Chair’s Column

Michelle Mlinac, Psy.D., ABPP

I’m honored to be serving as CoPGTP Chair this year. As we start to emerge from the COVID pandemic, CoPGTP has been with many initiatives to further geropsychology training efforts. First we saw many of our members at the Building Bridges conference in early March. As a member of the planning committee for that conference I want to thank all of you who participated. It truly felt nice to be together again as a geropsychology community after this long pandemic year. Workgroups are now being formed to address several of the pipeline issues that were identified at the conference. If you would like more information or to watch any of the recorded portions of the conference, these have been collected for your convenience here: https://sites.wustl.edu/geropsychology/building-bridges-conference/.

We welcome new board members, including Dr. Kadija Williams in a position new for 2021, Diversity, Equity, and Inclusion Member at Large (MAL); Dr. Jay Gregg as Treasurer, Dr. Kate King as Graduate MAL, Dr. Kimberly Hiroto as Postdoctoral MAL, and Dr. Alison Jahn as Chair-Elect. We are also thrilled to have SIX student representatives this year, all of whom are supporting vital projects. We value their input and service. We have exciting live training opportunities in the works for our member programs this year – stay tuned!

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Thus far in 2021 we have welcomed two new member programs: the University of Prince Edward Island graduate program (led by Dr. Jessica Strong) and Hines VA in Chicago internship and fellowship (lead geropsychologist Dr. Anne Day). In 2021 we aim to invite geropsychologists teaching at undergraduate/masters level psychology programs as associate members of CoPGTP. Their work is instrumental in supporting the pipeline to doctoral programs and beyond.

CoPGTP member faculty are participating in the development and expert review of online modules that will be part of the ~16 hour certificate program for foundational competency in older adult mental health. This certificate program is targeted at generalist mental health providers to develop basic competency in providing services to older adults, and is scheduled to launch by the end of 2021. Endorsement of the program by NASW and AAGP is also being sought.

This year I begin my term as chair of the Geropsychology Specialty Council, a regular convening of the leadership of our geropsychology organizations (SCG, Division 20, PLTC, ABGERO, CONA, and CoPGTP). In that role I also represent geropsychology on the Council of Specialties. You will be hearing more from me this year around Geropsychology's involvement in APA’s Taxonomies initiative, which is aimed at more fully concretizing how specialty training is achieved from graduate school to post-licensure. APA has put together a brief explainer video on taxonomies here: https://www.youtube.com/watch?v=u_UxTVqSxos

Finally, it is awards season, and in my annual quest to see the nominated films, there are many touching on issues of aging: Minari, Nomadland, Da 5 Bloods, The Mole Agent, and The Father just to name a few. I particularly enjoyed the short film, A Concerto is a Conversation which is well worth 13 minutes of your time! https://www.youtube.com/watch?v=LoEZR5miMvo
A Statement of Change

The Board of the Council of Professional Geropsychology Training Programs (CoPGTP) has long been outraged by the increase in racism, xenophobia, and violence against Asian Americans and Pacific Islander (AAPI) older adults. As Geropsychologists, we work with older adults who have borne the burden of systemic oppression and systematic hate and violence. While Indigenous, Black, Brown, LGBTQ, disability, and religious minority communities have been the target from the start, other groups have experienced these forms of oppression, persecution, cultural erasure, and dehumanization at multiple points in our nation’s history. The violence perpetrated against AAPI older adults and the ongoing brutality facing our Black, Brown and intersectional trans communities are the manifestations of these toxic systems that continue affecting families, communities and generations to come. In light of the violent events that punctuated this past year, including the murder of George Floyd and the Atlanta shootings targeting Asian American women, we in CoPGTP felt a need to speak out against systemic hate.

Geropsychology is a field that serves, values, and advocates for older adults. As a result, we cannot in good conscience remain silent in the face of this continued violence. We see the toll of such violence in the lives of the diverse older adults we serve and are acutely aware of how trauma can impact people across the lifespan and even across generations. However, we also witness the strengths and resiliency of these individuals, many of whom have survived under constant surveillance, the threat of violence and/or deportation, and have navigated racist, ableist and xenophobic policies throughout their lives.

