native individuals age, issues like substance abuse, PTSD, and depression continue to have significant impacts on mental and physical well-being if not effectively treated. For example, depression is correlated with both dementia and diabetes in older Native Americans, with more severe depression leading to poorer health outcomes (Garrett et al., 2015).

Unfortunately, mental health professionals are not adequately trained in working with older indigenous individuals. In fact, scholars have referred to such individuals as “the Invisible Elder” precisely for this reason (Kaelber, 2001). Research, interventions, and professional guidelines tend to focus on non-indigenous communities and Western notions of health. Therefore, the onus is on clinicians to take a leading role in promoting and implementing evidence-based, culturally-relevant practices when working with older natives. Existing research offers several suggestions for doing this. For instance, Conte et al. (2015) make a strong case for the use of senior companion programs and intergenerational programs that “support cultural traditions such as mentorship and building respect,” as high levels of social support among older indigenous individuals is associated with decreased chronic pain and fewer depressive...
symptoms. (Conte et al., 2015, p. 10). Other studies also emphasize the importance of increasing resilience in older natives, as greater resilience is associated with improved mental and physical health (Schure et al., 2013). Clinicians may increase resilience by engaging indigenous elders in traditional storytelling, exploration of self-identity, and identification of character strengths (Khan et al., 2016; Grandbois & Sanders, 2012). Additionally, other scholars have called for psychology’s involvement at the political level and in educational efforts to train mental health professionals in working with indigenous elders (Ocampo, 2010; Okozi, Zainab Nael, & Cruza-Guet, 2010).

Most importantly, mental health professionals must continuously maintain and increase cultural competency by staying abreast of current developments in research and evidence-based practices focused on older indigenous individuals. It is crucial that clinicians remain educated on historical trauma, cultural beliefs, preferences, and practices, mistrust of non-indigenous institutions, and gerontological issues as they pertain to older natives. It is only through honest and reflective work that we will continue to make strides in addressing the diverse needs of the expanding older population.

Laura Raicu is a doctoral student in Clinical Psychology at the Wisconsin School of Professional Psychology in Milwaukee, WI. She is also a student representative of the Diversity Committee. You may contact her at raicu.laura@wspp.edu.

References


Obstructive sleep apnea may increase the risk of Alzheimer’s disease

Submitted by Kelly A. Durbin, MA

There is a bidirectional relationship between poor sleep quality and Alzheimer’s disease (AD), with evidence indicating that sleep disturbances can increase one’s risk of AD (Bubu et al., 2017). Although the underlying mechanisms still remain unclear, one potential explanation is that sleep clears the accumulation of amyloid beta, one of the hallmark signs of AD, which is produced when individuals are awake (Xie et al., 2013). Given the association between inadequate sleep and AD, there is growing interest in determining if sleep disorders, such as obstructive sleep apnea and REM sleep behavior disorder, increase one’s risk of dementia. Obstructive sleep apnea (OSA) is a relatively common disorder in which the upper airway repeatedly becomes obstructed during sleep causing periods of intermittent hypoxia and sleep fragmentation (Park, Ramar, & Olson, 2011). Estimates of the prevalence of OSA range from 3% to 7% (Punjabi, 2008). However, OSA increases with age and there is evidence that the prevalence of OSA in some older adults may be as high as 90% for men and 78% for women (Senaratna et al., 2017).

A study recently published in Sleep Medicine collected cerebrospinal fluid (CSF) to measure levels of Aβ40 and Aβ42 (two major isoforms of amyloid beta), tau, and orexin in a sample of OSA patients, AD patients, and controls (Liguori et al., 2019). Sleep architecture was assessed using polysomnography. Findings indicated that individuals with OSA and AD showed similar alterations in sleep architecture and there was greater disruption of REM sleep in both patient groups relative to controls. In addition, OSA patients showed reduced Aβ42 compared to controls, although the level was not as low as individuals with AD. Critically, when assessing Aβ42/Aβ40 and t-tau/Aβ42 ratios, individuals with OSA had alterations that were indicative of AD pathology. These findings suggest that the sleep disturbances produced by OSA may disrupt the brain’s ability to metabolize amyloid beta during sleep, prompting a cascade of neuropathological changes that increase one’s risk of developing AD. These findings emphasize the importance of proper sleep hygiene and adhering to treatments for OSA (e.g., oral device, CPAP machine) in older age.

