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# Graduate Training in Geropsychology Among Licensed Psychologists in Illinois

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*Eastern Illinois University*

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Graduate Training in Geropsychology Among Licensed

Psychologists in Illinois

(TITLE)

BY

Steven J. Johnston

**THESIS**

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Graduate Training in Geropsychology Among Licensed  
Psychologists in Illinois

Steven J. Johnston

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## Training in Geropsychology

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Abstract

Recently, it has been suggested that several factors will likely lead to an increase in the number of elderly Americans in need of psychological services. In June, 1981, the Older Boulder Conference addressed the need to implement graduate level training of psychologists to serve elderly clients. It was found that after the Conference: 1) more graduate courses on geropsychology were taken by psychologists during their graduate training; 2) most psychologists either had no or 75% or more elderly clients; and 3) psychologists were more likely to have sought out post graduate continuing education in geropsychology yet they were less likely to have received it during their training. The ethical implications, the strengths and weaknesses of psychologists' graduate training programs, and recommendations for effective training techniques are discussed.

Acknowledgements

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Graduate Training in Geropsychology Among Licensed  
Psychologists in Illinois

The need or lack thereof to train licensed psychologists in providing services to an elderly clientele has long been a point of debate. Since, in the past, elderly clients have not utilized psychological services very often, most psychological graduate training programs have not made an effort to include geropsychology within the curriculum (Gatz, 1989). However, a number of factors may be combining, resulting in an expected increase in the amount of elderly clients seeking out psychological services (Dye, 1978; Gatz, 1989; & Knight, 1987). To understand the expected increase we must first examine the reasons for the under utilization of psychological services by elderly clients.

In the past, older Americans seldom consulted clinical psychologists for psychological services. Five factors have been identified as influencing this phenomena. First, for the present generation of Americans over 65 years of age, mental illness and psychology were stigmatized (Gatz, 1989; Knight, 1986;



Rickards, 1994). Secondly, a large number of elderly Americans had no means by which to pay a psychologist (Gatz, 1989). Third, many mental health professionals had a bias against working with elder Americans (Abramson, & Steinberg, 1992; Gibson, Choi, & Cook, 1993; Rickards, 1994; Singleton, Harbison, Melanson, & Jackson, 1993). Fourth, most clinical psychology service agencies did not offer specialized services for elder Americans (Knight, 1987). Fifth, physicians sometimes fail to recognize mental health problems and neglect to refer elder clients to the appropriate psychological services (German, Shapiro, & Skinner, 1985; Waxman, & Carner, 1984).

Recently, there have been a number of suggestions that may be indicative of a dramatic increase in the number of elderly clients who seek psychological services. Knight (1987) argued that if specific mental health services were offered, the number of elderly clients using that service would increase. He pointed out that part of the problem stems from the lack of a product that an elderly consumer would want. Also, as the years go by, and each generation ages, cohort

groups of Americans who do not stigmatize mental illness and psychology, as their predecessors did, are turning 65.

Dye (1978) surveyed 7,326 clinical and counseling psychologists, to determine psychologists' attitudes towards elderly clients. Dye's (1978) survey also assessed if psychologists were serving (defined as providing psychological services to a client) elderly clients or if serving this population was of interest to them. Dye (1978) also surveyed if psychologists had received training or were interested in receiving training in geropsychology. Dye (1978) found that over 50% of the surveyed psychologists expressed some interest in learning more about serving the elderly. Dye (1978) also argued that surveyed psychologists' expressed an interest in seeking out elderly clients in an effort to provide adequate mental health care.

Gatz (1989) argued that five factors will likely combine, and probably lead to, an increase in the number of elderly Americans for whom clinicians are likely to provide services. 1) The average age of the populace of the United States is increasing. Thus, the

proportion of the populace that is over 65 years of age is increasing. Currently, at least 12.5% of the United States population is 65 years or older.

2) Psychologists have an increased awareness of aging and it's related problems. 3) Interest in Alzheimer's disease, a disease primarily of the aged, is on the rise. 4) A greater number of empirical psychotherapy studies with elder Americans are now available.

