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Training in Clinical Geropsychology: Predoctoral Programs, Professional Organizations and Certification

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Nearly 35 million Americans are 65 years of age and over. Over the next 40 years, the number of people 65 and older is expected to double and the number of people 85 and older is expected to triple. Graduate training in professional psychology continues to be under pressure to respond to the growing number of older adults and their mental health needs. Moreover, in order to meet the American Psychological Association Commission on Accreditation aspiration of truly broad and general training, inclusion of didactic information regarding the mental health needs of older adults, and, ideally, exposure to this clinical population are necessary. This article describes training of predoctoral geropsychology graduate students and others interested in geropsychology in the United States. Basic information regarding the requirements for obtaining a doctoral degree in clinical psychology is reviewed, along with specifics about the breadth of mentorship students experience during graduate training in geropsychology. An explanation about different training models with a focus on the Pikes Peak training model for clinical geropsychology is provided. Clinical training opportunities within a long-standing clinical geropsychology training program are discussed as an example of a specialty, predoctoral graduate training program within the United States. This is followed by a description of resources provided by various professional organizations affiliated with adult development and aging, and information regarding the potential for student involvement. Finally, a brief overview of the current debate regarding credentialing in clinical geropsychology within the United States is provided.

Keywords: geropsychology competencies, graduate training, professional training

> You can only perceive real beauty in a person as they get older—Anouk Aimee.

Although the American Psychological Association (APA) recognized professional geropsychology as a specialty in 2010, APA's Commission on Accreditation designates only three subtypes of doctoral programs (or combinations of these): school, counseling, and clinical. To meet the Commission on Accreditation aspiration of providing truly broad and general training, issues of adult development and aging and exposure to clinical experiences with aging adults need incorporation into existing doctoral training programs (Hinrichsen, Zeiss, Karel, & Molinari, 2010; Karel, Gatz, & Smyer, 2012; Qualls, Scogin, Zweig, & Whitbourne, 2010). The significant international demographic shift toward older persons in the population makes it imperative that we provide psychology doctoral students with broad and general training across the life span, including geropsychology.

Nearly 35 million Americans are 65 years of age and over. Over the next 40 years, the number of people 65 and older is expected to double and the number of people 85 and older is expected to triple. Graduate training in professional psychology continues to be under pressure to respond to the growing number of older adults and their mental health needs (e.g., Fretz, 1993; Hinrichsen et al., 2010; Jacobs & Formati, 1998; Qualls, 1998). Of note, exposure to clinical experiences with older individuals increases interest in pursuing clinical work with older adults (Hinrichsen & McMeniman, 2002; Karel et al., 2012).

This paper presents an overview of training issues within geropsychology for professionals and students interested in this topic. Specifically, information is provided regarding: (a) the process of pursuing training in clinical geropsychology in the United States from predoctoral training through licensure; (b) goals and assump-

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tions that underlie training models within doctoral clinical psychology training programs generally (i.e., scientist–practitioner, practitioner–scholar, and clinical scientist) and current workforce practice in psychology as a health service; (c) clinical geropsychology training models and competencies (e.g., the Pikes Peak training model; Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009); (d) training opportunities and examples from a long-standing clinical geropsychology training program reflecting the Pikes Peak training model (Wharton, Shah, Scogin, & Allen, 2013); (e) information about professional organizations that span adult development and aging interests, as well as whether these organizations incorporate student members; and (f) an overview of the current debate regarding pursuit of credentialing in geropsychology.

Process of Pursuing Graduate Training in Psychology and Geropsychology in the United States

A student pursuing graduate training in clinical psychology in the United States may expect to spend an additional 5- to 6-year period completing his or her doctoral degree after completing an undergraduate degree. PhD programs require the completion of a prescribed course of study and research, including (at the least) a master's thesis project and dissertation. Moreover, all training programs require individuals pursuing doctorates to complete a minimum of 1,000 hours of broad and general clinical training during their graduate studies, in addition to a 1-year clinical internship. The clinical internship requires 40 hr per week or more of clinical service provision; in geropsychology concentrations, at least one or more major rotation(s) would be expected to focus on the mental health needs of older adults and their families. Hinrichsen and colleagues (Hinrichsen et al., 2010) reported that currently, most psychology internships offer clinical experiences working with older adults, but few internship supervisors have received training in providing services to older adults.

