Volume 13
Fall Issue

Council of Professional Geropsychology Training Programs

Editors: Julia Boyle, PsyD and Grant Harris, Ph.D.

Chair's Column

Lindsey Jacobs, Ph.D., MSPH, ABPP

The events of 2020 have brought hardship to so many and have further highlighted the urgent need to address systemic racism. The pandemic and natural disasters of 2020 have put a spotlight on racial and ethnic disparities. Police brutality has emphasized the pervasiveness of racial injustice that continues to exist. There is no time for complacency, and I have been heartened to see our organizations and communities in psychology and geropsychology take an anti-racist stance and promote racial equity.

The CoPGTP Board has been busy this year with reflecting on our current policies and practices, and identifying ways to promote diversity, equity, and inclusivity. Some of our current and planned initiatives and activities are presented below.

1. We are reviewing our *Statement on Diversity and Nondiscrimination* and will revise as needed to reflect our organization's stance against racism and dedication to promoting diversity, equity, and inclusivity in geropsychology education.
2. The CoPGTP Board created the Diversity, Equity, and Inclusion (DEI) Member-at-Large position, which will begin in January 2021. The purpose of this permanent board position is to ensure that the Board has a focus on diversity, equity, and inclusivity across all initiatives and goals. Dr. Kadija Williams will be the first to fill this position.

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Issue Highlights

3. Drs. Michelle Mlinac (Chair-Elect) and Jung Jang (Student Representative) updated the Pikes Peak Resource List. They included a section on diversity and added current literature with a focus on increasing representation of racial and ethnic minority scholars in clinical geropsychology.
4. CoPGTP is working with other aging organizations to identify, develop, and disseminate resources on diversity, equity, inclusion, and social justice in geropsychology.
5. CoPGTP has formed a subcommittee to work on developing a DEI toolkit for gero-psychology training.
6. Dr. Valerie Abel, Dr. Allison Jahn, and I attended the recent conference hosted by the Council of Chairs of Training Councils (CCTC), which focused on social responsiveness in health service psychology training. I am honored to be part of the CCTC working group that is committed to developing and disseminating resources and guidelines to increase social responsiveness in training. In this newsletter, you will find a description of the conference and the specific aims we are working on.
7. Our Fall Town Hall Meeting, held on October 15th, focused on addressing systemic racism and promoting equity and inclusivity in geropsychology education and training.

This newsletter's theme, titled *Intersection of Ageism and Racism,* is another example of the Board's commitment to bringing attention to the topic of racism, with a specific focus on its intersection with ageism, in geropsychology practice and training. I am grateful to the contributors, and to Drs. Julie Boyle and Grant Harris, for making this an outstanding newsletter.

Lindsey Jacobs, Ph.D., MSPH, ABPP

Lastly, I would like to express my appreciation for having the opportunity to serve as Chair of CoPGTP this year. It has truly been an honor. Serving on the CoPGTP Board has been one of the most rewarding experiences I have ever had, and I owe it all to my wonderful colleagues on the Board, including the amazing student representatives, and to the inspiring mentors, supervisors, students, and trainees of our member programs who strive for excellence in gero-psychology training every day. I especially want to thank our Past Chair, Dr. Shane Bush, for his ongoing leadership this past year. Dr. Michelle Mlinac, who will be rotating into the position of Chair in January 2021, has brought amazing energy and ideas to the Board this year, and I am beyond excited to see the direction she takes us in next year.

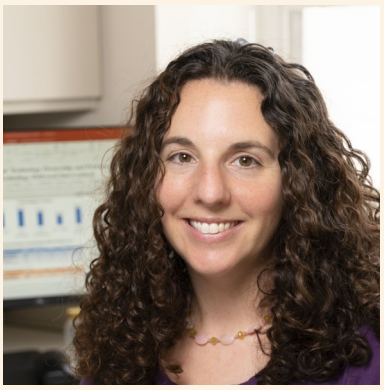
CoPGTP 2020 Award for Excellence in Geropsychology Training

VA Geriatric Scholars Program

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 project, or training program.

The recipient of the CoPGTP 2020 Award for Excellence in Geropsychology Training is the VA Geriatric Scholars Program - Psychology Track (GSP-P), which is a collaborative post-licensure training program by **Drs. Rachel Rodriguez and Jay Gregg** at the Durham VAHCS and **Dr. Christine Gould** at VA Palo Alto HCS. See below for an excerpt from the submission that describes this wonderful program.

"The primary goal of the GSP-P (Huh et al., 2018) is to enhance geropsychology competencies among psychologists who work in settings that serve predominantly older veterans (e.g., primary care, skilled nursing facilities, home-based primary care, rural clinics), but who have little-to-no prior geropsychology training experience. We approach our goal of enhancing geropsychology competencies utilizing a longitudinal, multi-component, multi-modal approach. Psychologists enrolled in the program first complete the primary geropsychology course: (1) an intensive, expert-led, four-day didactic course focused on geropsychology competencies as delineated by the Pikes Peak Geropsychology Knowledge and Skills Assessment Tool and (2) a one-day course including didactic lectures and interactive small-group activities to demonstrate the planning and evaluating of a quality improvement (QI) project focused on geriatric mental health. Then, following completion of the course, psychologists return to their home VA and complete a 6-month QI project, including consultation from a QI "coach." At this point, psychologists have completed the requisites to be deemed Geriatric Scholars. As Scholars, the psychologists have access to numerous advanced learning opportunities including participation in multi-day practica at various VAs (e.g., at VA Palo Alto HCS), participation in a leadership course, and most recently, attendance at advanced workshops (at VA Durham HCS) designed for a deeper dive into selected geropsychology topics (e.g., palliative care/ chronic illness). Additional ongoing learning opportunities open to Scholars and all VA staff include webinars on geriatric mental health (e.g., late-life suicide, caregiving) organized by the GSP-P planning committee. Notably, virtually all Psychology Scholars meet the Gero CE requirements for a "geropsychology emphasis," as outlined by CoPGTP recommendations (Hinrichsen et al., 2018)."



