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Council of Professional Geropsychology Training Programs

Editors: Grant Harris, Ph.D. and Julia Boyle, M.S.

Chair's Column

Lindsey Jacobs, Ph.D., ABPP

January 20, 2020, marks the first date COVID-19 was confirmed in the United States (WHO, 2020). By April 1st, the number of confirmed cases had risen to well over 160,000. As I write this, over 1.6 million people in the US have tested positive for COVID, and the pandemic has reached nearly every country and territory in the world. As the pandemic has escalated, we, as clinicians, supervisors, educators, professors, researchers, and humans, have had to adapt to the rapidly changing climate. Classes, meetings, and clinical services were moved to virtual platforms. Policies and procedures are constantly changing as new information about the pandemic and its toll unfolds. Countless hours have been spent modifying and adjusting to new policies and practices in education, training, research, and clinical work to ensure the safety of our students, trainees, research participants, patients, and colleagues. The uncertainty, hardship, stress, and grief that has been caused by COVID-19 is pervasive.

One thing I am certain of, though, is that our community of psychologists and psychologists-in-training is resilient. CoPGTP and its members have risen to swiftly generate new ideas and innovations in training and education. In May, CoPGTP hosted a townhall focused on innovations in geropsychology training and education across training levels. We were honored to host an esteemed panel of geropsychologist who shared their experience innovating and developing new ways of delivery training and education.

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Issue Highlights

Brian Carpenter, PhD, spoke about ways in which his students at Washington University have maintained their research agendas. He offered invaluable recommendations, such as taking free online statistics courses to learn about new methods and analyses, conducting secondary data analyses with large national datasets, reviewing old projects to identify research questions that can be answered with additional analyses, and adapting ongoing projects to online platforms or telephone. Leilani Feliciano, PhD, shared concerns and fears that students have raised about how the pandemic may impact their training, and her description of efforts to develop new policies and modify training practices at University of Colorado at Colorado Springs underscored not only the complexities of these undertakings, but also the dedication our field has to training and to students. Grant Harris, PhD, Valerie Abel, PsyD, ABPP, and Michelle Mlinac, PsyD, ABPP, spoke about their efforts to bring a new virtual training opportunity to interns and fellows at their respective sites by implementing *My Life, My Story* over telehealth. Alexandra Lamm, PhD, a post-doctoral fellow at VA NY Harbor Healthcare System (Brooklyn Campus), recently began this training experience and offered insights into how this medical storytelling intervention benefited her patient during this time of fear, anxiety, and isolation. Rachel Weiskittle, PhD, a postdoctoral fellow at VA Boston Healthcare System, shared her recent project in which she and Michelle Mlinac, PsyD, ABPP, developed a comprehensive telehealth support group for isolated older adults during the pandemic. This impressive 46-page manual has been circulated on numerous listservs and has gained widespread attention among many clinicians. Lastly, Valerie Able, PsyD, ABPP, spoke about the VA-based multi-site collaborative seminar series she created three years ago. The weekly virtual seminar features an array of geropsychology-related topics, presented by geropsychologists across many VAs. It is an excellent example of how to bring multiple geropsychology educators together to sustain a successful virtual didactic training experience.

This newsletter serves as an example of one way in which CoPGTP has adapted in the face of COVID-19. Our newsletter editor, Grant Harris, PhD, and student representative, Julie Boyle, MS, began this quarter with the intention of publishing a newsletter focused on forensic geropsychology, a topic that is likely unfamiliar to many of us. As the training climate shifted in late March, they identified a need to adjust to the circumstances and include topics relevant to geropsychology training and practice during the pandemic. We are so grateful to each of the contributors for their insightful and informative pieces. We hope that this newsletter brings awareness to the intersection of forensic psychology and geropsychology and to the importance of having geropsychologists involved in forensic psychology. With the addition of columns focused on topics relevant to training and practice in this COVID-19 era, we aim to promote continued growth in geropsychology.

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Before concluding this column, I would like to share some of the ongoing projects supported by CoPGTP.

Performance-Based Geropsychology Competency Assessment Tool: A workgroup is developing a competency assessment tool that uses vignettes and an objective rating (i.e., supervisor rating) to measure foundational and functional competencies.

Capacity Assessment Training and Competency Evaluation Tool (CATCET): A workgroup is developing a training and competency evaluation tool focused on capacity assessment. The tool combines knowledge-based questions, case examples, and fact-finding methodology across five capacity domains. Clinical supervisors and geropsychology educators will able to use the tool as a comprehensive training experience or an evaluation of trainees' competencies in capacity assessment.

Post-Licensure Foundational Knowledge Competencies: Based on the findings from their earlier work (see Hinrichsen, Emery-Tiburcio, Gooblar, & Molinari, 2018), this workgroup is developing an online version of training and has expanded the target audience to include psychiatry and social work.

References

World Health Organization. (2020, May 29). *WHO coronavirus disease (COVID-19) dashboard.* https://covid19.who.int/

Hinrichsen, G. A., Emery-Tiburcio, E. E., Gooblar, J., & Molinar, V. A. (2018). Building foundational knowledge competencies in professional geropsychology: Council of Professional Geropsychology Training Programs (CoPGTP) recommendations. *Clinical Psychology: Science and Practice.* Epub ahead of print. doi: 10.1111/cpsp.12236

A Career in Forensic Geropsychology

Forensic Psychology has long been an attractive and popular subdiscipline within clinical psychology, but until recently there has been little written about the intersection with geropsychology. In this article, I'll describe some of the main areas of opportunities for geropsychologists to contribute to forensic psychology and make some suggestions for training opportunities. I will also provide some references for those with broader interests in training.

Personally, I formally trained in neuropsychology but have worked with older populations primarily since internship ultimately completing the ABPP process in geropsychology. I have a long-standing interest as a researcher in how decision-making changes across the lifespan in general and a specific interest in capacity issues, financial decision-making, and financial exploitation / elder mistreatment. In terms of my practice, I conduct capacity assessments for conservatorship type cases for probate court, criminal investigations of financial abuse with adult protective services, civil litigation related to capacity and undue influence issues, and conduct assessments of older criminal defendants for the state and federal criminal courts. While the issues are typically related to decision -making, the legal issues and processes can be quite different. However, all require general clinical skills in assessment of older adults as well as knowledge of aging in general.

