

Psychologists in Practice With Older Adults: Current Patterns, Sources of Training, and Need for Continuing Education

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Rapid population growth among older adults means an increased need for psychologists prepared to provide mental health services to this population. A representative survey of 1,227 practitioner members of the American Psychological Association yielded information about current patterns of practice with older adults, sources of training in geropsychology, perceived need for continuing education (CE) in geropsychology, and preferred CE formats. Most respondents provided some services to older adults, but typically very little. The services provided are inadequate to meet projected demand. Most respondents lacked formal training in geropsychology and perceived themselves as needing additional training. CE workshops at the regional level and distance education were the most popular formats. These data serve as a call to the field to expand training opportunities at all levels of training, with an emphasis on the need for empirically based, broadly accessible CE offerings.

The United States is experiencing rapid growth in the older adult population. As of 2001, almost 13% of the citizenry was over age 65, representing 35 million people. By 2030, the number of older adults is expected to double to over 70 million, representing 20% of the population. The oldest-old, those over age 85, who are also the frailest of older adults, constitute the fastest growing population group, with a projected increase from the current 4.4 million to 8.9 million by 2030 (U.S. Bureau of the Census, 2000). Preparing to address the needs of these expanding populations challenges all health care professions, including psychology.

Although older adults as a group are becoming more visible in society, their mental health problems are often not recognized or treated. Approximately 20% have a diagnosable mental disorder (Gatz & Smyer, 2001; Jeste et al., 1999). Advanced age and illness further adversely affect these rates. Among the old-old (those over

age 75), rates of cognitive impairment are estimated to be between 24 and 47% (Bachman et al., 1992; Evans et al., 1989), and rates of other mental disorders, between 15 and 17%. Prevalence rates in acute medical settings and long-term-care settings are considerably higher, ranging from 40–50% in hospitals to 65–90% in nursing homes (Burns et al., 1993; Lair & Lefkowitz, 1990). Moreover, baby boomers are predicted to show more mental disorder in old age than any previously born cohort because they have higher lifetime rates (Jeste et al., 1999).

Despite this high prevalence of mental disorders among older persons, this cohort's access to mental health services is lower than its rate of need, and it has grown only modestly in recent years. Most community-dwelling older adults continue to seek assistance for mental health problems from primary care physicians, who have repeatedly demonstrated inadequate ability to recognize dis-

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WE APPRECIATE THE CONTRIBUTIONS of the planning committee for the project, which also included Nanette Kramer, Victor Molinari, Steven Zarit, and Antonette Zeiss. Funding was provided by the Division Services Office of the American Psychological Association through their interdivisional grant program to Division 12/Section 2 (Clinical Geropsychology), and Division 20 (Adult Development and Aging).

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orders such as depression or to provide appropriate referrals (Reger et al., 1993; Wells, Schoenbaum, Unützer, Lagomasino, & Rubenstein, 1999). Although lower than expected in most settings, utilization of mental health professionals varies considerably by setting. For example, for decades older adults have made up a disproportionately large percentage of psychiatric inpatients but have represented an underserved population in outpatient community mental health. Only in recent years has their utilization of outpatient mental health clinics increased appreciably (Knight & Kaskie, 1995). In long-term-care facilities, as many as 76% of older adults who need services do not get them (Burns & Taube, 1990), and only one fourth to one third of facilities use psychologists' services for patient care (DeRyke, Wieland, Wendland, & Helgeson, 1991).

As a discipline, psychology is not producing enough practitioners to meet the need. On the basis of an estimate that 10% of older adults require mental health services, the American Psychological Association (APA) projected a need for 5,000 doctoral-level clinical or counseling geropsychologists to be working full time with older adults by 2020 (National Institutes of Health, 1987). Estimates prepared for the 1995 White House Conference on Mental Health and Aging projected a higher rate of need—for 7,495 psychologists working full time with older adults by the year 2000—based on the assumption that 22% of the older population requires an average of 4.5 hr of services annually (Gatz & Finkel, 1995). Data on current patterns of service delivery by psychologists to older adults have not been readily available. However, in 1991, just over 700 psychologists listed in the *National Register of Health Service Providers* spent at least half of their time working with older clients and their families (Gatz, Karel, & Wolkenstein, 1991). Based on the evidence available, the gap between projected need for psychologists and available personnel appears to be consistent with gaps in other mental health disciplines (Jeste et al., 1999). Clearly, better data are needed regarding who provides psychological services to older adults and how well they are meeting the need.