Christine Gould, Ph.D., ABPP

Jay Gregg, Ph.D.

Rachel Rodriguez, Ph.D., ABPP

COGNITVE STRAIN IN THE FACE OF COVID-19: IMPACT AT THE INTERSECTION OF AGEISM AND RACISM

Kadija N. Williams, Ph.D. & Diana M. Mendez, Ph.D.

With the fourth quarter of 2020 already underway, it is fair to say that many of us are navigating multiple psychosocial stressors against the backdrop of COVID-19, an ongoing, deadly pandemic. The cognitive strain of the last nine months, which can lead to burnout, is liable to affect even the most seasoned clinician (Demerouti, 2015). In addition to burnout, another crucial clinical issue that may be overlooked is stereotyping and subsequently bias. When mental processes reach capacity in the face of cognitive strain, increased stress, and time constraints, we are more likely to rely on cognitive categorizations such as stereotypes particularly for judgment tasks (Burgess, 2010). Moreover, in the presence of cognitive strain our ability to counter stereotyping or bias and its impact on decision-making is significantly diminished (Burgess et al., 2014).

Stereotyping, which is "inherently social" (Augoustinos et al., 2006, p.234), is frequently activated through sources like media and social interaction (Dixon, 2000). In light of regular media coverage of the national civil unrest, immigration tensions, and the COVID-19 pandemic, stereotypes about certain groups are likely to be more salient. The presence of a group member or even a discussion about group labels can automatically activate stereotypes either consciously or unconsciously (Macrae et al., 1997). Activation is often automatic and requires significant effort to change (Augoustinos & Walker, 1998). Age and Race are two of the principal bases for stereotyping and categorization (Cuddy & Fiske, 2002).

Age and Race are of significant importance to consider for multiple reasons, especially given the increasing demand for services by patients who are older and of a racial or ethnic minority. The percentage of older adults in the population is projected to be 20% in 2030, up from 13.5%. Similarly, the population of older adults that are Black, Indigenous, or People of Color (BIPOC) is projected to increase from the current 21% to 44% by 2060 (Trinh et al., 2019). The aforementioned projections indicate that healthcare providers are more likely to engage patients who are both older and a racial or ethnic minority. Moreover, given the slow progress in diversifying the medical and mental health workforces, patients are likely to fall into the outgroup, meaning their age and race are different from their providers. This discrepancy in provider-patient match, can lead to automatic activation of stereotyping and categorization in the face of cognitive strain.

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For Providers

Even without the burden of cognitive strain providers continue to struggle with managing the impact of stereotyping and bias in healthcare and mental health settings. Over the last 10 years, several review articles focusing on attitudes toward older adults among healthcare providers found the responses mixed, ranging from positive and neutral to negative attitudes toward older adults. The association of negative attitudes toward aging with clinical decision-making and reduction in empathy remained consistent in the literature (Wyman et al., 2018). Similarly, literature focused on raced-based bias in healthcare found that health providers, particularly those from mainstream culture, were mostly aware of the potential stereotyping and the subsequent professional consequences. This awareness was found to generate related anxiety and associated negative cognitive and behavioral outcomes (e.g., limiting eye contact, regulating/limiting verbal engagement, fidgeting, and distancing) when providing care to ethnically diverse patients (Burgess et al., 2010). In regards to mental health, ageism and racism have been found to play a significant role in multiple areas such as limited treatment options, shortened sessions, and less thorough psychological assessment (Smith et al., 2016; Gara et al., 2012). Anecdotally another example is the general expectation that these individuals are poor candidates for psychotherapy, either due to assumed cognitive deficits in older adults, or psychosis or diminished intellectual ability in BIPOC adults.

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Kadija N. Williams, Ph.D.

For Patients

There is a large body of research dedicated to exploring age-based and race-based biases, as well as negative experiences of patients in the healthcare system. It is important to consider that for patients, these negative experiences or disadvantages could be coming from other patients, their relatives, health providers, and other individuals in care capacities (Tajeu et al., 2018). In addition, at times like this, patients are also presenting with their own cognitive strain impacted by the national discord and pandemic, which may lead to limited decision-making capacity. From the patient's perspective, perceived stereotype threat, which is escalated in the presence of cognitive strain; has been found to negatively impact clinical rapport and trust, engagement with treatment, utilization of services, and decision-making (Burgess et al., 2010, van Ryn et al., 2011; Greer, 2016).

...the combined negative effects of occupying two stigmatized statuses are greater than occupying either status alone.

Patients may also experience similar physiological responses including diminished eye contact, distancing, fidgeting, and terse communication. These experiences may also contribute to health literacy issues, through poor patient provider communication (Perez-Stable & El-Toukhy, 2018). Older adults, as with any other patient population, may not realize other options exist or ask clarifying questions particularly if information about treatment options are not presented to them. They may also terminate care if they perceive bias from their healthcare team (Lee, Ayers, & Kronenfeld, 2009). Similar to providers, these patterns limit patients' ability to engage in decision making and participate in their own care. In clinical settings with unchecked bias such patterns could be misconstrued as evidence of other conditions such as substance misuse or cognitive deficits.

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Diana M. Mendez, Ph.D.

