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Graduate Students and Geropsychology: Growing Need and Lacking Interest

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by

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DISSERTATION

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For Grandma Weezie

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Abstract

As the population of older adults continues to grow with time, the need for geropsychology clinicians also grows. Many barriers exist that contribute to why elderly individuals are not receiving adequate psychological treatment. This study explores why graduate psychology students are often disinterested in working with older adults and whether it is possible that student interest could increase with more geropsychology graduate coursework and practicum training opportunities. This study also explores the possible connection between quality of elderly relationships and interest in working with the elderly. The results of this study support that Clinical and Counseling Psychology graduate programs lack quality education for providing mental health services to the older adult population. This general lack of education includes the lacking availability of geropsychology courses, integration of the older adult population in academic courses, training in the assessment, diagnosis, and provision of psychotherapy for older adults, as well as building awareness of attitudes, responses, and biases toward this population. The results of this study also support that graduate programs lack the availability of practicum placements that allow students to work with the older adult population. Participants rated the age group of 65-years-old and beyond as least preferred and a majority felt "minimally competent" to provide psychological treatment to older adults, yet 31% of participants responded that they will likely work with older adults in the future. Correlational analyses showed that the likelihood of graduate students to work with older adults in the future increases as the quality of their clinical training for older adult service provision increases. Also, as the quality of education for older adult service provision increases, the quality of clinical training with older adults increases. No significant correlations were found between emotional closeness to an older adult and likelihood to work with older adults in the future, but many findings in this study support the idea that there

exists some impact of experiences with older adults on interest and disinterest in clinical work with this population. Lastly, many reasons for interest and disinterest in working with the older adult population were found in this study.

Keywords: geropsychology, grandparent relationships, older adults, elderly

Graduate Students and Geropsychology: Growing Need and Lacking Interest

The population of older adults in the United States is growing with time and is expected to rapidly grow within the next 20 years (Carpenter, 1996; Davis-Berman & Robinson, 1989; Geiger, 1978; Golden, Gammonley, Hunt, Olsen, & Issenberg, 2014; Reed, Beall, & Baumhover, 1992). "The older adult population will continue to increase so that by the year 2030, elders will comprise 20% of the population" (Morris, 2014, p. S2). An increased demand for professionals to work with elderly will result from this expected population increase (Hinrichsen & McMeniman, 2002; Morris, 2014; Woodhead et al., 2013; Zweig et al., 2005).

Morris (2014) identifies five major barriers to elderly care, including (a) stigma, (b) ageism, (c) financial resources, (d) workforce issues, and (e) culturally competent care. Elderly individuals may find it embarrassing, morally wrong, or cowardly to seek care for mental health problems. As ageism exists within American society, elderly individuals, family members, and healthcare professionals may believe that, for example, depression is a normal component of aging. Many elderly individuals that desire or would benefit from mental health services do not have the financial resources to afford psychological treatment. Workforce issues are problematic, specifically, "a shortage of geriatric mental health professionals and adequate education and training of mental health professionals" (Morris, 2014, p. S3). Lastly, Morris states that culturally competent care is a barrier to geriatric treatment. Clinicians often do not account for cultural factors enough when providing treatment; such factors include one's age, sex, immigration status, sexual orientation, and socioeconomic class.

Students in mental health programs often have inaccurate knowledge concerning aging and the elderly, hold negative attitudes toward aging, and assume negative personality traits of elderly individuals. Students' knowledge on aging is becoming less accurate with time (Davis-

Berman & Robinson, 1989). This lack of knowledge results in inadequate psychological services provided by mental health professionals. There are also multiple sources of student disinterest. Students are disinterested because of negative stereotypes about elderly, lack of geropsychology curricula in graduate programs, lack of geropsychologists as role models, and lack of geropsychology practicum placements (Hinrichsen & McMeniman, 2002).

The need for student interest and proper training is great not only accounting for the growing elderly population, but because treatment of elderly individuals can often be multifaceted. Providing services to the elderly is especially complex because clinicians must understand and consider the impact of health problems. Not only do professionals need to recognize the presentation of mental illness in the elderly, but also understand aging, disabilities, diseases, and diversity among elderly individuals (Morris, 2014).

One predicted solution to this need is to offer or require more undergraduate and graduate courses on aging and psychological work with elderly. Although this solution may seem promising, research has shown that while students' knowledge on aging increases after completing a college course, students' preference to work with the elderly significantly decreases (Carpenter, 1996; Davis-Berman & Robinson, 1989; Hinrichsen & McMeniman, 2002). Also, despite students' heightened awareness of the issues and concerns of elderly individuals, the course does not guarantee that students will lose negative stereotypes and attitudes toward the elderly (Davis-Berman & Robinson, 1989).

Another predicted solution to this need is to provide more opportunities for students to work at geropsychology practicum placements. Findings show that when graduate students completed geropsychology practicum placements, their knowledge of geriatric mental health

issues increased, their negative attitudes about the elderly decreased, and their interest in working with the elderly increased (Hinrichsen & McMeniman, 2002).

Fortunately, there are also identified reasons why students in the mental health field are interested in working with the elderly (Carpenter, 1996). There were three "motivational themes" that emerged from questioning students taking courses with a gerontological focus: "perceived opportunity in the field, social consciousness, and personal preparation to cope with aging" (Carpenter, 1996, p. 41). The top contributing factors to interest included (a) having a desire to understand their own aging, (b) wanting to serve an undervalued group within society, and (c) having a personally meaningful relationship with an elderly individual (Carpenter, 1996). Despite the identified reasons for student interest, multiple barriers to geriatric mental health services still exist and there remains a great need for interest, education, and training on treating the elderly.

With the growing elderly population, students need to be educated and trained to treat the older adults. Older adults have complex age-related problems and symptomatology in which treatment interventions taught to therapeutically address younger individuals cannot be generalized to older individuals (Hillman & Stricker, 2002). The older adult population faces specific challenges, for example, chronic illness, loss of social support, onset of dementia, and institutionalization. This population also faces specific positive challenges, for example, social role exploration, wisdom development, and perspective broadening on life experiences (Hillman & Stricker, 2002). To appropriately respect and treat this population, students need specific training and education while entering their professional contexts. There are many evidence based treatments (EBT) for therapeutic work with older adults, including cognitive behavioral therapy

and reminiscence therapy; students need to be aware of and exposed to specific therapeutic techniques and models for meeting the needs of older adults.

To address these barriers, this research further explores graduate psychology students' knowledge of and interest in working with the elderly population. Understanding how much education focused on the elderly population is provided for and offered to graduate students is necessary because lack of education leads to lack of competence in working with this population. Understanding the quality of gerontology courses and the impact of these courses on students is necessary because it is in society's best interest for gerontology courses to increase student interest and competency as well as decrease negative attitudes toward working with the elderly population. It is necessary to focus on the availability and interest in clinical training with the elderly population considering research shows the positive impact of gerontology-related training for students. Understanding students' general reasons for disinterest in working with the elderly population is necessary so that these reasons can be appropriately addressed in educational courses and at training sites. These research findings can greatly contribute to necessary changes to be made in graduate program curricula and training opportunities to increase student knowledge, interest, and competence as well as decrease negative attitudes. Addressing these barriers and creating these changes would benefit the elderly population concerning competent and available psychological treatment.

Literature Review

Key Concepts: Defining "Elderly"

The need being discussed concerns the therapeutic treatment of individuals that have been referred to as "older adults" and the "very old." *Older adults*, includes individuals 65 years old and older (American Psychological Association [APA], 2014). *Very old* includes individuals

that are 85 years old and older (Davis-Berman & Robinson, 1989). Ultimately, the population of focus includes individuals that are 65 years old and older. The term "elderly" is used interchangeably with "older adult" to represent these inclusive ages. Second, the term "geropsychology" refers to the psychological knowledge and techniques utilized when treating elderly individuals (APA, 2014). *Geropsychologists* are the individuals who possess the knowledge and techniques to treat the elderly. "Psychologist" and "clinician" are used interchangeably with "geropsychologist."

Conceptualizing the Growing Need

Psychologists can treat individuals and families of all ages, making it beneficial to have knowledge and demonstrate appropriate interventions for clients throughout all stages of development. Psychologists must take a "life-span developmental perspective," which involves educating oneself about treatment for all age groups (APA, 2014, p. 38). When working with elderly adults, it is important to recognize and respect all developmental paths and adaptations, typically involving physical, social, functional, and psychological changes (APA, 2014). A major principle for the life-span developmental perspective is that positive growth is possible despite any changes due to aging, especially while utilizing the resilience that elderly clients have created throughout their life experiences (APA, 2014).

Transitions occur throughout the entire life-span and individuals' developmental successes are greatly impacted by adjustments to these transitions (APA, 2014; Szekais, 1986). The transitions that elderly individuals face, such as retirement, widowhood, and relocation, are as important as the transitions that younger individuals face. As the population of elderly individuals is rapidly growing, it is socially just to provide adequate psychological care for the elderly. Despite empirically supported psychotherapeutic and pharmacological treatments for the

elderly, this population receives inadequate therapy (Lyness, 2004). The need for future psychologists to take interest in, receive accurate knowledge about, and train sufficiently with elderly individuals is necessary for the elderly population to receive adequate psychological care and ultimately, reach their societal potential and live fulfilling lives.

Erik Erikson's (1982) developmental "life stage theory," contributes to the life-span developmental perspective, especially concerning the last stage of "ego integrity versus despair" (Dezutter, Wiesmann, Apers, & Luyckx, 2013, p. 840). Geropsychologists strive to help elderly clients reach ego integrity, which means to come to terms with and find meaning in life choices, failures, goals, and achievements (APA, 2014; Dezutter et al., 2013). The therapeutic technique of reminiscing, often utilized with elderly, was found to increase ego integrity and life satisfaction, which both positively contribute to mental health (Cook, 1998). Positive resolution of this developmental stage resulted in increased life satisfaction and decreased depressive symptoms (Dezutter et al., 2013). Lastly, Papertsian (2002) showed that intimate encounters experienced during graduate training between young female students with elderly female clients interested and motivated students to work with the elderly population. These results were further understood in relation to Erikson's developmental stages; the intimate relationship was mutually beneficial, as it helped the student and the client achieve their developmentally appropriate goal (Papertsian, 2002).

Overall, psychologists must be prepared to adequately treat the elderly, as they are a rapidly growing part of society and have specialized needs for treatment. In treating elderly clients, psychologists need to have a life-span developmental perspective in order to respect the psychosocial experiences of the elderly and their capacity for psychological growth. Various psychological treatments have been applied to and proven beneficial for this population, yet the

elderly remain underserved. To address this social justice issue and recognize the importance of a positive solution to Erikson's last developmental stage, adequate and appropriate treatment is needed for the elderly. This begins with increasing and supporting student interest as well as providing accurate and sufficient education and training for students with this population.

Application to Clinical Psychology

Increasing the interest, education, training, and support in working with the elderly population for graduate psychology students directly impacts multiple segments of society. This need is of largest importance to the elderly population, considering they are individuals in need of adequate and available mental health services; although, it is certain that individuals of all ages will one day be an older adult. Addressing this need in the present will increase the adequacy and availability of geropsychologists in the future when present youth are elderly. It is also important for individuals of all ages to understand the process of aging not only for their own future, but for the aging of family members. The lack of aging knowledge even for today's educated individuals suggests that many individuals will age without awareness of normal aging processes, mental health complications, care options, and preparation for vital decision-making.

There is significant risk of inadequate treatment for the elderly in need (McCall & Kintziger, 2013; Morris, 2014). Morris stated that "undiagnosed and untreated mental disorders such as depression can lead to increased disability, premature death, increased morbidity, increased risk of institutionalization, and a significant decrease in an elder's quality of life" (p. S2). Members of society may believe that the most important component of elderly care is caring for the physical health of elders through occupational therapy and pharmacological treatments; although, caring for the mental health of elders often decreases physical issues, especially

because elderly individuals often express their mental health problems with physical symptoms (Sochting, O'Neal, Third, Rogers, & Ogrodniczuk, 2013).

This need also has applied importance for family members of the elderly. Aranda et al. (2011) stated that among elderly individuals, "major depressive disorder (MDD) is highly prevalent and a significant public health concern, having individual, family, and societal tolls" (p. 940). Family caregivers often experience anxiety, depression, and hostility due to caregiving stressors, especially for families from minority groups that believe in care at home rather than nursing homes (Bell & McBride, 2011). To reduce the common stressors of caregiving, geriatric psychological treatment must be adequate.

Ageism refers to discriminatory attitudes toward and treatment of individuals based on age (APA, 2014). Encouraging, supporting, educating, and training graduate psychology students to work with the elderly population could help reduce ageism. By offering adequate educational and training opportunities for interested students, more deserved attention would be given to the needs of older adults. Also, there is a great need for research on the psychological treatment of the elderly, especially elderly individuals of diverse backgrounds (Bell & McBride, 2011; Damron-Rodriguez, Wallace, & Kington, 1994). Because research is a common component of graduate psychology programs, it would seem plausible that more student interest in geropsychology would result in further research on the elderly, which is important for the future treatment of the elderly members of upcoming generations.