Traditional training modalities (e.g., psychology graduate programs, internships, and postdoctoral fellowships) appear unlikely to develop a workforce sufficient to meet this need. Recent years have witnessed only modest increases in the availability of geropsychological training opportunities in such programs. Only about 10% of clinical or counseling psychology doctoral programs offer some training on issues and treatment of older adults (Blieszner, 1994). Although more geriatric training is available in internship settings, often insufficient time is allocated to learn the knowledge and skills needed in geropsychology (Gallagher-Thompson & Thompson, 1995). In a recent study, only 15 programs were identified as offering postdoctoral training in clinical geropsychology (Karel, Molinari, Gallagher-Thompson, & Hillman, 1999). Inasmuch as these traditional training avenues appear to lack sufficient resources to develop the needed workforce, continuing education (CE) will likely play a critical role in preparing an adequate number of psychologists to serve older adults (Qualls, 1998). Thus, in addition to identifying which practitioners are currently serving older adults, it is important to learn what kinds of training have prepared them for this professional work, what additional training they may need in order to provide the appropriate quality of services, and in what formats they will access it.

In sum, we need better information about psychologists' work with older adults, including data on current practice patterns, background training to provide services, desire to provide additional services, and preferences for CE training. Recognizing this need, the APA Division Services Office provided an interdivisional grant to Division 12/Section 2 (Clinical Geropsychology) and Division 20 (Adult Development and Aging) to fund a survey of practicing psychologists. The purpose of this article is to report data from that survey regarding psychologists' current rates of service delivery to older adult clients, the sources of training that prepared them to provide these services, the extent to which respondents want to increase their practice with older adult clients, and the CE indicated to prepare existing psychologists to meet the needs.

APA Survey: Practice With Older Adults

The sample in this study included 1,227 APA members who responded to a survey that was mailed to a randomly selected mailing list of 3,000 members. The mailing list, generated by the APA Office of Research, was drawn from licensed, doctoral-level APA members residing in the United States who paid APA's special assessment for practitioners and had reported their current major field as clinical, counseling, or health psychology. This sampling frame contained 21,510 practitioner psychologists, or approximately 24.7% of APA's total 1999 membership of 86,969. Of the 1,234 surveys returned, 7 were excluded for incomplete responding, yielding a final sample of 1,227 (usable response rate of 41% of the original 3,000 surveys mailed). No follow-up efforts were made to increase the response rate.

Respondents were 51% female, were almost entirely doctorally trained (87% PhD, 8% PsyD, 4% EdD), and had on average 18 years of postdegree experience. Most respondents had been trained originally in either clinical (78%) or counseling (18%) psychology, with small percentages (4% or less) in community, educational, developmental, or experimental psychology (respondents could mark more than one category). Respondents identified their major professional field as primarily clinical (79%) or counseling (12%), with less frequent identifications of neuropsychology (5%), health psychology (3%), and "other" (2%).

Over 96% of the respondents were currently engaged in active professional practice, mostly on a full-time basis (77%), and they primarily provided direct clinical services (on average, for 64% of their work week). Respondents indicated putting lesser amounts of work time into administration, clinical training and supervision, consultation, and research. Most respondents focused their work on general adult (71%) or child/adolescent (15%) populations, and most emphasized psychotherapy (72%), assessment (14%), or consultation (7%). For about 60% of the respondents, the primary work context was either an individual or group independent practice setting (45% and 15%, respectively), whereas about 10% worked in university-based settings.

Potential bias in the sample was evaluated by contrasting the respondents with the larger sampling frame, and the sampling frame with the entire APA membership, on demographic characteristics, educational characteristics, employment, and membership in APA divisions and state associations. The respondent group was not different relative to the total sample frame (i.e., practitioner APA members) across a variety of checks that have been

analyzed. Respondents also reported practice patterns consistent with other reports (Gatz et al., 1991; James & Haley, 1995). Thus, the respondent group appears to be a relatively unbiased sample of APA practitioners.