From a contextual standpoint, BIPOC older adults, at the very least, have witnessed changes in the race-based treatment of individuals throughout their lifespan. Others have been on the receiving end of a wide range of macro & micro transgressions. BIPOC older adults are at the highest risk of being negatively impacted by COVID-19 and civil unrest. One could argue that the current state of the COVID-19 pandemic and sociopolitical climate could contribute to an increased likelihood of multiple outgroup activations for example age, and race and ethnicity which together may have even greater deleterious impact. The phenomenon caused by this intersection has been documented for decades and could be explained by the Double Jeopardy Hypothesis, which argues that the combined negative effects of occupying two stigmatized statuses are greater than occupying either status alone (Trinh et al., 2019). Thus, BIPOC older adults may be at greater risk for the negative effects of both provider bias and their own stereotype threat. Results from a study exploring age as a moderator of the effects of exposure to racism suggest that age may function as a buffer to the exposure to racism (Greer & Spalding, 2017). However, it is likely that BIPOC older adults will face increased bias due to "healthism" since both age and minority status are closely associated with disease, disability, and expected poor functioning (Gekoski & Knox, 1990; van Ryn & Burke, 2000). These negative attitudes tended to increase with the salience of an infectious disease such as COVID-19 (Tyrrell & Williams, 2020). With BIPOC older adults' increased risk for COVID-19 their presence not only activates age and race but also concern regarding the pandemic. Activation of COVID-19 concerns exacerbate conditions that lead to cognitive strain including increased anxiety and psychological distress (Menzies & Menzies, 2020).

Impacted by increased cognitive strain, diminished capacity to challenge bias, and the consideration of similar stressors for patients, what are we to do? Throughout the large body of work addressing bias and navigating cognitive strain recommendations focused on providers' efforts to slow down, connect with patients, utilize resources, and create positive experiences. To ease some of the cognitive load we compiled and adapted a list of some of the easier recommendations below with the hope that they will inspire other creative ideas to combat bias in the face of cognitive strain.

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Create Spaces

1) Slow down sessions this includes explanations of interventions and treatments.
2) Whenever possible provide information such as instructions or treatment options in a clearly written, standardized, format. This helps to reduce cognitive load for patients and providers and ensures patients are presented with all possible options.
3) Schedule brief breaks between sessions. Before heading into session consider what the patient may have traversed to get to session or how they may be impacted by current psychosocial stressors.

Engage Patients

4) Review patients' strengths, values, as well as their ability to meet the high standards expected in their engagement of their own care.
5) Ask patients about current anxieties and external psychosocial stressors.
6) If patients seem withdrawn or distracted, pause to inquire and address their distress.

Use Your Resources

7) As you evaluate your reactions to patients and seek consultation with peers and team members:
    8) Refer to the DSM-5 Cultural Formulation Interview and Supplementary Modules.
    9) Review the APA Ethnic Minority Elderly Curriculum.

Review Your Environment

10) Is your office, literature, and wall art inclusive?
11) Does your space promote positive emotions for you?

(Adapted from Burgess et al., 2010; Ahmed, 2017, Aronson et al., 2013; Trinh et al., 2019; Van Ryn, 2016)

CCTC Fall 2020 Conference on Social Responsiveness in Health Service Psychology

Drs. Allison Jahn, Valerie Abel,* and *Lindsey Jacobs

CoPGTP recently participated in the Council of Chairs of Training Councils' (CCTC) Fall 2020 virtual conference. CCTC is an organization that comprises 15 member training councils and 10 liaison organizations (e.g. CoA, ASPPB, BEA) that all have a vested interest in education and training in professional psychology. CoPGTP is one of the member training councils (along with others such as APPIC, VAPTC, etc.). Dr. Abel is the CoPGTP liaison and has been attending the bi-annual meetings since 2017. CCTC frequently disseminates recommendations and guidance to the field on education and training issues (e.g. the recent memo entitled "Statement on Education and Training Considerations during COVID-19 pandemic") with the input of all stakeholder organizations.

While the bi-annual meetings address current and relevant issues in training in health service psychology (HSP), CCTC has traditionally had a conference every 10 years that brings additional representatives from all the member organizations to address a timely topic. Drs. Jacobs, Jahn, and Abel represented CoPGTP at the Fall 2020 Conference that was titled "Social Responsiveness in Health Service Psychology (HSP) Training: Recalibrating Our Collective Mission." Virtual format aside, this was not a typical conference. There were no poster sessions, symposia, or student socials. The planning committee oriented participants by playing short videos from each member training council describing their efforts at social responsiveness. Psychology students/trainees also presented short videos describing their perspectives about what was needed in HSP education and training. Participants then broke out into 9 topical workgroups (listed below) with the goal of creating practical products that could be disseminated to the training community.

Socially responsive evaluation process for students, faculty, and supervisors*
Decolonizing and transforming curriculum across all training levels*
Revisiting program structures with increased shared governance
Socially responsive ethics/professionalism
Social justice and advocacy
Diversifying HSP pipelines*
Community engagement
Research/scholarship
Lifelong learning

*denotes workgroups attended by CoPGTP representatives

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Each group met throughout the two-day conference and will continue to meet over the next six months to develop content (e.g., recommendations, resources) focused on addressing systemic exclusion and bias that exists in our training structures. There are no constraints on the final product that each group produces. Some groups may choose to publish in peer reviewed journals, others may provide guidance in training, while others may make a toolkit of resources. A summary of the three workgroups attended by CoPGTP representatives is described below.

Diversifying HSP Pipelines: The workgroup developed an initial framework to guide the process of developing actionable recommendations, guidelines, and resources. The framework consists of three dimensions: training level, barriers to recruitment and retention, and tools/resources to promote and support diversity and inclusion. Because barriers exist across all levels of training, including secondary education, the workgroup will divide into five subgroups to focus on each training level (pre-graduate, graduate, internship, fellowship, and post-licensure).

Decolonizing and Transforming our Curriculum: With much impassioned discussion, this workgroup settled on framing the challenge by orienting around 4 questions: 1) What do we teach? 2) How will we teach it?, 3) How do we prepare academic and training faculty to teach new content and in different ways?, and 4) How do we make this transition happen within multiple systems that HSP education/training operates within?

Socially Responsive Evaluation Process: A lack of literature addressing culturally-competent evaluation, led the group to focus on 3 topics: 1) Guidance in how to have explicit conversations on self-reflection and intersectionality, 2) Enhancing awareness of bias during evaluations, letter writing, and remediation, and 3) Developing a socially responsive feedback mechanism for students to evaluate their supervisors/programs.

Each workgroup will continue to meet until March 2021 to refine final products. As we continue our work, we would appreciate any input from our member programs and trainees as we shape the next steps. Please feel free to reach out to Dr. Lindsey Jacobs with suggestions or further questions on CCTC and CoPGTP's role.