Intersection with social justice. This problem intersects with social justice issues because the elderly are considered an undervalued group by society (Carpenter, 1996; Morris, 2014). It may be possible to gain student interest, improve training, and attain more clinical experience with elderly individuals while in college and graduate school by approaching the

problem with an emphasis on social justice. Carpenter found that one reason why students were interested in working with the elderly was "out of a sense of social justice, an altruistic desire to work with the elderly because they are often overlooked and underappreciated by society" (p. 48). Perhaps emphasizing this need in this manner may heighten students' desire to work with the elderly.

Again, ageism is defined as "the discriminatory treatment and prejudicial attitudes toward the elderly" (Davis-Berman & Robinson, 1989, p. 24). How elderly individuals are treated and understood because of ageist ideas intersects with the need for student knowledge and training. Elderly individuals, family members, friends, and other professionals need to be aware of normal aging tasks and experiences in order for elderly individuals to receive appropriate diagnoses as well as psychological and medical treatment (Morris, 2014).

Intersection with diversity. Along with the increasing population of elderly individuals in the United States, diversity among the elderly is also rapidly increasing (Yeo, 1991). "It is anticipated by 2050 that the proportion of African American and Hispanic elders in the United States will approximately double and triple, respectively" (Okereke & Faison, 2008, p. 945). As the minority will eventually become the majority in the United States, minority elders will be a group in great need of mental health services, especially as elderly individuals of ethnic and racial minority have poorer general health than white elders (Bell & McBride, 2011; Okereke & Faison, 2008). The need for student interest, training, and knowledge for geriatric care will become even greater due to the need for psychologists to be culturally competent and sensitive. Even though minority elders have a higher need for mental health services than white elders, their utilization rates of services are lower (Damron-Rodriguez et al., 1994). Future psychologists must be educated about the barriers to psychological services that minority clients

face so that these barriers can be avoided or overcome. Some structural barriers include limited income, lack of health care insurance, logistical and transportation difficulties, and language difficulties (Damron-Rodriguez et al., 1994). Some cultural barriers include fatalistic attitudes of placing fate in God's hands, traditional styles of interaction around medical and mental healthcare, and family systems that "take care of their own" (Damron-Rodriguez et al., 1994; Johnson, Elbert-Avila, & Tulsky, 2005). Psychologists must provide functionally appropriate, socially and economically accessible, and culturally acceptable services to minority elders.

When working with the elderly, it is important to formulate each case with cultural consideration in assessing, diagnosing, and treating diverse clients. Clients should be asked about their cultural identity, cultural explanations of their symptoms, religious and spiritual beliefs, and their expectations of treatment (Faison & Armstrong, 2003). Psychologists must be educated on culture-bound syndromes; for example, "brain fag" is what individuals from Nigeria call having difficulty concentrating as well as feeling "neck pain, pressure, blurred vision, and a burning sensation" (Faison & Armstrong, 2003, p. 229). Psychologists also must be aware that during assessment, language and education levels can confound cognitive testing outcomes (Bell & McBride, 2011). Because the psychology field does not have enough research and knowledge about general geriatric psychological treatment, the field is even further lacking in providing education and training to create culturally competent geropsychologists (Faison & Mintzer, 2005). If student interest in geropsychology increased, there would be more research completed on culturally competent elderly mental health services, which would benefit the treatment of the minority geriatric population.

Intersection with ethics. The need for future psychologists to take interest in working with the elderly population intersects with ethics, as there is much potential for the occurrence of

ethical dilemmas when working with this population. Schwierbert, Myers, and Dice (2000) stated that psychologists' ethical awareness should be heightened especially when working with clients who are cognitively impaired, victims of abuse, or terminally ill. If a client is cognitively impaired, psychologists must know when and how to use the Mini Mental Status Exam to assure that their client is capable of making decisions (Folstein, 1998). If the client is not capable, psychologists must know how to appropriately collaborate with the client's guardian or representative. Ethical dilemmas often occur when psychologists have to decide when to intervene to prevent harm without intruding on an elderly client's autonomy. Confidentiality issues arise when a client's cognitive capacity is questioned and family or staff members pressure psychologists to share personal information (APA, 2014; Healy, 2003). Psychologists must carefully consider confidentiality issues by recognizing possibly harmful situations and seeking consultation.

Seventy percent of cases reported under the "Adult Protection Services Laws" involve individuals over the age of 65 (Bergeron & Gray, 2013). Elder abuse can take the form of neglect, physical abuse, sexual abuse, financial exploitation, and emotional abuse. If psychologists suspect any kind of abuse, it is crucial that they know their lawful obligations. States differ concerning whether psychologists are mandatory or voluntary reporters, whether the laws include all elders or just "vulnerable and incapacitated" elders, and whether an investigation can occur without the alleged victim's permission (Bergeron & Gray, 2003, p. 98*).* Psychologists must follow state laws and invest in their client's safety, even if the client would rather tolerate abuse than move out of their home.

Ethical awareness must be heightened when working with terminally ill geriatric clients because of the possibility of suicidal ideation, utilization of advance directives for medical care,

and involvement in physician-assisted suicide (Schwierbert et al., 2000). Psychologists must complete risk assessments, provide interventions for suicidal clients, and act as representatives for the client's needs concerning pain and depression (Schwierbert et al., 2000). Suicide is an unavoidable issue working with the elderly, as "worldwide, people ages >75 years are more prone to commit suicide than people in any other age bracket" (Vanlaere, Bouckaert, & Gastmans, 2007, p. 376). Psychologists must be aware of the risk factors and protective factors of suicide as well as personality traits that are common in suicidal elderly individuals.

Intersection with developmental psychology. Erik Erikson's (1982) psychosocial developmental theory consists of eight stages that individuals experience progressively throughout their lives. Each stage is played out within a social context in which a psychosocial conflict must be faced. Both a positive and a negative outcome can result from these progressive conflicts, and their solutions determine individuals' mood and personality later in life. The developmental stage that elderly individuals face is "ego integrity versus despair," when the psychosocial task at hand is to come to terms with life decisions and experiences and to be actively involved in family and the community (Rennemark & Hagberg, 1997). When elderly individuals are successful at coming to terms with the past and finding meaning in their lives, the result is "ego integrity." In contrast, when elderly individuals are unsuccessful, the result is despair and regret (Dezutter et al., 2013).

Rennemark and Hagberg (1997) recognized that the manner in which elderly individuals tell their life stories, structured in a way that outlines Erikson's (1982) eight stages, affects their well-being. Individuals' "sense of coherence," or attitudes concerning how comprehensible, manageable, and meaningful stressful life experiences are and have been, also impacts well-being and the telling of life stories (Rennemark & Hagberg, 1997, p. 222). Because a large

component of psychotherapy with elderly individuals is telling and examining life stories, it is important to know how to help them understand their stories in a way that will increase well-being and lead to ego integrity (Taft & Nehrke, 1990). Dezutter et al. (2013) found that the stronger the sense of coherence, the less depressive symptoms and more life satisfaction experienced. Further, these results were both mediated by the positive resolution of the ego integrity versus despair conflict. Overall, helping elderly individuals view their past and current life stressors as comprehensible, manageable, and meaningful will heighten their sense of coherence, impact storytelling, and lead to positive resolution at the final developmental stage.

These developmental concepts intersect with the need for student interest, training, and guidance in providing mental health services to the elderly because of the benefits that come with achieving ego integrity. For elderly individuals to face common psychological difficulties, for example, depression, there must be available trained psychologists to properly work with these issues. Psychologists need to utilize storytelling to help elderly individuals strengthen their sense of coherence, come to terms with their past, make meaning of their life, decrease their depressive symptoms, and experience ego integrity.

Current Elderly Mental Health Treatment

The American Psychological Association (APA) created a revision of the "Guidelines for Psychological Practice With Older Adults" in January of 2014. There are 21 guidelines that outline the general topics related to treatment, including competence, attitudes, knowledge, clinical issues, assessment, intervention, consultation, and professional issues. This revision is a result of the increase in population of older adults, rapidly evolving psychological understanding of aging, and an increase in the demand for geropsychologists (APA, 2014). Clearly, the need for

future psychologists to take interest in, gain accurate knowledge about, train clinically with, and receive supervision on treating the elderly is being recognized on multiple professional levels.

There are implications for this need in the treatment domain for group, individual, community, and family intervention as well as consultation, prevention and advocacy. Psychological interventions have been effectively carried out in each of these areas regarding treatment focuses of depression, anxiety, sleep disturbance, and alcohol abuse (APA, 2014). Older adults face a variety of issues that intersect with each of these domains. In multiple studies, twelve problems that elderly individuals often experience were recognized including loneliness, boredom, poor health, transportation, job opportunities, medical care, friends, money, housing, clothing, education, and fear of crime (Davis-Berman & Robinson, 1989; Geiger, 1978). It is important that geropsychologists recognize the complexities of elderly individuals' lives and are prepared to fulfill their therapeutic roles.

In all types of therapeutic intervention with elderly individuals, a vital treatment component for psychologists is to know when and how to adapt interventions and techniques to the client's needs, circumstances, goals, medical complexities, sensory and cognitive difficulties, and cultural considerations (APA, 2014). Geropsychologists must provide services at the settings in which elderly are located, including senior centers, outpatient settings, primary care clinics, adult day care centers, nursing homes, assisted living centers, and psychiatric partial hospitalization programs (APA, 2014).

Group psychotherapy is an effective form of treatment with older adults (APA, 2014; Burnside, 1971; Cook, 1997; Scocco, DeLeo, & Frank, 2002; Sochting et al., 2013). It has been delivered in the form of activity-focused, cognitive-behavioral, interpersonal, and Reminiscence Therapy (Cook, 1997; Sochting et al., 2013). Elderly often prefer this kind of treatment to

psychopharmacological treatment and elderly involved in group therapy have reported increased life satisfaction (Cook, 1997). Group therapy with elders often exists with the main goals of member communication and re-socialization of isolated individuals (Burnside, 1971). In a group setting, elderly individuals often feel less lonely and inhibited and recognize the universality of their problems (Scocco et al., 2002). Group facilitators and members can help individuals recognize both the struggles and successes of their lives while providing empathy, collaboration, and solidarity (Scocco et al., 2002). One of the most common psychological issues for the elderly is coexisting depression and anxiety; therefore, geropsychologists must treat both depression and anxiety in groups (Sochting et al., 2013). Overall, group psychotherapy is a valuable treatment for the elderly, especially involving cohort-specific issues such as war hardships, immigration adversities, or the death of parents (Sochting et al., 2013).

Even though group therapy sometimes compares favorably to individual psychotherapy, many different theoretical approaches have been beneficially utilized individually to treat the elderly (Sochting et al., 2013; Szekais, 1986; Zeiss & Steffen, 1996). Individual psychotherapy, alone or in combination with pharmacological treatment, has been an effective treatment of elderly individuals (Lyness, 2004; Scocco et al., 2002). There are many therapeutic activities that geropsychologists can perform with elderly clients, for example, “crafts, creative expression, personal discovery, environmental involvement, intergenerational involvement, community involvement, and self-directed activities” (Szekais, 1986, p. 1). When performing activities, geropsychologists must emphasize potentials and abilities rather than disabilities. It is important to consider clients’ functioning, motivation, interests, and appropriate adaptations when choosing activities. The adaptations to psychotherapy often made for elderly clients include taking a slower pace, using memory aids, and strategizing to stay on task during sessions (Zeiss &

Steffen, 1996). Overall, individual psychotherapy involving the collaboration between therapist and client, goal setting, adaptations, and recognition of strengths is effective with the elderly.

Therapy approaches with the elderly. Brink (1984) suggests that therapists must consider both bio-psycho-social life experiences and idiosyncratic factors of elderly clients' personalities when conceptualizing psychotherapeutic treatment. Developmental stages are informative for elderly clients, but it is vital to consider the developmental history of clients as well as physiological etiologies and psycho-social factors. "Life style" is a term that Adler (1982) defined as one's "unique way coping with bodily, interpersonal, and societal demands" (Brink, 1984, p. 204). It is important to not assume that all elderly who experience the same life event, widowhood for example, will respond in the same way; considering bio-psycho-social factors and life styles rather than assuming a universal response to life events can inform clients' reactions. In choosing a psychotherapeutic approach for elderly clients, it is important to match the approach with the client's needs. For example, insight-oriented approaches have been successful with only minority of elderly clients; this lack of success is likely due to possible limited cognitive capacities of elderly clients due to dementias or lack of education (Brink, 1984). Brink suggests that the most common therapy approach for elderly clients is an approach that is problem-oriented, directive, and brief. In therapy with elderly clients, it is necessary to make adaptations, focus on the here and now, and focus on recovering existing strengths rather than major life restructuring (Brink, 1984). There is support for more direct questioning and frequent feedback from therapists in order to decrease pressure on clients to provide content for discussion; elderly clients can also feel accomplished after answering several short and simple questions.

Six evidence-based psychotherapeutic treatments (EBT) for older adults with depression have been identified; these include (a) Reminiscence Therapy, (b) Cognitive-Behavioral Therapy, (c) Behavioral Therapy, (d) cognitive bibliotherapy, (e) problem-solving therapy, and (f) brief psychodynamic therapy (Scogin, Welsh, Hanson, Stump, & Coates, 2005). Considering the growing population of older adults, it seems significant that doctoral training programs should expose students to interventions from EBT for older adults. It is also beneficial for continuing education trainings and workshops to allow professionals the opportunity to gain training in EBT for older adults.