Kelly Durbin is a graduate student in the Clinical Science Program of the Department of Psychology, University of Southern California. Her work was supported by the NIH Ruth L. Kirschstein National Research Service Award Individual Predoctoral Fellowship.

Multidomain lifestyle intervention benefits a large elderly population at risk for cognitive decline and dementia regardless of baseline characteristics: The FINGER trial.

Submitted by Jacqueline S. Hogan, MS

Global efforts to help delay and prevent dementia and Alzheimer’s disease (AD) are of paramount importance for individuals, families, and global health at-large (Livingston et al., 2017). Meta-analytic research indicates that modifiable risk factors such as physical inactivity, smoking, midlife hypertension,
midlife obesity, and diabetes potentially attribute to about one third of the AD cases worldwide (Norton, Matthews, Barnes, Yaffe, & Brayne, 2014). Lifestyle and behavioral interventions for modifiable risk factors have shown to help prevent cognitive decline (Barnes & Yaffe, 2011; Bredesen et al., 2016; Mangialasche, Kivipelto, Solomon, & Fratiglioni, 2012). Additionally, combining cognitive assessment with a life-course perspective in community settings may advance prevention efforts at the population level (Solomon et al., 2014).

In 2013, Kivipelto et al. launched the 2-year Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) multidomain lifestyle intervention trial. The double-blind randomized controlled trial study sought to assess whether a multidomain intervention can prevent cognitive decline among older people. The study included 1260 individuals aged 60-77 years from the general Finnish population with an increased risk of dementia. Participants were randomized in a 1:1 ratio into two groups. The first group received a four component multidomain intervention, including: dietary guidance; physical exercise training; cognitive training and social activities; and intensive monitoring and management of metabolic and vascular risk factors. The control group received general health advice from the study nurse. Both groups met with the study nurse at the screening and baseline visits, then at 6, 12, and 24 months, and also with the study physician at 24 months. At baseline, the study collected: sociodemographic characteristics (age, sex, education); socioeconomic status (annual household income); cognitive performance (MMSE); cardiovascular risk factors; overall cardiovascular risk; and presence of cardiovascular comorbidity. Evaluations included an extended version of the Neuropsychological Test Battery (NTB) and medical evaluations of cardiovascular risk factors. The primary outcome measure was cognitive performance as measured by the NTB. Results showed that intervention had a beneficial effect on the primary cognitive measure ($P = .030$). These findings suggest that a multidomain intervention may help prevent or delay cognitive impairment in older adults.

The recent study (Rosenberg et al., 2018) used pre-specified subgroup analyses and mixed-model repeated-measures to investigate whether baseline characteristics (i.e., sociodemographics, socioeconomic status, cognitive performance, and cardiovascular factors) collected in the original study influenced the cognitive outcomes of the intervention group. The outcomes suggest that the FINGER intervention benefits cognition regardless of participant baseline characteristics ($P$-values for interaction > .05). Motivating participants to make healthy lifestyle changes was essential to the beneficial outcomes of the study. The interventions involved both individual and group counseling. Geropsychologists are well-positioned to assist older adults in making positive choices through counseling approaches such as motivational interviewing. Expanding research efforts to explore behavioral interventions for modifiable risk factors for AD may advance the mission of geropsychology to promote the overall wellness of older adults.

**Gender differences in dementia caregivers on components of burden and depression could have implications for future treatments**