Stacey Wood, Ph.D., ABPP

Molly Mason Jones Professor of Psychology

Scripps College

Working with Probate courts. Probate courts handle issues related to conservatorships or guardianships as well as will / trust issues. Probate courts may ask to have an expert appointed to conduct an independent assessment of an older adult's abilities to manage their affairs, medical decision making and person independently. I like to complete these assessments in the older adult's home because the legal standard has a strong functional component. More typically, these cases may arise from day to day practice in geropsychology or secondary to concerns of family members. In terms of training recommendations, I would recommend training in capacity assessments either at internship or post doc level and a rotation in some type of home based practice for the experience of working in the field.

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Working with Civil Attorneys. Civil litigation with older plaintiffs may occur in a very wide range of contexts, similar to younger adults. For example, there may be personal injury type cases (falls) that require extensive skill in differentiating the effects of a mild traumatic brain injury from MCI. In my practice, in terms of civil litigation, I tend to see cases of fraud, civil financial elder abuse and undue influence claims involving older adults. For this type of civil litigation, rotations in neuropsychological assessment and capacity assessments help build foundational knowledge and skills to move into these arenas. Post-doctoral level training with an experienced supervisor can provide additional experiences to build skills. In order to learn more about financial products that are commonly marketed to older adults, I joined a local "estate planning" networking group that included financial advisors, probate attorneys, insurance agents, and others. The group also does yearly probate tax law updates that are helpful to know for work in this area.

Working with Adult Protective Services / Elder Abuse Cases. In my practice, I routinely work with Adult Protective Services as a consulting geropsychologist / neuropsychologist. In this role, I attend our MDT meetings which are housed at the county Elder Abuse Forensic Center, go out in the field with APS social workers, interview older adult and dependent adult clients, conduct assessments, draft reports, and sometimes testify in court. I am typically assigned cases that involve issues of neglect and financial elder abuse. These cases also almost always include some type of capacity assessment. If I recommend a conservatorship to the team, the case will be referred to our Public Guardians office and ultimately end up in Probate court. If I or other team members substantiate financial elder abuse, the case will be cross-referred to law enforcement and the D.A.'s office and may result in a criminal prosecution. It is even possible that the case will end up in civil court as a civil financial elder abuse matter. In terms of skills, experience with a home practice and capacity assessment are essential. I would also recommend trying to arrange a visit to a local FAST (Financial Abuse Specialist Team) or Elder Abuse Forensic Center meetings in your area. These are increasing in prevalence nationally and are often open to visitors for educational purposes provided confidentiality agreements are in place.

Working with Elderly / Older Criminal Defendants and Inmates. Although they represent a small percentage of criminal defendants, because of harsh sentencing laws, there are an increasing number of older and elderly individuals in prison. Pre-trial, my cases often have issues secondary to possible dementia issues, competency to stand trial questions, and recommendations for sentencing. An example of this case may be a case of an older adult without a history of mental illness who becomes paranoid and assaults her neighbor believing they were spying upon her. As you can see, an understanding of basic geropsychological principals would be helpful for the court to understand the relationship between dementia and the emergence of neuropsychiatric symptoms, implications for competency (probably not restorable) and recommendations for treatment and best settings for the elderly client. There is also an increasing need inside prisons to have clinicians with a background in geropsychology to work with inmates aging in the system. In terms of training, rotations with a forensic psychologist at the internship or post-doctoral level would be most helpful.

Legal Implications of TBI in Older Adults

Thomas Myers, Ph.D., ABPP & Shane Bush, Ph.D., ABPP

Traumatic brain injuries (TBIs) are commonly sustained in contexts that lend themselves to litigation, such as motor vehicle collisions and slip and fall accidents, and adults over the age of 75 have the highest incidence of TBI of any age group. Because of the growth of older adults in the population, psychologists are increasingly called upon to assist legal decision makers to understand the cognitive, emotional, and behavioral functioning of older adults who have sustained TBIs. A primary question asked of psychologists by attorneys and triers of fact involves causality (i.e., Did an event in question cause changes in the person?).

TBI in Older Adults

There are several notable differences associated with TBI between younger and older adults. Whereas younger adults are most likely to acquire a TBI in motor vehicle accidents and assaults, older adult are most likely to acquire TBIs via falls, and older adults are more likely to be hospitalized and die following TBI (Faul et al., 2010; Hawley et al., 2017). Also, whereas young adult males are much more likely than females to experience a TBI, this gender difference is not present in older adults. Older adults tend to have the longest inpatient stays following brain injury and are more likely to demonstrate intracranial hemorrhage on CT scans, even when the injury is of mild severity (Styrke et al., 2007).

Pre-injury considerations for TBI in older adults. Older adults with pre-existing cognitive impairment are at increased risk for falls, and pre-existing cognitive impairment can complicate the recovery from TBI. Older adults who sustain a TBI are more likely to have comorbid medical conditions, and many chronic health conditions are associated with cognitive dysfunction (Helms et al., 2011). Many older adults are prescribed multiple medications (i.e., polypharmacy), some of which have cognitive side effects. Factors such as pain, emotional symptoms, and chronically poor sleep can also contribute to cognitive deficits. Such preinjury physical and psychiatric problems, rather than a mTBI, have been found to predict postconcussive symptoms three months after injury (Ponsford et al., 2012). *continued on next page*

Assessment Considerations

In personal injury cases, psychologists are asked to offer an opinion about a causal relationship between a putative (compensable) injury and cognitive symptoms. This requires the clinician to identify the presence of pre-injury conditions or unrelated post-injury conditions, as well as their relative contribution to current symptom presentation. Because older adults are at risk for neurodegenerative diseases, the differential diagnosis of neurodegenerative disease and the effects of TBI is critical. Further confusing the differential diagnosis, an older adult's development of Alzheimer's disease (AD) symptoms may have been subclinical until becoming "unmasked" by the injury, with the associated cognitive dysfunction attributed to a TBI (Goldstein & Levin, 2014). Neuropsychological evaluation can help differentiate the etiology of cognitive impairment. For example, rapid forgetting, which is more characteristic of AD than TBI, can be identified based on the pattern of performance on cognitive tests (Breed et al., 2008). Specifically, although both etiologies may result in impaired memory performance, impairment secondary to TBI is often improved with recognition testing and cueing, which is not as beneficial when the cause is AD.