During times of extreme duress and collective grief, we must not turn on each other nor turn away from the harm being perpetrated. We must come together to recognize our shared humanity, speak out against hate, push through our discomfort, and listen closely to hear the needs of our aging communities. Now is the time to find our voice and, more importantly, to amplify the voices and the needs of those rarely heard. While society at large continues working to address systemic societal problems, we can simultaneously examine our own discipline more closely. We at the Council of Professional Geropsychology Training Programs are committed to doing this work in order to empower current and future generations of Geropsychologists to serve aging communities with dignity, humility, and deep compassion for their lived experiences.
The pandemic has altered the rhythm of daily life in America. In the past year, we have changed the way we shop, work, educate our children, socialize with others, and engage in leisure activities. We did this to reduce the risk of contracting COVID-19, a disease that despite our actions has killed over half a million people so far and has left thousands others with often disabling aftereffects of the disease. Some who have survived the illness are experiencing psychiatric symptoms such as “brain fog,” anxiety, and depression.

The mental health effects of the pandemic, however, are not limited to those who contracted the disease. A CDC national survey from June, 2020, found that 40% of U.S. adults reported experiencing a mental or behavioral health condition (30% depression or anxiety; 26.3% trauma and stressor-related disorder related to the pandemic; Czeisler et al., 2020). Researchers who study aging and mental health take comfort in the fact that although age is the greatest risk factor for hospitalization and death from COVID-19, the reverse is true for people who are experiencing high levels of distress during the pandemic. For example, compared to people 65 years and older, the rates for symptoms of anxiety or depression in July (2020) were seven times greater among adults 18-24, nearly 5 times greater among 25-44 year-olds, and 2.5 times greater among people 45-65 years-old. Another study comparing rates of moderate to severe distress among a large sample of adults surveyed in 2018 to those of a comparable group in 2020 found that affective distress was higher in 2018 for all age groups, older age was related to decreased risk for distress (Twenge & Joiner, 2020). Among younger adults, differences were greatest when comparing between the historic periods. In 2018, 26.3% of adults aged 18-29 years reported serious to moderate distress, but in 2020 the percentage was 82.3%. In contrast, 16.4% of adults aged 60 and older reported serious to moderate distress in 2018, compared to 46.4% in 2020.

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Existing studies provide correlates of distress, and although correlation does not mean causation, these correlates provide insight into these age differences. Factors related to higher distress during the pandemic have included being married, Asian ethnicity, and having children in the home – demographic characteristics that are more common among younger and middle-aged adults compared to older adults in the U.S. population. To provide an example of the correlation between these demographic characteristics and stress: in 2018, people with children 18 years or younger living at home had similar rates of distress compared to their counterparts with no young children in the home (21.4% vs. 22.4%, respectively). In 2020, however, people living with children had higher rates of distress than those who did not (79.4% vs. 65.5%). In addition, younger adults were more likely to lose their jobs than older adults, another factor related to distress. Other studies have found that greater life changes, poorer relationship quality, and greater social isolation are also related to greater distress, and older adults report lower levels of each factor (Birditt et al., 2021). Older adults acknowledge their greater risk if they were to contract COVID-19, yet they report less worry about the pandemic and better coping strategies.

Although rates of distress were lowest among those over 60 years-old, rates of moderate to severe levels of distress were higher in 2020 than they were in 2018. Older adults who are poorer and less educated have borne the brunt of the physical devastation of the pandemic. These older adults are also at risk for poorer mental health, and pre-existing mental health at any age is a risk factor for greater stress related to the pandemic (e.g., Czeisler et al., 2020). People who live alone often have higher rates of depression than people who live with others, and even though older adults who live alone are doing better than their younger counterparts, living alone is also a risk for increased distress in response to the pandemic. Most older adults report smaller but more satisfying social networks than younger adults. For older adults who had few family and close friends, however, they may suffer the most as people narrowed their social interactions. Finally, a growing number of studies have documented correlations between activity and cognition (e.g., Lee et al., 2020). Those without activity may be most adversely affected. Those with low education and limited access to technology may be most isolated and not have the cognitive stimulation that technology may provide.

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The rhythm of daily life has shifted as a result of the pandemic. For some older adults, strong social ties and safe home environments have provided some protection from COVID-19. For others, the pandemic has disrupted what provides them with satisfaction and purpose, and has created a more threatening world. They may have had less opportunity to go outside and exercise, and to cognitively engage with others to help keep their mind active. As vaccinations reduce the threat of the pandemic and help us to re-establish the patterns of our lives, reaffirming our social ties and cognitively and physically stimulating activities will hopefully reduce the rates of distress. These changes will take time, however, and during this time psychological distress caused not only by the continued health-related risks and effects of the pandemic, but the disruptions to daily life, continue to challenge the mental health of our society. Large scale studies illustrate the age-related reductions of mental health conditions with age and the resilience of older adults, but geropsychologists will be kept busy working with those older adults who have been most vulnerable from both the health-related risks of COVID-19 and the mental health challenges caused by the disruptions in the flow of life.
A Service Learning Course with Older Adults During the Pandemic: “Staying Social with Social Media”