Encounters in Training Year 2020-2021

Lindsey Slaughter, PsyD, ABPP

At this point in the training year, we find ourselves continuing to try to make sense of a revolution… in clinical practice; in our abilities to meet our patients, trainees, colleagues' needs; in how we connect. Our attention is on myriad issues and struggles, both professional and personal. Some are renewing efforts at being diversity allies, in knowledge and skill: going to trainings on anti-racism, discussing how to improve minority recruitment in training, programs, the workforce, while others who've had to fight and advocate across generations persist even though it's all so triggering and utterly exhausting to keep on keeping on. It's easy to become so overwhelmed that we become numb, distant. In a time when we're desperately trying to survive a country literally on fire, brutality against the already oppressed, and a pandemic with no visible end in sight, is it any wonder we have trouble applying Plato's suggestion of "Practice dying?"

But here we are, and we have opportunity in the midst of crisis. If we cannot readily and expediently dismantle so many of the systemic -isms, could never possibly read or train on all there is to know about becoming culturally competent… how can we breathe life into making change in and around us, bring it experience-near? With all the complexities of the intersectionality of our cultural identities, and inevitable bouts of cultural blindness, how can we foster greater cultural awareness and compassion?

Perhaps the key is going back to the basics. The stillness of self-reflection. Meaningful engagement with those presumably different from us. As Martin Buber purported, "When we walk our way and encounter a man who comes toward us, walking his way, we know our way only and not his; for his comes to life for us only in the encounter." By unplugging, slowing down, we can encounter one another as diverse trainees, supervisors, clients and co-create a new thing: an inter-subjective space where our irreducible cultural identities meet, transforming both our Selves and the Other for the better. By taking risks and tolerating emotional vulnerability in sessions, supervision, pop-in visits, lunches on the run, we lean into discomfort and discover not only is it tolerable… it's refreshing. Our patients, trainees, colleagues all have experiences of pain, waves of sadness and longing, the humming undercurrent of conscious and unconscious anxiety sometimes sparking into irritation, anger. We surprise ourselves with newfound understandings and share the rushing relief after sharing these moments of presence, attunement. Is this hard work? Yes. Worthwhile? Absolutely.

So, in the face of the brave, new virtual world and potential burn out and detachment, let us foster a training year of relational intention, with openness and curiosity. When so many other things seem out of our control, it may be our innate capacity for empathy that empowers and refocuses us… our authentic encounters with each other, that nurture and sustain our compassion for each other, in the workplace and beyond.

APA RESOLUTION ON AGEISM

Excerpts from: **American Psychological Association. Resolution on ageism. 2020.**

*These excerpts do not capture the full sentiment of this resolution. It is highly recommended that the resolution be read in it's entirety

WHEREAS ageism is stereotyping and discrimination against individuals or groups on the basis of their age; and

WHEREAS research has demonstrated the pervasive and institutionalized nature of prejudice against older persons in the United States; and

WHEREAS psychologists have documented the degree to which aging does (or does not) affect human behavior and performance, ageism's effects on age stereotypes, health status, treatment and outcomes, and the extent to which ageism is a factor in discriminatory practices and policies including discrimination in health care, workplace, criminal justice systems; and

WHEREAS ageism is ubiquitous in the mass media in the United States and promoted by stereotypes in advertisements, entertainment, greeting cards, and news stories that present older people as physically or cognitively disabled, lonely and depressed, or objects of ridicule; and

WHEREAS research has shown that older adults often assimilate negative age stereotypes from the surrounding culture, leading to negative self-definitions that have a detrimental effect for older individuals on a wide range of health outcomes; and

WHEREAS ageism may impact the health care older adults receive; and

WHEREAS ageism in the workplace has negative consequences for older adults; and

WHEREAS ageism is also a serious concern in the criminal justice system; and

WHEREAS, social norms generally include sanctions for statements of prejudice and discrimination based on race or sex, yet ageist statements often go unchallenged; and

WHEREAS causes of ageism are diverse and have been explained by multiple theoretical mechanisms; and

WHEREAS ageism is a stressor that may chronically activate the physiological system with adverse health effects; and

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WHEREAS ageism negatively affects older adults with disabilities; and

WHEREAS older adults with disabilities are at risk for double jeopardy; and

WHEREAS gendered ageism, or the combination of ageism and sexism, results in double jeopardy; and

WHEREAS racial and ethnic minority older adults also face a double jeopardy; and

WHEREAS older LGBTQI adults are an at-risk and under-served population; and

WHEREAS, older adults living with HIV experience intersecting or layered stigmas; and