In addition to these six EBT for older adults, there is research supporting psychotherapy integration with older adults to account for meeting older adults' unique needs and situations (Hillman & Stricker, 2002). Some individuals may assume that the older adult population is a homogeneous group; older adults, though, encompass a variety of demographic characteristics. The range of characteristics needed to be recognized by treatment include economic status, leisure, lifestyle choices, health status, family structure, retirement, and institutional affiliations (Hillman & Stricker, 2002). Interventions are more likely to account for interpersonal, environmental, physical, and historical contexts with integrated therapeutic approaches.

Reminiscence therapy. Undergraduate and graduate psychology students almost invariably learn about behavioral, cognitive, and psychodynamic therapies in training, whereas Reminiscence Therapy, an EBT for individual and group psychotherapy for older adults, is not typically taught. Reminiscence Therapy, originally developed for older adults by Butler (1963), has been found to be a successful treatment of elderly individuals and elderly groups, as it changes depressed mood, improves psychological well-being, and improves feelings of loneliness (Ashida, 2000; Cheston, Jones, & Gillard, 2003; Chiang et al., 2010; Haight, Michel,

& Hendrix, 2000; Virnig, Ma, Hartman, Moscovice, & Carlin, 2006; Wang, 2005, 2007). There is also evidence supporting the significant reduction in depressive symptoms of older adults through the integration of cognitive models of depression with Reminiscence Therapy (Karimi et al., 2010). Further, group integrative Reminiscence Therapy has been found to significantly improve older adults' life satisfaction and self-esteem as well as decrease depressive symptoms (Wu, 2011).

Reminiscence Therapy allows older adults share their life experiences and memories with the therapist and if in group therapy, with other members. This sharing act allows them to feel that their experiences are valuable. Through sharing memories, individuals rediscover their values, talents, life missions, accomplishments, and happy times. This process can also be useful in remembering difficult times and how those difficulties were resolved. In sharing and listening to others' stories in a group, individuals recognize together that the lives of all people include times of sadness, happiness, joy, and anger; this recognition allows individuals to notice both universal human experiences as well as their personal unique journey. In groups, Reminiscence Therapy brings a sense of friendship and cohesion to elderly individuals, which in turn, improves depressive symptoms.

Reminiscence Therapy invites older adults to share their emotions and take the perspective of story-sharing being a way to self-improve. Expressing a variety of emotions allows individuals to feel peaceful about meaningful life experiences and taking on the task of improving oneself allows individuals to feel proud and satisfied. Reminiscence may be a defense mechanism for elderly individuals, as it strengthens the ego and reduces cognitive dissonance (Chiang et al., 2010). In a group setting, Reminiscence Therapy allows individuals to better understand one another, feel a sense of belonging, feel part of a group, and develop friendships.

Chiang et al. express how memory is an effective therapeutic intervention for the validation of self as well as for decreasing painful isolation and loneliness.

Transference. When working with elderly individuals, the type of transference clients experience toward the therapist is less predictable than when working with younger individuals. There is evidence for elderly individuals viewing therapists as a son or daughter, physician, or priest figure (Brink, 1984). Idiographic factors as well as the type of counter transference the therapist experiences can inform what kind of transference clients experience.

Myths. Myths exist within the mental health field that elderly individuals do not benefit from psychotherapy, but there is evidence that multiple therapeutic approaches have resulted in helping a majority of depressed elderly clients (Brink et al., 1979). There is actually evidence that elderly clients are most likely to improve, are more diligent in upholding appointments, more likely to follow-through with therapist suggestions, and often maintain therapeutic gains (Gallagher & Thompson; 1982; Strupp, Fox, & Lessler, 1969).

Geropsychologists uphold the duty of prevention of mental health issues, in which they carry out through advocacy and health promotion techniques. Psychologists promote the well-being and health of elders by organizing community-based interventions and psychoeducational programs, as well as advocating within political and legal systems (APA, 2014). Suicide prevention is one of the most prominent efforts for geropsychologists, which is addressed by recognizing depressive symptoms, assessing suicide risk, and involving primary care physicians in these in prevention efforts (APA, 2014).

Additional roles that geropsychologists play in contributing to elderly treatment are consulting and educating about issues of aging, end-of-life, and elderly mental health. Geropsychologists consult with and educate family members and other professionals involved in

treatment. Effective collaboration with other professionals, such as nurses, lawyers, social workers, and pharmacists, can enhance treatment of the elderly. Brink (1984) stresses taking advantage of working with multi-disciplinary teams while treating elderly individuals and that optimal therapeutic treatment is not treating clients for one hour a week in an office individually. Related to this role is one of educating and training staff members working with the elderly.

College Courses on Aging

Undergraduate and graduate programs related to social services, including social work, sociology, and psychology, often lack available gerontology courses for students. In 2006, only 37% of social work graduate programs offered students the option of specializing in gerontology (Bergel, 2006). Considering this lacking focus on aging, about four percent of master's students and five percent of doctoral social work students select a concentration of aging (Rosen & Zlotnik, 2001). Some of the identified barriers of students' future work with the elderly population include ageism, therapeutic pessimism, negative attitudes, lacking course content, lacking field placement opportunities, and inadequate resources for faculty and programs (Bergel, 2006).

Not only is it problematic that there are few opportunities for students to take courses on aging, but the quality of the courses is also concerning. Davis-Berman and Robinson (1989) found that when students have completed courses on aging, students' knowledge increases, yet preferences to work with the elderly population decreases by 50%. The majority of college students consistently rate their preference for working with elderly individuals as less desirable than other populations (Levin, 1988). This preference is often called the "YAVIS" syndrome, meaning a tendency to treat individuals whom are young, attractive, verbal, intelligent, and successful (Butler, 1975).

Suggestions for improvement. To create more positive attitudes toward working with the elderly population, it has been established that providing accurate knowledge concerning the realities of aging is successful (Reed et al., 1992). The difficulty lies in how to create classroom experiences that engage students and challenge negative attitudes. There are various suggestions for increasing the opportunity for students to learn about aging. Some suggestions include involving students' values and ethics, emphasizing the importance of diversity, describing the risks of this underserved population, using a strength-based approach, encouraging research conduction, introducing field placement possibilities, taking a life-span approach, and inviting a look at social policies (Bergel, 2006). Additional suggestions include exposing students to older adults through guest speakers, attracting faculty to incorporate aging into curriculum, and creating cohorts to take interest in and affiliate with gerontological organizations and networks (Bergel, 2006). Inviting not only guest speakers but older adult members of the community as well to share life stories and pictures is beneficial for students. Using case studies depicting the lifestyles and experiences of older adults in diverse cultures and contexts could be beneficial for students to explore (Schuster, Francis-Connolly, Alford-Trewn, & Brooks, 2003).

There is much support for the need to provide students with a positive outlook on aspects of growing older and to expose students to positive elderly role models (Davis-Berman & Robinson, 1989; Kremer, 1988). Davis-Berman & Robinson conducted a study which focused on this exposure to positive elderly role models; students participated in a workshop involving three different exposure components. The components involved discussing attitudes toward aging, interviewing an elderly couple, and viewing a film dispelling aging myths. Direct-contact with elderly individuals resulted in the most positive attitudes toward working with older adults; students preferences for working with older adults showed an overall increase, but especially for

working with older adult men. McGuire and Zwahr (1999) introduced similar ideas about comprehensive student projects to teach the multiple dimensions of adult development and the process of aging. The dimensions of focus in these projects include community structure and organization, social context, physical health, mental health, and normative and non-normative cognitive changes (McGuire & Zwahr, 1999). Suggested projects include designing supportive, functional, and independence sustaining living environments for elderly individuals and designing a practical, creative, skill supporting, independence sustaining product for older adults.

Dillon and Goodman also suggest multiple classroom exercises to engage students in learning about the elderly and challenge negative attitudes. Some exercises to complement traditional learning material about the biology of aging include true-false quiz on aging knowledge, life expectancy tests, stimulation exercises for biological losses of aging and physical disabilities, role playing exercises of aging experiences, and calculation of heart attack risk (Dillon & Goodman, 1980). Exercises about the psychology of aging include stimulation exercises of feeling old, questions about older adult sexual activity, exercises differentiating fluid and crystallized intelligence, creating a plan for retirement and monthly benefits, creating a workbook with important information and skills while aging, taking a life-satisfaction measure, and creating a book reflecting on attitudes toward dying (Dillon & Goodman, 1980). Some exercises about the sociology of aging include diagramming the importance of family for older adults, simulation exercises of living in long-term care facilities, measuring attitudes of one's own aging, discussing jokes about aging, critiquing television shows' perspectives on aging, imagining scenarios with older adult protagonists, and projective techniques eliciting attitudes toward aging (Dillon & Goodman, 1980). Incorporating exercises into courses on aging has "the potential to increase student motivation, involvement, and satisfaction, to reinforce and clarify

concepts covered in readings and lectures, ad to combat aging stereotypes while increasing empathy and understanding" (Dillon & Goodman, 1980, p. 96).

Because mental health work with older adults typically includes collaborating on a multidisciplinary team of professionals, some researchers suggest that an effective way to teach courses on aging is to have a multidisciplinary team of professors; specifically, a team including a gerontological social worker, occupational therapist, nurse, and nutritionist (Schuster et al., 2003). This manner of class allows students to hear opinions and perspectives from diverse individuals, become familiar with complex health care systems, and understand roles and functions of professional team members. Research has also been conducted on courses combining sociology and psychology in order to increase awareness to students of the importance and benefits of researching topics of aging and adult development (Zablotsky, 2001). This inclusion in aging courses allows students to gain motivation for research, become comfortable reviewing scholarly work, and learn about research methods.

The Pikes Peak Model for training in professional geropsychology was introduced by Karel, Knight, Duffy, Hinrichsen, and Zeiss (2010). This model recognizes that geropsychology is a distinctive area of practice because it is rooted in life span developmental psychology, it requires professionals to have skills and knowledge of aging-related psychopathologies, it requires an understanding of common aging-related medical conditions, and requires consideration of age-related environmental contexts (Karel et al., 2010). The Pikes Peak Model for training was developed from multiple training conferences that resulted in an extensive list of geropsychology attitudes, knowledge, and skills competencies.

Attitudes. Not only do geropsychologists need to be aware of how one's own beliefs and attitudes about older adults and aging impact psychological work with older adults, but also how

individual diversity in all aspects interact with those beliefs and attitudes. The following aspects of individual diversity should be considered: gender, language, socioeconomic status, gender identity, residence type, ethnicity, religion, sexual orientation, and disability status (Karel et al., 2010).

Knowledge. Training must include knowledge of life span development and general knowledge about aging and older adult development; specifically, students need to learn about the biological, social, psychological, and emotional development of older adults. Students also need to learn about neurological, cognitive, and functional changes in older adulthood; this knowledge helps students differentiate between normal changes and psychopathology. Lastly, the Pikes Peak Model acknowledges the need for students to have knowledge of relevant systemic and cohort issues, especially those that impact effective research and interventions with older adults (Karel et al., 2010).

Skills. Demonstrating professional competencies is an important skill for geropsychologists; one of the most significant foundational competencies is recognizing one's biases toward older adults and demonstrating respect for older adults. One way to address this foundational competency is to learn about normative aging and have contact with individuals who have aged successfully.

Institute of Medicine's Report to Congress. The Institute of Medicine recognized the growing older adult population and the need to strengthen psychology's workforce for the treatment of older adults (Hoge, Karel, Zeiss, Alegria, & Moye, 2015). A list of high impact interventions and workforce strategy recommendations for action by the psychology profession was developed to address this growing issue. One recommendation is to "identify for all psychologists an essential set of core competencies and a minimum level of graduate training in

the care of older adults" (Hoge et al., 2015, p. 273). This recommendation recognizes the importance of competent and well-trained psychologists for this population. A second recommendation is to "incorporate the minimum competency and educational standards into the APA guidelines and principles for accreditation" (Hoge et al., 2015, p. 273). This recommendation could be successful due to many educational and training programs desiring APA accreditation; additionally, it seems socially just to respect the specific needs of a significant treatment population. A third recommendation is to increase the content covered on the elderly in the Examination for Professional Practice in Psychology; this could be successful in further educating students due to the many students attempting to gain licensure. A fourth recommendation is to create and advocate for a graduate education model on the older adult population; this recommendation could allow more opportunity for students to specialize in the treatment of older adults and for less interested students to opt into some courses on older adults. A fifth recommendation is to develop continuing education trainings and workshops based on EBT of older adults; this recognizes the importance of not only training and educating developing professionals, but also furthering the competencies of current professionals in the treatment of older adults. The sixth recommendation is to "develop the caregiving skills of other professionals, direct care workers, older adults, and their families" (Hoge et al., 2015, p. 274). This recommendation addresses the multiple sources involved in and the complexity of older adult treatment. The seventh recommendation is the advocacy for financial incentives from the government to motivate individuals to engage in therapeutic treatment of older adults. This allows for the opportunity to not only entice students to learn about and gain experience in treating older adults through education and training, but to find interest in the financial gains involved in treating older adults. The final recommendation is to "create a supply and demand

analysis for psychologists qualified in the care of older adults" (Hoge et al., 2015, p. 275). This final recommendation addresses the statistically-driven students and psychologists to take interest in and engage in treatment of older adults due to the significant imbalance of the supply and demand for treating older adults.