Within the 5- to 6-year process of obtaining a doctoral degree with focused training in clinical geropsychology, students typically engage in applied research. Topics may include cognitive functioning, dementia, and memory; civil capacity and the adaptive behaviors or functional abilities necessary to continue living independently; wellness and health promotion; mental disorders and substance abuse; sexuality; caregiving and family relationships; and adjustment to life changes, as well as a variety of other topics. We hope that the areas in which students provide clinical service inform their research, and vice versa (Gelso, 2006).

Similar to other doctoral training programs, the process of the academic mentoring of a student pursuing a doctoral degree with focused training in clinical geropsychology involves building a relationship between the faculty member and the student that is concentrated on fostering and developing student interests, enhancing and expanding skills, and promoting gradual independence through incremental steps. Mentoring occurs within career-focused and personal or psychosocial domains (Clark, Harden, & Johnson, 2000; Zerzan, Hess, Schur, Phillips, & Rigotti, 2009). Career functions include sponsorship, networking, coaching, protection, and challenging work assignments. Psychosocial functions operate at the interpersonal level and include role modeling, acceptance and confirmation, counseling, and friendship. Within the field of clinical geropsychology, such mentoring involves issues particular to working with older adults and their families, and occurs in research, teaching, and clinical practice. A student may have multiple mentors, or different primary mentors in different domains. It is also possible that one primary mentor will oversee the graduate student's progress across proficiency areas.

The clinical internship must be completed prior to being awarded the doctoral degree, whereby individuals will then complete the requirements for licensure within their states of residence. This typically consists of one-year postdoctoral residency, passing the Examination for Professional Practice of Psychology (EPPP), as well as passing examinations specific to the state in which the individual resides. Clinical geropsychologists work in a variety of settings, including traditional academic settings; United States Department of Veterans Affairs; outpatient clinics; inpatient hospitals; long-term-care facilities (i.e., continuing-care retirement communities, assisted-living facilities, skilled-care facilities); free-standing and independent research facilities; business and industry; federal, state, and local governments; adult education; and professional and religious organizations. In each of these employment settings, clinical geropsychologists work to improve the lives of older adults and their families.

Training Models and Workforce Characteristics in Psychology

There are three types of training models within clinical psychology (which encompasses clinical geropsychology) sanctioned by the APA Commission on Accreditation: scientist–practitioner, practitioner–scholar, and the clinical scientist training model (The Psychological Clinical Science Accreditation System [PCSAS; http://www.pcsas.org/index.php]; Belar, 1992; Frank, 1984; Korman, 1974). All programs emphasize evidence-based science and practice, with differential weights given to training time spent in research or in service settings. In the scientist–practitioner model, the clinical psychology graduate student is trained relatively evenly in conducting both research and clinical practice. In contrast, the practitioner–scholar model emphasizes preparation for psychology practice that is informed by science. These programs emphasize evidence-based and effective practice with individual clients that relies upon consuming, but not creating, products of scientific inquiry. The clinical scientist training model has been sponsored by PCSAS and prepares students for a research career by specifying guidelines for the production of scientific research on clinical problems and its application to those problems. The emphasis within the clinical scientist training model is research and the presumed goal of training is a career in academia. Within the practitioner–scholar model, the training and career emphasis is practice, and within the scientist–practitioner model, training is a combination of research and practice with career options relatively open.

Cherry and colleagues (Cherry, Messenger, & Jacoby, 2000) found significant differences across these general training models in student and faculty activities (relatively consistent with their training philosophies), employment settings, and weekly employment activity outcomes. Faculty but not students in practitioner–scholar programs engage in more clinical service provision in comparison with other training models. Initial employment settings of graduates correlate with the training model experienced during graduate study (i.e., those who graduate from clinical scientist training programs are more likely to pursue careers in

academic settings); however, the training model accounts for no more than 50% of the initial employment settings of graduates (Cherry et al., 2000). The majority of students choose careers in practice, regardless of the training models of the programs in which their degrees are obtained. It is interesting to note that students' professional activities in science and practice are generally and relatively stable across a 10-year span, but do not necessarily reflect their graduate training (Zachar & Leong, 2000).