Depression has been associated with impairments in memory, executive functioning, and processing speed, which are the same areas most often impacted in TBI. Thus, depressive symptoms must be assessed in older adults with a history of TBI.

Validity assessment. There are many reasons why an older adult may present or respond in a manner that generates an invalid understanding of the constructs of interest. Therefore, efforts must be taken to determine the validity of the information and data obtained. Clinical judgment alone tends to be inadequate. Symptom and performance validity assessment are essential components of neuropsychological evaluations, and evaluations of older adults are no exception, particularly in forensic contexts. However, caution is warranted. When evaluating older adults who are at risk of cognitive decline irrespective of a TBI, the consequences of falsely identifying genuine cognitive impairment as invalid can have serious consequences.

Validity assessment is best conceptualized as a multi-method process which is tailored to meet the needs of a given examination. Free-standing validity assessment measures are not indicated in every case, such as with some older adults who have an objective history of significant impairment and require 24-hour care. To avoid drawing false conclusions about performance validity test results when assessing older adults who have neurocognitive disorders, clinicians must be knowledgeable about the proper cutoff scores to use. *continued on next page*

TBI and Development of Dementia

Despite variability across studies, there is evidence that more severe TBIs confer a greater risk of developing dementia (Dams-O'Connor et al., 2016). The evidence suggests that a single, uncomplicated (no intracranial bleeding) mTBI without loss of consciousness is not associated with increased risk of AD (Bazarian et al., 2009; Crane et al., 2016; Plamman et al., 2000).

Forensic implications. With regard to the question of whether a claim can be made that a TBI contributed to the development of a progressive neurocognitive disorder such as AD, Asken and colleagues (2018) concluded that "there are too few methodologically rigorous studies to support an opinion 'within a reasonable degree of neuropsychological probability or certainty'" (p. 64). When establishing causality in tort law, the "but for" test is frequently used. Regarding TBI and dementia, there is frequently insufficient evidence that 'but for the TBI' this patient would not have developed dementia. However, a test of sufficiency, rather than necessity, may be more appropriate in cases of complex causes (Asken et al., 2018). That is, a purported cause can be supported if it is a "necessary element of a set of conditions jointly sufficient for the result."

Conclusions

Although research at the intersection of the older adult population, TBI, and forensic practice is limited, the existent literature does provide guidance for psychologists. Because some questions remain unanswered, psychologists must acknowledge the gaps in scientific evidence when asked for their opinion in legal settings. Remaining abreast of developments in the field is essential for practitioners of forensic geropsychology.

Student Spotlight

Jacinta Dickens, MA, MS

Currently, I am completing a PhD in Clinical Psychology with an emphasis in Geropsychology at the **University of Louisville**. When I began my academic journey as a first-generation scholar I had no idea where it would lead me, but I stuck with psychology throughout. In hindsight, I can see that my interest in Geropsychology evolved from a combination of experiences including aging-focused coursework and volunteering in both nursing homes and hospice. The interest in Forensic Geropsychology was happenstance as I learned of this unique subgroup while both working in the correctional system and finishing a Master's degree in Forensic Psychology. The intersection of aging and forensic settings was intriguing and warranted further inquiry.

...my hope is that there is a broader agreement that the needs of everyone matter...

While there are clinical and research opportunities within Forensic Geropsychology, my focus is research which is possible due to an ongoing collaboration with the Social Work department at my university. The opportunity to be involved in all stages of the research process has resulted in the development of two manuscripts. The first manuscript focuses on quality of life through a gendered pathways to crime perspective, which is an exploration of how the unique pathways that lead men and women into the correctional system combined with their lifespan developmental process may alter quality of life in unfortunate ways. By the time this newsletter is distributed I hope to have received a revise and resubmit request from the journal. The second manuscript focuses on the intersection of functional impairment and depression through a resilient aging lens and is in preparation for journal submission.

Predominantly my aging-focused research is driven by how unacceptable it is to constantly see research that prioritizes the same people, which has led to two primary goals. First, to focus on subgroups of aging that highlight diversity and intersectionality, and second, to generate assessment norms for diverse groups. I would argue that this was always important but given the state of our world, courtesy of COVID-19, my hope is that there is broader agreement that the needs of everyone matter.

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Regarding how COVID-19 has posed challenges to my work, in short, it has not as I am post data collection. One of the key things for those not involved in correctional settings to understand is that there is always the possibility of disruptions as such settings prioritize safety and security above all else. Anything that does not immediately serve those missions can be suspended at any time without warning or discussion. This setting forces one to be patient, flexible, and able to adapt quickly and is ideally suited for those who are accustomed to having multiple backup plans and finding creative ways to solve problems. Though I am lucky to have not seen my research impacted due to COVID-19, I have decided it is unacceptable to see so much suffering among older adults from all backgrounds during this pandemic and be able to do very little about it. This has led to a lot of introspection and brainstorming about what I could be doing if I were a full-fledged Geropsychologist.

My immediate next steps are of course dissertation and internship. Due to my dual specialties there are plenty of internship sites with Gero or Forensic tracks to choose from, but I am definitely heading west. Afterward I anticipate completing a research-focused postdoctoral fellowship addressing aging in correctional institutions and long-term care settings. During this time, I intend to pursue state licensure in California and board certification through the American Board of Geropsychology. Next, I intend to return home to California to transition fully into a research career in a government or academic medical setting. I also intend to have a small assessment practice that may later become a graduate student practicum site and teach the occasional aging-focused course in a community college setting. However, COVID-19 made me realize that as a psychologist there will be times when I need to function as more of a first responder to address escalating demands for mental health crisis support. Having the opportunity to use telepsychology to treat my current clients has sparked a number of ideas on how usage can be expanded to reach more older adults across a variety of settings. Thus, staying involved in telepsychology has been added to my career plate.