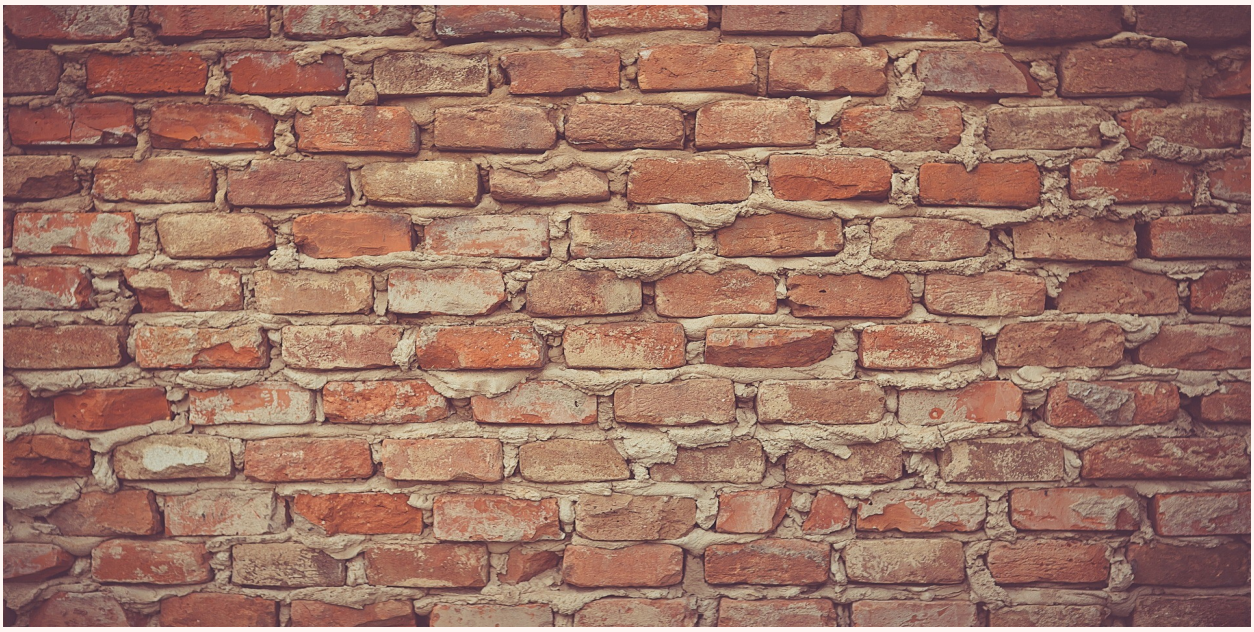
WHEREAS socioeconomic status can compound experiences of ageism; and

WHEREAS the ageist views that pervade society decrease trainee interest in pursuing careers focused on older adults; and

WHEREAS ageism can also become formalized and adopted as a part of public policy; and

WHEREAS effective interventions exist to reduce ageist beliefs, and counteract ageist myths.

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) continues to reject ageism in all its forms.



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BE IT FURTHER RESOLVED that the American Psychological Association:

Recognizes age as a risk factor for discrimination and includes consideration of ageism within all discussions of equity, diversity and inclusion.

Encourages the inclusion of aging content and a lifespan developmental focus in curricula across levels of psychology training, including education on the contributions of older adults to society, a balanced view of aging (vs. deficit- and disease-focused), and the prevalence and negative effects of ageism in order to reduce discrimination based on personal characteristics.

Encourages students and psychologists to become familiar with resources that provide accurate and science-based information on the aging process and evidence-based practice.

Encourages psychology training in the intersection of age with sex, race, gender, sexual orientation, disability, health and socioeconomic status, social class, and other stigmatized identities and encourages psychologists to be informed about the implication of these intersections for mental health and strategies for appropriately addressing their impact.

Encourages the development of resources and tools to cultivate age-supportive practices and proactively deter ageism in research and clinical care.

Encourages a more productive public narrative about the heterogeneity of older adults and positive benefits of longer lifespans that addresses systemic occurrences of ageism across multiple societal settings.

Membership Report

Patricia M. Bamonti, Ph.D., ABPP
VA Boston Healthcare System

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 postdoctoral 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.

Student Spotlight

Hannah Bashian. M.Ed.

I am Hannah Bashian, a Ph.D. Candidate in Counseling Psychology at Lehigh University and currently on Internship at VA Boston Healthcare System, specializing in Geropsychology. I originally became interested in gerontology during my undergraduate years, during which time I was fortunate to have been mentored by a professor who specialized in gerontology. In addition to the various courses I took which covered the aging process, I volunteered at a local nursing home, and conducted an independent study my Senior year about late life depression in individuals with Alzheimer's Disease. Through these experiences, I developed a strong interest in older adult research and clinical work. I looked for a graduate program where I could continue working with older adults and was fortunate enough to find that at Lehigh University. During my time in their graduate program, my research focus has shifted to ageist attitudes.

> *"...when discussing ageism it feels imperative to bring into the conversation other identities and how they interact."*

My interest in ageism was brought to light when I began to see the negative biases society holds towards older adults and the need for more individuals to advocate for this marginalized population. Additionally, I came to acknowledge my own ageist attitudes which had never before been challenged. In fact, many times my ageist attitudes were perpetuated in my classes. I have come to believe that ageism is one of the few "isms" that is accepted and even embraced by our society. Currently, I am working on my dissertation in which I examine how ageist attitudes relate to negative physical and psychological outcomes, and engagement in healthy behaviors in middle-aged adults. I decided to focus my research on middle-age adults because I felt that to begin to combat ageism in our society, we must first demonstrate the negative impact that harboring ageist attitudes has across the lifespan.

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There is a multitude of research that demonstrates that older adults who endorse internalized ageist attitudes have significantly worse health outcomes, including a higher risk of mortality, compared to older adults who do not endorse negative views of aging. This led me to pose the question: when do these negative outcomes begin to emerge and is it possible that middle-age adults face these same negative outcomes when they embrace ageist attitudes? Although my dissertation is not yet complete, the preliminary findings demonstrate that harboring ageist attitudes does negatively relate to one's health and engagement in healthy behaviors during middle age.

Recently, our country has seen a significant shift in our discussion of biases. It is an exciting time to be entering the field of psychology and I believe the manner in which we conduct research is going to continue to become more inclusive and encompass a range of issues not previously dealt with. One way in which I hope to expand my own research is to begin to look at the intersection of late life and other identities such as race and gender. Aging is not a linear process nor is it the same for all people. The experience of getting older in our society is influenced by one's gender, sexual orientation, ethnicity, and many other factors. Thus, when discussing ageism it feels imperative to bring into the conversation other identities and how they interact.

In terms of my future, I hope to stay within the VA system after internship and continue to specialize in older adult care. Additionally, I hope to eventually develop interventions based on my research to help identify and alter ageist attitudes in healthcare facilities and with caregivers of older adults. I am concerned that even though our society has begun to speak more openly about racism and sexism in America, we are moving further away from addressing ageism. The recent phrase "okay boomer" infers a narrative that marginalizes older adults and paints them with a broad brush. We need to understand that older adults are as diverse as any other age group, and thus should be treated and studied as such. There is much to be learned from the older adult population, but it requires us to listen with unbiased ears.