Statistics clearly show that the elderly population is rapidly growing and research supports that there are not enough psychology graduate students interested in working with this population. It is vital to discover the reasons why psychology graduate students are not interested in working with the elderly population as well as reasons that do attract some psychology graduate students to be interested in this kind of work. Using a survey format, I gathered data on this topic. I asked questions regarding students' interest and disinterest in working with the elderly, educational experiences focused on the elderly population, clinical training experiences with elderly individuals, and intentions of future work with the elderly population. To further understand students' interest and disinterest, students were provided various reasons in which they can choose how impactful the reasons are on their interest or disinterest. In addition, students had the opportunity to provide their own reasons. To further understand students' educational and clinical experiences with the elderly, students were asked questions regarding required and available classes and clinical experiences focused on the elderly, opportunity for both therapy and assessment with elderly individuals, what supervision is like concerning older adult clients, and to what extent the older adult population is involved in their graduate program. Students were also asked specific questions about their personal relationship history with their grandparents in order to study any correlation between relationship history and interest in working with the elderly population.

Method

Study Design

This study utilized an online survey methodology to assess the perceptions of clinical and counseling psychology doctoral graduate students' in the United States training to serve clients of any demographic and with any therapeutic orientation. Specifically, graduate students' interest and disinterest in the topic of aging and serving the older adult population was assessed. Their perceptions of the amount and quality of the clinical training and education they have received and the likelihood of providing future services to the older adult population was also assessed. Additionally, their perceived quality and quantity of their history of experiences with grandparents was assessed. The relationship between clinical training, education, interest or disinterest, history of grandparent experiences, and likelihood of future service provision was explored.

Participants

I recruited participants by sending an email to graduate psychology program directors, requesting that they forward the invitation for research participation and survey link to their clinical or counseling psychology graduate students. A recruitment email was also included on various list serves in which list serve followers were invited to participate. Participants were able to elect to enter a drawing to win a $50 Amazon.com gift card once they completed the survey. An additional and separate entry form asking for contact information was provided at the end of the survey to enter the drawing in order to preserve confidentiality. This form was not associated with their responses to the survey. I expected to receive at least 200 participants who were current students from clinical and counseling psychology doctoral programs, but a total of 131 participants completed this survey and were included in data analysis.

Demographic frequencies. Table 1 below provides numerical representations of the demographic questions responded to by participants. The ages of participants ranged from 21 to 63 years old, with the mean being 29-years-old, median being 27-years-old, and mode being 26-years-old. Concerning the sex of the participants, 12% reported being male (n=16) and 86% reported being female (n=113). Concerning the ethnicities of the participants, 81% reported "White or Caucasian," 6% reported "Biracial," 5% reported "Black or African American," 3% reported "Hispanic or Latino(a)," 2% reported "Asian," 2% reported "Jewish," and 1% reported "Native Hawaiian or Pacific Islander." Regarding sexual orientation, 83% reported being heterosexual (n=109), 8% reported being bisexual (n=10), 4% reported being queer (n=5), 2% reported being gay (n=3), 1% reported being lesbian (n=1), and 1% reported being pansexual (n=1). Regarding marital status, 43% reported being in a committed relationship (n=56), 34% reported being single (n=44), 19% reported being married (n=25), 2% reported being divorced (n=3), and 1% reported being widowed (n=1). When responding to the highest degree achieved, 63% reported having their Master's degree (n=82), 34% reported having their Bachelor's degree (n=44), and 1% reported having their Doctorate in clinical psychology (n=1). Ninety-nine percent of participants reported their anticipated degree being a Doctorate in clinical psychology (n=130).

Concerning location of participants' graduate school, 65% reported "USA Northeast," 19% reported "USA West," 15% reported "USA Midwest," and 2% reported "USA South." Concerning graduate programs, 90% reported being in a clinical program (n=118), 6% reported being in counseling programs (n=8), and 4% reported being in school programs (n=5). Concerning specialty tracks, 37% reported general (n=48), 23% reported child/adolescent (n=30), 16% reported adult (n=21), 6% reported health (n=8), 3% reported community (n=4), 3%

reported neuropsychology (n=4), and 3% reported geropsychology (n=4). Regarding year of graduate school, 24% reported being in their first year (n=31), 17% reported being in their second year (n=22), 22% reported being in their third year (n=29), 19% reported being in their fourth year (n=25), 12% reported being in their fifth year (n=16), 4% reported being in their sixth year (n=5), and 1% reported being in their seventh year or beyond (n=1). Twenty-eight percent of participants anticipated their year of graduation be 2018, 23% anticipated 2017, 18% anticipated 2019, 18% anticipate 2020, 10% anticipated 2016, and 2% anticipated 2021.

Table 1

Participant Demographics (N= 131)

	n	%	*M*	*SD*	Range
Age (years)			29.4	7.5	21-63
Gender					
Male	16	12			
Female	113	86			
Ethnicity					
Asian	3	2			
Black or African American	6	5			
Hispanic or Latino	4	3			
Native Hawaiian or Pacific Islander	1	1			
White or Caucasian	106	81			
Biracial	8	6			
Jewish	2	2			
Sexual Orientation					
Heterosexual	109	83			
Gay	3	2			
Lesbian	1	1			
Queer	5	4			
Bisexual	10	8			
Pansexual	1	1			
Marital Status					
Single	44	34			
In a committed relationship	56	43			
Married	25	19			
Divorced	3	2			
Widowed	1	1			
Highest Degree Earned at Present					
Bachelor's	44	34			
Master's	82	63			
PsyD	1	1			
Anticipated Degree					
Psy.D	130	99			
Type of Graduate Program					
Clinical	118	90			
Counseling	8	6			
School	5	4			
Specialty Track					
Child/Adolescent	30	23			
Adult	21	16			
General	48	37			

Health	8	6
Community	4	3
Neuropsychology	4	3
Geropsychology	4	3
Current Year of Graduate School		
1st year	31	24
2nd year	22	17
3rd year	29	22
4th year	25	19
5th year	16	12
6th year	5	4
8th year or later	1	1
Graduate School Location		
USA (Midwest)	19	15
USA (Northeast)	85	65
USA (South)	2	2
USA (West)	25	19

Measure

The measure was an online survey. While constructing the measure, I sought feedback from a number of sources including experts in the field of geropsychology, licensed psychologists, current doctoral clinical psychology students, and clinical psychology faculty members. The measure consists of 49 questions from 5 categories: (a) 17 questions regarding demographics, basic programmatic information, and a history of grandparent experiences; (b) 17 questions regarding student interest in serving the older adult population; (c) 9 questions regarding student perception of quality and quantity of educational training on the treatment of aging and the older adult population; (d) 4 questions regarding the quality and quantity of clinical training on the treatment of aging and the older adult population; and, (e) 2 questions estimating the future likelihood of providing services to the older adult population. Questions consist of a combination of Likert-type, multiple-choice, and fill in the blank response choices (See Appendix for survey items). Please see Tables 2 through 6 for the questions included in the survey.

Table 2

Survey Questions

Topics	Questions
Interest in Aging/Elderly	Q20. I'm interested in working with the elderly because of the financial and employment opportunities in gerontology.
	Q21. I'm interested in working with the elderly because of the unanswered research questions in aging.
	Q22. I'm interested in working with the elderly because of the encouragement from my family, friends, or mentors.
	Q23. I'm interested in working with the elderly because I have an interest in serving a group undervalued by society.
	Q24. I'm interested in working with the elderly because I have a desire to understand one's own aging better.
	Q25. I'm interested in working with the elderly because I have a desire to understand the aging of relatives and friends.
	Q26. I'm interested in working with the elderly because I have a personally meaningful relationship or experience with the elderly.
	Q27. Other reasons I'm interested in working with the elderly…

Note. Please refer to the Appendix for a more comprehensive format of this survey.

Table 3

Survey Questions

Topics	Questions	
Disinterest in Aging/Elderly	Q28.	I'm not interested in working with the elderly because it may be difficult if my clients pass away.
	Q29.	I'm not interested in working with the elderly because it may be intimidating to work with clients who have more experience and wisdom.
	Q30.	I'm not interested in working with the elderly because the work might be boring or repetitive due to age-related symptoms.
	Q31.	I'm not interested in working with the elderly because of the potential transference and counter-transference of a parent to child relationship.
	Q32.	I'm not interested in working with the elderly because older clients may be resistant to change due to firmly established ways or perspectives.
	Q33.	I'm not interested in working with the elderly because of unalterable medical conditions that can complicate psychological treatment.
	Q34.	I'm not interested in working with the elderly because cultural differences between me and the client may make it hard to relate or empathize.
	Q35.	I'm not interested in working with the elderly because it may be difficult to observe age-related declines that my loved ones or I may someday encounter.
	Q36.	I'm not interested in working with the elderly because it may be difficult to encourage elderly clients.
	Q37.	I'm not interested in working with the elderly because clients may commit to therapy based on encouragement from family rather than their own willingness.
	Q38.	Other reasons I'm not interested in working with the elderly…

Note. Please refer to the Appendix for a more comprehensive format of this survey.

Table 4

Survey Questions

Topics	Questions
Educational Experiences	Q39. Is there a course on geropsych/aging/elderly/later-life available as part of your program?
	Q40. How much were issues specifically relating to geropsych/aging/elderly/later-life integrated into your diversity course(s)?
	Q41. How much were issues specifically relating to geropsych/aging/elderly/later-life integrated into your general coursework?
	Q42. In your coursework, how much training was provided in appropriate assessment methods and/or modification for the elderly population?
	Q43. In your coursework, how much training was provided in the diagnosis of psychological or behavioral disorder in elderly clients?
	Q44. In your coursework, how much training was provided in psychotherapy (and appropriate modification) as an intervention for elderly clients?
	Q45. In your coursework, how much training was provided to address your attitudes, responses, and biases specifically about elderly individuals?
	Q46. Overall, how would you rate the quality of your education for providing services to elderly clients?
	Q47. How many geropsychology/aging courses are offered within your program?

Note. Please refer to the Appendix for a more comprehensive format of this survey.

Table 5

Survey Questions

Topics	Questions
Clinical Training (Practicum Only)	Q48. How many assessments have you conducted with elderly clients?
	Q49. How many elderly clients have you seen for psychotherapy?
	Q50. Please rate your overall supervision experiences with regard to elderly clients.
	Q51. How many geropsych/elderly/later-life practicum placements are offered within your program?
	Q52. Overall, how would you rate the quality of your clinical experiences for providing services to elderly clients?

Note. Please refer to the Appendix for a more comprehensive format of this survey.

Table 6

Survey Questions

Topics	Questions
Future Clinical Practice	Q52. Assuming overall general competence in providing mental health services, please estimate your competence for providing mental health services to elderly clients.
	Q53. How likely are you to provide services to the elderly population in your future clinical career?

Note. Please refer to the Appendix for a more comprehensive format of this survey.

Procedure

I emailed a request for research participation to program directors of clinical and counseling psychology doctoral programs. Doctoral students whose program directors forwarded them the invitation were provided with a brief study description and a link to the electronic measure, which was hosted by SurveyMonkey.com. Students who chose to participate in the study clicked the provided link and were directed to the informed consent page. This page described the research and the risks and benefits to participation. Participants who consented to participate and met selection criteria were directed to the survey. The survey consisted of 55 questions and took an estimated 15 to 18 minutes to complete. All survey responses were anonymous and confidential. I collected data for four weeks and then closed the survey to responses. I then conducted all analyses using SPSS statistics software.

Statistical Analysis

One working hypothesis was that graduate students who are exposed to treatment of the elderly population during clinical training and educational classes are more likely to have an interest and intention of working with the elderly population in the future if the student has had positive experiences with grandparents. The null hypothesis included that there is no relationship between the clinical training, education, and grandparent relationship history of students and

their future intention and interest of working with the elderly population. To test this hypothesis, a Spearman's rho analysis was performed to discover the correlation between the clinical training, education, and grandparent relationship history and intention of working with the elderly population. In this analysis, the independent variable was the quality of the grandparent relationship history. The dependent variables were the exposure to clinical training and education about working with the elderly population.

Another working hypothesis was that more positive the clinical training and educational experiences involving the elderly population are of the graduate student, the more interested graduate students are in working with the elderly population in the future. To test this hypothesis, a Spearman's rho analysis was performed to discover the correlation between the quality of the clinical training and educational experiences of graduate students involving the elderly population and their future interest in working with the elderly population. In this analysis, the independent variable was graduate students interest in working with the elderly population. The dependent variables were the quality of clinical training and the quality of educational experiences involving the elderly population.

Participants were also invited to provide qualitative feedback about reasons why they are interested and/or are not interested in working with the elderly population. From this qualitative data, I discovered any common themes and additional perspectives that were raised so as to expand the list of reasons why graduate students do and do not want to work with the elderly population.