Stacey Wood, Ph.D., ABPP and co-authors from a Clinical Geropsychology Class: Lauren Braswell, Megan Dolan, Leigh-Ann Franetzki, Timothy Hicks, Megan Itagaki, Samantha Kinder, Lilah King-Hails, Rosie Linkus, Caitlin Murdoch, Caroline Strang, Kristen Takebayshi, Kela Villa-lobos

Service learning has become an increasingly popular experiential learning technique with undergraduate students (Chapman & Ferrari, 1999; Lundy, 2007). Service learning courses that foster intergenerational interactions have the potential to improve student understanding and empathy for the experiences of older adults, challenge existing ageist stereotypes, and potentially spark an interest in a career involving improving the well-being of older people (Lundy, 2007). Ideally, the service-learning component will be developed within a collaboration with a community partner and truly serve a pressing need of the community (Astin et al., 2000).

The current project is the result of a remote learning course with a service-learning component that took place in Claremont, California in the fall of 2020. The original course structure included a synchronous lecture with an emphasis on foundational material regarding the psychology of aging as well as time for project development and supervision. Initially this course also had a four hour per week service-learning requirement. Our community partner was the City of Claremont Human Services, Senior Program. Pre-pandemic, this course was conceived as a direct service-learning course and we had discussed having students involved in providing meals to seniors or potentially teaching an enrichment course at local senior centers.

After March 2020, it was clear that we would not be able to have any in person service-learning component with this course. Also complicating matters was the fact that our campus was completely remote in Fall 2020. That meant that the students enrolled in the course could be living anywhere in the world and in fact were located in various parts of North America, Asia, and Hawaii.

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In collaborative discussions with our community partner, we identified that the seniors in the community were looking for opportunities to engage socially and keep intellectually active. Based upon discussion both with the community partner and the students in the course, we ultimately developed a six-week course entitled “Staying Social with Social Media.”

While it has been well publicized that older adults are at the highest risk of serious illness and death during the COVID-19 pandemic, other risks exist as well. During the foundational lectures we discussed the concern that older adults are now particularly vulnerable to declines in mental health secondary to social isolation, loneliness, financial stress, and general anxiety about COVID-19 (Cornwell & Waite, 2009; Smith et al., 2020; Sepúlveda-Loyola et al., 2020). Generally, increases in loneliness are consistently related to increased risk for elder mistreatment and other poor health outcomes (Chu et al., 2020; Shankar et al., 2011). Individuals who perceive themselves as lonely and who have low levels of social support are at increased risk for depression (Smith et al., 2020). Overall, this undergraduate course was focused on learning about geropsychology, the mission of which is to foster well-being among older adults. Given the disproportionate impact of the pandemic on seniors, we decided to focus on an intervention that addresses social isolation and related risks among older adults (Smith et al., 2020). Loneliness and social isolation in older adults has been linked to poorer mental and physical health outcomes, as well as increased risk of elder abuse (Shankar et al., 2011; Wang & Dong, 2018).

Relevant research suggests that the use of technology in general can reduce social isolation and loneliness in older adults (Khosravi et al., 2016). The percentage of older adults engaging with social media has increased and there is evidence that older adults who were actively engaged with Facebook and other types of social media were more generally satisfied with their social roles and evidenced less loneliness and isolation than non-users (Hutto et al., 2015; Leist, 2013). There is ample evidence that older adults are active learners who come willing to learn and engage with instructors (Ko, 2020).
The students were tasked with developing the current program with a basic understanding of gerontology. Specifically, we developed a course for participants familiar with Zoom conferencing and who had an email address. We built on participants’ Zoom skills to introduce the social media platforms, Instagram and Facebook. For each topic the students began with a basics curriculum that assumed no prior knowledge of the social media platform. Building on the basics course, the students developed an advanced workshop to introduce the participants to additional features of the social media platforms. After teaching the basics and advanced courses, the students opened tech office hours in order to work with participants one-on-one with individualized attention. This pedagogical approach was designed to create confidence in the participants and allowed a wide range of technological ability of older adult leaners to participate successfully. The class goals included learning about the aging process, fostering intergenerational interactions, and reflecting on one’s own age biases. This project model could be easily reproduced even after the pandemic is over and meet the needs of homebound seniors. It could also be scaled to improve confidence and competence with technology in general to assist seniors in other domains such as telemedicine.