5) Psychologists have recently received greater recognition at the federal level of government manifested in psychologists' right to seek Medicare reimbursement as primary care providers for elderly Americans. However, this step was taken by psychologists to gain federal recognition, not to improve services to the elderly. Thus, clinical psychologists will probably begin to see a rise in the number of elderly Americans seeking mental health care.

It is clear that the number of elderly Americans who will need and seek out psychological services will probably increase dramatically. With this increase, psychologists will, most likely, have contact with elderly clients seeking psychological services. Thus,

either graduate training programs of psychologists will have had to provide training in geropsychology, or the psychologist will have had to search out training on their own. Otherwise, the psychologist who provides services to an elderly client without receiving training in geropsychology is in an ethical dilemma.

Psychology has recently begun to consider this ethical issue when working with diverse populations: however, that debate has been framed in terms of ethnic minorities and racial differences (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Bernal, & Castro, 1994). It has been found that psychologists' training generally contained limited exposure during training experiences to special populations. Furthermore, very few courses were actually offered on the issue (Bernal, & Castro, 1994). It has been recognized that psychology has a need to train its students to serve a more diverse clientele (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994). This is in accordance to the APA Ethical Principle 1.04 "Boundaries of Competence", "...psychologists provide services...only within the boundaries of their competence, based on their

education, training, supervised experience, or appropriate professional experience" (Ethical Principles of Psychologists and Code of Conduct, 1992). Thus, without the proper training, clinical psychologists who provide services to individuals of a unique population, for instance an elderly client, would be in direct violation of the ethical principles.

As early as January, 1977, a task force on training in the psychology of aging was formed to, among other things, look into the potential ethical dilemma (Santos, & VandenBos, 1982). The first product of the task force's work was a conference in June of 1981, at Boulder, Colorado. The conference, known as the Older Boulder Conference, addressed the potential ethical dilemma of psychologists working with a population for which they were not trained (Santos, & VandenBos, 1982). The reasons why elder Americans did not more often seek out clinical psychologists' services and the expected increase for the need of those clinical services were discussed at the conference (Santos, & VandenBos, 1982). The main issue of the Older Boulder Conference was to identify

the resources that could be expanded on and developed to train psychologists to work with elder Americans (Storandt, 1982).

Several courses of action were recommended at the Older Boulder Conference, one of which was that psychology needed to start training its practitioners to be able to serve the growing elderly American population (Santos, & VandenBos, 1982). There were several presentations at the Older Boulder Conference that provided ideas as to what this training may entail. Recommendations were made as to how to utilize the resources of the specialized areas of psychology, such as clinical or social, to incorporate geropsychology training (Santos, & VandenBos, 1982).

Stenmark and Dunn (1982) discussed the lack of research on the training of clinicians to work with the elderly. They further argued that psychological specialty areas will probably have more contact with an elderly clientele. Thus, all psychological training programs are ethically bound to include training with these expanding clientele bases. Stenmark and Dunn (1982) concluded that training should consist of

specialized courses along with graduate training opportunities.

Gutmann (1982) argued that psychologists had stereotyped the elderly client. This has led to a lack of research and work with elderly clientele. He concluded that lack of research was inhibiting the forming of formal training programs and the incorporation of course work into pre-existing training programs. Gutmann argued that the breaking of this cycle was paramount for the training of psychologists, and that only an attempt at forming training programs, courses, and practicum experiences could break that cycle. He argued that through trial and error the greatest training would occur (Gutmann, 1982).

Kahana (1982) proposed that training clinicians to work with elderly clients was extremely important due to the great lack of this training currently. Kahana noted that out of 71 APA-approved doctoral programs in clinical psychology surveyed, only one program had a subspecialty in geropsychology. Kahana suggested that clinicians should have more interdisciplinary programs, or at least have some interdisciplinary exposure to

geropsychology (Kahana, 1982).

Niederehe (1982) postulated that geropsychology should be conceptualized and taught as a subspecialty, within the psychological specialties (ie. clinical, developmental, social). He pointed out that clinical psychology was the specialty most lacking in training and that geropsychology classes needed to be added to clinical programs. Niederehe also discussed the uses of continuing education and training after a practitioner was in the field. He pointed to a psychologist's ability to seek training when their current training was insufficient for working with their clients (Niederehe, 1982).