A survey instrument was designed specifically to assess practicing psychologists' backgrounds, training for work with older adults, practice patterns related to aging clients, desire for CE, and interest in pursuing a credential in clinical geropsychology (should one become available). The survey was designed by a task force of leading geropsychologists who had received funds from the APA Division Services Office and from Division 12 (the Society of Clinical Psychology). A series of demographic questions was placed at the end of the 7-page survey.

Who Provides Services to Older Adults?

Although only a small percentage (3%) viewed geriatric patients as their primary professional target, 69% of respondents (*n* = 845) reported that they currently provided some type of psychological service to older adults. Among practitioners who work with older adults, 752 (89%) provided psychotherapy, 434 (51%) conducted assessments, and 119 (14%) offered other services. Each respondent could mark more than one type of service offered, and indeed 368 persons (30%) marked both therapy and assessment services, 96 (8%) marked therapy and other, 83 (7%) reported offering assessment and other, and 74 (6%) indicated that they offered all three types of services about which the survey asked (therapy, assessment, and other).

Men were more likely than women to provide services to older adults (76% of male vs. 64% of female respondents), $\chi^2(1, N = 1,204) = 21.19, p = .000$. The gender discrepancy was particularly notable for assessment services, in which 53% of men were engaged but only 29% of women. More men (68%) than women (59%) also provided psychotherapy services.

The type of degree obtained did not affect the type of services provided, but the work setting influenced the likelihood of providing assessment and therapy services. Across all settings, more respondents provided psychotherapy services than assessment, with the largest discrepancy being in independent practice (70% vs. 32%) and corporate/HMO settings (48% vs. 38%). The per-

centage of respondents offering services to older adults was highest among respondents working in long-term care (88%), independent practice, (70%), or hospitals (57%).

How Did Psychologists Prepare for Work With Older Adult Clients?

From what sources of training did practicing psychologists derive their knowledge and skills for work with older adults? Respondents were asked to identify sources of specific training relative to older adults from a multiresponse listing that allowed them to check more than one item. Table 1 depicts the percentage of respondents who reported each source of training. The most frequently endorsed sources were informal clinical experience and on-the-job training. About one fourth of the sample was exposed to geropsychology in graduate coursework, whereas about one in seven respondents obtained some relevant clinical experience in practicum placements, and one in five on internship rotations. About one in seven reported having obtained unspecified types of training postdoctorally. The percentage of respondents who received specialized clinical training during their internship was very small. One fifth of respondents reported other sources of training, but each with very low frequency. These included CE, reading, and a variety of other experiences endorsed by 1% or fewer of the respondents (e.g., clinical experience/supervision, consulting or work experience with older adults, aging of self or significant other, research, experience in other subdisciplines of psychology, experience in other disciplines, teaching, or undergraduate courses). A number of respondents had availed themselves of multiple sources of academic training. Sixty-eight respondents (6%) had geropsychology experience during both internship and postdoctoral training. More commonly, graduate coursework was combined with either internship experience or postdoctoral experience in geropsychology (*n* = 209, 17%).

Compared with psychologists who had obtained training in geropsychology only outside of traditional training settings (through on-the-job training or informal experience), psychologists with formal training (e.g., courses, internships, practicum experiences) were more likely to be providing older adults with assessment services, $\chi^2(2, N = 438) = 32.77, p = .000$, and other services, $\chi^2(2, N =$

Table 1
Sources of Training in Clinical Geropsychology for Total Sample, by Training Recency, and Practice Time With Older Adults

Source of training	<i>n</i>	% of total sample ^b	% of those currently practicing with older adults	Recency of training ^a		Time with older adults ^a	
				% with PhD ≤ 18 years	% with PhD > 18 years	% working < 4 hr/week	% working 4+ hr/week
Graduate coursework	338	28	31	38	18	23	38
Practicum placement	165	14	16	19	8	11	21
Internship rotation	234	19	22	25	14	16	26
Specialized internship	32	3	4	3	2	2	5
Postdoctoral training	161	13	17	15	12	9	25
On-the-job training	591	49	59	49	50	29	72
Informal experience	908	76	80	73	80	75	76
Other	245	20	23	21	21	17	27

^a Chi-square statistics were used to compare percentages of psychologists with recent versus earlier training and those spending more and less time with older adults in their practice on each source of training.