**Staying Social with Social Media**

Students worked in two teams of six to develop the basic and advanced curriculum for the Instagram and Facebook courses, in which the senior participants would become more familiar with the platforms. Each lecture had clear learning objectives, examples, and samples of social media features to engage the senior participants. The students also spent a 2-hour session practicing and piloting their materials with three additional senior volunteers prior to “going live.” After gaining feedback from the pilot session, presentation materials were revised for the upcoming courses. Specifics of the curriculum are available to interested parties by contacting the primary author.

The City of Claremont administered surveys regarding the courses. All agreed that the class content and structure was well organized for the basic and advanced section. All indicated a desire to take more classes with these instructors. Participants noted that they appreciated individual assistance. Overall quality rating was 5/5 stars.

The students were also asked if this class in general changed their perspective on working with older adults. In reflections, all of students agreed with this statement which included some students with limited exposure to working with seniors and others with more extensive experience. Both undergraduate students and older adult community members benefited from this project. The students generally commented that the combination of coursework and a service learning project elevated the experience and increased their engagement in the class consistent with other work on service learning teaching (Stukas et al., 1999). These findings are consistent with Astin and colleagues (2000) who report that social learning projects as part of a course adds significant benefits associated with both academic performance and community engagement.

This project is one that could be easily replicated in different areas and with other undergraduate students and older adult learners. Online learning is convenient and accessible from any location, and social media is a helpful tool for connecting with family.
A Year Later: Perspectives on Transitioning from In-Person To Virtual Geropsychology Training at the Internship and Fellowship Levels

Patricia M. Bamonti, Ph.D., ABPP with contribution from VHABHS trainees:
Hannah Bashian, M.Ed., Psychology Intern
Julie Boyle, Psy.D., Psychology Fellow
Cindy Woolverton, Ph.D., Psychology Fellow

More than a year after the onset of the COVID-19 pandemic, we reflect and take perspective on the impact of social isolation and COVID-19 precautions on geropsychology training. As I take pause, I am reminded of the tenants of lifespan development theories emphasizing the gains, losses, and shifts in motivational processes that age-related changes necessitate. In a similar way, the rapidly changing context of a global pandemic has brought with it uncontrollable events and losses, as well as opportunities for personal and professional growth and resiliency.

The transition from in-person care to telehealth marked shifts at many levels, both in what we thought was possible on a large-scale, but also challenging traditional training structures and systems. No longer were office doors open for quick inquiries by trainees. Team meetings were challenged by technological mishaps (None as great as “I’m not a cat,” unfortunately). We communed in a space of strange virtual togetherness. New cohorts of trainees never met some of their supervisors in-person. Yet, now a year in perspective, many clinics, departments, and teams serving older adults are emerging with a sense of how technology can be leveraged to reach, connect, and better serve older adults with mental health needs. We are also learning the ways in which training and education in geropsychology can incorporate lessons learned from the past year.

At the Boston VA (VHABHS), like the rest of the country, the shift to home offices and telework hit dramatically. In March 2020, within a week, the office had migrated to our individual homes. Patient appointments were cancelled and replaced by phone calls as we quickly learned how to establish video connections. Staff and trainees became adept at navigating VA Video Connect, an online virtual video platform in the Veterans Health Administration. But like any technology, the learning took place over time, as updates were made and policies added. Trainees and staff became telehealth providers in a matter of weeks.

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Trainees experienced both positive and negative impacts to their training year. By and large the greatest challenge of teleworking has been the social isolation. Trainees were separated from their cohort and supervisors. For trainees new to the VHABHS system, navigating new clinics, as well as novel technology required greater efficiency and speed of learning. Technology mishaps interfered with supervision and clinical appointments; however, problem solving technology issues improved over time. Psychology Intern, Hannah Bashian, M.S. summarized the experience of starting as part of the 2020-2021 predoctoral intern cohort at VHABHS:

“I had to learn really quickly how to conduct therapy, engage in supervision, and learn the VA system all virtually. This was difficult at times, because it could be isolating and when you’re learning something new it’s difficult to have to type up an email every time you have a question. It made me really self-conscious in the beginning.”

Despite these challenges, trainees all felt like they gained valuable skills as telehealth providers that they would not have learned otherwise and they all felt confident in the quality of their training despite teleworking. They also noted benefits of teleworking such as more flexibility to complete tasks, while also recognizing the need to set boundaries on work/non-work time since work was always accessible. Geropsychology Fellow, Cindy Woolverton, PhD, summarized a common positive impact of teleworking on her training and education, she stated:

“Before the pandemic, I viewed telehealth as a skill that I wanted to develop in hopes that I could provide care to individuals who might not be able to make it to in-person visits and the pandemic pushed us to all gain valuable experience in telehealth. I think it allowed opportunities to learn more about the person and their environment, which can be helpful in case conceptualizations.”