The frequencies of interest included individual responses of the interest and disinterest in working with the elderly population surveys because these frequencies help identify the most popular reasons of interest and disinterest as well as what is and is not appealing to students

about this type of work. It was also of interest to discover the extent of the existence and availability of program courses, class material, training opportunities, and clinically-focused coursework specifically on working with the older adult population. I expected to find that these areas would be lacking when the percentages of all respondents was examined.

It was valuable and informative to compare these frequencies to demographic variables. It is informative to compare the frequency of interest in working with the elderly to responses of how many years participants have worked with elderly individuals and participants' emotional closeness with grandparents. The hypothesis considering years of work with the elderly was that participants with more years of work with the elderly will have higher interest in working with this population. The hypothesis comparing emotional closeness was that participants who have experienced more emotional closeness with their grandparent(s) would have a higher interest in working with the older adult population.

Every question on this survey provided an opportunity to discover interesting information about graduate psychology students' experiences, or lack thereof, with learning about and working with the elderly. Because there is a growing need for geropsychology clinicians, it is valuable to understand what variables contribute to graduate students' lack of interest. It is valuable in itself to simply gather an approximate idea of how many students express interest in and preference for working with the elderly as to grasp the future of the psychology field and geropsychology treatment. Every question on this survey also provided opportunities to rule out, disregard, or set aside existing ideas about variables that contribute to students' interest or disinterest so that, in turn, research can focus on the proper variables. These discoveries have widespread potential impact, as they can inform graduate program changes in coursework and

clinical training which can increase student interest and lead to better psychological service to the elderly population.

Results

The purpose of this study was to learn more about the educational exposure to and clinical training received by clinical and counseling psychology graduate students in providing psychological services to older adults. Another purpose of this study was to discover reasons these graduate students were interested in or disinterested in geropsychology. The final purpose of this study was to explore whether there is any connection between these graduate students' personal relationships with older adults and their interest in professional work with older adults.

There were multiple hypotheses proposed before data collection. One hypothesis was that if a clinical or counseling psychology student had at least one positive relationship with an older adult, they are more likely to be interested in geropsychology and provide clinical services to older adults in the future. It was hypothesized that the more clinical experience with older adults and the more geropsychology education, the more likely the student will be to be interested in geropsychology and provide clinical services to older adults in the future. The null hypothesis included that there is no relationship between the clinical training, education, and grandparent relationship history of students and their future intention and interest of working with the elderly population.

Education in Geropsychology

To explore the extent of education provided for clinical and counseling psychology graduate students, participants were asked to respond to questions about the availability of geropsychology courses or courses that integrated the older adult population into curriculum within their graduate programs. In addition to rating the overall quality of education for providing services to older adults, participants were asked to rate the degree of geropsychology

integration into Developmental Psychology courses and Diversity courses. Participants were also asked to rate the extent of educational training provided in terms of assessment, diagnosis, psychotherapy, and biases regarding older adults within general coursework.

Overall quality of education in geropsychology. Participants rated the following variables on a Likert scale of one to five, one being "poor" and five being "excellent." Of the 127 participants who rated the overall quality of participants' education for providing services to elderly clients, the mean score is 1.51 (SD= .62). Fifty-three percent of participants rated the quality of this education as *poor*, 37% rated it as "fair," 6% rated it as "good", and no participants rated it as "very good" or *excellent*.

Availability of geropsychology courses. Participants were asked whether there were geropsychology courses available as part of their graduate programs; 38% responded "no," 14% responded "yes, but I have not taken it," 28% responded "yes, and I have taken it," and 18% responded "I don't know." Participants were asked how many geropsychology courses are offered in their graduate program; 44% responded "none," 47% responded "1-2," 2% responded "3-4," and none responded "5+."

Integration of geropsychology into coursework. Participants were asked how well issues related to geropsychology are integrated into their diversity course(s); 35% of participants reported "not at all," 51% reported "a little," 8% reported "a moderate amount," and 2% reported "a great deal." Participants were asked about the degree to which their Developmental Psychology courses addressed the older adult population; 11% reported "not at all," 56% reported "a little," 24% reported "a moderate amount," and 4% reported "a great deal."

Extent of clinical training regarding older adults in coursework. Participants were asked how much training was provided in their coursework on assessment of older adults; 43%

reported *not at all*, 48% reported *a little*, 4% reported *a moderate amount*, and 1% reported *a great deal*. When asked about training provided in their coursework regarding diagnosis of psychological or behavioral disorder in elderly clients, 36% reported *not at all*, 53% reported *a little*, 6% reported *a moderate amount*, and 1% reported *a great deal*. When asked about training provided in academic courses about psychotherapy with older adults, 41% of participants responded *not at all*, 50% responded *a little*, 5% responded *a moderate amount*, and none responded *a great deal*. Participants were asked about the training provided in their coursework to address attitudes, responses, and biases about elderly individuals; 37% reported *not at all*, 44% reported *a little*, 14% reported *a moderate amount*, and 2% reported *a great deal*.

Clinical Training in Geropsychology

To explore the extent of clinical training in the psychological treatment of older adults during practica, participants were asked to rate the overall quality of clinical training in geropsychology and how many years they have worked with older adults, as well as provide the frequency of assessments and psychotherapy provided for older adults. Additionally, participants were asked to rate the quality of supervision for working with older adults and the amount of practicum placements offered within their graduate programs.

Quality and amount of clinical training in geropsychology. Of the 123 participants who rated the overall quality of clinical training for providing services to elderly clients, the mean score is 1.81 (SD= .91). Forty-one percent of participants rated the quality of this education as *poor*, 38% rated it as *fair*, 8% rated it as *good*, 6% rated it as *very good*, and 1% rated it as *excellent*. When participants were asked how many years they have worked with older adults, 57% of participants reported “0,” 21% reported “1,” 11% reported “2,” 3% reported “3,” 2% reported “4,” and 7% reported “5+.” Participants were asked how many assessments they

conducted with elderly clients; 70% reported *none*, 12% reported "a few (1-4)," and 15% reported "many (5+)." Participants were asked how many elderly clients they had treated for psychotherapy; 50% reported *none*, 34% reported *a few (1-4)*, and 12% reported *many (5+)*. Participants were asked to rate the overall quality of supervision experiences with regard to elderly clients; 44% reported "not applicable" because they had never treated an elderly client, 5% reported *poor*, 18% reported *fair*, 15% reported *good*, 9% reported *very good*, and 5% reported *excellent*.

Availability of geropsychology practica and likelihood of future work. Participants were asked how many geropsychology practicum placements were offered within their graduate programs; 5% reported *none*, 24% reported *1-2*, 8% reported *3-4*, 4% reported *5+*, and 56% reported *I don't know*. Of the 126 participants who rated the likelihood to work with older adults in the future on a Likert scale from one to five, one being "highly unlikely" to five being "highly likely," the mean score is 2.94 (SD= 1.30). Seventeen percent of participants rated this likelihood as *highly unlikely*, 18% rated it as "unlikely," 31% rated it as "likely," 15% rated it as "somewhat likely," and 15% rated it *highly likely*.

Age group preference and competence. When participants were asked to rank their preferences for doing clinical work with various age groups, 9% ranked "age 65+" as their first preference, 13% ranked "age 36-64" as their first preference, 41% ranked "age 0-17" as their first preference, and 40% ranked "age 18-35" as their first preference. When participants were asked "assuming overall general competence in providing mental health services, please estimate your competence for providing mental health services to elderly clients;" 13% reported "not competent and would refer," 47% reported "minimally competent and would need to rely on a high degree of additional training/supervision," 37% reported "somewhat competent, but could

benefit from more training/supervision," 3% reported "completely competent," and none reported "expert and could provide training or supervision to others."

Reasons for Interest in Geropsychology

When asked if participants were interested in geropsychology, 34% responded "yes," 34% responded "no," and 32% responded "maybe." Participants rated the reasons for interest in working with older adults on a 5-point Likert scale, one being "very much," two being "somewhat," three being "undecided," four being "not really," and five being "not at all." Reasons were rated in the following order from most important reason to least important reason: interest in serving a group undervalued by society (m= 1.80), personally meaningful relationship or experience with the elderly (m= 2.29), desire to understand one's own aging better (m= 2.54), desire to understand the aging of relatives and friends (m= 2.61), financial and employment opportunities in gerontology (m= 3.13), unanswered research questions in aging (m= 3.19), and encouragement from family, friends, or mentors (m= 3.88).

Participants were invited to provide additional reasons why they are interested in working with older adults. Some of the most popular responses are interest due to the growing population and growing need (n= 7), life experience and wisdom (n= 4), positive personal experiences (n= 4), interest in dementia (n= 2), interest in cognitive decline and neurological disorder (n= 3), interest in neuropsychological testing (n= 3), interest in the shifts in roles and identity for older adults (n= 2). Other responses included interest due to opportunity development (n= 1), interest in the fascinating challenges and opportunities for aging baby boomers (n= 1), interest in social justice and changing societal perceptions of older adults (n= 2), interest in existential and end-of-life experiences (n= 1), interest in diversity (n= 1), and interest in integrated primary care (n= 1). Additionally, participants stated interest due to the inevitability of working with older

adults in community mental health (n= 1), interest in working with veterans (n= 1), interest in expanding the knowledge base about this population (n= 1), interest in health psychology and medical conditions in older adults (n= 1), and the thought that "older people are fun" (n= 1).

Reasons for Disinterest in Geropsychology

Participants rated the reasons for disinterest in working with older adults on a 5-point Likert scale, one being *very much*, two being *somewhat*, three being *undecided*, four being *not really*, and five being *not at all*. Reasons were rated in the following order from most important reason to least important reason: older clients may be resistant to change due to firmly established ways or perspectives (m= 3.33), it may be difficult if my clients pass away (m= 3.35), it may be intimidating to work with clients who have more experience and wisdom (m= 3.40), unalterable medical conditions that can complicate psychological treatment (m= 3.56), it may be difficult to encourage elderly clients (m= 3.57), it may be difficult to observe age-related declines that my loved ones or I may someday encounter (m= 3.60), the work might be boring or repetitive due to age-related symptoms (m= 3.70), potential transference and counter-transference of a parent to child relationship (m= 3.87), and cultural differences between me and the client may make it hard to relate or empathize (m= 3.95).

Participants were invited to provide additional reasons why they are not interested in working with older adults. The most popular response was disinterest due to having an established specialty for clinical work with children and families (n= 8). Some of the additional responses were as follows: disinterest due to trepidation and anxiety about inexperience and biases (n= 2), disinterest due to the thought that working with older adults is an unclear professional path (n= 1), and disinterest due to the thought that one would be a better therapist with a different population (n= 2). Other responses include having not enjoyed working with

elderly individuals (n= 5), disinterest in working with "engrained ways of being (n= 1)," disinterest due to the idea that working with younger people allows for a more long-term impact (n= 1), and lack of exposure and comfort with neuropsychological testing (n= 1). Additionally, participants explained disinterest due to "slower and boring testing (n= 1)," the possibility of lacking supervised clinical training (n= 2), and little exposure to promote interest in working with older adults (n= 2).

Emotional Closeness to Grandparents

Of the 91 participants who rated the average emotional closeness to grandparents on a Likert scale from one to five, one being "very close" and five being "not close at all," the mean score is 2.69 (SD= .91). A Spearman's rho analysis was performed to determine any significant correlations between the average emotional closeness score of participants to the older adults they rated, likelihood to work with older adults in the future, overall quality of participants' education for providing services to elderly clients, and overall quality of participants' clinical training for providing services to elderly clients. Correlations will be considered significant at the 0.01 level. In this analysis, none of these variables were significantly correlated to average emotional closeness. Thirteen percent of participants who rated at least one grandparent relationship as *very close* also rated their likelihood to work with older adults in the future as *highly likely*. A significant positive correlation was found between the likelihood to work with older adults in the future and overall quality of participants' clinical training for providing services to elderly clients (p= 0.250). A significant positive correlation was found between the overall quality of participants' education for providing services to elderly clients and overall quality of participants' clinical training for providing services to elderly clients (p= .549).

Discussion

The results of this study and interpretations regarding my hypotheses are explored. Based on the results of this study, it is possible to discuss the state of clinical and educational exposure that clinical and counseling psychology graduate students are receiving while in graduate school. It is also possible, based on the results of this study, to discuss possible factors that contribute to interest in geropsychology and the various reasons for interest and disinterest in this field.

Education in Geropsychology

Based on participants' ratings of the overall quality of education for providing mental health services to older adults, it is clear that the higher education provided in graduate school does not represent the current need for future psychologists to take an interest in geropsychology. If graduate students are not exposed to mental health service provision for older adults, it is unrealistic to expect them to want to commit to this work and feel competent in this specialty. This leaves a whole rapidly growing population with insufficient available mental health services.

Quality of education in geropsychology. Not only did over half of responses rate the quality of education on geropsychology as *poor*, but there was not one response for *very good* or *excellent*. Participants identified the general location of their graduate school which allows the assumption to be made that this sample involved graduate students from all over the country. With that said, it is concerning that the problem of lacking geropsychology education is widespread and cross-country.

Availability of geropsychology courses. Even though a vast majority of participants rated the overall quality of geropsychology education negatively, it is still important to understand how many courses are offered within graduate schools that educate students about older adults.