^b *n* = 1,194 with usable data.

118) = 14.31, $p = .000$. Training source did not influence the likelihood of providing psychotherapy services.

We wanted to know whether the expansion of formal training opportunities in recent years would be reflected in an increased probability that practitioners receiving degrees more recently have had more graduate coursework in geropsychology or internship or postdoctoral training in geropsychology. In order to explore this question, we divided respondents into two groups using a mean split on the number of years since they completed their doctoral degree, and we looked at that variation as a possible correlate of their sources of training. The mean of 17.8 suggested a cutoff of 18 years for dividing the groups, a cut point that was also the median ($Mdn = 18$ years). As shown in Table 1, respondents trained more recently were more likely to have experienced graduate courses, practicum placements, and internship rotations related to aging than those trained 18 or more years ago (roughly speaking, prior to 1981). The two groups did not differ in terms of advanced training, such as specialized internships in clinical geropsychology, training obtained postdoctorally, on-the-job training, or informal clinical experience. However, respondents trained in the last 18 years were no more likely to be currently practicing with older adults or to be interested in more work with older adults.

The amount of work done with older adults ranged from 0 to 50 hr per week, with a modal value of 0 hr, a median value between 2 and 3 hr, and a mean of 3.5 ($SD = 5.3$) hr per week. We hypothesized that psychologists who work more with older adults are apt to have had greater formal training in geropsychology. As predicted, respondents who reported spending above-average time working with older adult clients (4 or more hr per week) were more likely to have had graduate courses, practicum placements, internship rotations, specialized internships, or postdoctoral training in geropsychology than those spending relatively less time (see Table 1). They were also more likely to have had on-the-job training or other sources of training. Only informal experience did not vary between the groups with differing rates of practice with older adults.

Which Practitioners Want to Increase Work With Older Adults?

Forty percent of respondents wanted to increase their amount of professional work with older adults. Among those respondents who wanted to increase their work with older adults, 49% currently performed assessment, 72% provided psychotherapy, and 16% provided other services, representing slightly greater percentages conducting assessment and therapy with older adults than in the overall sample (42% and 64%, respectively). The percentage of respondents desiring to increase work was consistent regardless of gender, type of doctoral degree, or kind of services currently provided.

Psychologists currently practicing with older adults were three times more likely to want to increase the amount of work they do with older adults compared with those not so engaged (76% of the former vs. 24% of the latter). Furthermore, psychologists who spent above-average time working with older adults were more likely to want to increase their work than those who spent less time (42% vs. 32%), $\chi^2(2, N = 1,204) = 125.04, p = .000$. Among respondents interested in increasing their practice with older adults, the highest rates of interest were among those trained for

such work in informal ways only (38% of those using on-the-job or informal clinical training) and those who currently work in corporate/HMO settings (48%), mental health centers (41%), and independent practice (38%).

Perceived Need for Additional Training

In addition to probing their general desire for CE for enriching skills or renewing knowledge, this survey inquired about respondents' perceived need for training in order to acquire competence to practice with older adults. In response to the question, "Do you think you need to acquire more training or develop greater expertise before you could ethically provide services to older adults within your current scope of competence?", 19% of respondents stated "yes," and another 39% noted that they needed training in some areas. Thirty-two percent found the idea of additional training desirable but not necessary to practice competently, and 11% did not think they needed additional training. Interestingly, even those currently practicing with older adults reported a need for additional training with roughly the same frequency as the overall sample: 11% responded "definitely" and 39% answered "in some respects" that they needed additional training.