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Hannah Bashian similarly remarked on how teleworking fostered greater autonomy, stating:

“I think that remote work forced me to be a lot more autonomous and work out problems on my own, which was really beneficial. Because every question you asked had to be typed out before you asked it, it led me to rethink questions and push myself to find an answer or try just a little bit harder to find an answer before I asked the question. Although this was tiring at times, I think in the end it was a great lesson and showed me I can typically figure out things on my own.”

An overarching positive impact of teleworking on training is that trainees reported being able to attend more national and local webinars and didactics they otherwise would not.

Trainees also shared their reflections on the impact of teleworking on the provision of clinical care. The biggest divide appeared in whether patients were able to use a video platform or telephone. Trainees struggled with telephone as the main modality, feeling like they lost valuable behavioral observations and experienced more difficulty building rapport with patients. Hannah Bashian remarked,

“The most difficult part of virtual care was when patients only could engage in therapy via telephone. It was really hard not having the visual cues and behavioral cues to inform what to say next and know what was going on for the patient. I think over time you start to pick up on sounds and pauses, it just takes a little more time to build an alliance.”

All trainees noted that telehealth increased access of care and they also believed some patients remained in care because of the convenience of receiving it in their own homes.
Julie Boyle, PsyD, Psychology Fellow hit at the heart of barriers to technology with older adults, recognizing the role of ageism in offering patients virtual platforms. She remarked:

“I’ve learned to dismantle my own ageist beliefs and worries that my patients may experience greater difficulty in engaging in virtual care or not engage at all. I have seen a number of patients over telehealth video platform since the beginning of the pandemic and have seen many patients reach their treatment goals. I know now that this difficulty with technology is related to technological literacy – not age.”

Supervision and work on interdisciplinary teams was also affected by teleworking. Trainees described the difference in rapport building with supervisors who you have rarely or never met in person. The lack of causal hallway chatter and open door conversations made it harder to get to know supervisors and peers on a more personal level. It took longer to feel comfortable in team settings, to understand their role, and build confidence having never met or interacted with team members in-person. Nonetheless, as noted by Julie Boyle when asked about teams: “... people adapt, are resilient, and are incredibly creative, especially when there is a shared goal of patient care.” Team work and group dynamics were the most challenging for trainees, yet as weeks and months past, the trainees developed confidence and agency within the “new normal.”

In reflecting on how to improve the teleworking experience, suggestions were generated such as build in “non-work” conversations where supervisors and peers can get to know each other on a different level. Other ideas included implementing a hybrid approach, with a mix of in-person and virtual supervisions and meetings. Encouraging trainees to take planned screen breaks was suggested, reinforcing the need for timeouts, breaths of fresh air, and time away from the screen.

The reflections of VHAHS trainees and staff only skims the surface of the sweeping impact of COVID-19 on geropsychology training throughout the country and worldwide. Technology and teleworking allowed our field to break down barriers like never before facilitating the communion of students, staff, faculty, and experts in geropsychology in one “virtual room” for the Building Bridges Conference. It also allowed the first virtual national conferences including American Psychological Association and Gerontological Society of America annual meetings. Technology can help provide greater equity of resources and enable experts and leaders in the field to reach generalists providers and trainees at all levels. Only through the sharing of collective resources and experiences can we take what we learned this year and apply it to improve training and education structures that promote geropsychology. It is my sincere hope that we can take these reflections and harvest the positive lessons, experiences, and skills we have learned from these unprecedented times.
Aging Committee - Division 44

In the spirit of making connections and fostering potential collaborations, we want to introduce you to a group of colleagues doing aging-related work in APA’s Division 44. Division 44 is the Society for the Psychology of Sexual Orientation and Gender Diversity. Within Division 44 there is an Aging Committee made up of clinicians, researchers, academics, and trainees with an interest in LGBTQ+ aging concerns.