Mishara (1982) discussed the need to establish more specialized psychology training programs in geropsychology. He was quick to point out, however, that the other psychological specialties needed to add an element of geropsychological training to their programs. Mishara suggested that the way to bring about these changes is to not be too rigid with required curriculum. If a clinical psychology training program offered a course or two in geropsychology, as



opposed to requiring a course, it would be a positive step (Mishara, 1982).

Wilcox (1982) pointed to a need to provide some geropsychology training for most of the specialties within psychology. Wilcox stated that this may best be done by offering a variety of training opportunities; such as continuing education, retraining, and in-service training. Wilcox suggested that this training may only be needed by some, and should be made readily available to those who are dealing with elderly clients (Wilcox, 1982).

Swensen (1982) suggested that geropsychological training be added to the general training in psychology. Thus, all practitioners would have some amount of exposure to the information. He also stated that specialties in psychology should include the geropsychology training that may be pertinent to each individual specialty.

In each paper from the Older Boulder Conference, a need for clinical psychology to provide some level of training in geropsychology was identified. A distinct lacking in the area of geropsychology was pointed to in

the training of clinical psychologists. The Older Boulder Conference addressed this deficiency and specifically aimed at trying to remedy the situation. It has been 14 years since the Older Boulder Conference. How well did clinical psychology graduate training programs answer this challenge?

It is evident that some steps have been taken. Division 12 of the American Psychological Association, clinical psychology, has formed Section II, Clinical Geropsychology, which is for psychologists interested in mental health and elder Americans. However, most doctoral programs still do not offer a course in geropsychology, let alone require one (Education Committee of Division 20 of the American Psychological Association, 1994). Okun, Stock, and Weir (1985) further delineated this point; they found that only 15 out of 59 specializations in adult development and aging were associated with a clinical psychology program.

A search of the psychological literature was conducted to identify studies on clinical psychologists' educational programs, including

geropsychology course work. One published study was found and two unpublished manuscripts were discovered.

The published study was by Reid and Willis (1991) who conducted a survey of 421 doctoral programs in psychology which were approved by the American Psychological Association. Seventy-five percent of the surveyed programs responded; fifteen percent of the programs had an aging specialization, twenty-six percent offered at least one course in geropsychology, and twenty-one percent reported having at least one faculty member interested in geropsychology. Of the fifteen percent of the programs offering an aging specialization, twenty-two percent were affiliated with a clinical psychology program (Reid, & Willis, 1991).

Abramson, and Steinberg (1992) conducted a study of 32 psychologists (degrees ranged from masters to doctorates) who worked in long-term care facilities for the elderly in the New York State area. They found that 62.5% of the therapists had no training experience with the aged (Abramson, & Steinberg, 1992). They suggested that training in geropsychology would improve the clinicians' abilities to help their clients and

improve the clinicians' outlook when working with an elderly client.

Gatz, Karel, and Wolkenstein (1990) conducted a survey of psychologists, from the Los Angeles county area, listed with the National Register of Health Service Providers in Psychology. They found that 20.2% of 653 registered psychologists specifically indicated that they served adults ages 65 and older. Yet, only 85.1% of these were actually serving an elderly client. Psychologists were found to have spent 4.6% of their time serving elder clients. It was also found that of the respondents who indicated that they served older adults, 50% had received continuing education; the others reported training as being on the job (Gatz, Karel, Wolkenstein, 1990).

These three studies address the education of psychological service providers in different ways. The study by Reid and Willis (1991) surveyed graduate programs; documenting the number of programs that offer geropsychology training. The studies by Abramson, and Steinberg (1992), and Gatz, et al. (1990) surveyed clinical psychologists who were working with elderly

clients. Both studies surveyed the type and amount of geropsychological training that the psychologists had. However, none of the studies put this into the context of the Older Boulder Conference and its challenge to clinical psychology to prepare itself to provide psychological services to elderly clients. None of the studies examined if graduate psychology training programs have included geropsychology training since the Older Boulder Conference, or if any progress has been made.