The amount of work with older adults and the type of prior training experience influenced perceived need for training. Whereas 43% of respondents who spent more than the average amount of time working with older people noted the need for at least some additional training as a basis for their practice, the vast majority of respondents not currently providing as many services (65%) saw themselves in need of training, $\chi^2(3, N = 1,204) = 61.45, p = .000$. The forms of training associated with respondents most confident in their ability to practice with older adults without need of further CE were (in order of association) a specialized internship, postdoctoral training, on-the-job training, and other.

Respondents who spent more time working with older adults were less likely to believe they "definitely needed" more training but were quite likely to note that they desire training in specific respects. Interestingly, psychologists trained more recently were more likely to see themselves as needing additional training for practice with older adults than were those trained longer ago, $\chi^2(1, N = 1,169) = 11.84, p = .002$.

Continuing Education Preferences for Topic, Location, and Format

The vast majority of respondents (856, 70%) reported potential interests in attending specialized education programs on clinical geropsychology topics. (The following analyses of specific topics of interest and training formats are based on responses by this group.) Applying this percentage to the full practicing membership of APA from which this sample was drawn suggests that over 15,000 members may be interested in attending such programs in clinical geropsychology.

Topics of interest to these respondents are listed in Table 2 along with the number and percentage of respondents who indicated each interest. The topics generating interest from at least 40% of the respondents included depression, dementia, bereavement/grief, caregiver stress, adjustment to medical illness, and psychotherapy. Of notably lower interest were the topics of as-

Table 2
Interest in Topics for Continuing Education in Geropsychology

Topic	<i>n</i>	% ^a
Depression	539	63
Adjusting to medical illnesses	481	56
Dementia	438	51
Bereavement/grief	432	50
Psychotherapy	382	45
Caregiver stress	339	40
Anxiety	327	38
Positive psychological growth	295	34
Psychological assessment	270	32
Marital/family difficulties	268	31
Health promotion/maintenance	252	29
Neuropsychology	221	26
Substance abuse	170	20
Psychoeducational intervention	142	17
Personality disorders	133	16
Staff training/supervision	107	13
Chronic mental illness	101	12

^a Of respondents who marked an interest in continuing education, this is the percentage who subsequently indicated interest in each topic.

essment, neuropsychology, and staff training, all of which are clinical concerns likely to arise with high frequency in the practice of geropsychology.

One way of gauging the potential number of APA member practitioners who are interested in each topic nationally is to multiply the percentages in Table 2 with the population figures from which the sample was derived. For example, the 539 respondents who indicated an interest in CE programs on depression represented 63% of those respondents who reported an interest in programs on clinical geropsychology generally. Applying both this percentage and that of 70% interested in program attendance to the population of practicing APA members who met criteria for this study ($n = 21,510$) produces an estimate of the number of members interested in programs on that topic. Obviously, on a national scale, the number of persons potentially interested in programs on clinical geropsychology topics is sizable, ranging from 1,800 (for chronic mental illness) to 9,500 (depression).

How do training background and current practice patterns relate to interest in CE? More recently trained psychologists expressed a greater interest in CE training in geropsychology (76% vs. 67% of those trained 18+ years ago), $\chi^2(1, N = 1,169) = 11.84, p = .001$. The latter practitioners were more likely than those trained more recently to request training on dementia (66% vs. 45%), adjusting to medical illness (61% vs. 53%), psychological assessment (36% vs. 28%), neuropsychology (36% vs. 19%), and staff training/supervision (16% vs. 10%). Practitioners trained more recently were relatively more interested in the topics of bereavement/grief (54% vs. 44%), marital/family difficulties (34% vs. 27%), positive psychological growth (37% vs. 30%), and psychotherapy (48% vs. 40%). Also, a greater proportion of those who spent more-than-average professional time with older adults wanted to attend specialized education (87% of those working 4 or more hr vs. 64% of those working less time), $\chi^2(1, N = 1,190) = 63.37, p = .000$. It should be noted, however, that regardless of time spent in current practice with older adults, respondents' interest in education programs in clinical geropsychology generally was strong.

Respondents reported the likelihood that they would participate in a variety of educational program formats if offered at either the regional or national levels (see Table 3). Generally, respondents strongly favored regional offerings except when the format is that of a week-long workshop. Shorter offerings (1–2 day or weekend workshops) were strongly preferred over week-long workshops. Almost all respondents indicated likely attendance at one-day regionally based workshops, and almost two of every three were similarly disposed toward Web-based instruction and video courses. Clinical consultation groups were of interest to over half of the respondents, and telephone consultations to 44%.