When not engaged in scholarly pursuits I support the artistic endeavors of others as both a patron and volunteer. Everything from foreign and independent films, ballet, opera, and theater excites me.

Coronavirus: Isolate the Elderly?

Ageism, COVID, and What We Can Do About It

“Coronavirus: Isolate the Elderly” was the sign on the freeway that I would see twice a day as I drove to and from work at the Atlanta VA Medical Center in the Geropsychiatry Outpatient Clinic to provide tele-therapy to older adults and their families during COVID. I cringed every time I drove past this sign.

Since COVID started, I have received several emails from people who care about older adults expressing concern for them. Like, a college professor who reached out to me to express concern that her father, who is a physician, made the decision to leave retirement to return to work in a medical clinic during COVID. She shared with me that she was appalled and went so far as to call his medical practice and complain.

There have been countless ageist expressions since the Coronavirus started. And the problem with ageism, even well-intentioned ageism, is that it has the effect of harming older adults rather than helping them.

I’ll start with the sign on the freeway: *Coronavirus: Isolate the Elderly*. While this sign, like the college professor, is well-intentioned to protect older adults from contracting COVID, it actually has the effect of putting them in harm’s way. Here’s how: The idea that older adults need to be isolated, is in direct contrast to the American Psychological Association’s (APA 2020, April 3) recommendation that we need to “encourage social distancing, not social isolation.” The APA reminds us that while physical distancing is vital to reducing the spread of COVID-19, social isolation among older adults increases the risk of early death, heart disease, and dementia. And that older adults living in long-term care communities are especially vulnerable to the toll of isolation.

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Regina Koepp, PsyD, ABPP

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You can learn more about Dr. Koepp and the Psychology of Aging Podcast at her website: www.drreginakoepp.com

Dr. Regina Koepp developed the Mental Health Gero-Champions Program at the Atlanta VAHCS program aimed at deepening multidisciplinary providers' knowledge and skills related to older adults and families. She serves on several national, regional, and institutional committees aimed at enhancing care and services for older adults and their families, as well as providing ethical care. Dr. Koepp is a frequent presenter and lecturer in healthcare, academic, community-based, corporate, and professional settings alike. In April 2020, Dr. Koepp launched the **Psychology of Aging podcast** to provide public education on the diverse needs of older adults and their families.

I want to draw your attention to three strains of ageism described by Yasmin Amini and Nicole Levy, MPH candidates *in the* Department of Sociomedical Sciences *at Columbia.* In their recent article (2020), they define them as:

Hostile ageism is the most overt type of ageism, which shows up in the form of physical, financial and verbal abuse. It's also implicated in the perception of older adults as a drain on societal resources. The term "Silver Tsunami" that is used to describe the baby boomer population "flooding" society and depleting all of it's resources is one example. During COVID, the hashtag, "boomer remover," used across social media platforms is another harmful example.

Neglectful ageism is a variation of ageism that overlooks the contributions of older adults and makes them invisible. For example, under the initial perception of COVID-19 as a disease primarily affecting older and immunocompromised persons, many healthy younger adults initially ignored recommendations to socially isolate and protect their older relatives. The pendulum may have swung too far the other way, leading us to the third strain of ageism.

Benevolent ageism is a compassionate but paternalistic point of view, grouping older adults together as one uniformly frail and vulnerable population requiring protection (e.g., Coronavirus: Isolate the Elderly). This type of ageism is harmful in that it degrades an individual's sense of self-efficacy (the college professor calling her father's place of work to complain that her father had returned to work — palm to forehead emoji goes here).

What Can We Do About Ageism?

Now that we can all agree that ageism is bad (don't do it), what can we do about ageism? Here are APA CONA's (2020) tips to help older people, their families, caregivers and health professionals confront ageism during this pandemic… and a few strategies of my own:

Be self-aware. Ageism is pervasive and often difficult to detect (APA CONA, 2020). Developing awareness of your own ageist attitudes, language and behavior is a great place to start (*doctor, heal thyself*). Here are some of my favorite strategies for doing this (Koepp, 2020):

- Engage in a self-reflective practice where you learn about yourself and what might *contribute* to your ageist thoughts and beliefs.
- Take an assumptions test, like the **Harvard Implicit Association Test** and discover your own unconscious bias as it relates to older adults.
- Acknowledge your own age privilege

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Remember that older adults are diverse and have intersecting identities (APA 2020; APA CONA 2020). As such, ageism interacts with other stigmatized identities like sex, race, gender, ability, and sexual orientation and can create a phenomenon of double jeopardy, triple jeopardy, and so on creating higher levels of risk and disenfranchisement and reduced levels of access to resources and care.

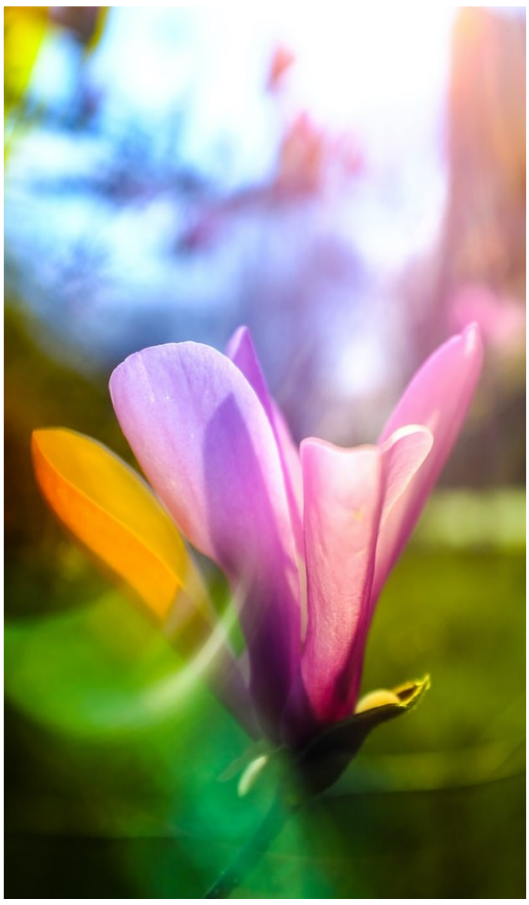
Naturally, this will influence their resources and ability to cope effectively during a crisis. When addressing and responding to the COVID-19 Pandemic, use an individualized lifespan approach to meet the needs of and care for older adults, not just their chronological.