It is clear that there has been a need to train licensed psychologists to provide psychological services to elderly clientele. It is clear that a number of factors seemed to be combining, resulting in an expected increase in the amount of elderly clients seeking out psychological services (Dye, 1978; Gatz, 1989; & Knight, 1987). What is not clear, however, is whether this need for geropsychological training has been met. At the Older Boulder Conference a general goal was made to attempt to include geropsychological training within the graduate training of psychological service providers. Yet no follow up study has been

done in the fourteen years following the Older Boulder Conference, to determine whether graduate training programs have made any effort to (progress in, and/or have succeeded in) incorporate geropsychology courses. Further research in this critical area will provide some direction as to the status of graduate geropsychology training programs.

The present study specifically examined the extent, if any, of geropsychological training that psychologists have received, both before and after the Older Boulder Conference. Six hypotheses were generated. All six were based on the assumption that the Older Boulder Conference and its subsequent recommendations have had an effect on psychological graduate training programs, and that psychologists will attempt to resolve a potential ethical dilemma by complying to the APA Ethical Principles.

It was hypothesized that: 1) Psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate course or courses in geropsychology than psychologists who had received their degrees after the Conference.

2) Psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate course or courses in geropsychology required than psychologists who had received their degrees before the Conference. 3) Psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate training experience or experiences with an elderly client or clients than psychologists who had received their degrees before the Conference. 4) Psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate training experience or experiences with an elderly client or clients required than psychologists who had received their degrees before the Conference. 5) Psychologists who received their degrees after the Older Boulder Conference were more likely to have served more elderly clients than psychologists who had received their degrees before the Conference. 6) Psychologists who received their degrees before the Older Boulder Conference were more likely to have had post graduate continuing education than psychologists who had received their degrees after

the Conference.

The present study tested these hypotheses using archival data collected by Bailey's (1994) research regarding Knowledge about Alzheimer's Disease among licensed Psychologists in Illinois. This survey consisted of a background questionnaire and the Alzheimer's Disease Knowledge Test (Dieckmann, Zarit, Zarit, & Gatz, 1988). The present study focused on information obtained on the background questionnaire. Specifically, the year in which the licensed psychologist received their degree, the percent of their clients that were 65 years or older, any course work they had taken, graduate training or post graduate continuing education in geropsychology, and if that work was required or not.

#### Method

##### Subjects

The subjects were individuals licensed to practice psychology in the state of Illinois. Subjects were solicited from the membership of the American Psychological Association (APA) who were identified in the 1993 edition of the Directory of the American



Psychological Association as being in practice psychology in Illinois. Due to the predominance of licensed clinical psychological practitioners in Chicago, the practitioners were randomly sampled in two groups: Chicago and the rest of the state. A 50% mailing of all of the licensed psychologists were obtained for both Chicago and the rest of Illinois. The potential survey population was 796.

#### Materials and Apparatus

This study used data collected as a part of a larger, parent study, which investigated practitioner's Knowledge of Alzheimer Disease (Bailey, 1994).

The survey instrument that was utilized by the parent study was the Alzheimer's Disease Knowledge Test (ADKT) (Dieckmann, Zarit, Zarit, & Gatz, 1988). The parent study also included a cover letter (see Appendix A) and a background questionnaire (see Appendix B), along with the ADKT.

#### Procedure

The parent study collected data from the background questionnaire in the following manner. A list was kept of any subject response on the "type of

degree" criterion, and the "type of practice" question that is other than one of the specified choices (see Appendix B). Also, a written record of the type of graduate courses, graduate training, and/or post graduate continuing education was kept for each subject (see Appendix B). These lists were then examined, broken down into categories, and coded. The remaining information on the background questionnaire were coded and entered into a computer data base.

The present study utilized the existing coded data to conduct it's analysis of the six hypotheses. The focus was on the information obtained from the background questionnaires (see Appendix B). Practitioners' responses were categorized into two groups: those receiving their degrees or training before the Older Boulder Conference; and those receiving their degrees after the Older Boulder Conference. These categories were separated as before 1983, and 1983 to the present. Although the Older Boulder Conference was held in June of 1981, the categories were broken at 1983. This was believed to be the earliest that any of the recommendations of the

Older Boulder Conference could be disseminated to psychological training programs, and for these training programs to begin to act on these recommendations.

For any other specific information regarding the method which was used by the parent study to collect it's data, see Bailey's method section (1994).