Training offered in conjunction with professional meetings was also attractive to most respondents, with state association meetings being the venue that the greatest proportion of respondents (81%) would likely attend. The annual APA convention was a likely or highly likely training site for 64% of respondents, whereas the more aging-focused Gerontological Society of America conference was likely or highly likely to draw 33%.

Application/Implications

Are Current Providers Offering Sufficient Psychological Services to Meet Need and Demand?

These data suggest that about half of the projected need can be met by existing psychologist practitioners. Extrapolating the percentage of psychologists working with older adults from this sample (69%) to the larger population from which this sample was drawn ($n = 21,510$ practitioners in APA) suggests that 14,841 psychologists do some work with older adults. Assuming that this large group of psychologists provides services at the same rate as that reported by this sample, we estimate that they are providing a total of 51,978 hr of services weekly. This amount of service provision to older adults by practicing psychologists is equivalent to the work of 3,097 full-time equivalent (FTE) psychologists¹ (based on the assumption that the average full-time practitioner provides 1,152 hr of services annually). In contrast, two recent projections suggest that between 5,000 and 7,500 FTE psychologists are needed currently. Such needs-based calculations of demand for psychological services to older adults assume that 20% of older adults need services (Gatz & Smyer, 2001). In terms of projected need, we can conclude that there is still a significant gap between the need for, and the availability of, psychological services for older adults.

Although projections of need may represent the upper limit of potential demand given that not all in need will seek services, there are reasons to expect that demand for mental health services is likely to increase sufficiently to approach those projections in the future. Knight and Kaskie (1995) noted that although older adults have traditionally underutilized mental health services, evidence from the 1980s suggests that they began to consume services at a rate proportionate to their percentage of the population. Furthermore, upon reaching their old age, the baby boomer cohort is predicted to access mental health services at rates much higher than any previous cohort, with projections of service demand coming close to the previously cited need-based projections

¹ $3,097 = (51,978 \text{ hr/week} \times 48 \text{ weeks})/1,152 \text{ hr/FTE annually}$.

Table 3
Preferred Training Formats and Venues

Format	% indicating likely attendance	
	At regional meeting	At national meeting
1-day workshop	94	38
2-day workshop	69	32
Weekend workshop	56	32
Week-long workshop	8	12
Telephone consultation	44	34
Clinical consultation group	52	21
Web-based instruction	62	54
Video courses	64	53

(Belcher, Haley, Becker, & Polivka, 1999). Already at this time older adults accept mental health treatments prescribed by primary care physicians at the same rate as younger adults (Wells et al., 1999), thus demonstrating their increasing willingness to accept labels and treatments for mental disorders. Gatz and Smyer (2001) have predicted that a major trend in geropsychological services will be the integration of psychologists into primary health care settings in order to offer specialty services and nonpharmacological alternatives. If this trend materializes, older adults' utilization rates for psychological services may soon exceed previous expectations, and indeed they may show a disproportionately high utilization rate, much as they do for physical health services.

Even if current practitioners expand their services to older adults as they indicate they wish to do, the need likely would not be met, however. Two issues arise when considering the possibility that the current workforce could increase its capacity to meet the growing need. The rate of increase would have to be dramatic. Current practitioners would have to double their time investment with older adults to come close to meeting even the present level of need for the number of hours of services. Although we did not ask about this directly, such a dramatically increased commitment seems unlikely given that services to older adults constitute a very small portion of most psychologists' practices.

Perhaps a more telling concern is that a number of practitioners would have to substantially alter their focus so as to include more specialized services if the workforce is to meet the unique needs of older clients. The data in this survey suggest that the dominant practice model is to include a couple of older adult clients in a general adult practice primarily offering psychotherapy. Psychologists with competence in treating adult clients may be able to meet the needs of the "young-old" (people 65–74 years of age) whose physical and psychosocial functioning tends to be relatively similar to that of younger adults. However, the most rapidly growing older population is in the advanced age categories where physical as well as psychosocial contexts are altered significantly. Psychologists practicing without special knowledge and skills pertinent to these issues would be ill-prepared to meet the assessment or treatment needs of persons with age-related cognitive impairment, severe chronic illnesses, or complex pharmacological regimens that create psychological disorders in these age groups.

