

ABPP for Geropsychology

Webinar

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Definition from APA specialty application – used for ABPP

Geropsychology - applies the knowledge and techniques of psychology to help older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life.

- This definition focuses not only on weaknesses of the aging process but strengths as well

Definition (2)

- No other area of practice is identified with the older adult population and its specific characteristics & needs
- Other specialties do not have the central focus on the aged & the range of problems facing older adults
- Domain of professional geropsychologists = settings in which older clients are concentrated by virtue of residence or service needs:
 - Nursing Homes
 - Assisted Living Facilities
 - Adult Day Centers
 - Continuing Care Retirement Communities
 - Hospice

Geropsychologists

- Have knowledge, skill, training, and experience related to aging & late life
- Understand how the processes of aging and the social & cultural contexts of being old affect older adults
 - Have a broader view of the aging process & how it affects the mental health of older adults
 - Don't maintain popular ageist biases

Differs from other specialties:

- Clinical Health Psychology
 - Geropsychology focused on older clients - specifically concerned with interplay of health & late life developmental issues
- Rehabilitation Psychology
 - Geropsychology concentrates on older adults in a variety of settings, not only in rehabilitation settings
- Clinical Neuropsychology
 - Cognitive assessment in geropsychology is focused on dementias in later life and does not entail the assessment of younger adults or children

ABGERO

- Specialty status – APA, 2010 – but no way to credential individual practitioners
- Right now, anyone can claim to be a specialist in geropsychology
- Need a publicly sanctioned way to designate a specialist
- One way of proving competency is to receive an ABPP diploma

ABPP website

- Serves the public by providing oversight & certifying psychologists competent to deliver high quality services in various specialty areas.
- Board certification assures the public that specialists designated by the ABPP have successfully completed the educational, training, & experience requirements of the specialty
- “ABPP is the ONLY organization that is recognized by APA as a credentialing organization, and is done under the oversight of the APA (CRSPPP)” (David Cox – personal communication)

ABPP initiative – funded by Div. 20; 12.2; PLTC; & CoPGTP

- Initial application to the ABPP Board of Trustees; Approved - December 2012
- ABPP geropsychology implementation plan was submitted which includes the final versions of geropsychology credentialing examination materials and a plan for the initial examination phase; Approved - June 2013
- The monitoring phase has begun which includes 1) Initial examination of ABGERO board members and 2) Examinations of 30 other non-Board candidates over a 2-year period. **Must be completed before we are a full-fledged specialty.**
- Board members examined each other @ ABPP workshop & APA – 8 board members now have been examined
- Remaining Board members and non-Board members will be examined @ GSA, ABPP workshop (Chicago), or at APA (DC)

Estimate of # of candidates for the ABPP exam (1)

- A survey to determine interest in pursuing ABPP for Geropsychology conducted in 2011
- Posts were placed on the Division 20, Society for Clinical Geropsychology, PLTC, and CoPGTP Listserves
- 154 people completed the survey

Estimate of # of candidates for the ABPP exam (2)

- 8% of the respondents (n=12) had received an ABPP in another specialty
- 54% of the 154 respondents (n=83) said that they 'definitely' or 'probably' would submit an application for ABPP in Geropsychology
- 8% said definitely not – concern over potential restrictions in practice for those not ABPP'd
- 89% believed that petitioning for ABPP status was a worthwhile use of resources

Estimate of # of candidates for the ABPP exam (3)

- In 8/2012, a follow-up survey conducted to identify those committed to submitting an application for an ABPP in Geropsychology over the next 2-year period
- Received informal commitments from 80+ members
- **At least half either currently meet our criteria or were deemed eligible via the senior option**
- Probably low estimates – some senior people did not respond who said they would apply; some junior people said they'd apply as soon as they were eligible

ABGERO costs

- General Application, ABGERO application, vita, transcripts – screening for minimal requirements, \$125 fee
- Practice Sample review (Professional Self-Study Statement (PSS), Work Examples), \$250
- Oral Examination, \$450 fee
- Annual renewal, \$185 fee