Caution should be exercised, however, in interpreting these results. Many surveys regarding the psychology workforce rely on sampling membership of APA; however, this method may lack representativeness as not all individuals within this workforce maintain membership in APA across their careers (Michalski & Kohout, 2011). More recent data about workforce demographics were gathered in the 2008 APA Survey of Psychology Health Service providers, reporting a response rate of 15% and including licensed doctoral-level members and nonmembers of APA (Michalski, Mulvey, & Kohout, 2010). Workforce characteristics varied depending on the year of entry into practice. Overall, 79% of respondents reported obtaining a PhD, with 18% receiving a PsyD and 3% earning an EdD. Respondents reported that adult clients took an average of 65% of practice time, combined service to children and youth took an additional 26% of practice time, and only 9% of average practice time was devoted to individuals over the age of 65 (Michalski & Kohout, 2011). Of note and interest in clinical geropsychology, individuals tend to expand their area of practice in relation to their original area of study as their careers progress (Michalski & Kohout, 2011).

Training Models and Competencies Within Geropsychology

The Council for Professional Geropsychology Training Programs listed 14 specialty geropsychology predoctoral programs on their website in 2012–2013, four of which are PsyD programs. The number of internships offering major rotations in geropsychology is growing (Hinrichsen et al., 2010), although the quality of this training is unknown and probably variable. Qualls and colleagues (Qualls et al., 2010) provided suggestions for students in generalist predoctoral training programs who may wish to infuse geropsychology content and information in their programs, and who may desire the development of specialty training in professional geropsychology.

The preferred model of training in geropsychology is the Pikes Peak training model, developed in 2006 (Knight et al., 2009). Clinical and counseling training programs that endorse the Pikes Peak training model may self-identify with any of the three more general predoctoral training models (i.e., scientist–practitioner, practitioner–scholar, or clinical scientist). The Pikes Peak model is based on competencies and allows for entry-level training at any point in professional development (i.e., graduate, internship, postdoctoral, or continuing education training). Such breadth in the pathway for entry-level training is needed to build the geropsychology workforce to meet the needs of an aging America as well as respond to global aging challenges (Fretz, 1993; Hinrichsen et al., 2010; Jacobs & Formati, 1998; Molinari, 2012; Qualls, 1998; Qualls et al., 2010; United Nations, 2007). Four broad aspects of training underlie this model and define the field as a distinctive practice area: (a) knowledge of life-span development, particularly adult development and aging; (b) knowledge of and skills relevant to late-life psychopathologies, including dementia; (c) knowledge of medical comorbidities; and (d) knowledge of the range of age-specific environmental contexts in which older adults are embedded, including family, residential, health care and community systems. These four aspects are interrelated. Differentiating and designing interventions for late-life psychopathology depends upon the ability to recognize normative developmental change.

Based on the APA practice guidelines for working with older adults (APA, 2004), the Pikes Peak model includes a summary of the attitudes, knowledge, and skill competencies needed to become a competent geropsychologist. The Pikes Peak geropsychology competencies are intended to be aspirational in nature and to serve as a guide for training programs and individuals in pursuing training goals across the career trajectory. Trainees are expected to continue their learning process throughout their careers and perform competently across multiple training sites by regular review of their skills and additional continuing education credits as necessary. Additional themes of the Pikes Peak training model are: (a) the inclusion of both didactic and observed experiential education in collaboration with "bona fide professional geropsychologists" at all levels of training (p. 210; Knight et al., 2009); (b) greater reliance on self-assessment and self-direction in the training process as one moves through one's professional career; (c) recognizing and countering one's own explicit or implicit ageism; and (d) the critical nature of interdisciplinary collaboration and the influence of a range of social environments on older adults.