Speak out against ageism by providing feedback when you see ageism showing up (APA CONA, 2020). Ageism is so ingrained in us and our culture that many people are not aware of ways their language and behaviors negatively portray older adults. Some ways that I speak out against ageism are in my Psychology of Aging podcast, in my blog articles, and when I present on older adults and their families.

Shift your focus*, meaning that you try to see things with a new lens. Shifting away from the stereotype (Koepp, 2020). For example:*

- Shift your focus from a stereotypical view of older adults to a "counter-stereotype." This is where you put a picture in your mind of older adults that are the opposite of the stereotype. During the COVID pandemic, I balance the *news of one third of the COVID deaths occurring among nursing home residents and nursing home workers*, with images and stories of older adults surviving COVID, like the one of 107 year old *Marilee Shapiro, the therapist, artist, mother, and centenarian who recently beat COVID*.

- Shift how you interact with older adults. If you realize that you're only around older adults who are sick or at the end of their life, then I encourage you to look for opportunities to interact with older adults who are in a healthier and more active season of their life.



Spread the facts (APA CONA, 2020). Sharing accurate information is vital to ensure the responses to COVID-19 benefit everyone. Make sure health workers, policy makers and health care administrators are aware of diversity among older adults. Older adults experiencing double or triple jeopardy as a result of intersecting identities may be at particular risk for the negative consequences of ageism. If you work with these groups, you have an important role in advocating for their needs.

I am happy to say that in the past week, the sign on the freeway changed *to Coronavirus: Protect the Vulnerable*. Now, that is a statement I can get behind.

References

American Psychological Association (2020, April 3). How to Help Vulnerable Populations Now. Retrieved from https://www.apa.org/topics/covid-19/vulnerable-populations

American Psychological Association APA Committee on Aging (2020, May 6). Tips to help address ageism during the pandemic. Retrieved from https://www.apa.org/topics/covid-19/ageism

Amini, Y & Levy, N (2020, April 15). Addressing Ageism in the Time of COVID. Student Voices, Columbia Mailman School of Public Health. Retrieved from https://www.publichealth.columbia.edu/public-health-now/news/addressing-ageism-time-covid-19

Dvorak, Petula (7 May, 2020). At 107, this artist just beat covid-19. It was the second pandemic she survived. Washington Post. Retrieved from https://www.washingtonpost.com/local/at-107-this-artist-just-beat-covid-19-it-was-the-second-pandemic-she-survived/2020/05/07/2aba2e28-9084-11ea-a0bc-4e9ad4866d21_story.html

Harvard Implicit Associations test: https://implicit.harvard.edu/implicit/takeatest.html

Koepp, R (2020, Feb 5). How to Challenge Stereotypes about Older Adults. Retrieved from: https://www.drreginakoepp.com/blog/035

Yourish, K., Lai, R.K.K., Ivory, D., & Smith, M (2020, May 11). One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers. Retrieved from https://www.nytimes.com/active/2020/05/09/us/coronavirus-cases-nursing-homes-us.html

Student Spotlight

Jacqueline Hogan, M.S.

Jacqueline Hogan is a second year PhD student in counseling psychology at the University of Massachusetts Boston (UMB), an Age-Friendly University. She holds a BA in psychology from the Johns Hopkins University, a MS in philanthropy and media from Suffolk University, and a MS in mental health counseling from UMB.

Jacqueline is one of two student representatives for the APA's Division 12/II Society for Clinical Geropsychology and is completing her practicum in the Geropsychology Program at the Edith Nourse Rogers Memorial Veterans Hospital (Bedford VA). At the Bedford VA, Jacqueline has trained in the Geropsychology Outpatient Clinic and Community Living Center (CLC), where she co-led a reminiscence group for WWII Veterans and an ACT group.

Currently on her hospice rotation during the COVID-19 pandemic, Jacqueline continues to serve Veterans via telemedicine. Together with the Geropsychology Team, she co-developed and is co-leading support groups for direct care staff and families who lost a loved one to COVID-19. Additionally, she provides therapy to isolated older adults living on the hospice unit, in the community, and bereaved family members.

She previously trained at Tewksbury State Hospital on the medically-enhanced psychiatric unit and as an undergraduate at the Sheppard and Enoch Pratt Psychiatric Hospital.

Jacqueline is committed to advancing diversity and social justice efforts within the older adult population. Most recently, Div. 12 accepted her proposal to chair a symposium at the 2020 national convention titled: "Diversity and cultural competencies in clinical practices and training: foci on older adults, Veterans, Asian/Asian Americans, and women." With guidance and support from Div. 12/II leaders, she developed this symposium in partnership with psychologists who were gracious enough to collaborate with a student. Concerned about ageism and the absence of older adults in social justice discourse, she routinely advocates for increased representation of older adults in curricula as demonstrated by her Div. 17 online op-ed "Will the Past Predict the Future? Older Adults in The Counseling Psychologist." Last summer, she received three small grants to intern with Elder Services of Merrimack Valley to learn about the systemic challenges faced by older adults in community settings.

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Her academic and research interests center on healthy aging, dementia prevention, women's issues, and systems advocacy. For her dissertation, she seeks to evaluate the effectiveness of neuropsychological measures in the detection of prodromal dementia utilizing machine learning. Her hope is that this approach will be more accessible to diverse populations and practical within the confines of managed healthcare – thus affording providers and individuals the opportunity to engage in potentially helpful behavioral and lifestyle interventions prior to the onset of functional impairment.

Jacqueline will complete her advanced practicum in primary care at Cambridge Health Alliance/Harvard Medical School. She aspires to continue learning at a geropsychology internship site, and ultimately collaborate with like-minded individuals as a board-certified geropsychologist.