*Submitted by Rebecca Ingram, BA*

According to the Alzheimer’s Association, 5.8 million Americans are currently diagnosed with Alzheimer’s disease or another type of dementia, and 16 million family members are providing unpaid care to these individuals. Dementia caregivers have been found to experience high levels of burden, grief, and depression (Adams & Sanders, 2004; Schulz, O’Brien, Bookwala, & Fleissner, 1995). Many studies have examined gender differences in overall levels of depression and burden in dementia caregivers, but a
study by Pillemer, Davis, and Tremont (2018) was the first to examine gender differences in specific components of burden and depression in dementia caregivers. They used the Zarit Burden Interview (ZBI) to measure burden, and the Center for Epidemiology Studies Depression Scale (CES-D) to measure depression. Three established factors for the ZBI were used: impact of caregiving on the caregivers’ lives (e.g., health and social life suffering, feeling stress or strained around their relative), feelings of guilt (e.g., feeling like they could do a better job in caring), and feelings of frustration and embarrassment (e.g., feeling angry or embarrassed around their relative). Four established factors for the CES-D were also used: depressed affect (e.g., feeling sad, lonely, or depressed), somatic and retarded activity (e.g., talking less than usual, restless sleep), positive affect (e.g., feeling happy), and interpersonal feelings (e.g., feeling like people disliked them). Female caregivers scored significantly higher than their male counterparts on overall levels of burden and depression. Specifically, they scored higher on the first factor of burden (impact of caregiving on the caregivers’ lives), depressed affect, somatic and retarded activity, and positive affect. These findings are important as they could potentially inform future treatments. As proposed by the authors, this could mean developing gender specific treatments that target the impact of caring on the caregivers’ life, depressed affect, and somatic and retarded activity in female caregivers. Since female caregivers also scored higher on positive affect, future treatments could attempt to use specific techniques to enhance those feelings in order to serve as a buffer against the negative aspects of caregiving (Pillemer et al., 2018; Lloyd, Patterson, & Muers, 2016).

Rebecca Ingram is a student in the clinical psychology MA program at the Department of Psychology at the University of Colorado Colorado Springs.

References
Committee Updates

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, 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, visit the APA Office of Continuing Education website.

The Lifetime Learning Committee would also like to thank Michelle Hilgeman, PhD for her service to the committee. Dr. Hilgeman chaired the committee from 2011 to 2015 and served as member from 2016 to 2019. She recently stepped down from the committee to focus on traveling for her current grant-funded research projects, supervising graduate students, and serving on local service committees through her role as a Research Clinical Psychologist at the Tuscaloosa VA Medical Center. Thank you for your contributions Dr. Hilgeman!

Mentorship Committee
Submitted by Brenna Renn, PhD on behalf of Jennifer Birdsall, PhD

Your 12/UI Mentoring Committee recently conducted a survey of trainees and established professionals in clinical geropsychology to better understand information/resources currently guide specific job decisions and what additional information/resources would increases awareness of available job choices that may
Clinical Geropsychology News  Spring 2019  Volume 26, Issue 1

lead to greater job satisfaction. We had better-than-expected participation and are currently analyzing data to disseminate our findings. Stay tuned!

**Committee on Science and Practice**

*Submitted by Ann Steffen, PhD, ABPP*

The 12/II Committee on Science and Practice (formally known as the “Practice Issues Committee”) is comprised of the following members: Ann Steffen (Chair), Michele Karel, Forrest Scogin, Ron Smith and Julie Wetherell. This first quarter of 2019 we have reviewed and commented on the APA revised petition for the Specialty in SMI and developed recommendations for our committee name and formal description. The draft description for the committee is: The Committee on Science and Practice aims to support the mission of the Society of Clinical Geropsychology (SCG) by (a) evaluating and commenting on the scientific basis of proposed psychological assessment and treatment guidelines (i.e., by APA or other professional organizations) as relevant to clinical geropsychology practice and (b) informing 12/II membership about committee recommendations. The committee’s work is guided by a commitment to enhance clinical science, training, practice, and public health policies to meet the behavioral health needs of older adults.

Our committee invites any 12/II members who become aware of proposed psychological assessment and treatment guidelines that are relevant for clinical geropsychology to contact us (ann.steffen@umsl.edu).