#### Results

Of the 241 subjects, 52% of the respondents were male and 48% were female and they ranged in age from 32 to 77 years old. Subjects received their degrees between 1948 to 1991 and had been in practice for 3 to 46 years. Of the 241 subjects, 35% were practicing in Chicago, and 65% were practicing elsewhere in the state of Illinois. Table 1 shows the percent of psychologists' clientele 65 years or older. Forty-one percent of the respondents indicated that they served no clients 65 years or older, while 31% reported that some but less than 5% of their clientele were 65 or older.

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Insert Table 1 about here

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Table 1

The percent of clients served who were 65+ years of age

<u>% of Clients 65+</u>	<u>n*</u>	<u>% of Respondents</u>
None	97	41%
Some but < 5%	75	31%
5 - 9%	22	9%
10 - 24%	20	8%
25 - 49%	9	4%
50 - 74%	9	4%
75% or greater	7	3%
Total	239	100%

\*Two subjects did not respond to this item

With regards to geropsychological course work, 37% of the 240 subjects who responded to this item indicated having had taken at least one graduate course which covered geropsychology (see table 2). Of the 240 subjects who responded to the item pertaining to graduate training experience, 43% of the subjects indicated having had at least one graduate training experience with one or more elderly clients. Of the 236 subjects who responded to the item concerning post graduate continuing education or experience, 28% reported at least one encounter with this type of training or experience.

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Insert Table 2 about here

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Subjects who indicated having had either geropsychological course work, training, and/or post graduate continuing education were asked to describe that training (see Appendix B). Of the 37.1% ( $n = 89$ ) who reported having had a course that dealt with specific issues on serving elderly clients, 32.5% ( $n = 78$ ) indicated which course. As shown in table 3, a

Table 2

Geropsychological training/ experience

Type of Training*	<u>n</u>	%
<hr/>		
Graduate Course		
Yes	89	37%
No	151	63%
Graduate Practicum		
Yes	102	43%
No	138	57%
Post Graduate Continuing Education		
Yes	66	28%
No	170	72%

\* All subjects were asked to responded to each of the three categories.

course in developmental psychology was most frequently indicated, 53% ( $\underline{n}$  = 41) of the time. Notably, three respondents indicated having been trained as geropsychologists.

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Insert Table 3 about here

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Insert Table 4 about here

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Of the 42.5% ( $\underline{n}$  = 102) who indicated having had a graduate training experience with an elderly client or clients, 81.3% ( $\underline{n}$  = 83) indicated the type of training experience. The most commonly indicated training experiences were in Veterans Administration Hospitals, 20% ( $\underline{n}$  = 17) of the time, or on Psychiatric Wards, 19% ( $\underline{n}$  = 16) of the time (see table 4). Forty-six of the respondents indicated the number of elderly clients that had been seen. Thirty percent ( $\underline{n}$  = 14) indicated having been exposed to two or fewer elderly clients, 50% indicated having been exposed to some elderly clients, and 20% ( $\underline{n}$  = 9) indicated having been exposed

Table 3

Specific geropsychological gradate course work

Type of Training	<u>n</u> *	%
Graduate Course		
Developmental	41	53%
Psychology & Aging	26	33%
Geropsychology/Geriatric	10	13%
Neuropsychology	8	10%
Assessment of Aging	3	4%
Biological Aspects of Aging	3	4%
Other Courses	9	12%
Total	100	129%

\*78 separate respondents described course work.

Because some respondents described more than one course  
the overall % is greater than 100.



Table 4

Specific geropsychological training experiences

Type of Training*	<u>n</u> *	%
Training Experience		
Veterans Administration Hospital	17	20%
Psychiatric Ward: Public Hospital	16	19%
Private Hospital	5	6%
Private Group Practice	12	14%
State Psychiatric Hospital	11	13%
Neuropsychological Health Care Unit	5	6%
Elderly Health Care Unit	5	6%
Community Mental Health Center	4	5%
Other	14	17%
Total	89	106%

\*83 respondents described the type of training they had. Because some subjects described more than one training experience, the overall % is greater than 100.

to several elderly clients during their graduate training experiences.

Of the 28% ( $n = 65$ ) who indicated having had post graduate continuing education in geropsychology, 98.4% indicated the specific type of experience. The most commonly indicated type of post graduate continuing education was conference/workshop, which were attended by 49% ( $n = 32$ ) of respondents.