As a non-traditional student, Jacqueline has had a non-linear path to becoming a doctoral student. In the past 20 years: she staffed an Alzheimer's research study at the Johns Hopkins Medical School; produced documentary films; founded a non-profit within the President and Provost's Office at Harvard University dedicated to diversifying faculty across New England, and then co-founded a related national non-profit with over 500 member institutions. At age 42, and with the unwavering support of her amazing husband, she took a leap of faith and returned to school with her 8-week-old infant Aengus (now 4) and older son Max (now 9). She finished her master's in mental health counseling and entered the doctoral program a few weeks later. Managing school and family is a humbling endeavor, but the meaningfulness of her work is her guiding light. Max will graduate 8th grade the same year she gets hooded!

Membership Report

Patricia M. Bamonti, Ph.D., ABPP

CoPGTP's mission is to promote quality education and training in professional geropsychology by supporting training programs and individual trainers. The CoPGTP board is continuing efforts to recruit new members. Please contact the members-at-large if you have suggestions for potential new members or questions about the criteria for membership.

We would like to welcome our newest CoPGTP member program, *Louis Stokes Cleveland VA Medical Center* represented by Karen White, Psy.D., ABPP. At the predoctoral level, the Cleveland VA offers a track in Geropsychology within the Clinical Health Psychology Residency. Training is also offered at the post-doctoral level with fellows able to select a Geropsychology emphasis within the Clinical Health Psychology Program. Rotations include geriatric primary care, Geriatric Evaluation and Management Unit, and the Community Living Center.

Forty programs are current members of CoPGTP! Please visit our website (www.copgtp.org) to learn more about the newest member programs and to view an updated list of programs offering substantive geropsychology training consistent with the Pikes Peak Model.

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Postdoctoral Report

Valerie Abel, PsyD, ABPP

CoPGTP continues to aim to support the needs of postdoctoral programs that have a geropsychology focus, emphasis or specialty. Currently we have 15 member programs and are always aiming to grow our membership. CoPGTP supports the VA multi-site postdoctoral seminar series which now includes over 30 postdocs from various geropsych training programs. The seminar series this year has been adapted over the past few months to include information on topics specific to working with older adults during the COVID pandemic.

CoPGTP is also a member of the Council of Chairs of Training Councils (CCTC). The mission of Council of Chairs of Training Councils (CCTC) is to provide a forum for communication among doctoral, internship, and postdoctoral training associations in psychology. CCTC promotes discussion of professional education of psychologists, develops recommendations to be reviewed and possibly implemented by member organizations, encourages communication between CCTC members and associated organizations and provides comment to the Board of Education Affairs (BEA), the Committee on Accreditation (CoA), and other APA Boards and Committees on relevant issues.

This year's Spring meeting was held in March as the COVID-19 pandemic was beginning to have an impact on all of our training programs. The committee has subsequently issued guidance and recommendations regarding a number of issues impacting training, including statements on education and training considerations during the pandemic, furloughing of interns and postdocs in training programs, as well as the resumption of in-person psychology services and training as we look into the future. CCTC continues to convene workgroups to address issues in training specifically as they are impacted by this unprecedented situation.

Student Spotlight

Lauren Schneider, MA

Lauren Schneider, MA, is a clinical psychology doctoral student at the University of Colorado – Colorado Springs (UCCS) working in the behavior medicine and aging laboratory of Dr. Leilani Feliciano. Lauren's primary interests are in geropsychology, health, and systems of care. She graduated with a BS in psychology from the University of Missouri, and prior to graduate school, served as an activity assistant in a skilled nursing facility. In this environment, Lauren noticed the unmet psychological needs of older adults in addition to witnessing the difficulties staff within these settings experience. The clinical psychology graduate program at UCCS was the perfect environment, with its major area of emphasis in geropsychology, for Lauren to acknowledge and intervene on the needs of older adults. The majority of Lauren's practicum experiences have involved providing assessments and psychotherapy to older adults and their caregivers in a variety of settings including community-based outpatient, primary care, and integrated care. Currently, Lauren is working on her dissertation which aims to understand the relationship between psychosocial stressors, coping strategies, and burnout among certified nursing assistants in long-term care. By gaining an understanding of how outside work stress influences burnout, we can intervene; improving the lives of CNAs, quality of care, and staff retention. In addition to her dissertation, Lauren has co-authored numerous poster presentations and encyclopedia articles on the topics of behavioral medicine and aging. In 2019, Lauren earned the UCCS Mentored Doctoral Fellowship award which allowed her to continue research and clinical work with older adults. She also was awarded the Outstanding Ph.D. Student in Geropsychology by the Psychological Society of the Pikes Peak Region. Lauren is passionate about inspiring the next generation of geropsychologists which is why she chooses to teach the *Psychology of Aging* to undergraduate students while in her fifth year of graduate school. She considers it a joy to promote intergenerational contact and challenge misconceptions about aging. Lauren is excited to be heading off to the Rocky Mountain Regional VA Medical Center this summer to complete her internship, which will put her one step closer to her goal of becoming a board-certified geropsychologist.

Telehealth Support Group for Socially Isolated Older Adults During COVID

Rachel Weiskittle, Ph.D.

As the pandemic began to unfold in late February/early March, Michelle Mlinac, PsyD, ABPP and I recognized that our patient population was amongst those most vulnerable to poor outcomes from COVID-19. And not only were they most vulnerable physically to this virus, but homebound older adults were even more socially isolated because they were not being visited by their family members or some home aid services. At that time, few innovative clinical resources were in place to address this concern, so Michelle and I had the idea to create a virtual group intervention for front-line care providers to use with socially isolated, medically complex older adults.