Karel and colleagues (2010) developed a self-assessment tool for students, interns, and individuals at any stage in their careers to evaluate their competencies based on aspirational guidelines developed from the Pikes Peak model. Molinari (2012) provided further detailed suggestions for meeting knowledge- and skill-based competencies delineated in the Pikes Peak training model. Specifically, Molinari (2012) provided tables with example milestones for competence in assessment, intervention, consultation, research, supervision–training, and management–administration. Due to developmental and ethical issues regarding the promotion of individual autonomy in the context of declining health and beneficence of health-service providers, geropsychologists must develop competencies related to work in interdisciplinary teams and knowledge of relevant public policies that affect older individuals (Molinari, 2012).

Training Opportunities Specific to a Long-Standing Clinical Geropsychology Program

We will now highlight a variety of potential training opportunities at a long-standing doctoral program with an emphasis in clinical geropsychology. The training at this university predates the Pikes Peak model (Knight et al., 2009), yet reflects the core elements of training identified as important in the practice of geropsychology (Wharton et al., 2013). The clinical geropsychology curriculum at this university focuses on life-span development within a scientist–practitioner model of training. "Bona fide professional geropsychologists" (Knight et al., 2009) provide didactic and experiential training opportunities in research and clinical service provision. Required coursework includes life-span development, cognition and learning, clinical aging intervention, clinical aging assessment, and practicum experiences within clinical

geropsychology. Science and practice are woven throughout students' training experiences as the scientific laboratories of all geropsychology faculty at this university conduct community-engaged research.

The geropsychology practicum involves individual, couples, and family therapy; participation in an interdisciplinary geriatrics clinic; and opportunities for assessment experience in collaboration with the Elder Law Clinic within the School of Law. Consultation with the Elder Law Clinic is based on the guidelines of the American Bar Association/American Psychological Association Assessment of Capacity in Older Adults Project Working Group (2008) and typically involves civil capacity evaluations regarding the ability to execute legal documents, engage in contracts, or live independently. Additional paid, professional clinical placements include unique training at geriatric psychiatry centers (which provide assessment and individual and group psychotherapy) and local Veterans Affairs medical centers (which provide neuropsychological assessment and community living centers when supervision is available). These paid placements are supplemented by additional voluntary training opportunities, including consultations with rehabilitation and long-term care at other skilled care and assisted living facilities. Supervised training in individual, family, and bereavement-group experience within a local hospice is also available (both inpatient and outpatient training experiences). Newer and ongoing initiatives with variable funding opportunities include mobile unit experience in rural areas and consultation with a state's department of corrections through work at prison facilities dedicated to older and functionally impaired inmates, as well as chronically ill inmates at other prison facilities.

Professional Organizations That Serve Clinical Geropsychology

Several professional organizations exist to assist graduate students and early-career professionals in developing the skills and relationships to become independent professionals beyond the confines of their graduate training programs. Although membership in professional organizations is declining (Michalski & Kohout, 2011), active participation in such groups may foster development of professional mentoring relationships and further competencies in geropsychology (Molinari, 2012). Many, but not all, of these organizations have student members or affiliates and incorporate students to varying degrees in organizational business and governance.

One of the primary organizations is the APA Committee on Aging (CONA) (http://www.apa.org/pi/aging/cona/index.aspx). CONA exists to further the major purpose of APA to advance psychology as a science and profession and as a means of promoting health and human welfare among older adults, particularly the growing numbers of older women and minorities. CONA is located in the Office on Aging and reports to the APA governance council through the Board for the Advancement of Psychology in the Public Interest Directorate. CONA is comprised of six elected professional members with staggered terms and is primarily responsible for alerting APA members to public policy changes and initiatives that affect older adults in the United States. Specifically, CONA provides: (a) strong and visible advocacy for a scientific agenda on aging to policymakers and private and public funding agencies; (b) advocacy for policies that enhance the availability and reimbursement of health and mental health services to older adults and their families; (c) contributions to the formulation and support of federal policies and associated regulations that promote optimal development of older adults; and (d) advocacy for the inclusion of knowledge about adult development and aging in all levels of education, including continuing education for practicing professionals. Participation on this committee is highly prized and is a sign that the individual elected to membership has become a leader in geropsychology. As such, students are not active members of CONA but need to be aware of CONA's efforts on behalf of geropsychology.