Similar to the transition that child clinical psychology and neuropsychology have witnessed in recent decades, geropsychology has now developed a knowledge base for competent practice

with older adults. The recently established Proficiency in Clinical Geropsychology has been recognized as an area of practice associated with particular knowledge and skills that facilitate work with older adults.

In summary, the current workforce is insufficient to meet older adults' growing need for mental health services. In order to meet the future needs of an aging population, current practitioners would need to dramatically increase their rate of practice with older adults *and* significantly shift the scope of that practice, which would require additional training.

How Can We Grow a Larger Workforce to Provide Services to Older Adults?

The data from this survey suggest that the strongest options for expanding the workforce are to facilitate more practice by those currently most heavily invested in work with older persons. Interest in increasing the rate of practice with older adults was stronger among those already spending above-average practice time with this clinical population. Psychologists who engage lightly in work with older adults are not likely to make a major dent in the unmet need. Meanwhile, those who have a history of time and effort invested in formal training in geriatric work appear more motivated, as well as more likely to make a difference in addressing older adults' unique needs.

Two options for enhancing the workforce are supported by these data. First, training funds to enhance training opportunities at the internship and postdoctoral levels appear to be wise investments because they seem to draw people into the field who subsequently stay involved there. Second, psychologists who lack formal training in geropsychology but who work frequently with older adults appear likely to seek CE to support increases in the scope and intensity of their practice with older adults. Interestingly, psychologists practicing in corporate/HMO settings and mental health centers joined their colleagues in private practice in showing more interest than did respondents employed in other settings. It may make good sense to develop training opportunities specifically tailored for such practitioner groupings.

What Types of Training Are Needed to Develop an Adequate Workforce?

Very few of the practitioners providing services to older adults had formal training in geropsychology, with the vast majority relying on informally acquired clinical experience or on-the-job training. Fewer than one in five had practicum or internship rotations with older adults—the sorts of training in which expert clinical geropsychology supervision is apt to have been available.

Although the survey provided evidence that expansion of curriculum opportunities in geropsychology over recent years has exposed an increasing number of psychologists to issues related to aging, this has not translated into very many of them entering careers committed to serving older adults. In other words, more recent trainees were more likely to have obtained at least some formal training that provided general exposure to issues of aging, even though the training obtained was of a sort that led to a journeyman's level of experience in clinical geropsychology rather than to greater expertise in or commitment to this field (APA, Interdivisional Task Force on Qualifications for Practice in Clin-

ical and Applied Geropsychology, 2000; Niederehe, Gatz, Taylor, & Teri, 1995).

In contrast, investment of training funds into expanding specialized geropsychology clinical internship and postdoctoral training programs would appear to be a productive way to increase the workforce serving older adults. Psychologists so trained were spending more than the average amount of time with older adults and were particularly interested in further increasing practice with older persons. Internship and postdoctoral training also provided the greatest confidence about having acquired a sufficient scope of competence for practice with older adults—that is, the lowest level of perceived need for further training. However, the relative scarcity of psychologists with such training is consistent with the conclusion of recent surveys of internship and postdoctoral training opportunities indicating that there has been little growth in geropsychology offerings in the past 15 years (Hinrichsen, Myers, & Stewart, 2000; Karel et al., 1999). Indeed, recent changes in Medicare regulations have cut the availability of internship and postdoctoral training opportunities in many medical centers. New opportunities may emerge, however, now that APA has successfully lobbied for inclusion of psychologists in the federal Geriatric Medical Education funding stream.