Additionally, it may be so that exposure to geropsychology, despite the quality of the exposure, may still play a role in impacting students' interest in geropsychology. It is unfortunate that 38% of participants stated that there are no geropsychology courses offered within their programs, but it is somewhat uplifting that 28% stated that such a course is offered and they have taken the course. It would be interesting to understand more about the reasoning behind the 14% who stated that such a course is offered, but they have not taken it. Perhaps for this percentage, the course is elective rather than required. It may be a matter of APA accreditation requirements in which no geropsychology course is required but rather offered as an elective. For the 18% of participants who responded, *I don't know*, it is concerning that students are not aware of geropsychology courses within their program; it is possible that these courses are not encouraged by faculty or are not advertised as much as other courses.

In terms of the number of geropsychology courses available within their programs, 47% reported having 1 or 2 courses offered and 2% reported having 3 or 4 courses offered. For students who desire specializing in geropsychology or students who want to further explore geropsychology after taking the one course offered within their program, options might be limited which could discourage this career path.

Integration of geropsychology into coursework.

Diversity courses. Assuming most graduate school curricula includes at least one diversity course and one Developmental Psychology course, students were asked how well the older adult population was integrated into these two courses. Considering diversity courses, 35% of participants reported that the older adult population was not integrated into these courses at all. Elderly individuals represent a diverse group within society which often faces discrimination regarding ageism; therefore, it is pertinent for students to learn about the experiences of this

diverse group, the common mental health needs amongst this diverse group, and for students to gain awareness of their attitudes, knowledge, and biases regarding this population. Not only do older adults represent a diverse group themselves, but cultural factors must always be considered when working with individuals of all ages; therefore, graduate students need to be exposed to and practice integrating all factors of diversity into conceptualization and treatment. If students are not taught to consider elderly individuals as a diverse group, they may not seek appropriate supervision while providing mental health services to older adults and those served may not receive adequate attention to specific needs.

Developmental Psychology courses. Considering Developmental Psychology courses, 11% of participants reported that the older adult population was not integrated into these courses at all. It is minimally hopeful that 24% reported *a moderate amount* of integration and 4% reported *a great deal* of integration, but the majority reported only *a little* of integration. It is problematic that a majority of graduate clinical and counseling psychology students do not receive much exposure to older adult development and the stages of life experienced by elderly individuals.

Extent of clinical training regarding older adults in coursework.

Assessment. As assessment is a major component of what distinguishes psychologists from other mental health providers, it would seem essential that graduate students would be educated about assessment with the older adult population. Almost half of participants, 4%, reported not receiving any educational training in their coursework about assessment with elderly individuals. Assessment is often an integral part of providing complete mental health services to this population due to testing for age-related disorders, for example, Alzheimer's disease and dementia. If graduate students were exposed to assessment with older adults, they may be more

interested in providing mental health services to this population and could possibly be more marketable for specific career settings that often serve older adults, for example, Veterans Affairs.

Diagnosis and psychotherapy. Similar results were found for how much educational training graduate students receive in their coursework regarding diagnosis of psychological or behavioral disorder in elderly clients. Thirty-six percent of participants reported *not at all*, and 53% reports *a little* when asked this question. Consistent with this trend, 41% of participants reported *not at all* and 50% reported *a little* when asked about the extent of training provided in academic courses about psychotherapy with older adults. It is accurate that older adults often are diagnosed with similar disorders as younger adults, for example, depression, anxiety, and adjustment disorder. What makes these findings concerning is that older adults often display symptoms of these disorders in differing ways than younger adults and the mental health diagnoses often are complicated by medical health diagnoses. Especially when working with older adults, clinical and counseling psychology students must be trained in differential diagnosis and the integration of medical diagnoses into case conceptualization. If students do not learn this while in graduate school, it is not guaranteed that they will directly get educated about these concepts and the treatment of the older adults they may potentially serve in the future could be incomplete.

Attitudes, responses, and biases. When participants were asked about their training in coursework to address attitudes, responses, and biases about elderly individuals, 37% reported *not at all* and 44% reported *a little*. With any patient, but especially with patients part of an underserved or diverse population, it is necessary for mental health providers to have awareness of any personal biases toward that particular group. Many clinical and counseling psychology

graduate programs teach students to gain awareness of personal perspectives which may interfere with their ability to serve these patients without judgment. In order to demonstrate the core components of a therapeutic relationship, students need to be able to show empathy and positive regard for their patients. If students are not taught how to approach this clinical and ethical component of serving older adults, the therapeutic outcomes may be limited by these factors.

Clinical Training in Geropsychology

It seems necessary to first recognize that more than half of participants, 57% to be exact, have never engaged in clinical work with older adults. Further, 70% of participants reported never conducting an assessment of an older adult patient and 50% reported never providing psychotherapy for an older adult client. These staggering percentages of lacking experience support the idea that in some way, clinical psychology graduate students are not gaining access to, being exposed to opportunities to, or are passing on opportunities to work with the older adult population. When participants rated the quality of clinical training for service provision to older adults, 41% rated the quality as *poor*. Further, of the participants who could rate the quality of supervision of older adult treatment provision, only five percent rated it as *excellent*. Clinical psychology graduate students seem to have awareness of missing components of their clinical training in regard to serving older adults. Based on participant responses, these missing components could be exposure to older adult training settings, psychotherapy cases, assessment engagement, and supervisory experiences. Some of the core clinical skills of a psychologist need to be adapted at times with older adults, such as rapport building, awareness of transference and countertransference, conceptualization of health and physical components, and integrating generational complexities. Exposure to this kind of work is necessary during the years that individuals are still receiving supervision.

Practicum availability and likelihood of future work. Based on the finding that over half of participants have never worked with an older adult patient, it may have been assumed that perhaps practicum training with older adults is not available to these participants. The highest percentage of participants, 24%, responded that there are one to two geropsychology practicum placements offered within their graduate programs. The concerning part about this question is that 56% of participants reported that they did not know how many geropsychology practicum placements were offered within their graduate program. If interest in working with older adults was high for graduate clinical psychology students, it is likely that fewer participants would have responded, *I don't know*, to this question. In terms of likelihood to work with older adults in the future, the statistics are less concerning. For some reason, despite the lack of awareness of geropsychology practicum placements and lack of experience working with older adults, 31% of participants responded that they will likely work with older adults in the future. Perhaps participants are aware of the growing number of older adults in the United States and recognize the likelihood that at some point in their professional career, they will likely work with an older adult.

Age group preference and competence. Even though 31% of participants responded that they will likely work with older adults in their professional future, only 9% of respondents reported that the age group of 65 years and older was their preferred age group. Instead, the most preferred age group was from newborn to 17 years of age at 41%, followed by 18 to 35 years of age at 40%, and then 36 to 64 years of age at 13%. Out of the four age groups, the older adult population is the least preferred. If students were faced with the opportunity to be exposed to working with the older adult population, perhaps this order of preference would look different. When participants considered how competent they feel in providing mental health services to

elderly individuals, the highest number of participants, 47%, responded that they feel *minimally competent and would rely on a high degree of additional training/supervision*. Additionally, only three percent of participants responded *completely competent*, and no participants responded, *expert and could provide training or supervision to others*. It makes sense that graduate students may not yet believe that they are experts in providing mental health services or supervision to others regarding any population. Perhaps, though, if students received more exposure to clinical work with older adults, they may feel more competent in providing mental health services to this population. Thirteen percent of participants responded that they do not feel competent in providing services to older adults and would refer the older adult patient to another provider. With the growing older adult population and a lacking interest of future psychologists in training, it could be difficult to refer older adults to providers who feel competent in providing mental health services to this population. In turn, older adults may suffer from this perceived incompetence and may not receive adequate mental health services.

Impact of Relationships with Older Adults

No significant correlations were found between emotional closeness to an older adult and likelihood to work with older adults in the future. This correlation was very close to being significant, suggesting that a positive correlation may have been found with more participants. It is somewhat informative that 13% of participants who rated at least one grandparent relationship as *very close* also rated their likelihood to work with older adults in the future as *highly likely*. It is also somewhat informative that the second most popular response that participants rated in terms of why they are interested in geropsychology was due to a *personally meaningful relationship or experience with the elderly*. One participant responded that her interest in geropsychology stemmed from her "experience as a caregiver for 82-year-old grandfather after

sudden loss of grandmother." Also, another participant responded that the reason for her disinterest in geropsychology was "negative experiences with older adults." Similarly, one participant stated that they cared for their 97-year-old mother who suffered for 15 years with dementia and a mother-in-law with Alzheimer's for 8 years. This participant explained that caring for these two women placed a "huge strain on family" and the participant thinks she "may have reached my lifetime safe dose." A final example of how personal experiences have impacted outlook for future work with older adults is that one participant stated their disinterest due to "experiences very close to me personally, very hard to deal with." These examples hint that despite there being no significant correlation found within this data, that there exists some impact of experiences with older adults on interest and disinterest in clinical work with this population. This suggests that it may be important for graduate psychology students to get exposure to older adult patients during their training years in order to experience a positive clinical relationship. This exposure to positive clinical relationships to older adults could possibly impact their interest to work with older adults in the future.

Other Correlational Analyses

The remaining variables that were examined for correlational relationships included the likelihood to work with older adults in the future, overall quality of participant clinical training, and overall quality of participants' education for providing services to elderly clients. First, a significant positive correlation was found between the likelihood of working with older adults in the future and overall quality of participants' clinical training for providing services to elderly clients. This means that as the quality for clinical training for providing services to the elderly increases, the likelihood of students to work with elderly in the future increases, and vice versa. This suggests that the clinical training students are exposed to and have the opportunity to

explore is directly related to their interest in working with older adults in the future. If there is no clinical training for students or if the training is poor, students will be less interested in working with the older adult population. With the significant growth of the elder population, it is important for the field of psychology to introduce the need and opportunity to explore this type of work. If students are not exposed to this need or clinical training, there will be insufficient mental health provision for older adults.

Second, a significant correlation was found between the overall quality of participants' education for providing services to elderly clients and overall quality of participants' clinical training for providing services to elderly clients. This correlation represents the finding that as the quality of education on older adult service provision increases, the quality of clinical training in older adult increases, and vice versa. Perhaps this could suggest that if a graduate school program provides education to students on elderly service, it is more likely that training opportunities for older adult service are available and sought after. Likewise, if graduate school courses do not expose students to service provision for elders, perhaps it is less likely that the student will have elderly service training opportunities or is less likely to seek them out. This connection may also be understood as perhaps graduate programs that provide education on geropsychology are more likely to have practica affiliations with training sites that provide services to older adults. Overall, introducing exposure of students to good quality geropsychology courses may have a direct relationship to their seeking out good quality geropsychology training opportunities for practica.

Interest in Geropsychology

When asked the general question regarding interest in geropsychology, 34% of participants responded, *yes*, 34% also responded, *no*, and 32% responded, *maybe*. It is hopeful to

think that even participating in this survey may incline some participants to take an interest in pursuing work with older adults or to seek exposure to working with the older adult population. The main purpose of asking participants reasons for their interest in geropsychology was to know what geropsychology-related components could be integrated into courses or highlighted in practica training sites that offer this training. The most popular response describing interest was the *desire to serve an undervalued societal group of individuals*. This response could indicate the clinical psychology field's assumed shared mission to make mental health services accessible to diverse populations, especially those that may typically be underserved. This component of geropsychology could be emphasized by clinical opportunities and academic courses in order to increase interest. The second most popular response, *meaningful relationship or experience with the elderly*, has been discussed. Next, it seems important to recognize that the third and fourth popular responses describe *a desire to better understand one's own or one's family's aging*. This aspect of working with older adults could be a factor that could draw more graduate students into this kind of training or academic avenue, especially as graduate psychology students are often encouraged to engage in self-exploration.

When participants had the opportunity to provide additional reasons for their interest in geropsychology, some represented an awareness of the growing need for psychologists to work with older adults as this population is expanding. The survey asked participants whether the wisdom and life experience that many older adults possess is a deterrent for this work, but responses showed the opposite for some participants and was a draw for this kind of work. Some participants also demonstrated their interest in this kind of work due to an interest in some kind of cognitive decline, whether it is dementia, neurological disorders, or testing. Emphasizing psychological practice, including assessment and therapy, with older adults in graduate level

neuropsychology or assessment courses may initiate an interest for serving this population. Another common response amongst the participants who provided additional reasons for interest focused on the shifts in role identity for older adults. Often, developmental psychology courses focus heavily on child and adolescent development and focus less on older adult role transitions even though the accreditation requirement is for "Life Span Development." Perhaps a more balanced approach in these courses could lead to increased interest in treating this population.

Some participants shared reasons for interest involving societal factors; for example, wanting to work to change the negative societal perspectives of older adults, investigating the aging baby boomer generation, and working with an underserved population. Covering geropsychology issues with an emphasis on social justice, diversity, and social psychology in graduate level courses could increase student interest. Also based on responses, it seems that covering existential and end-of-life issues in graduate level courses could increase student interest as well as exploroing existential psychology in courses focused on theory, intervention, and case conceptualization. Some participants also expressed interest in working within medical settings, such as primary care, and focusing on health psychology. If graduate programs offered health psychology courses that incorporate the health of older adults, more graduate students make take interest in serving this population. Overall, it is important to gain awareness of and utilize the various reasons why psychology graduate students find interest in working with the older adult population because this growing population is in need of educated and trained future psychologists.