The Division 44 Aging Committee aims to raise awareness of psychological issues in the adult development and aging of LGBTQ+ individuals. We promote scientific research and education on LGBTQ+ aging topics, as well as the dissemination of relevant information to psychologists, students, and the general public. The Division 44 Aging Committee seeks to accomplish this mission through efforts to support and facilitate LGBTQ+ aging research, the sponsorship of LGBTQ+ aging-related programming at the APA annual convention, encouraging the inclusion of LGBTQ+ aging research in scholarly publications, promoting representation of LGBTQ+ aging issues in related areas of psychological study through liaison with other APA divisions, and facilitating Division 44 liaison to the APA Committee on Aging.
Recent projects have included: Presentation of a Symposium at the 2020 virtual APA convention titled *Cognitive Aging and LGBTQ Older Adults Across the Continuum of Care*; reviewed and provided feedback on the *Guidelines for Psychological Practice with Sexual Minority Persons* from the lens of Aging, and we will be presenting a collaborative symposium at APA 2021 titled “*Health Disparities among Older Adults during COVID: Research, Clinical, and Training Considerations*”.

Current goals for the committee include fostering increased connection and collaboration with other Aging-focused organizations, and a continued focus on de-centering whiteness in the area of LGBTQ+ aging and on recruiting a more diverse membership to the committee.

“Hope will never be lost.” - Harvey Milk

Anyone with an interest in the area of Aging and LGBTQ+ issues is welcome!

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Student Spotlight

Lisa E. Stone, M.A.

Lisa Stone is a third year PhD student in Clinical Psychology, with an emphasis in Geropsychology, at the University of Colorado at Colorado Springs (UCCS). She holds a BA in psychology from the University of Dayton and a MA in Clinical Psychology from UCCS. Her interest in aging began during her undergraduate studies when collaborating with her research mentor (Dr. Julie Walsh-Messinger) related to personality and usage of assistive mobility devices.

Lisa’s clinical work as a graduate student has focused on providing services to older adults in a variety of contexts. She previously provided individual and group psychotherapy at a community mental health clinic (the UCCS Aging Center). Currently, she provides low-cost neuropsychological assessments to older adults at the UCCS Aging Center and also provides individual and group psychotherapy on the geriatric unit at a local inpatient psychiatric hospital.

Lisa has had interests in personality disorders since undergraduate and began collaborating with Dr. Segal on projects related to personality disorders and older adults upon arriving to UCCS. She is particularly interested in the unique expression of personality pathology in later life and how to best measure such unique expression. Much of her recent work has focused on how the Alternative Model of Personality Disorders (proposed in Section III of DSM-5) applies to older adults. Given that the traditional, categorical personality disorder model that contains 10 distinct disorders is highly problematic when applied to older adults, her research has aimed to determine if this proposed Alternative Model has better validity and clinical utility for a later life population.

Her master’s thesis (Stone & Segal, in press; https://doi.org/10.1177/0091415020980762) examined how the Alternative Model’s diagnostic criteria relate to the traditional, categorical model of personality disorders among older adults. The Alternative Model proposes two diagnostic criteria: personality functioning (representing personality pathology severity) and pathological personality traits (representing personality pathology style). More specifically, the Alternative Model posits that each of the traditional 10 personality disorders has a unique pattern of functioning and traits and provides proposed patterns. These proposed patterns have been relatively well-validated for general adult populations. However, Lisa’s results indicate that the proposed patterns may not generalize to older adults, with a later life population instead showing unique patterns.  

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While this may be unsurprising to geropsychologists, it is problematic for the Alternative Model and further highlights the need to consider individuals across the lifespan when developing diagnostic criteria.

To extend an examination of the Alternative Model’s personality functioning, Stone, Segal, and Noel (in press; https://doi.org/10.1037/per0000413) sought to validate the Levels of Personality Functioning Scale-Brief Form (LPFS-BF) among an older adult sample. The LPFS-BF is a 12-item self-report questionnaire that measures an individual’s overall personality functioning and also contains two scales: self-functioning (containing items related to identity and the ability to engage in self-directed behavior) and interpersonal functioning (containing items related to the ability to empathize with others and maintain intimate relationships). The LPFS-BF was intended to be both a screening measure for personality dysfunction and an outcome measure to track changes over time. Stone, Segal, and Noel (in press) broadly found strong but initial psychometric support for use of the LPFS-BF among older adults and indicate that it may be an adequate screening tool for identifying important personality features.

To examine a more specific pathological personality construct, Stone, Segal, and Krus (in press; https://doi.org/10.1080/13607863.2020.1725802) examined relationships between pathological narcissism and personality disorder features among a later life sample. Pathological narcissism related strongly to narcissistic and avoidant tendencies, according to the categorical model of personality disorders. It also related to traits of Negative Affect and Antagonism, according to the Alternative Model. Both findings are relatively unique to older adults and preliminarily suggest that pathological narcissism may present differently in later life.