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Insert Table 5 about here

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The hypotheses were tested using Chi Square Analyses. The first hypothesis suggested that psychologists who received their degrees after the Older Boulder Conference were more likely to have had a course or courses in geropsychology than psychologists who had received their degrees before the Conference. This was supported by the analysis,  $\text{Chi-Square}(1) = 15.04$ ,  $p < .05$ .

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Insert Table 6 about here

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Table 5

Specific geropsychological post graduate continuing  
education

Type of Training*	<u>n</u> *	%
Post Graduate Continuing Education		
Conferences/Workshops	32	49%
On the job training	12	18%
Course Work	11	17%
Seminar/Lecture	7	11%
Case Supervision	7	11%
Teaching Courses	4	6%
Other	15	23%
Total	88	135%

\*65 respondents described the type of training experiences they had. Because some subjects indicated more than one post graduate continuing education, the overall % is greater than 100.

Table 6

Graduate courses in psychology of aging

Year of Graduation	Course Taken	
	Yes	No
Before Older Boulder (1948-1982)	27%	73%
After Older Boulder (1983-1991)	51.5%	48.5%

Chi-Square(1) = 15.04,  $p < .05$ .

The second hypothesis anticipated that psychologists who received their degrees after the Older Boulder Conference were more likely to have had a required graduate course or courses in geropsychology than psychologists who had received their degrees before the Conference. This was not supported by the analysis,  $\text{Chi-Square}(1) = 1.249, p > .05$ .

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Insert Table 7 about here

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The third hypothesis anticipated that psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate training experience or experiences with an elderly client or clients than psychologists who had received their degrees before the Conference. This was not supported by the analysis,  $\text{Chi-Square}(1) = 2.470, p > .05$ .

---

Insert Table 8 about here

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The fourth hypothesis anticipated that

Table 7

Graduate courses in psychology of aging required

Year of Graduation	Course Required	
	Yes	No
Before Older Boulder (1948-1982)	51%	49%
After Older Boulder (1983-1991)	63.5%	36.5%

Chi-Square(1) = 1.249,  $p > .05$ .

Table 8

Graduate training experience with elder clients

Year of Graduation	Graduate Training with one or more elderly clients	
	Yes	No
Before Older Boulder (1948-1982)	38%	62%
After Older Boulder (1993-1991)	48.5%	51.5%

Chi-Square(1) = 2.470,  $p > .05$ .

psychologists who received their degrees after the Older Boulder Conference were more likely to have had a required graduate training experience or experiences with an elderly client or clients than psychologists who had received their degrees before the Conference. This was not supported by the analysis, Chi-Square(1) = 0.0036,  $p > .05$ .

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Insert Table 9 about here

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The fifth hypothesis suggested that psychologists who received their degrees after the Older Boulder Conference were likely to have served more elderly clients than psychologists who had received their degrees before the Conference. This was supported by the analysis, Chi-Square(1) = 13.487,  $p < .05$ .

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Insert Table 10 about here

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A further analysis was run on hypothesis five to identify the specific differences within the factor of the percentage of elderly clients served. It was noted



Table 9

Required graduate training experience with elderly

Year of Graduation	Course Required	
	Yes	No
Before Older Boulder (1948-1982)	25%	75%
After Older Boulder (1983-1991)	25.5%	74.5%

Chi-Square(1) = 0.0036,  $p > .05$ .

Table 10

Percent of Clientele 65 and Older

% of Clients 65+	Year of Graduation	
	Before Boulder (1948-1982)	After Boulder (1983-1991)
None	36.9%	45.9%
Some But < 5%	32.6%	29.6%
5 - 9%	11.3%	6.1%
10 - 24%	11.3%	4.1%
25 - 49%	4.3%	3.1%
50 - 74%	2.8%	5.1%
75% or >	0.7%	6.1%

Chi-Square(1) = 13.487,  $p < .05$ .

that the respondents who received their degrees after the Older Boulder Conference appeared to indicate either having no elderly clientele or more than 25% of elderly clientele; where as those who received their degrees before the Conference appeared to indicate having some elderly clients. Thus, the 5 - 9% and the 10 - 24% levels were collapsed into a single level of 5 - 25%. The three highest levels were also collapsed into a single level of 25% and more. The analysis,  $\text{Chi-Square}(1) = 6.334$ ,  $p < .05$ , supported the observation.