Disinterest in Geropsychology

It is necessary to acknowledge that the most popular response to reasons for disinterest in working with the older adult population had an average score of 3.33, which falls somewhere

between *undecided* and *not really*. With that said, it is helpful to consider the responses to the given reasons of disinterest, but it may be more informative to explore the reasons that participants provided on their own. The most popular response for reason for disinterest was that older adult clients may be resistant to change due to firmly established ways or perspectives. In intervention courses provided in graduate school, it may be necessary to address this assumption and inform students that there is evidence that older adults are often interested in and compliant with psychological interventions. The least popular response to reasons of disinterest involved cultural differences between participants and the client making it difficult to relate or empathize. This unpopular response suggests that perhaps in diversity-related courses or courses that address basic therapeutic skills, such as empathizing with clients, are leading to graduate students to feel comfortable with differing cultures.

When participants were invited to share additional reasons for disinterest in working with older adults, the most popular response was that participants had already established a preference for working with children and families. Based on the popularity of this response, it is likely helpful for psychology students to be exposed to geropsychology as soon in their professional development as possible while preferred populations are being established. Some responses were that participants felt trepidation and anxiety about inexperience and biases; even though these responses demonstrate self-awareness, it is understood that exposure to anxiety-provoking experiences that result in positive changes in cognition help individuals feel less anxious. Students can only address trepidation about inexperience by gaining experience, especially while they are in their training years and under supervision. It could be helpful for students to be encouraged by professors to attain practica that would provide new experiences or encouraged to address anxiety about biases during coursework. Some participants responded that they are

disinterested because working with older adults is an unclear professional path. Perhaps there is confusion about what a career working with older adults would look like; it would be helpful for students to receive career guidance within graduate programs and to include guidance regarding a possible career working with older adults.

Some participant responses about disinterest were about not enjoying working with elderly individuals; these responses can support to some degree that experiences with older adults can impact our willingness and interest in future work. Additionally, it is interesting to think that negative encounters with older adults, assuming that these experiences were perhaps with a handful of older adults, can represent the entire population. An assumption could be made that individuals who would like to focus their career on working with children have had negative experiences with some child patients but still desire this career path. Some participants responded that they are disinterested because working with younger people allows for a more long-term impact. It is an interesting concept that at some point in one's life, working with a psychologist may not be as beneficial because that individual has limited time left to live. Another perspective to this concept is the honor it can be to work with an older adult as they prepare themselves for the end of their lives. It would be helpful for psychology graduate students to be informed about the benefits of psychotherapy for older adults and the privilege to engage in existential work. In terms of testing and assessment with older adults, some participants responded that they are uncomfortable with testing and that testing may be slower and boring with older adults. It is realistic to recognize that certain adaptations need to be in place for certain populations, but it is also realistic to recognize biases about populations based on age. If a student is trained to assess in a client-centered way, testing that can help an older adult and their families understand, cope, prepare, or treat for neurological deficits, that is an

enormously valuable contribution. It would also be helpful for gradual level courses about assessment to address testing related to the older adult population rather than just children, adolescents, and adults. Perhaps if knowledge and experience with these types of assessments were available to graduate students during their training, students may hold more positive perspectives about assessment with older adults.

Limitations of the Current Study

Considering the demographics of the participants involved in this study, a few factors stand out as possible limitations. First, a majority of students, 65%, identified as being from the Northeast. This could be limiting because other graduate programs from other parts of the country were not as well represented, leaving room the question whether graduate programs and training opportunities regarding the older adult population are different than those in the Northeast. Second, 86% of participants are female; even though the psychology field is predominantly female, there may be some differences in the data if more male clinical or counseling psychology students were represented. Third, 83% of the participants identify as heterosexual; this demographic variable may contribute to the data in ways that may not be able to be recognized without a more representative sample. Lastly, 81% of participants identified as White or Caucasian. This large percentage likely impacts the responses to questions in terms of the lack of multicultural representation for relationships with older adults. It is possible that other cultures and ethnicities hold perspectives about relationships with older adults that are not represented well in this sample and could shift the data if better represented. This cultural component could have been better addressed by asking open-ended question about one's cultural perspective on elderly individuals.

Perhaps a major limitation of this study is that there might not have been enough participants to show a possible significant correlation between experiences with older adults and interest in working with older adults. Based on the many different ways that participants suggested that their experiences with older adults, whether grandparents or any close older adult, have impacted their interest or disinterest. It could have been informative if the study allowed for further exploration with participants who offered responses in the open spaces for interest and disinterest. This could have helped to increase understanding in terms of how those participants believed their personal experiences with older adults have impacted their interest or disinterest in working with older adults in future clinical work.

Lastly, because the study focused on learning the reasons why graduate clinical or counseling psychology students are or are not interested in working with older adults, the interest and disinterest surveys were not meant to give each participant an "overall interest" or "overall disinterest" score. This score might not have been any more informative than the question that directly asked participants whether they are or are not interested in working with the elderly population, but it may have been another way to utilize the interest and disinterest questions.

Directions for Future Research

The great need for more research in the field of geropsychology leaves room for many different directions for future research. One example is to explore more about the stigma that exists toward the older adult population within the psychology profession including whether ageism is addressed within graduate programs. This study only asked directly about diversity courses and Developmental Psychology courses in graduate programs, but it would also be interesting to discover whether students have been exposed to Existential Psychotherapy, Reminiscence Psychotherapy, or other therapeutic approaches that are typically utilized with

older adults. Student responses expressing interest based on a desire to work on existential and end-of-life issues suggests that it may be important for graduate level courses to explore existential psychology in courses focused on theory, intervention, and case conceptualization. Participant responses also suggest that it may be beneficial to investigate the topics covered in graduate level courses that are related to social justice, diversity, and social psychology. Since some participants shared that their interest in older adults was based on interest in neuropsychological assessment, it may be helpful to investigate the populations that are covered in graduate level neuropsychology or assessment courses. If students are exposed to neuropsychological and psychological testing of older adults, this may initiate an interest for serving this population. Student responses also suggest that it may be important to investigate whether graduate programs offer health psychology courses that incorporate the health of older adults.

Future research could also consider asking students about whether their graduate school teaches about the intersection of ethics when working with older adults; for example, whether courses address confidentiality, cognitive competence, informed consent, suicidality, or elder abuse. If there was a way to test graduate students on their knowledge of clinically relevant information regarding older adults that could inform researchers the areas that would be important to include in courses. For students to better serve their future older adult patients, it would be beneficial for their knowledge on aging to be more accurate. To explore the current accuracy, research could explore how well students are aware of specific challenges of older adults, for example, chronic illness, loss of social support, onset of dementia, institutionalization, retirement, widowhood, and relocation.

Other relevant future research ideas that relate to this study are to ask students whether they feel a lack of geropsychologists as role models within graduate programs or practica. This data could be information about the impact of role models on clinical interests. It would be informative to explore whether student misperceptions of older adult clinical work is a reflection of possible faculty misperceptions within graduate programs. It could help to learn whether faculty encourages students to attain practicums that would provide experience with older adults, especially if students express anxiety or biases about the population. It would be interesting to investigate how much career guidance is provided within graduate programs and if this exists, what guidance is provided about a career working with older adults. Also, it would be helpful to understand how much is being introduced to psychology graduate students about the benefits of psychotherapy for older adults and the privilege to engage in this type of work.

It could be informative to know whether graduate students have ever been exposed to the settings that clinical work with older adults may take place; for example, if students have spent time in a nursing home, hospital, adult day center, or assisted living facility. This type of exposure could also contribute to interest or disinterest. Another factor that could contribute to interest or disinterest could be exploring how involved participants have been in caretaking for older adults. Whether participants have filled the caregiver role for older adults or watched their parents fulfill this role, these types of experiences can impact interest in working with elderly. An overall interesting question regarding exposure and experience is whether graduate students are simply often not at an age or stage of life yet in which issues of aging and involvement in older adult challenges are relevant and personally significant. Perhaps students who lack interest in older adult clinical work while in graduate school will develop an interest at a later age or stage of life when the older adult population may feel more personally relevant.

This study explored how many geropsychology courses are offered within graduate programs, but it would be informative to understand whether these courses are ever required rather than offered as electives. It would be helpful to understand whether the status of elective versus required courses impact the interest of students to take interest in geropsychology. Furthermore, it would be informative to explore whether other courses aimed at other populations, for example, child development, are required compared to required geropsychology courses. In general, it would be interesting to discover how graduate schools decide what courses are required and which are elective, which may be a matter of APA accreditation requirements. For the students who did not know how many courses or practicums are available to work with older adults, questions could be formed about why students are not aware of geropsychology courses within their program; perhaps these courses are not encouraged by faculty or are not advertised as much as other courses.

The most popular open-text response in regards to disinterest in geropsychology was that participants had already established a preference for working with children and families; therefore, it would be helpful to explore at what point in a psychologist's training and education do established career paths and preferred populations develop and whether students are exposed to geropsychology before that time of establishment. Related, some participants responded that a the career path of a psychologist working with older adults is unclear; it would be helpful to know more about student perceptions of geropsychology and how a career working with this population seems less clear than working with other populations, such as children or adults. Additionally, it would be helpful to explore whether graduate programs that do not offer geropsychology courses offer students options for exploring the older adult population. For example, whether graduate programs offer students the opportunity to complete special projects,

take a geropsychology course at a different school, gain credit for work with a geropsychologist, or consult with geropsychologist specialists in lieu of taking a geropsychology course.

In regards to using research to create courses that increase students' interest in working with the older adult population, perhaps it would be informative to simply ask students to suggest or rate ideas for courses on aging and older adults. Also, this study focused mostly on clinical work with older adults; it may be interesting to explore whether responses would be different if questions were also directed at geropsychology research. Lastly, it would be interesting to see if any shift in interest would occur if there were more continuing education trainings and workshops to allow professionals, who may supervise or teach graduate students, the opportunity to gain training in evidence based treatment for older adults. If professionals were more interested or better trained, perhaps, the interest and knowledge could flow to graduate students.

Improving geropsychology integration in graduate programs. Based on the literature and the results from this study, there are many suggestions to be made about how to incorporate geropsychology into graduate psychology programs to increase the likelihood that students may gain interest in this population. On a foundational level, graduate school faculty could hold themselves more accountable for promoting all psychologist roles, including serving various populations, presenting problems, and treatment modalities. When providing guidance for students as they choose their courses and practicum placements, it would be helpful for faculty to encourage students to be aware of the importance of geropsychology and gaining experience with all age groups. For faculty to be most valuable in integrating geropsychology into psychology programs, they must first be aware of their own biases and misperceptions about clinical work with the older adult population.

Much integration of geropsychology can occur in graduate psychology programs without creating courses solely focused on this population. It is important for the geriatric population to be a significant focus of learning while in all courses such as Developmental Psychology, Diversity, Health Psychology, and Neuropsychology. In all courses that discuss psychological intervention techniques and theories, treating the geriatric population should be a population of focus. In these intervention-based courses, it is appropriate and necessary to discuss the treatment adaptations often necessary for this populations as well as specific life challenges during this time of life and treatment approaches that are most beneficial. During these general courses, it would be helpful for professors to discuss the growing need for psychologist interest in older adults and professional opportunities available in serving the geriatric population.

For courses that are solely focused on geropsychology, it is important to utilize many different learning strategies to engage students in this type of work with the goal of increasing student interest and likelihood of future service provision. To do this, it would be suggested to utilize guest speakers including psychologists currently working with the older adult population and older adults who are willing to share their experiences as an older adult so that students can picture clinical work with this population. For students to gain interest in and understand the treatment approaches most beneficial for older adults, utilizing interesting texts as well as watching therapy videos with older adults would be suggested so that students can visualize this work. It would be helpful to discuss personal experiences with older adults, misperceptions and biases about this population, as well as worries about a career serving older adults. Utilizing case studies and role-playing could be helpful in teaching students about the specific life challenges of the elderly population and how to conceptualize cases in which the older adult may have complex medical diagnoses interacting with their psychological presentation.

If graduate programs have difficulty creating courses focused solely on geropsychology or integrating the geriatric population in other courses, it could be helpful to offer students workshops, presentations, or brief clinical trainings focused on serving older adults. As part of practicum requirements, graduate programs could require students to work with at least one older adult, whether it is conducting therapy or assessment. As part of dedication to social justice, it could be a requirement of graduate school advisors to suggest to students to consider taking advantage of opportunities to work with older adults during their training years. Overall, graduate programs need to recognize this growing need and lacking interest and be creative in integrating geropsychology into coursework, practicum training, and faculty relationships.

Overall Concluding Remarks

There is no doubt that the population of older adults in the United States is growing with time and is expected to rapidly grow within the next 20 years (Carpenter, 1996; Davis-Berman & Robinson, 1989; Geiger, 1978; Golden, Gammonley, Hunt, Olsen, & Issenberg, 2014; Reed, Beall, & Baumhover, 1992). To account for this rapid expected growth, graduate programs in clinical and counseling psychology need to offer geropsychology courses and practica opportunities to students to increase student interest in working with the older adult population. Research has shown that when graduate students completed geropsychology practicum placements, their knowledge of geriatric mental health issues increases, their negative attitudes about the elderly decreases, and their interest in working with the elderly increases (Hinrichsen & McMeniman, 2002). Practicum placements need to exist and be advertised within graduate programs in order to prepare for the great need of older adult psychological treatment. The results of this study support that the quality of clinical training and quality of education makes

students more likely to work with older adults in the future, yet very few students were exposed to clinical work with or education about the older adult population.