ABPP evaluation

- Iterative systematic review of individuals on general foundational and specific geropsychology functional competencies
- Person needs to meet 1) minimal qualifications and 2) pass screening of the practice sample (reflecting competence in foundational & gero functional competencies on PSS & work samples submitted) prior to eligibility for 3) oral exam which explores competencies in depth

Online application

Nancy McDonald (nmcdonald@abpp.org)

- ABPP website

http://www.abpp.org/i4a/member_directory/feSearchForm.cfm?directory_id=3&pageid=3292&showTitle=1

- Click on 'Applicants' – top middle icon
- At the left – click on 'Geropsychology'
- Under 'Geropsychology', click on 'Specialty specific requirements'
- Click on Online application in middle, but first fill out & save the ABGERO app on right to complete the online application

Minimum requirements for ABPP eligibility: **1. Education:**

- Evidence of 2 courses/seminars relevant to Geropsychology at the doctoral, internship, or post-doctoral levels
- or
- At least 100 hours of documented formal CE coursework relevant to Geropsychology over a period of no longer than seven years

Minimum requirements for ABPP eligibility: **2. Supervised Training:**

Formal training in Geropsychology: One year (2000 hours) of formal (fellowship; internship; externship), full-time supervised training in Geropsychology or its equivalent:

OR

Informal training in Geropsychology:
Documented, supervised training in Geropsychology that totals 3000 hours or more.

Minimum requirements for ABPP eligibility: **3. Experience:**

- Self-identity as a geropsychologist with at least 2 years of full-time post-licensure employment (or its part-time equivalent) as a psychologist, with at least 1 year devoted to professional services to older adults.
- Such services may include:
 - direct independent provision of clinical services
 - teaching/in service education/supervision of students or geriatric mental health professionals
 - administrative duties or long term involvement in a geriatric organization
 - conducting applied gerontological mental health research
 - other geriatric mental health services as deemed acceptable by the board.

Senior Psychologist Option

- Graduate of APA-accredited doctoral program & internship or equivalent
- Licensure as a psychologist
- Significant contributions to geropsychology
- 15 years of Geropsychology services provision. Such services may include:
 - direct independent provision of clinical services (e.g., being in private practice or employed by a geriatric consulting group)
 - teaching/in-service education/supervision of students or geriatric mental health professionals (e.g., teaching gerontological courses; consultation with nursing homes re residents with behavior problems)
 - administrative duties in a geriatric organization (e.g., director of an institute of gerontology; executive leadership within a gerontological organization)
 - conducting applied gerontological MH research. or
 - other geriatric MH services as deemed acceptable by the board

Candidate must show competence in all the foundational domains, the geropsychology functional domains, and one other functional domain (e.g., advocacy; teaching/supervision; management/administration; research)

Professional Self-Study Statement (PSS)

PSS - description of Applicant's activities & accomplishments in geropsychology. Include:

- Professional Activities – current & past
- Professional Development – major influences
- Services to Geropsychology (e.g., Editorial board member; executive board of a geropsych society)
- CE in Geropsychology – over last 5 yrs.
- Scientific Base – contributions &/or utilization
- Ethics – 2 or 3 ethical dilemmas & how they were addressed

PSS (2)

- Complex relationships - 2 or 3 examples of how complex interpersonal interactions (e.g., challenging relationships with older clients/patients) have been handled
- Individual & Cultural Diversity - how one's work is informed by sensitivity to diversity
- Self-Assessment - how one has evolved as a geropsychologist, & what improvements one seeks to make in professional functioning (Karel's Tool for Assessment of Gero Competencies)

Work Examples – Traditional Option

- Two Work Examples should reflect 2 of the functional competencies of gero practice (i.e., Assessment, Intervention, Consultation)
- May submit test reports, videos, audiotapes, or notes from assessment, therapy, or consultation sessions
- Include a contextual statement containing a formulation of the candidate's understanding & approach to the case, a rationale for the service activities, and a summary of the outcomes

Work Examples – Senior Option

Senior applicants may provide documentation of geropsychology competence in other ways, including:

- High impact books, articles etc. that articulate the Applicant's approach to important aspects of practice;
- Responses to Requests For Proposal (RFPs) that detail Applicant's approach to provision of geropsych svcs;
- Materials used in connection with the teaching & training of Geropsychology (e.g., course syllabi), advocacy activities, & program development;
- Other evidence of substantial & competent practice within Geropsychology