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Insert Table 11 about here

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Insert Table 12 about here

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A final analysis was run on hypothesis five, collapsing the initial six levels of the factor of the percentage of elderly clients served to two levels. Based on the results of the first comparison, the two levels chosen were none/many and 5 - 25% (which

Table 11

Percent of Clientele 65 and Older: None, Few, and Some

% of Clients 65+	Year of Graduation	
	Before Boulder (1948-1982)	After Boulder (1983-1991)
None	36.9%	45.9%
< 5% to < 25%	55.3%	39.8%
25% and more	7.8%	14.3%

Chi-Square(1) = 6.334,  $p < .05$ .

Table 12

Percent of Clientele 65 and Older: None & Many vs. Some

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% of Clients 65+	Year of Graduation	
	Before Boulder (1948-1982)	After Boulder (1983-1991)
None & Many	44.7%	60.2%
< 5% to < 25%	55.3%	39.8%

---

Chi-Square(1) = 5.575,  $p < .05$ .

consisted of the initial levels of none, some but less than 5%, 25 - 49%, 50 - 74%, and 75% or more). The difference was significant at  $\text{Chi-Square}(1) = 5.575$ ,  $p > .05$ .

The sixth hypothesis suggested that psychologists who received their degrees before the Older Boulder Conference were more likely to have had post graduate continuing education than psychologists who had received their degrees after the Conference. This was supported by the analysis,  $\text{Chi-Square}(1) = 4.752$ ,  $p < .05$ .

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Insert Table 13 about here

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### Discussion

The present study was undertaken in an attempt to ascertain if the Task Force on Training in the Psychology of Aging, established in January, 1977 and that task force's subsequent Older Boulder Conference in June, 1981 effected a change in psychology graduate training programs. The data suggest that some of the graduate training necessary for psychological

Table 13

Post graduate continuing education in geropsychology

Graduation Date	Post Graduate Education	
	Yes	No
Before Older Boulder (1948-1982)	33%	67%
After Older Boulder (1983-1991)	20%	80%

Chi-Square (1) = 4.752,  $p < .05$ .

practioners to be able to provide services to elderly clientele have begun to be met; however, the results also suggest that what has been accomplished by graduate psychological training programs is only a beginning.

Graduate training programs in psychology appear to still be in the early stages of including geropsychological course work. For psychologists trained both before and after the Older Boulder Conference, the courses indicated were predominately courses that include a unit or a chapter on geropsychology. Only 10 separate respondents were given to courses that focused specifically on geropsychology (geropsyc/geriatric, assessment of aging, and biological aspects of aging).

The finding that psychologists who received their degrees after the Older Boulder Conference were more likely to have had a graduate course or courses in geropsychology than psychologists who had received their degrees before the Conference suggests that more courses in geropsychology or courses containing a geropsychology element have been offered since the



Older Boulder Conference. This suggests that the recommendations of that conference, to some extent, were acted on by graduate training programs in geropsychology.

However, this seemed to be the limit to the progress that graduate training programs in psychology have made. Psychologists who received their degrees after the Older Boulder Conference were not more likely to have been required to take course work in geropsychology. Furthermore, psychologists who received their degrees after the Older Boulder Conference were not more likely to have had a graduate training experience with elderly clients. Nor were they more likely to have been required to have graduate training experience with elderly clients. It is obvious that many of the recommendations of the Older Boulder Conference have not been carried out.

The more recent changes in training, however, seem to have influenced the number of practitioners who reported serving elderly clientele. The results suggested that psychologists who received their degrees after the Older Boulder Conference were likely to have

served more elderly clients than psychologists who had received their degrees before the Conference. This is indicative of a change having occurred since the Older Boulder Conference. Of psychologists trained after the Older Boulder Conference, a majority (60.3%) either had no elderly clients or had a clientele, 75% or more of whom were elderly; where the majority (55.3%) of psychologists trained before the Older Boulder Conference were serving 5 - 25% elderly clients. This suggests that psychologists may be becoming more specialized in geropsychology.