Student Spotlight

Chelsi Creech, PsyD

Chelsi Creech, PsyD, is currently a postdoctoral fellow at the St. Louis VA Medical Center, working with Grant Harris, PhD, as her preceptor. Her training focuses on providing services to older adults with complex medical conditions in both inpatient and outpatient settings. Completing internship near the beginning of the COVID-19 pandemic, she has also had the opportunity to assist in transitioning both inpatient and outpatient services to delivery via various telehealth platforms. Upon completion of her fellowship year, she intends to continue working in medical psychology settings, as well as pursue academic opportunities.

For her scholarly project at the fellowship level, she is working with Dr. Perri Navarro to develop and facilitate a telehealth group on positive aging. The purpose of this group is to promote positive images of aging in the Veteran community, as well as seeking to decrease feelings of isolation due to the ongoing COVID-19 restrictions. The group will cover topics including humor, forgiveness, optimism, kindness, and legacy leaving.

Additionally, she has placed an emphasis on navigating difficult conversation about race, racism, and race-based stress and trauma with older adults during her fellowship year. This has included joining the Culture Competency Committee, supervision focused on discussing the particular dynamics present in St. Louis that lead to health disparities in minority communities and ways to advocate for better care for Veterans in light of these disparities, and attending trainings on how to have difficult conversations about race particularly with Caucasian older adults.

Chelsi graduated from Saint Louis University in 2014 with a B.A. in psychology and theology. She briefly taught high school before pursuing her PsyD at Regent University in Virginia Beach, Virginia, under the mentorship of Glen Moriarty, PsyD and Judith Johnson, PhD. Her dissertation, Using Online CBT Tools to Improve Type II Diabetes Management, served her well in preparing for both work in health promotion and disease prevention, as well as the newly expanded world of telehealth. She graduated in August 2020 after completing her predoctoral internship at the St. Louis VA Medical Center with rotations in palliative care, psycho-oncology, pain management, and outpatient mental health in a clinic dedicated to serving older veterans.

Student Spotlight

Katie Granier, M.A.

Katie Granier, M.A. is a third-year student in the Clinical Psychology Ph.D. program at the University of Colorado Colorado Springs (UCCS). She earned a B.A. in psychology from Nicholls State University in 2017 before conducting neuro-psychological assessments as a psychometrist in private practice prior to her graduate career. She is currently training within the Geropsychology concentration at UCCS and completing research in the *Aging and Mental Health Lab* under the mentorship of Dr. Daniel Segal with an emphasis on worry and anxiety among older adults. She has completed clinical practica providing individual and group psychotherapy and memory assessment services at the UCCS Aging Center. Currently, she is completing practicum rotations working amongst an interdisciplinary team as a clinical therapist within an inpatient psychiatric hospital as well as working alongside a clinical neuropsychologist administering capacity assessments. Katie has recently completed her Masters thesis examining the multifaceted characterization of worry among older adults and is currently in the process of seeking its publication. Her most recent activities include a collaborative lab project providing insight into clinical practice with older adults in integrated care settings and the presentation of her thesis project at the virtual APA 2020 conference. Katie plans to continue her work in the *Aging and Mental Health Lab* throughout her time as a doctoral student and hopes to pursue a career with opportunities for both clinical assessment and research responsibilities following her graduation.

Student Spotlight

Katie Mendoza, PsyD

Katie Coral Mendoza, Psy.D. received her bachelor's in Psychology from the University of California, Los Angeles and earned her master's in Clinical Psychology: Family Psychology and completed her doctorate in Clinical Psychology from Azusa Pacific University. She has provided psychotherapy and neuro-psychological assessments in community and hospital settings with adults and older adults. Katie's internship year at Heritage Clinic, Pasadena involved providing psychotherapy and conducting neuro-psychological assessments with older adults in Los Angeles county. Katie also co-presented at the Promising Practices conference on how to effectively conceptualize and address mental health issues among homeless older adults. Katie is the post-doctoral Geropsychology fellow at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts. She will continue her work with older adult veterans in both a hospital and community setting. Katie's goal is to obtain board certification in Geropsychology and will continue to find opportunities to expound her knowledge in this field and help advocate and promote self-advocacy within her clients.

Student Spotlight

Stacy Yun, M.A.

I am currently a fourth-year graduate student at the University of Colorado Colorado Springs' PhD clinical psychology (geropsychology track) program. This year, I am completing my practicum at the Rocky Mountain Healthcare Services Program for All-Inclusive Care for the Elderly (PACE), providing individual psychotherapy to older adults age 55 and up and those who meet the level of care required for coverage of long term services. My interest in geropsychology blossomed when I was an undergraduate student at Washington University in St. Louis when I had the chance to work in Dr. Brian Carpenter's clinical geropsychology lab as a research assistant. Since I was little, I was always curious about the idea of death and dying even as a kid and it was fascinating to find out that there is a specific field in psychology that addresses end-of-life issues of older adults. From then on, I never looked back and have been enjoying my journey as an aspiring future academic in the field of clinical geropsychology.

As a first-generation immigrant from South Korea, in addition to my interest in aging, topics of diversity and inclusion are always something that I was interested in. Being one of the few students of color in the clinical doctoral program, I am passionate to serve those from underrepresented backgrounds, particularly those who identify as Asian American. While in the recent years more research and programs have focused on the mental health needs of minority older adults to be consistent with the rapidly changing population, Asian Americans are often left out in large health disparities research or datasets due to the "model minority" stereotype and smaller population sizes compared to Black and Latinx/Hispanic populations. Asian American older adults are also hard to reach due to their limited English ability, underutilization of mental and medical services, and lack of insurance and inclusion in public policy programs such as Social Security. Not only that, if Asian Americans are included in research, they are often grouped as one racial/ethnic group, when in fact, there are more than 40 subgroups that use different languages and have distinct cultures and practices. These are important points to consider especially when knowing that older Asian Americans are one of the fastest-growing older adult populations next to older Latinx/Hispanics.