Put together, Lisa’s current research has broadly focused on how personality pathology is uniquely displayed in later life and examined how current and proposed models of personality disorders apply to older adults. Upcoming projects include two articles currently under review that investigated the “lost” personality disorders among older adults (i.e., depressive, sadistic, passive-aggressive, and self-defeating personality disorders) and the interpersonal circumplex’s relationship to personality disorder features in a later life sample. Additional next steps include examining how health and psychosocial functioning impact the Alternative Model’s personality functioning for older adults and beginning work on her dissertation.

Long-term, Lisa hopes to enter into academia to continue to her research on personality disorders and older adults. When not working, Lisa likes to explore and hike the beautiful mountains in Colorado, bake and cook with her partner, and watch her two favorite hockey teams (her hometown team Chicago Blackhawks and transplant team Colorado Avalanche). Lisa welcomes any questions about or opportunities for collaboration in her research and can be contacted at lstone4@uccs.edu.
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 programs!

Edward Hines Jr. VA Hospital Geropsychology Training Program represented by Anne Day, PhD and colleagues Phil Cooke, PhD, Kyle S. Page, PhD, ABPP, and Maurice Endsley, PhD. The Hines VA offers Geropsychology training at the predoctoral and postdoctoral levels. Rotations include Home Based Primary Care, Geri-PACT (geriatric primary care), Palliative Care, and the Community Living Center (consisting of long-term care, subacute rehabilitation, and skilled nursing). They offer an array of specialty didactics on geropsychology topics throughout the training year.

And our newest international member- University of Prince Edward Island (UPEI), Department of Psychology, Doctor of Psychology (PsyD) Program represented by Jessica Strong, PhD, APBB. UPEI offers a newly created (2019) PsyD program in the process of accreditation. Dr. Strong provides supervision to graduate students and consultation to faculty in cognitive assessment and psychotherapy with older adults. UPEI has an on-campus psychology training clinic and a newly created geropsychology practicum placement is in the works with the Geriatrics Provincial Program. UPEI offers core coursework including Psychopathology across the Lifespan, Cognitive Affective Bases of Behavior, and Quantitative Research Methods. Dr. Strong is committed to the growth of geropsychology training at UPEI and enhancing the knowledge of mental health and aging within a generalist framework!

Fifty-seven 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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Hannah Bashian, M.Ed. is a sixth-year doctoral candidate in the Counseling Psychology program at Lehigh University and a current intern at the VA Boston Healthcare System on the Geropsychology Track. Her research interests include examining the impact of ageist attitudes and aging anxiety across the lifespan, the interaction between ageism and healthism, and the intersection of age and sexual orientation. Hannah became interested in geropsychology during her undergraduate training, where she was fortunate to be trained by a geropsychologist who encouraged students to volunteer at local nursing homes in the area. In graduate school, Hannah had the opportunity to continue her work with older adults in the Hospice and CLC units at the Lebanon VA. Currently, as an intern at VA Boston, Hannah works with older adults in numerous settings, including the Geriatric Mental Health Outpatient Clinic, Home-Based Primary Care, and the Capacity Clinic. In these settings she is able to combine her research in ageism with her work with older adults both by presenting didactics to team members about the impact ageism has on older adults’ health and well-being and by incorporating ways to challenge internalized ageist attitudes with the Veterans she works with. Hannah is committed to improving the lives of older adults and changing the way our society views aging and the older adult population. Currently, she leads a subcommittee within the diversity committee at VA Boston, which is focused on disseminating information about ageism to healthcare providers at VA Boston. She will be staying at VA Boston for her post-doctoral fellowship, continuing to gain training in geropsychology. As a CoPGTP student representative, Hannah is working to improve the geropsychology pipeline under the guidance of Dr. Michelle Mlinac.