Davis-Berman and Robinson (1989) found that when students have completed courses on aging, students' knowledge increases, yet preferences to work with the elderly population decreases by 50%. It is clear that changes need to be made in regards to academic courses on aging and geropsychology. The results of this study supports the conclusions by Carpenter (1996) that a major reason for student interest in geropsychology is based on social justice ideas and treating an underserved population. Graduate programs could capitalize on this evidence while advertising for geropsychology courses or practica. It is also necessary to address the assumptions students may have about working with older adults. In this study, the most popular response for reason for disinterest was that older adult clients may be resistant to change due to firmly established ways or perspectives. Yet, there is evidence that elderly clients are most likely to improve, are more diligent in upholding appointments, more likely to follow-through with therapist suggestions, and often maintain therapeutic gains (Gallagher & Thompson; 1982; Strupp et al., 1969). Challenging these assumptions in academic courses could shift students' interest in this work. The results of this study suggest that students were more easily able to identify reasons for interest in working with the elderly, but had difficulty identifying actual reasons why they are not interested. This difficulty may be impacted by the lack of exposure clinically and academically to geropsychology.

No significant correlations were found between emotional closeness to an older adult and likelihood to work with older adults in the future, but a positive correlation may have been found with more participants. Many different components of participants' responses suggested that relationships with older adults have had some impact on their interest in working with older

adults. Research that shows how any form of exposure to a personal relationship with an older adult, whether it be a guest speaker in class, a positive elderly role model, or an elderly interviewee for a project, can increase a student's interest in geropsychology supports this idea that relationships matter (Bergel, 2006; Davis-Berman & Robinson, 1989; Papertsian, 2002; Schuster et al., 2003).

Overall, this study supports the need for changes to be made in clinical and counseling graduate programs in terms of gaining academic and clinical exposure to working with the older adult population. This population is growing and therefore, the need for competent and experienced future psychologists is growing as well. Students have reported feeling minimally competent to provide mental health services to older adults and have rated their academic and clinical training on geropsychology as poor and lacking. Older adults, of four different age ranges, were rated the lowest for clinical preference by participants. This preference ranking needs to shift in order to provide sufficient mental health treatment for older adults. In order for that shift to occur, graduate school programs need to evaluate, adapt, or create geropsychology courses and improve the availability of geropsychology practicum opportunities. The field of psychology is capable of making the necessary shifts to accommodate for this growing need and the older adult population needs psychologists who are competent and passionate about their care.

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Appendix

Survey

Graduate Students and Work with Older Adults

Thank you so much for agreeing to help out with this study. I am a Clinical Psychology graduate student at Antioch University New England in Keene, NH. I am collecting data for my dissertation, under the guidance of Dr. Roger Peterson.

The purpose of this study is to learn more about students' wanting and not wanting to work with older adults. If you agree to be in my study, you will be asked to think about times that you have worked with, learned about, and trained to work with older adults.

You may choose to not answer any questions that you are not comfortable with and may stop answering questions in the survey at any time without any bad outcome. The survey should take about fifteen minutes.

Your name will not appear anywhere on written presentations of this survey. Being in the study is completely voluntary. Signing the bottom of this form means that you agree to be in the study.

There are little risks in taking this survey. Filling out the survey may bring up bad memories with older adults, but there are also many good things from talking about your wanting or not wanting, schooling, training, and times working with older adults.

If you have any questions about the research, you may contact me:
Samantha Hague: XXX@antioch.edu

You may also contact my faculty advisor:
Roger L. Peterson, Ph.D., ABPP
Clinical Psychology Department
Antioch University New England
603-283-2178 or rpeterson@antioch.edu

If you have any questions about your rights as a research participant, you may contact Theodore Ellenhorn, the clinical psychology department IRB liaison (603-283-2184), Kevin Lyness, Chair of the Antioch University New England IRB (603-283-2149), or Melinda Treadwell, Vice President for Academic Affairs (603-283-2444).

1. Do you agree to participate?
Yes
No

Demographic Information

2. What is your gender?

Male
Female
Transgender
Other (please specify): ____

3. What is your race/ethnicity? (Select all that apply)
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Pacific Islander
White or Caucasian
Biracial
Other (please specify):

4. What is your sexual orientation?
Heterosexual
Gay
Lesbian
Queer
Bisexual
Questioning
Other: ____

5. What is your age? ____

6. What is your marital status?
Single
In a committed relationship
Married
Divorced
Widowed

7. What is the highest degree earned at the present time?
Bachelors
Master's
PhD
PsyD
Other (please specify): ____

8. What is your anticipated degree?
Bachelor's
Master's
Ph.D.
Psy.D.
Other (please specify): ____

9. What type of graduate program are you in?
   - Clinical
   - Counseling
   - School
   - Other (please specify): ____

10. What is your specialty training track? (Select multiple if needed)
   - Child
   - Adult
   - General
   - Health
   - Community
   - Neuropsychology
   - Other (please specify): ____

11. What year of graduate school are you currently in?
   - 1st year
   - 2nd year
   - 3rd year
   - 4th year
   - 5th year
   - 6th year
   - 7th year
   - 8th year or later

12. What is your anticipated year of graduation from your graduate program? ____

13. Where is your graduate school program located?
   - USA (Midwest)
   - USA (Northeast)
   - USA (South)
   - USA (West)
   - Canada

14. How many living grandparents do you have? *Older adults that you have/had an especially close relationship with can be considered in this study (examples: older adult neighbors or great grandparent)
   - None
   - 1
   - 2
   - 3
   - 4

15. For how many years of your life did you have at least…? *Older adults that you have/had an especially close relationship with can be considered in this study (examples: older adults

neighbors or great grandparent)

1 living grandparent: _____ 0-5 _____ 5-10 _____ 10-15 _____ 15-20 _____ 20+
2 living grandparents: _____ 0-5 _____ 5-10 _____ 10-15 _____ 15-20 _____ 20+
3 living grandparents: _____ 0-5 _____ 5-10 _____ 10-15 _____ 15-20 _____ 20+
4 living grandparents: _____ 0-5 _____ 5-10 _____ 10-15 _____ 15-20 _____ 20+

16. What was your emotional closeness to your grandparents? *Older adults that you have/had an especially close relationship with can be considered in this study (examples: older adult neighbors or great grandparent)

1: Very Close, 2: Somewhat close, 3: Neutral, 4: Not Really Close, 5: Not At All Close
Grandparent #1: _____ 1 _____ 2 _____ 3 _____ 4 _____5
Grandparent #2: _____ 1 _____ 2 _____ 3 _____ 4 _____5
Grandparent #3: _____ 1 _____ 2 _____ 3 _____ 4 _____5
Grandparent #4: _____ 1 _____ 2 _____ 3 _____ 4 _____5

17. How many years have you worked with elderly individuals?
0 years
1 year
2 years
3 years
4 years
5+ years

18. What is your rank order for preferences for doing clinical work with these age groups? (1: Most Preference; 4: Least Preference)
Age 0-17
Age 18-35
Age 36-64
65+

19. Are you interested in Geropsychology?
Yes
No
Maybe

Educational Experiences
Please answer the following questions about your educational or classroom experiences in your doctoral degree program regarding the elderly population:

20. Is there a course on geropsychology/aging/elderly/later-life available as part of your program?
No
Yes, but I have NOT taken it
Yes, and I have taken it

I don't know

21. How many geropsych/aging/elderly/later-life courses are offered within your program?
    None
    1-2
    3-4
    5+

22. How much were issues specifically relating to geropsych/aging/elderly/later-life integrated into your diversity course(s)?
    Not at all
    A little
    A moderate amount
    A great deal

23. How much were issues specifically relating to geropsych/aging/elderly/later-life integrated into your general coursework?
    Not at all
    A little
    A moderate amount
    A great deal

24. In your coursework, how much training was provided in appropriate assessment methods and/or modification for the elderly population?
    Not at all
    A little
    A moderate amount
    A great deal

25. In your coursework, how much training was provided in the diagnosis of psychological or behavioral disorder in elderly clients?
    Not at all
    A little
    A moderate amount
    A great deal

26. In your coursework, how much training was provided in psychotherapy (and appropriate modification) as an intervention for elderly clients?
    Not at all
    A little
    A moderate amount
    A great deal

27. In your coursework, how much training was provided to address your attitudes, responses, and biases specifically about elderly individuals?
    Not at all

A little
A moderate amount
A great deal

28. In your Developmental Psychology course(s), to what degree was a section on aging/older adults addressed?
Not at all
A little
A moderate amount
A great deal

29. Overall, how would you rate the quality of your education for providing services to elderly clients?
Poor
Fair
Good
Very Good
Excellent

Clinical Training (Practicum Only)
Please consider the following questions about your practicum experiences regarding the elderly population:

30. How many assessments have you conducted with elderly clients?
None
A few (1-4)
Many (5+)

31. How many elderly clients have you seen for psychotherapy?
None
A few (1-4)
Many (5+)

32. Please rate your overall supervision experiences with regard to elderly clients:
N/A (have never seen an elderly client)
Poor
Fair
Good
Very Good
Excellent

33. How many geropsych/elderly/later-life practicum placements are offered within your program?
None
1-2
3-4

5+
I don't know

34. Overall, how would you rate the quality of your clinical training for providing services to elderly?
Poor
Fair
Good
Very Good
Excellent

35. Assuming overall general competence in providing mental health services, please estimate your competence for providing mental health services to elderly clients:
Not competence and would refer
Minimally competence and would need to rely on a high degree of additional training/supervision
Somewhat competent, but could benefit from more training/supervision
Completely competent
Expert and could provide training or supervision to others

36. How likely are you to provide services to the elderly population in your future clinical career?
Highly Unlikely
Unlikely
Somewhat Likely
Likely
Highly Likely

37. Are you interested or considering taking interest in working with the older adult population?
Yes
No
Maybe

Interest in Aging/Elderly/Later-Life
If you are or are considering taking interest in working with the elderly, consider how influential these factors are on that interest:

38. I'm interested in working with the elderly because of the financial and employment opportunities in gerontology
Very Much
Somewhat
Undecided
Not Really
Not at all

39. I'm interested in working with the elderly because of the unanswered research questions in

aging

Very Much
Somewhat
Undecided
Not Really
Not at all

40. I'm interested in working with the elderly because of the encouragement from my family, friends, or mentors

Very Much
Somewhat
Undecided
Not Really
Not at all

41. I'm interested in working with the elderly because I have an interest in serving a group undervalued by society

Very Much
Somewhat
Undecided
Not Really
Not at all

42. I'm interested in working with the elderly because I have a desire to understand one's own aging better

Very Much
Somewhat
Undecided
Not Really
Not at all

43. I'm interested in working with the elderly because I have a desire to understand the aging of relatives and friends

Very Much
Somewhat
Undecided
Not Really
Not at all

44. I'm interested in working with the elderly because I have a personally meaningful relationship or experience with the elderly

Very Much
Somewhat
Undecided
Not Really
Not at all

45. Other reasons I'm interested in working with the elderly: ____

Disinterest in Aging/Elderly/Later-Life
If you do not have an interest in working with the elderly, consider how influential these factors are on that disinterest. If you definitely have an interest in working with the elderly, you can skip this page.

46. I'm not interested in working with the elderly because it may be difficult if my clients pass away

Very Much
Somewhat
Undecided
Not Really
Not at all

47. I'm not interested in working with the elderly because it may be intimidating to work with clients who have more experience and wisdom

Very Much
Somewhat
Undecided
Not Really
Not at all

48. I'm not interested in working with the elderly because the work might be boring or repetitive due to age-related symptoms

Very Much
Somewhat
Undecided
Not Really
Not at all

49. I'm not interested in working with the elderly because of the potential transference and counter-transference of a parent to child relationship

Very Much
Somewhat
Undecided
Not Really
Not at all

50. I'm not interested in working with the elderly because older clients may be resistant to change due to firmly established ways or perspectives

Very Much
Somewhat
Undecided
Not Really

Not at all

51. I'm not interested in working with the elderly because of unalterable medical conditions that can complicate psychological treatment
Very Much
Somewhat
Undecided
Not Really
Not at all

52. I'm not interested in working with the elderly because cultural differences between me and the client may make it hard to relate or empathize
Very Much
Somewhat
Undecided
Not Really
Not at all

53. I'm not interested in working with the elderly because it may be difficult to observe age-related declines that my loved ones or I may someday encounter
Very Much
Somewhat
Undecided
Not Really
Not at all

54. I'm not interested in working with the elderly because it may be difficult to encourage elderly clients
Very Much
Somewhat
Undecided
Not Really
Not at all

55. Other reasons I'm not interested in working with the elderly: ____

Thank you for participating. The information you provided, along with that of other participants, will be used to improve the literature on clinical psychology training for serving elderly clients.

If you would like to be entered into the random drawing for a $50 Amazon gift card, please provide your email below. Your email will be added to a list that will be separate from corresponding survey data. The random winner will be selected from this separate list. Thank you!