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My research interests include aging and mental health disparities, minority aging, and end-of-life issues. I have completed my master's thesis on dementia-related anxiety and advance care planning, specifically how planning for the future can potentially be used as a way to manipulate levels of dementia-related anxiety seen among middle-aged and older adults. Currently, I am planning for my dissertation project and exploring different secondary datasets that assess caregiving variables in Korean and Korean American older adults with the guidance from my mentor, Dr. Sara Qualls. I have also recently worked with Dr. Giyeon Kim, Dr. Sylvia Wang, and Soohyun Park, MA, on a review paper that has been accepted (in press) in *Innovations in Aging* discussing the findings from the literature investigating older Asian American mental health and suggesting future directions for research. By way of a research-oriented career, my ultimate goals are to identify ways to better provide healthcare and mental health service access to minority populations and ultimately develop culturally sensitive and effective tools and treatment interventions that target multiple generations of older immigrants with different levels of acculturation. Additionally, after I finish the PhD program and get licensed to practice, I hope to continue my clinical practice and provide behavioral health services to a wide range of older adults and their families, especially to Korean and Korean American families that could benefit from my bilingual English and Korean abilities. I also would like to keep my doors open for international geropsychology and career opportunities in South Korea, as I do see a growing need for clinical geropsychology in South Korea as the fastest "greying" country in the world.

In my free time, I enjoy cooking, practicing yoga and Pilates, watching movies and documentaries, and catching up with family and friends who are all spread around the globe.

Board Member Bio

Dr. Michelle Mlinac is currently a Staff Psychologist in Home-Based Primary Care at VA Boston Healthcare System and an Assistant Professor in Psychology in the Department of Psychiatry at Harvard Medical School. Her grandmother, affectionately known to her friends as “Smiling Annie”, kept active in a competitive bocce league and was an election worker well into her 90s. After completing her undergraduate degree at Miami University, she was fortunate to connect with Dr. Suzanne Norman who was her geropsychology mentor and dissertation chair at Xavier University in Cincinnati. She completed an internship in rehab and health psychology at Temple University Health Sciences Center and her clinical geropsychology fellowship at VA Boston. For several years she worked at a private practice consulting to long-term care facilities on the South Shore of Massachusetts before returning to the newly formed HBPC position in 2008.

In HBPC, she supervises practicum students, interns, and fellows who often are having their first exposure to seeing patients in their own homes. She led a workgroup to develop a suicide prevention toolkit for HBPC Mental Health providers to use with their teams. She is a national trainer for Problem-Solving Therapy for HBPC. Her research interests include integrated mental health in primary care, capacity and functional assessment, and geropsychology training. She has recently co-edited a book on home-based mental health care for older adults.

Dr. Mlinac is also active on the ABGERO board, including directing mentorship activities, chairing the diversity committee and examining potential candidates. In 2016, she was awarded the first Service Commendation Award by ABGERO. She enjoys attending the Sundance Film Festival and loves to chat about media depictions of older adults. She is delighted to be Chair-Elect of the CoPGTP board and looks forward to working on improving geropsychology training.

Featured Dissertations in Geropsychology

The following represents our initial efforts to create a comprehensive list of recently completed dissertations in topics of aging and Geropsychology. The highlighted dissertations and subsequent submissions will be featured on the CoPGTP website. If you have completed your dissertation with a focus on aging or Geropsychology, please send the following information to Dr. Michelle Mlinac: Name and Degree, Institution and Program, Title of your completed dissertation, and Chair/Dissertation Mentor(s).

Julia T. Boyle, PsyD
Training program: PsyD Program in Clinical Psychology, Philadelphia College of Osteopathic Medicine
Dissertation mentor: Bradley Rosenfield, PsyD

THE RELATIONSHIP BETWEEN INSOMNIA, SLEEP CONTINUITY DISTURBANCE, SLEEP-RELATED DAYTIME DYSFUNCTION, PROBLEM ENDORSEMENT, AND AGING IN A COMMUNITY-BASED SAMPLE

Janna Lynn Imel, Ph.D.
Training program: Virginia Commonwealth University Counseling Psychology Ph.D. Program
Dissertation mentor: Dr. Natalie Dautovich

FROM SUNRISE TO SUNSET: A LIFESPAN APPROACH TO UNDERSTANDING THE MENTAL HEALTH OF A SUBSET OF AMERICAN FARMERS

Evan Plys, PhD
Training program: University of Colorado at Colorado Springs
Dissertation mentor: Sara Qualls, PhD

ACTIVITY PROGRAMMING ATTENDANCE IN ASSISTED LIVING: A STUDY OF THEORY OF PLANNED BEHAVIOR

Madhuvanthi Suresh, M.S.
Training program: Palo Alto University, Ph.D. in Clinical Psychology
Dissertation mentor: Sherry A. Beadreau, Ph.D., ABPP

SUBJECTIVE HEARING IMPAIRMENT, 5-HTTLPR, AND LATE-LIFE MENTAL HEALTH SYMPTOMS

Cindy B. Woolverton, Ph.D.
Training program: University of Arizona Clinical Psychology
Dissertation mentor: Elizabeth L. Glisky, Ph.D.

THE EFFECTS OF A BRIEF SOCIAL INTERGENERATIONAL INTERACTION FOR OLDER AND YOUNGER ADULTS

2020 CoPGTP Member Publications

Beaudreau, S. A., Gould, C. E., Sharp, S. E., & Mashal, N. M. (2020). Anxiety and its disorders in old age. In R. O'Hara, C. F. Reynolds, III, and A. Etkin (Eds.), *Handbook of Mental Health and Aging* (3rd ed.). Salt Lake City, UT, USA: Academic Press/Elsevier. *Book chapter in press.*

Ekiz, E., Videler, A.C., & van Alphen, S.P.J. (2020). Feasibility of the Cognitive Model of Behavioral Interventions in older adults with Behavioral and Psychological Symptoms of Dementia. *Clinical Gerontologist.* DOI: 10.1080/07317115.2020.1740904.