Oral Examination

Divided into three 45-50 minute sessions:

- 1st: Discuss Professional Self-Study Statement (PSS) vis a vis foundational competencies
- 2nd: Ethics vignette – evaluate response to vignette in PSS plus 1 or 2 other vignettes vis a vis ethics foundational competency
- 3rd: Work Examples – evaluate on specific functional competencies

Candidate needs to be competent on all general foundational & geropsychology-specific functional domains

Foundational Competencies vis a vis older adults (1)

- **A. Professionalism:** Given the varied attitudes, knowledge and skill set required of psychologists to work competently with older adults in a variety of activities across diverse settings, geropsychologists must be careful to practice within their range of competence.
- **B. Reflective Practice/Self-Assessment/Self-Care:** Given the continued advances of knowledge in the aging area, they constantly strive to evaluate their own competencies in working with older adults across a variety of professional activities.
- **C. Scientific Knowledge and Methods:** Professional geropsychologists regularly update their scientific knowledge of the aging process and keep current with the latest developments in life span research methodology.

Foundational Competencies vis a vis older adults (2)

- **D. Relationships:** Professional geropsychologists continue to enhance their understanding of how best to foster relationships with older adults by confronting ageist myths based on outdated stereotypes rather than the latest demographic and gerontological research.
- **E. Individual and Cultural Diversity:** Older adults are the most heterogonous age group on a variety of social and economic dimensions, and respect for the unique nature of the aging process is a necessity.
- **F. Ethical/Legal Standards:** Given the existential issues of disability and death more frequently faced by older adults, professional geropsychologists are acutely aware of the ethical issues and decision-making dilemmas triggered by the competing ethical principles of beneficence, autonomy, and justice.
- **G. Interdisciplinary Systems:** Professional geropsychologists are aware of the unique knowledge base of the different disciplines in health care settings, and as experts in human relationships take a leadership role and foster team development.

Geropsychology Major Functional Competencies

- Assessment
- Intervention
- Consultation

- Behavioral anchors for these competencies are derived from Karel's Competency Tool:
- Karel, M. J., Holley, C., Whitbourne, S. K., Segal, D. L., Tazeau, Y., Emery, E., Molinari, V., Yang, J., & Zweig, R. (2012). Preliminary validation of a tool to assess knowledge and skills for professional geropsychology practice. Professional Psychology: Research & Practice, 43(2), 110-117.

Assessment Competency

- Conduct clinical assessment (sensitive to age-related sensory impairment) leading to DSM diagnoses & formulation of TPs
- Differential Dx – very complicated due to co-morbidities
- Common issues include depression, anxiety, grief, delirium, dementia, meds & physical disorders and effects on functioning
- Use psychometrically sound screening instruments for cognition, psychopathology, and personality to inform treatment planning
- Refer for neuropsychological, neurological, psychiatric, medical or other evaluations as indicated
- Evaluate decision-making & functional capacities (e.g., for managing finances, independent living, driving, health care decisions)
- Assess risk (e.g., suicidality, self-neglect, elder abuse)

Intervention Competency

- Apply individual, group, family, & system interventions with older adults
- Use appropriate modifications to accommodate distinctive biopsychosocial functioning of older adults
- Use state-of-the-art EBP with older adults
- Use specific late-life interventions such e.g., life review, grief, end-of-life care, family caregiving & those that enhance health of older adults
- Demonstrate ability to intervene in gero settings where older adults & family members are often seen (home; hospital; NH) with a wide range of treatments

Consultation Competency

- Consult to families, professionals, programs, health care facilities, legal systems, and other agencies/organizations that serve older adults
- Collaborate & coordinate in an interdisciplinary manner to promote integrative health care
- Communicate psychological conceptualizations to other professionals in a concise & useful manner
- Recognize & negotiate multiple roles in geriatric consultation settings such as NHs

MEASUREMENT OF COMPETENCY

- Candidate must evidence average ratings of 3 (adequate) or better on all the Behavioral Anchors of the Foundational Competencies.
- Candidate must evidence average ratings or 3 (adequate) or better on three of the Assessment Behavioral Anchors and no ratings less than 2 on the remaining Assessment Behavioral Anchors.
- Candidate must evidence average ratings or 3 (adequate) or better on two of the Intervention Behavioral Anchors and no ratings less than 2 on the remaining Intervention Behavioral Anchors.
- Candidate must evidence average ratings of 3 (adequate) or better on one of the three Consultation Behavioral Anchors and a rating of no less than 2 on the remaining Consultation Behavioral Anchors.