The Council for Professional Geropsychology Training Programs (CoPGTP, pronounced COG-TIP; http://www.uccs.edu/~cpgtp/index.html) consists of professional members from graduate, internship, postdoctoral, and postlicensure programs that provide geropsychology training consistent with the Pikes Peak training model. This website contains a wealth of information regarding practice guidelines, a self-evaluation tool for geropsychology competencies, a list of membership organizations (Karel et al., 2010), Medicare information, and learning resources. CoPGTP includes both U.S. and overseas programs as members and is committed to promoting excellence in training in professional geropsychology and to supporting the development of high quality training programs at all levels of experience. Like CONA, students are not active members of CoPGTP.

Other professional organizations important for both graduate students and professionals interested in adult development and aging include sections of the Gerontological Society of America (GSA; http://www.geron.org/). GSA promotes multi- and interdisciplinary research in aging and acts to disseminate this knowledge to scientists, practitioners, and policymakers. It is the primary interdisciplinary organization concerning adult development and aging and has four sections: (a) biological sciences; (b) behavioral and social sciences (many psychologists choose this section as their primary affiliation within GSA); (c) health sciences; and (d) social research, policy, and practice (SRPP). The student organization within GSA is called the Emerging Scholar and Professional Organization (ESPO; (http://www.geron.org/Students/Emerging%20Scholar%20&%20Professional%20Organization). ESPO provides a number of opportunities for students to become involved within each section of GSA.

Psychologists in Long-Term Care (PLTC; http://www.pltcweb.org/index.php) is a network of psychologists and other professionals dedicated to providing high-quality mental health services to older adults across the long-term-care continuum, including skilled nursing facilities (i.e., nursing homes), rehabilitation settings, assisted-living facilities and congregate housing. Services provided by PLTC members include individual, group and family therapy, assessment, patient care planning, research, and facility staff training and consultation. Many students with particular interests in long term care become student members of PLTC.

Division 20 within the American Psychological Association (APA; http://www.apa.org/about/division/div20.aspx) is focused on Adult Development and Aging. Division 20 offers webinars in grantsmanship and mentoring opportunities both within and outside of the annual convention programming. Division 20 incorporates active student and early-career professional involvement within the executive committee and active subcommittees formed to address specific topical issues in adult development and aging.

Specific to clinical geropsychology, The Society of Clinical Geropsychology of APA's Division 12, Section II (http://www.geropsychology.org/) is devoted to research, training, and the provision of clinical services for older adults. Most psychologists interested in working with older adults are members of both Division 12, Section II and Division 20 within the larger APA. The Society of Clinical Geropsychology is the smaller organization with fewer student members and expanded opportunities to become involved. It incorporates a mentorship model in its' activities at any level of training, through the mentorship committee. This committee pairs more experienced individuals interested in clinical geropsychology with less experienced individuals, for the benefit and increased proficiency of the less experienced individual in working with older adults and their families. Information regarding Medicare practice guidelines is available on this site.

A new website developed with funding through the Committee on Division/APA Relations (CODAPAR) of the APA and collaborations among these professional organizations is called GeroCentral (http://gerocentral.org/). This website offers a wealth of information for individuals interested in geropsychology and became active early in 2013. Topics include a clinical toolbox, research, policy and advocacy, competencies, and training and career. The GeroCentral team encourages visitors to contact them and is actively working to make the website more interactive.

Obtaining Certification as a Clinical Geropsychology Specialist

A major landmark in the professional development of geropsychology occurred in 2010 when APA established geropsychology as a specialty area. This recognition was a tribute to the scientific advances undergirding the clinical activities of geropsychologists, and was spurred by the elaboration of training models consonant with the cube model for competency development in psychology, which outlines the foundational and functional competency domains within each stage of professional development (Rodolfa et al., 2005). However, as with many advances, novel issues quickly emerged. In the case of geropsychology it has been the perceived need for a publicly sanctioned way to identify individuals who meet competencies necessary to be considered specialists.