Gould, C. E., Loup, J., Kuhn, E., Beaudreau, S. A., Ma, F., Goldstein, M. K., Wetherell, J. L., Zapata, A. M., Choe, P., & O'Hara, R. (2020). Tech -nology use and preferences for mental health self-management interventions among older veterans. *International Journal of Geriatric Psychiatry, 35*(3), 321-330.. doi: 10.1002/gps.5252.

Hughes, M.J., Verreynne, M.L., Harpur, P., & Pachana, N.A. (2020). Companion animals and health in older populations: A systematic review. *Clinical Gerontologist, 43*(4), 365-377. doi: 10.1080/07317115.2019.1650863.

Hutsebaut, J., Videler, A.C., Verheul, R., & van Alphen, S.P.J. (2019). Managing borderline personality disorder from a life course perspective: Clinical staging and health management. *Personality Disorders: Theory, Research, and Treatment*, *10(4),* 309-316.

Khasho, D., Ouwens, M.A., van Alphen, S.P.J., Arntz, A., & Videler, A.C. (2019). Schema therapy for borderline personality disorders in older adults: Protocol of a multiple baseline case series study. *Contemporary Clinical Trials Communications,* doi: 10.1016/j.conctc.2019.100330

Kube, E., Harris, G., Hicken, B. (2020). The graying of integrated health: The specialized role of psychology in geriatric primary care. *Aging and Mental Health*. doi: 10.1080/13607863.2020.1768215.

Laheij-Rooijakkers, L.A.E., van der Heijden, P., Videler, A.C., Segal, D.L., & van Alphen, S.P.J. (2020). Development of a tool to detect older adults with severe personality disorders for highly specialized care. *International Psychogeriatrics, 32*(4), 463-471. doi:10.1017/S1041610220000186

Research is formalized curiosity. It is poking and prying with a purpose.

-Zora N. Hurston

Lutz, J., Mashal, N., Kramer, A., Suresh, M., Gould, C. E., Jordan, J., Wetherell, J. L., & Beaudreau, S. A. (2020). A case report of problem solving therapy for reducing suicide risk in older adults with anxiety disorders. *Clinical Gerontologist,* 43(1):110-117. doi: 10.1080/07317115.2019.1617378

Melrose, R. J., Zahniser, E., Wilkins, S. S., Veliz, J., Hasratian, A. S., Sultzer, D. L., & Jimenez, A. M. (2020). Prefrontal working memory activity predicts episodic memory performance: A neuroimaging study. *Behavioural Brain Research, 379,* Article 112307. https://doi.org/10.1016/j.bbr.2019.112307

Newkirk, L., Dao, V. L., Jordan, J. T., Alving, L. I., Davies, H. D., Hewett, L., Beaudreau, S. A., Schneider, L. D., Gould, C. E., Chick, C. F., Hirst, R. B., Schussler-Fiorenza Rose, S. M., Anker, L. A., Tinklenberg, J. R., & O'Hara, R. (2019). Predictors of supportive care service use among California Alzheimer's disease patients and their caregivers. *Journal of Alzheimer's Disease.* 73(1), 77-86. doi: 10.3233/JAD-190438.

Nuzum, H., Stickel, A, Corona, M., Zeller, M., Melrose, R.J., Wilkins, S.S. (2020) Potential Benefits of Physical Activity in MCI and Dementia. *Behavioral Neurology* 2020:7807856. doi:10.1155/2020/7807856

Van Reijswoud, B., Debast, I., Videler, A.C., Rossi, G., Lobbestael, J., Segal, D.L., & Van Alphen, S.P.J. (2020). Severity Indices of Personality Problems – Short Form (SIPP-SF) in old age psychiatry: Reliability and validity. *Journal of Personality Assessment.* doi: 10.1080/00223891.2020.1743710

Videler, A.C., Hutsebaut, J., Schulkens, E.M.J., Sobczak, S. & van Alphen, S.P.J. (2019). A life span perspective on borderline personality disorder. *Current Psychiatry Reports, 21:* 51.

Videler, A.C., van Royen, R.J.J., Legra, M.J.H., & Ouwens, M.A. (2020). Positive schemas in older adults: clinical implications and research suggestions. *Behavioural and Cognitive Psychotherapy, 48(4),* 481–491

Yarns, B.C., Lumley, M.A., Cassidy, J.T., Steers, W.N., Osato, S., Schubiner, H. & Sultzer, D.L. (2020). Emotional Awareness and Expression Therapy achieves greater pain reduction than Cognitive Behavioral Therapy in older adults with chronic musculoskeletal pain: A preliminary randomized comparison trial. *Pain Medicine*. doi: 10.1093/pm/pnaa145

Life is short.
Science is long.

-Lucian,

~160 AD

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. Applications are reviewed in early Autumn. Check here for more details: https://copgtp.org/awards-grants/

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. Principle Investigators must be part of a CoPGTP member program. Mentored students and trainees from CoPGTP member programs are encouraged to apply.

Chair: Lindsey Jacobs Ph.D, MSPH, ABPP Clinical Research Psychologist— Tuscaloosa VA Medical Center	**Student Representative:** Jung Jang, Ph.D.— Fellow Institute for Memory Impairments and Neurological Disorders—UC Irvine	**Graduate Programs:** Richard Zweig, Ph.D., ABPP Yeshiva University
Chair Elect: Michelle Mlinac, Psy.D., ABPP VA Boston Healthcare System	**Student Representative:** Stephanie Nelson, Psy.D. Staff Psychologist—SelfWorks	**Internships:** Lindsey Slaughter, Ph.D., ABPP Richmond VAMC
Secretary: Patricia Bamonti, Ph.D., ABPP VA Boston Healthcare System	**Student Representative and Newsletter co-editor**: Julia Boyle, PsyD Fellow—VA Boston Healthcare System	**Postdoctoral Training:** Valerie Abel, PsyD, ABPP VA New York Harbor HCS – Brooklyn Campus
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