**APA Committee on Aging (CONA) Update**

*Submitted by Walter R. Boot, PhD, Chair of CONA*

The Committee on Aging (CONA) continues to be busy with advocacy efforts aimed at highlighting the importance of aging issues and aging research, efforts to update and promote our Exploring Careers in Aging Roadmap, providing input into APA’s Strategic Plan implementation, and organizing convention events. In collaboration with Division 20 (Adult Development and Aging), CONA is participating in, and encouraging others to participate in, APA’s Stand for Science campaign. This campaign provides psychologists with training and support to connect them with their members of Congress through district office visits and research laboratory visits. Twenty-two psychological scientists (eleven pairs of faculty members and graduate students, including two CONA members and their students), with expertise in aging were identified to participate and discuss their research and the importance of research into aging. After training, we expect visits to occur later this year. Last year our advocacy efforts were focused on Kevin and Avonte’s Law, aimed to help reduce the risk of injury and death relating to wandering; add grant program support for individuals with autism, dementia and other developmental disabilities; safeguard the well-being of individuals with disabilities during interactions with law enforcement; and provide education and resources to law enforcement agencies, schools, and clinicians. As a result of the advocacy CONA and others engaged in, the final FY2019 Consolidated Appropriations Act contained $2 million for grants as authorized under Kevin and Avonte’s Law. The Department of Justice is currently working on developing the solicitation to have it ready in time to enable the availability of grant funding this fiscal year. CONA also plans to continue to refine and add to the Exploring Careers in Aging Roadmap. This resource is aimed at promoting interest in careers in aging, starting as early as high school. Based on student feedback, we are in the process of adding student profiles to the website. These profiles will highlight graduate students currently engaged in aging research, their motivations, and their
experiences. We are also in the process of developing classroom activities connected to the roadmap for high school teachers and college instructors to use in their classrooms.

Another major effort of CONA recently has been providing input into ways to implement and prioritize the objectives of APA’s new Strategic Plan. CONA participated in three days of meetings at the Spring Consolidated Meeting at the end of March. These meetings had a large emphasis on thinking about which of the nineteen objectives that are part of the plan should receive the most attention initially, which objectives are most consistent with the mission of CONA, and what are the resources available from CONA and other groups within and outside of APA to help advance these objectives.

CONA is also preparing for a busy convention at APA 2019 in Chicago. A Governance Collaborative Program, Taking Care of our Own: Diversity in Caregiving across the Life Span was organized and submitted by CONA member William Haley, PhD, and cosponsored by the Committee on Ethnic Minority Affairs (CEMA), Committee on Women in Psychology (CWP), and Committee on Children, Youth, and Families (CYF). CONA chair Walter Boot, PhD coordinated the submission of a Division Collaborative Program, LGBT Issues across the Lifespan: How Social Stigma and Multiple Inequities Present Challenges to Successful Aging. Both of these submissions were accepted. The 2019 CONA Conversation Hour will be held on Saturday, August 10th from 5:00 - 6:15 pm, with a theme related to aging and technology.

Communications Team Update

Submitted by Charissa Hosseini, MS

Charissa Hosseini is newly appointed as the 12/II Communication Committee Chair and Listserv Moderator. She has been working with SCG President Nancy Pachana to update the listserv. Rachael Spalding, SCG website coordinator, has been hard at work with Bonnie Palmer to launch our new and improved website.

Lastly, a message from our Social Media Overseer, Patricia Bamonti, to please take some time to “like” and “follow” our Facebook page for updates related to research, webinars, and more information about SCG.

Society of Clinical Psychology (Division 12) Update

Submitted by Brian Yochim, PhD, ABPP

SCG (Section 2) Representative to Society of Clinical Psychology

The Society of Clinical Geropsychology is Section 2 of the Society of Clinical Psychology (Division 12 of the APA; www.div12.org). Division 12 is one of the oldest Divisions of the APA, founded over 100 years ago. Other sections include Section 3 (Society for a Science of Clinical Psychology), Section 4 (Clinical Psychology of Women), Section 6 (Clinical Psychology of Ethnic Minorities), Section 7 (Section for Clinical Emergencies and Crises), Section 8 (Association of Psychologists in Academic Health Centers), Section 9 (Assessment Psychology), and Section 10 (Graduate Students and Early Career Psychologists). Each Section Representative serves on the Board of Directors for Division 12. Many of us could easily fit into one or more of these other sections; it is easy to join here.
At the mid-winter meeting of Division 12, President Jonathan Comer presented his presidential initiative, which will involve a Task Force on Technology and Mental Health. This will include work groups on telemental health such as interventions provided over videoconferencing, using mobile technology such as mental health apps for interventions, technology-based dissemination and public information, social media and mental health, and other developments. This initiative could easily include the exploration of the use of technology in mental health interventions for older adults, such as in-home monitoring, innovative methods of detecting physical or cognitive decline, and interventions provided over videoconferencing. If you have an interest in collaborating on this Task Force, your input would be welcome. Dr. Comer can be reached at jocomer@fiu.edu.