With significant conceptual progress being made in the evaluation of geropsychology competencies via the development of an instrument to assess geropsychology knowledge and skills (Karel et al., 2010), it was determined that there were mechanisms in place to evaluate the core functional domains in geropsychology as a way to generate a credentialing mechanism. In late 2010, a request was posted on the Division 20 websites (i.e., Society of Clinical Geropsychology, PLTC, and CoPGTP) with a link to a survey consisting of probing questions regarding benefits to geropsychologists in pursuing a specialty credential from the American Board of Professional Psychology (ABPP), which has fulfilled this function for a variety of specialties over the years by reviewing credentials and conducting examinations of candidates to certify them as specialists. Of the 154 people who completed the survey, 54% said that they *definitely* or *probably* would take the ABPP examination in geropsychology, and 8% said *definitely not*; 89% believed that petitioning for ABPP status was a worthwhile use of resources.

We found it interesting that appeal in pursuing the ABPP appeared to be related to the stage of one's professional development, with the majority of graduate students, interns, and postdoctoral fellows interested. Furthermore, 70% of the early-career, 64% midcareer, but only 34% late-career psychologists would *probably* or *definitely* pursue an ABPP in geropsychology. Perceived benefits were to (a) elevate the profile of the profession, (b) recognize provider expertise for treating patients, (c) lend credibility to geropsychology specialty training programs by employing ABPP psychologists and by clearly specifying geropsychology competencies to be acquired, (d) assist with the development of standards of practice and quality assurance, and (e) advance a public policy agenda by providing better resources to older adults (e.g., with better trained providers). As a result of this survey, together with follow-up informal commitments to apply for the ABPP credential from 80 individuals, an application for ABPP specialty status was submitted and accepted in concept as a specialty at the ABPP executive board meeting in December, 2012. The committee formed at that time to advance the ABPP implementation plan has been challenged by the tasks of identifying the minimal requirements needed to identify one as an ABPP-level geropsychologist, and of describing the specific behavioral anchors to be evaluated to determine competence in the areas of assessment, intervention, and consultation. One way or the other, the debate over specialty status will continue to fuel ideas regarding how best to foster training efforts to develop the attitudes, knowledge, and abilities necessary to transform budding trainees into competent geropsychologists.

Conclusions and Implications

We have reviewed common issues in training geropsychologists throughout their career trajectory, including goals and assumptions underlying various predoctoral training models and current workforce characteristics. We paid particular attention to the Pikes Peak training model (Knight et al., 2009), which was illustrated through exemplar predoctoral training opportunities at a long-standing graduate training program, and we described potential student and early-career professional involvement in professional organizations with adult development and aging interests. Specialty training opportunities in geropsychology vary internationally (Pachana, Emery, Konnert, Woodhead, & Edelstein, 2010), with greater opportunities for predoctoral specialty training in the U.S. and Australia than in Canada. We emphasized self-assessment of specific competencies across the career trajectory so that we can meet current and projected workforce needs to address mental health issues among the growing numbers of aging individuals worldwide (Hinrichsen et al., 2010; Karel et al., 2012; Molinari, 2012; Pachana et al., 2010; Qualls et al., 2010).

Wharton and colleagues (2013) evaluated the predoctoral clinical geropsychology training opportunities at an exemplar institution, and concluded that, although the training program predated Pikes Peak, the training opportunities available reflected the competencies and goals necessary to become a clinical geropsychologist. Emphasis is placed upon science and practice and the integration of both in the service of improving the lives of older adults within their social contexts. Through community-engaged research, students and faculty "keep it real" by incorporating feedback from service agencies and clients into their research and practice. The Pikes Peak model emphasizes training throughout

one's professional career, providing mentorship opportunities at each level of training so that more experienced students may "pay it forward . . ." by mentoring less experienced peers within the context of faculty mentorship in science and practice.

Although geropsychology is a recognized specialty within the APA, current debate concerns pursuit of specialty board certification through the ABPP. Individuals differ with regard to the perceived benefits and costs of board certification. Students and faculty interested in training throughout one's professional career in geropsychology have an opportunity at this time to shape the future of the field through participation in discussion groups regarding this issue. Regardless of the outcome, student and early-career professional participation in the process of shaping the field helps ensure a future vibrant workforce positioned to meet the needs of the growing number of older adults and their families.

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