This manual was developed for specific use for isolated older adults within the context of the COVID-19 pandemic. It is an 8-week group that can be implemented over video conferencing platforms or telephone, whatever works best for the participants or clinic needs. Sessions include components from Acceptance and Commitment Therapy, Problem-Solving Therapy, and Cognitive Behavioral Therapy. Bundled within sessions are COVID-19-specific coping skills, discussion prompts, and structured homework to build additional social engagement outside of the group. For example, one of session activities is a "COVID-19 Fact vs. Fiction" game where participants review guidelines about COVID-19 precautions and other facts (or rumors) that they may have heard about COVID-19. Each weekly session is structured around five activities: Check-in, Teaching, Skill Building, Discussion, and Goal Setting/Wrap Up.

We disseminated across a few different national email listservs and it is been incredibly well received. We have been getting emails from people all over the world telling us that they have started support groups using the manual. It is really exciting. We have a wonderful email chain of geropsychologists who are leading these groups at their respective sites. It has been a growing, supportive, and collaborative experience as we all elicit advice and feedback about questions challenges that come up as we are all learning how to facilitate these groups.

As of right now we have heard from close to 50 sites throughout the US as well as Canada, Mexico, Ireland, and others who are involved in running this group for their older adult patients. Two psychologists in the US even created a packet of handouts that can be distributed to group participants if they want to complete homework tied to each session's topics and activities. Another cool thing that has emerged is that we have been contacted by non-geropsychologists to ask if they can use it with their patients who are younger adults or who are students. We absolutely encourage using or adapting this group to fit the needs of your particular patient needs. I personally have taken some of the COVID-19 specific activities and have used them in other support groups that I am running, such as a cancer support group I help facilitate over the phone for the VA Boston HCS Geriatric Mental Health outpatient clinic.

The manual is public domain and can be found on the Gerocentral webpage of COVID-19 related resources. We have submitted a manuscript to the American Journal of Geriatric Psychiatric of the manual's development and to hopefully introduce it to an even wider audience. We plan to collect feedback from facilitators to evaluate accessibility and feasibility of the manual.

COPGTP STUDENT REPRESENTATIVES

Future Leaders of Clinical Geropsychology

Michelle B. Jolson is a pre-doctoral intern at the California Pacific Medical Center in San Francisco, California. At her internship, Michelle has the title of Chief Intern; she utilizes this leadership role to better serve older adults, their families, and LGBTQ individuals. Prior to internship, Michelle held an advanced practicum at the Edith Nourse Rogers Bedford VAMC in the Geropsychology track. There, she completed concurrent rotations in the Community Living Center, Hospice wing, and Geropsychology Outpatient Mental Health Clinic. Michelle also completed a year-long practicum providing in-home therapy through Elder Services of the Merrimack Valley.

In her undergraduate studies at Brown University, Michelle conducted an honors thesis through the aging and cognition lab that examined the effect of mood on false memory creation. She then sought a doctoral degree from William James College with the specific intent of pursuing the Geropsychology concentration. Michelle's doctoral research is aiming to provide an intervention for internalized ageism among older individuals through cognitive bias modification.

At William James College, she was also an active member of the Gero Volunteer Corp, a student organization that directly serves older adults through projects, panels, donations, discussions, and educational workshops. While in the role of student coordinator, Michelle created and provided a reminiscence music activity to residents at multiple senior living facilities in the Boston area.

Michelle is passionate about providing mental health interventions and support for older adults and their families. She hopes to help give rise to a positive shift in how society perceives older individuals, their abilities, and their needs. Additionally, she hopes to help increase students' awareness about the unique and vast opportunities available for providers in the field of geropsychology.

COPGTP STUDENT REPRESENTATIVES

Future Leaders of Clinical Geropsychology

Jung Yun Jang, Ph.D. completed her graduate training at the University of Southern California, with a Clinical-Aging emphasis. She completed her internship at the VA Boston Healthcare System, where she is currently a Clinical Psychology Postdoctoral Fellow in the Geropsychology Track. Broadly, her research focuses on neurobehavioral symptoms across the Alzheimer's disease continuum. Her dissertation study examined the association between affective symptoms and the risk of progression to dementia in older adults with normal cognition and mild cognitive impairment, and alterations in neural connectivity as a possible underlying mechanism. She hopes that her research would contribute to developing interventions for neurobehavioral symptoms, which may slow down the progression of dementia and improve the quality of life for patients and families. As a CoPGTP student representative, Jung is working on streamlining and updating online resources under the guidance of Dr. Michelle Mlinac.

Julia T. Boyle, M.S., is a fifth-year doctoral candidate in Clinical Psychology at Philadelphia College of Osteopathic Medicine (PCOM) and she is currently completing her internship at VA Boston Healthcare System within the Geropsychology Track. During her graduate training at PCOM, she was also a Graduate Research Intern at the University of Pennsylvania's Behavioral Sleep Medicine Program, where she worked under the mentorship of Dr. Michael Perlis. Her dissertation examined the relationship between Insomnia Disorder, sleep continuity disturbance, sleep-related daytime dysfunction, problem-endorsement and aging in a community-based sample. Julie hopes that her findings will be used to inform clinicians on how to accurately assess and treat older adults for sleep disturbances and daytime consequences. At VA Boston, she is involved in the Stress & PTSD and Aging & Resilience Clinical Collaborative (SPARCC) to develop a treatment manual for late life Post Traumatic Stress Disorder. As a CoPGTP student representative, Julie is working with Dr. Grant Harris to organize and publish the biannual newsletter.