0 = Poor skill/quality. Candidate evidenced no skill in competency.

1 = Low skill/quality. Candidate evidenced little skill in competency or with significant flaws.

2 = Adequate skill/quality. Candidate evidenced competency with some skill.

3 = Good skill/quality. Candidate evidenced competency at good level of skill.

4 = Excellent skill/quality. Candidate evidenced competency at a high level of skill.

Readings in Gero Competencies

- Hinrichsen, G. A. (2006). Why multicultural issues matter for practitioners working with older adults. *Professional Psychology: Research and Practice, 37*(1), 29-35.
- Karel, M. J., Holley, C., Whitbourne, S. K., Segal, D. L., Tazeau, Y., Emery, E., Molinari, V., Yang, J., & Zweig, R. (2012). Preliminary validation of a tool to assess knowledge and skills for professional geropsychology practice. *Professional Psychology: Research & Practice, 43*(2), 110-117.
- Knight, B.G., Karel, M.J., Hinrichsen, G.A., Qualls, S.H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. *American Psychologist, 64*, 205-214.
- Lichtenberg, P.A., Smith, M., Frazer, D., Molinari, V., Rosowsky, E., Crose, R., Stillwell, N., Kramer, N., Hartman-Stein, P., Qualls, S., Salamon, M., Duffy, M., Parr, J., & Gallagher-Thompson, D. (1998). Standards for psychological services in long-term care facilities. *The Gerontologist, 38*(1), 122–127.
- Molinari, V. (Ed.) (2011). *Specialty competencies in geropsychology*. New York: Oxford University Press.
- Molinari, V. (2012). Application of the competency model to geropsychology. *Professional Psychology: Research and Practice, 43*(5), 403-409.
- Nezu, Finch, & Simon (2009). *Becoming board certified by the ABPP*. New York: Oxford University Press.**
- Qualls, S. H., Segal, D. L., Norman, S., Niederehe, G., & Gallagher-Thompson, D. (2002). Psychologists in practice with older adults: Current patterns, sources of training, and need for continuing education. *Professional Psychology: Research and Practice, 33*(5), 435-442.

Basic Readings

- *The APA Guidelines for Psychological Practice with Older Adults*, available at <http://www.apa.org/practice/guidelines/older-adults.pdf>
- Duffy, M. (Ed.) (1999). *Handbook of Counseling & Psychotherapy with Older Adults*. MA: Wiley.
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- Gatz, M. (Ed.) (1995). *Mental Health and Aging*. APA: Washington DC.
- Hyer & Intrieri (2006). *Geropsychological Interventions in Long-term Care*. NYC: Springer.
- Knight, B. G. (2004). *Psychotherapy with Older Adults (3rd ed.)*. Newbury Park, CA: Sage.
- Lichtenberg, P.A. (Ed.). (2010). *Handbook of Assessment in Clinical Gerontology (2nd Edition)*. Burlington, MA: Elsevier, Inc.
- Lichtenberg & Mast (Eds.) (forthcoming). *The Handbook of Clinical Geropsychology*. DC: APA Press
- Scogin, F. & Shah, A. (2012). *Making evidence-based Psychological Treatments Work for Older Adults*. Washington DC: APA
- Segal, Qualls & Smyer (2nd Ed.) (2011). *Aging & Mental Health*. Malden, MA: Wiley/Blackwell
- Yeo, G. & Gallagher-Thompson, D. (Eds.) (2006). *Ethnicity and the Dementias (2nd ed)*. NY: Routledge.
- Zarit, S. (2007). *Aging and Mental Disorders: Psychological Approaches to Assessment and Treatment (2nd ed.)*. New York: The Free Press.