Division 12 hosts multiple webinars throughout the year that can be taken for CE credit. These are announced over our listserv. If you are interested in providing a webinar, please contact me. Division 12 also works with Hogrefe Publishing to publish brief texts every year on various topics in clinical psychology. For example, recent texts have included books on multiple sclerosis, schizophrenia, and Alzheimer’s disease and dementia, written by Dr. Benjamin Mast and myself. One benefit of joining Division 12 is a free book of your choice from this series. The books are designed to be short guides (i.e., around 100 pages) for clinicians who want to learn more about various conditions. The Division and Hogrefe are open to ideas for other books. If you have a topic you would like them to consider for publication, please contact me and I will provide more information. This is one way members of our Society can educate other professionals about topics in geropsychology.

Division 12 hosts a hospitality suite at the APA convention, which will be held in Chicago this year. It will be made available for our annual SCG Business Meeting. If members would like to use it for other SCG business, it can be reserved for specific time slots. Please contact me at Brian.Yochim@va.gov if you are interested in this, or if you would like any other information about Division 12.

---

Did You Know…

- The Society has a Facebook page for all members?
- All the archived newsletters are available here on the Society website?
- That we have a new feature called International Snapshot that are sent out via listserv and archived here on our website.
- That you should encourage your colleagues and students to join the Society? Please forward them the membership application from the website (or, simply forward them this newsletter!).
- We want to publish your achievements? Send announcements of your achievements in research (publications, grants, awards), clinical work (awards, recognition), teaching, and public policy to either Elissa or Brenna.
** WE ARE RECRUITING FOR A NEW IHC REPRESENTATIVE FOR DIVISION 12/2 **

The Interdivisional Healthcare Committee (IHC)

Description: The IHC consists of representatives from seven APA Divisions (listed below) with a strong investment in clinical healthcare policy and practice. The IHC offers a way for clinically specialized psychologists (research and/or practice) to work collaboratively and act on common issues and concerns. Each division (or section) has two representatives. SCG is the only Section represented; all other members represent APA divisions. While the IHC is not formally affiliated with APA, the committee works closely with APA staff to help inform/enact policy change. Interested parties can be self-nominated. The Chair of the IHC (Robert Glueckauf) selects the representative. There are no term limits to this role. Many representatives have been involved for several years.

APA Divisions, Sections, and staff representation include:

- 12/Section II - Society of Clinical Geropsychology
- 17 - Counseling Psychology
- 22 - Rehabilitation Psychology
- 38 - Society for Health Psychology
- 40 - Society of Clinical Neuropsychology
- 43 - Couple and Family Psychology
- 54 - Society of Pediatric Psychology
- APA Practice Directorate
- APA Center for Psychology and Health
- APA Board of Professional Affairs
- APA Public Interest Directorate

Occasionally other members from community organizations attend depending on the topic being discussed (e.g., in the recent past members attended from the American College of Occupational/Environmental Medicine [ACOEM] to discuss issues of chronic pain and the opioid epidemic).

Meetings: Two meetings per year
- Winter meeting in mid-January (for one weekend in New Orleans)
- Summer meeting the day before APA starts (one night)

Responsibilities: Attend meetings (by phone or in-person) to represent the interests of Geropsychology and consider how issues discussed may affect the aging population. The IHC may propose the formation of subcommittees to address specific topics (e.g., develop a workshop for the APA convention on functionally-based, non-opioid treatment for chronic pain; draft a letter outlining what constitutes psychometrically sound functional assessment measures for chronic pain). Subcommittee work occurs outside of the two in-person meetings.

Time Commitment: One weekend in mid-January plus travel time to/from New Orleans, one night prior to the APA convention; several hours prior to both meetings to read requisite materials to be discussed during the meeting. Limited time commitment outside of the two meetings unless involved in subcommittees. For each meeting, usually one SCG representative attends in-person; the other representative may call-in if available. Representatives work together to determine their availability. An SCG representative usually attends the summer meeting if they already planned to attend APA (otherwise they can call-in).

Funding:
- Winter meeting (New Orleans): attendee is reimbursed for their full travel expenses (transportation, lodging, food)
- Summer meeting (APA): attendee is reimbursed for one night's hotel stay and food

Interested? Contact SCG President Nancy Pachana (npachana@psy.uq.edu.au).