COPGTP STUDENT REPRESENTATIVES

Future Leaders of Clinical Geropsychology

Allison Walden, M.A., M.Ed, is a psychology doctoral student at the University of Colorado Colorado Springs (UCCS; major area of study in geropsychology) in the research laboratory of Dr. Leilani Feliciano. Allison's desire to work with the older adult population was fostered from a young age through various volunteer opportunities as well as working in a hospital and various long-term care (LTC) facilities. She graduated with a BS in psychology from the University of Dayton and completed an MEd in Clinical Mental Health Counseling from Vanderbilt University. Prior to graduate school she contributed to a project exploring the effects of nutritional choice on residents' quality of life in LTC with Vanderbilt's Center for Quality Aging. During her counseling program, she collaborated with fellow students to conduct a needs assessment for caregivers in LTC facilities. At UCCS, Allison continues to develop her interests in both clinical work and research. She has completed one pre-practicum experience and three year-long practicum rotations in additional to a neuropsychological rotation. Currently, Allison is completing her practicum training at Rocky Mountain Healthcare Services Program for All-Inclusive Care for the Elderly (PACE) where she conducts individual psychotherapy services, mid-level cognitive assessments, and collaborates with interdisciplinary care teams for treatment coordination. Additionally, Allison is the lead facilitator for a caregiver skills-based group through the UCCS Aging Center. Allison's research interests center on single-case design methodology and incorporate innovative intervention techniques. Her thesis project was titled *Reducing Agitation in Long-Term Care: A Virtual Reality Intervention for Dementia.* She is in the process of getting her study published in a peer-reviewed journal and intends to expand on this project for her dissertation. In addition to her virtual reality study, Allison is the lead student clinician for a randomized controlled investigation for diabetes management within Dr. Feliciano's lab. This project involves conducting individual psychotherapy sessions drawing from behavior analysis and behavior therapy and incorporates semi-structured assessments and psychological screening tools. To date, Allison has contributed to 10 posters for conference presentations including the Association for Behavior Analysis International. She hopes to complete her pre-doctoral internship at a VA or in a hospital setting with the long-term goal of becoming a board-certified geropsychologist. In the future, Allison hopes to have a career centered on the care of vulnerable older adults in an integrated care setting.

COPGTP STUDENT REPRESENTATIVES

Future Leaders of Clinical Geropsychology

Dr. Stephanie Nelson is currently completing her post-doctoral fellowship in geropsychology, clinical health psychology, and interprofessional training in geriatric primary care at the Manhattan VA Medical Center under the supervision and mentorship of Dr. Michelle Kehn. Stephanie graduated from the Pennsylvania State University in 2014 with a B.S. in psychology with a bioevolutionary emphasis. In 2019 she received her Psy.D. in adult clinical psychology with a minor in geriatric psychology and a concentration in cognitive-behavioral psychology from Ferkauf Graduate School of Psychology, Yeshiva University. Upon graduation Stephanie was nominated for and received the Jeffrey Sage Award for excellence in Clinical Psychology. Prior to fellowship, Stephanie also completed her pre-doctoral internship at the James J. Peters Bronx VAMC.

During her time at Ferkauf, Stephanie studied under the mentorship of Dr. Lata McGinn in the At-risk, Depression, Anxiety, Prevention, and Treatment (ADAPT) research lab where her research primarily focused on the cultural factors that affect individuals' experiences of social anxiety. Multiculturalism and intersectionality remain at the forefront of Stephanie's research and clinical interests. On fellowship she is working under the mentorship of Dr. Cory Chen to better understand the impact of multicultural factors on the referral process for the treatment of depression within the Manhattan VA.

For the last several years Stephanie has received specialized training in geriatric psychology and integrated health psychology. She was first inspired by the opportunities posed in the Ferkauf Older Adult program where she worked under the supervision and mentorship of Dr. Richard Zweig. Since then, it is through her various clinical experiences working within interdisciplinary inpatient/outpatient mental health, substance use-disorder, home-based primary care, palliative care, and GeriPACT teams that Stephanie learned to appreciate the elaborate intersections of medical, mental health, and social service needs posted by geriatric patients.

As a student representative for CoPGTP Stephanie assists in developing a Geropsychology Case-Based Competency Assessment Tool under the direction and supervision of Dr. Patricia Bamonti. Additionally, she is involved in planning for the yearly dinner.

COPGTP STUDENT REPRESENTATIVES

Future Leaders of Clinical Geropsychology

Taylor Pestritto is a rising third-year doctoral student in the Clinical Psychology program with a concentration in Geropsychology at William James College. Taylor graduated from the University of Massachusetts Amherst in 2017 with a BA in psychology and sociology. Prior to graduate school, she interned at a group home for older adults with developmental disabilities as well as participated in a two-year service-learning project in a skilled nursing and long-term rehabilitation center for older adults with severe mental and physical illness. Her clinical interests lie in working with adults and older adults, both in primary care and hospital settings. Taylor is a current practicum student at Summit ElderCare (SEC), a program of all-inclusive care for the elderly. Due to the ongoing COVID-19 pandemic and its considerable impact on older adults, Taylor is currently offering support groups for healthcare workers at SEC. Her research interests include ageism and adultism, particularly the influence media has on these constructs. Her doctoral project plans to look at media consumption during COVID-19 and compare age cohorts on perceived risk, self-efficacy, and death anxiety. As a CoPGTP student representative, Taylor is assistant to the treasurer, Dr. Allison Jahn. She is also collaborating with other student representatives to update the CoPGTP online resources associated with the Pikes Peak Model.

The wisdom and experience of older people is a resource of inestimable worth. Recognizing and treasuring the contributions of older people is essential to the long-term flourishing of any society.

- Daisaku Ikeda

CoPGTP Purpose Statement

The Council of Professional Geropsychology Training Programs (CoPGTP, pronounced COG-TIP) is an organization of programs providing training at the competence level and beyond. CoPGTP is committed to the promotion of excellence in training in professional geropsychology and to supporting the development of high quality training programs in professional geropsychology at the graduate school, internship, postdoctoral fellowship, and post-licensure levels. CoPGTP provides opportunities to continue the dialogue on training issues; and it is comprised of organizations and individuals with common interests.

Award for Excellence in Geropsychology Training

This award is given once a year to a CoPGTP member program for providing exemplary training in the field. The award is given to a specific training experience, specific training project, or an entire training program. **Apply now!**

Award for Research/Program Evaluation in Geropsychology Training

This award is a small grant to support one project each year. The recipient receives up to $1,500 to support projects promoting state-of-the art education and training in professional geropsychology. PIs must be part of a CoPGTP member program. Mentored students and trainees from CoPGTP member programs are encouraged to apply. **Apply now!**

Chair: Lindsey Jacobs Ph.D, MSPH, ABPP VA Boston Healthcare System	**Student Representative:** Jung Jang, Ph.D.— Fellow VA Boston Healthcare System	**Graduate Programs:** Richard Zweig, Ph.D., ABPP Yeshiva University
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