Continuing education is likely to be an important mechanism for enhancing the workforce. A surprisingly large percentage (70%) of practitioners expressed interest in more training for work with older adults. The large number of practitioners who reported this need for training (on an item that posed the question relative to considering one's own scope of competence for work with older adults) is both impressive and of concern. More recent trainees were more likely to view themselves as needing training, possibly as a function of the recently heightened visibility of clinical geropsychology as a recognized proficiency area and the increasing complexity of the knowledge base for practice with older adults. Those planning such training can have confidence that there is a very large market of potential attendees, given the very large numbers that result from projecting the survey's percentages to the full body of practitioners within APA.

How Should CE in Geropsychology Be Developed?

The survey data suggest that a more coordinated approach to CE should be developed that can meet the needs of psychologists with different levels of experience and that can deliver training in a wider variety of formats. Apparently, at least two levels of training are needed. The introductory level could be targeted to the general topics about aging that would be encountered as issues by any psychologist who incorporates some work with older adults into his or her existing form(s) of practice. Advanced training would be useful to persons with considerable experience and commitment who are interested in extending their work to include more complex cases, requiring detailed knowledge of medical, neuropsychological, and psychosocial difficulties common in later life as well as of the unique treatment contexts involved (e.g., long-term care, primary health care).

The survey showed that the most popular topics included several that would be useful to practitioners in a psychotherapy-based practice (e.g., depression, adjusting to medical illness, bereavement/grief, psychotherapy, caregiver stress). Given that the majority of the sample was spending very little time with older adults,

the popularity of these topics suggests that they may represent the interests of psychologists whose practice includes a few older adults and who desire introductory levels of geropsychology material. Apparently, many practitioners are interested in the normative changes of later life, which would be frequently encountered topics in a psychotherapy setting.

Certain other topics generated less interest overall, but higher rates of interest were reported by the psychologists who spent more time working with older adults. These topics included assessment, neuropsychology, and staff training, all common areas of practice in geropsychology and among those targeted as important for practice in the field (APA, Interdivisional Task Force on Qualifications for Practice in Clinical and Applied Geropsychology, 2000; Gallagher-Thompson, Cassidy, & Lovett, 2000; Gallagher-Thompson & Thompson, 1995; Lichtenberg et al., 1998). This interest pattern suggests that a greater base of experience with older adults has led this group of respondents to be more aware of the need for such specialized topics, which would be forms of knowledge and skill important to practitioners planning to meet the needs of the medically complex, frail, or institutionalized populations that are increasingly common in late old age.

The favored formats for CE were short-term workshops offered at the regional level, although a solid percentage of respondents were interested in national-level offerings as well. A popular venue for regional offerings was through state psychological associations. National-level offerings were most attractive if offered in conjunction with national meetings (e.g., APA's annual convention). Of note is the strong rate of interest in less traditional formats for training, such as video courses, Web-based instruction, clinical consultation groups, and telephone consultation. Almost half of the respondents were interested in obtaining some type of clinical consultation, whether with a regionally available consultant or a nationally renowned person.

No national organization has taken responsibility for organizing geropsychology CE to meet the wide variety of needs within the preferred formats. APA Division 20 (Adult Development and Aging), Division 12/Section 2 (Clinical Geropsychology), and Psychologists in Long Term Care all regularly offer CE at national meetings but have not created an organized structure for covering the full range of needed topics at multiple levels of training. A few regular CE offerings have emerged at the regional level (e.g., the Wayne State University annual conference) but not in an organized fashion that would meet the full training needs of a practitioner new to this population. Clinical supervision and consultation are typically not available in any organized way. Leaders in the field of geropsychology and in clinical training generally need to determine appropriate mechanisms to implement the CE demand that is apparent in this survey.

In summary, although a high percentage of psychologists see older adults in the course of their clinical practice, the available workforce still does not meet projected needs for psychological services to older adults. Despite calls for increased training opportunities in formal settings, the field has made relatively little progress in developing additional training programs. This survey supports previous observations that in order to meet the growing need for geropsychology practice, two kinds of training need to be increased: (a) formal training, especially in internships and postdoctoral training sites, and (b) CE training for the experienced practitioner (Gallagher-Thompson et al., 2000; Knight, Teri,

Wohlford, & Santos, 1995; Qualls, 1998; Santos & VandenBos, 1982).

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Received September 26, 2001

Revision received April 16, 2002

Accepted April 18, 2002 ■