Emily Behrens, M.A. is a 4th year clinical psychology doctoral student at the University of Alabama. Emily graduated from DePauw University in Greencastle, IN in 2016 with a BA in psychology. Prior to graduate school, Emily worked as a research assistant at the Indiana University Center for Aging Research in Indianapolis where she contributed to projects improving healthcare in hospitals and long-term care settings. During her graduate training at the University of Alabama, Emily has examined the well-being of older adults with osteoarthritis in the lab of Dr. Patricia Parmelee. Her master’s thesis focused on the accuracy of pain and mood assessment by certified nursing assistants in long-term care. For her dissertation, Emily will be examining the impact of stressful life events on the daily lives of older adults. She has had the opportunity to engage in a variety of clinical activities while at the University of Alabama, including working with older adults in primary care, inpatient, and outpatient settings. As a CoPGTP student representative, Emily is supporting the work of COPGTP chair Dr. Mlinac.
Matthew Picchiello, M.A. is a second-year graduate student at Washington University in St. Louis. Matthew graduated from Loyola University Maryland in 2018 with a BA in Psychology. After graduation, Matthew worked for one year as a research assistant in the Department of Geriatric Medicine and Gerontology at Johns Hopkins University. Matthew currently works under the mentorship of Dr. Brian Carpenter in the Clinical Geropsychology Laboratory at WashU. His master’s thesis focused on the methodological differences and prevalence estimates for dementia and subjective cognitive decline in national datasets. Matthew is interested in studying the early stages of dementia, and how individuals learn about and live with these conditions. Through his research, Matthew hopes to support those who are diagnosed with dementia along with their family members learn about these conditions, and to help them continue to share many warm and positive experiences with one another. He currently works as the newsletter editor within CoPGTP.

Nick Schmidt, M.A. is currently an intern at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia in the Interprofessional Geropsychology Track and is completing his PhD in Clinical Psychology at the University of Missouri – St. Louis. He also earned an MS in Gerontology at the University of Missouri – St. Louis prior to beginning his PhD program. He is completing rotations in the Community Living Center, Home-Based Primary Care, and Hospice and Palliative Care at the Richmond VA and is also seeing patients through Geriatric Outpatient Mental Health. As part of the Interprofessional Geropsychology Track, he also meets weekly with chaplains for didactics and trainings on interprofessional teamwork. His research interests have moved through topics of older driver safety, well-being of care partners of older adults, and most recently training needs and continuing education of behavioral health workers who see older adults. His dissertation is titled Impact of Aging Education on the Continuing Education Preferences of Behavioral Health Clinicians. He is excited to be seeing these research interests in action on a CoPGTP subcommittee working on a competency evaluation tool. He is also excited to be continuing his Geropsychology training next year as a postdoctoral resident at VA Boston. His long-term plan is to be a board-certified Geropsychologist and work to grow the quantity and quality of care available to older adults.
Cindy B. Woolverton, Ph.D. completed her graduate training in Clinical Psychology at the University of Arizona, where she was mentored by Dr. Elizabeth Glisky. She completed her clinical internship training at the VA Boston Healthcare System with a focus in Geropsychology, where she is currently a Clinical Psychology Postdoctoral Fellow in the Geropsychology Track. Her dissertation titled, *The Effects of a Brief Social Intergenerational Interaction for Older and Younger Adults*, examined how connecting younger and older generations may provide cognitive and social benefits for the older adults while also providing changes in ageist views for younger adults. She hopes her findings will contribute to the development of social interventions for older individuals that may also provide valuable opportunities for undergraduate students in hopes to increase students’ interest in pursuing careers working with older adults. At VA Boston, she is currently involved in multiple research projects ranging from program evaluation of evidence-based interventions, to assessment of values to inform care for older adults with serious mental illness. Her career goal is to specialize in mental health interventions in older adults, specifically for those with long-standing serious mental illness. As a CoPGTP student representative, Cindy is working on the recruitment and retention of program members under the guidance of Drs. Lindsey Slaughter, Erin Emery, Kate King, Kadija Williams and Kimberly Hiroto.

Stacy Yun, M.A. is a fourth-year clinical psychology (geropsychology track) doctoral student at the University of Colorado Colorado Springs (UCCS) in the Aging Families Lab (PI: Dr. Sara Qualls). Prior to attending UCCS, she received her BA in Psychology from Washington University in St. Louis, where she first got introduced to the field of clinical geropsychology. She was always curious about the idea of death and dying even as a child and was fascinated to find out there is a specific field in psychology that focused on aging and older adults. Broadly, her research interests include aging and mental health disparities, minority aging, and end-of-life issues. She aspires to identify ways to better provide healthcare and mental health service access to minority older adults (particularly those who identify as Asian American) and ultimately develop culturally sensitive and effective interventions that target multiple generations of older immigrants with different levels of acculturation. She is currently working on her dissertation project to examine how behavioral model of healthcare utilization and stress process model of caregiving can be applied to older adults in South Korea. Clinically, she is currently completing her final practicum training before internship at Rocky Mountain Healthcare Services Program for All-Inclusive Care for the Elderly (PACE). She hopes to become an academic in the future and continue clinical practice as a licensed clinical geropsychologist in addition to conducting research and teaching. As a CoPGTP student representative, Stacy is working with Dr. Kadija Williams to spearhead diversity, equity, and inclusion initiatives and projects.
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 supports 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!

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