Finally, psychologists who received their degrees before the Older Boulder Conference were more likely to have had post graduate continuing education than those receiving their degrees after the Conference. Two factors may contribute to this result. First, psychologists, attempted to adhere to ethical guidelines; thus, when they were confronted with elderly clientele, psychologists sought out training to enable them to properly serve those clients. Second, psychologists who were trained before the Older Boulder Conference simply have been in practice longer and have

had the opportunity to attended more post graduate continuing education experiences than their younger counter parts.

The data suggests that psychologists were interested in and seeking out training in geropsychology at the post-doctoral level. Fifty-seven percent of the responses indicated voluntary types of post graduate continuing education experiences (e.g. workshops/conferences, course work, and seminar/lecture); despite Illinois being a state that does not require a continuing education for license renewal.

The amount of graduate course work taken in geropsychology has made a statistically significant increase since the Older Boulder Conference. However, graduate course work in geropsychology, as a norm, has not been required in psychology graduate training programs. Nor have more graduate training programs providing exposure to elderly clients been added to graduate programs. Thus, a small step has been taken forward since the Older Boulder Conference. Yet it has been 14 years since the Conference was held and these

results suggest that only limited progress has been made.

Psychologists who were trained before the Older Boulder Conference sought out post graduate continuing education experiences in geropsychology. This result coupled with the results concerning psychological practitioners' percentage of clients 65 years and older, forms an interesting picture. Five to twenty-five percent of a psychologist's clients were reportedly 65+ years of age, for a majority (55.3%) of those trained before the Older Boulder Conference. These same psychologists have received significantly more post graduate continuing education experiences in geropsychology than their post Conference trained counterparts.

The psychologists trained after the Older Boulder Conference indicated serving either no elderly clients or 75% or more of their clients were 65+ years of age. These same psychologists, trained after the Older Boulder Conference have not received as much post graduate continuing education with elderly clients as have their counterparts trained before the Conference.

This suggests that before the Older Boulder Conference, few elderly clients were served by most psychologists. The psychological practitioners seem to have made an effort to adhere to ethical guidelines by seeking post graduate continuing education in geropsychology. Thus, they would not be providing psychological services to a unique population that they were not trained to serve.

The psychologists trained after the Older Boulder Conference received more course work in geropsychology. Yet, they predominantly serve either a great deal of elderly clients or no elderly clients. It appears that their course work was enough to inform them that elderly clients are a unique population and to serve these clients properly requires special training. Since the Older Boulder Conference, a more specialized system seems to have taken effect. A few psychological practitioners seem to have been serving a large amount of elderly clients. While, greater number of the responding psychologists, 45.9% (see Table 11), were serving no elderly clients.

This situation is not the one that the Older

Boulder Conference was attempting to foster. An increase in the number of specialists was recommended by the Older Boulder Conference, in tandem with an increase in the ability to serve elderly clientele by all psychological practitioners (Santos, & VandenBos, 1982). Psychological graduate training programs have taken the first step to begin to increase the course work that teaches aspects of geropsychology. However, with the rapidly increasing elderly population in America, the current system of a few specialists and one course for other practitioners will not be able to meet the need for trained psychological practitioners to provide services to elderly clientele (Gatz, 1989).

#### Limitations

This study is limited, somewhat, in its generalizability due to the respondents' practicing in only the state of Illinois. Future research should be directed at the availability of post graduate continuing education in geropsychology for practicing psychologists. Future research should also focus on the potential ethical problems that the current

training methods may be setting up the majority of practitioners to eventually encounter.

### Recommendations

The following is a recommended course of action for graduate training programs. A few courses (two for instance) should be required by psychological graduate training programs. One course should be assessment oriented and the other treatment oriented - each with units that focus specifically on geropsychology. Specific points should be stressed during these courses; even to students who do not want to work with elderly clients directly. Eventually they will have a client or clients who have elderly caretaking issues or a relative suffering from severe dementia; hence, specific knowledge of geropsychology would be very useful.

Recent research on education has focused on the adult learner. A promising new theory by Delahaye, Limerick, and Hearn (1994) explains that one's androgogy, defined as, "...any intentional and professionally guided activity that aims at a change in

adult persons" (Knowles, 1984, pg. 50), has an orthogonal relationship with one's pedagogy, defined as, "the art and science of teaching children" (Knowles, 1984, pg. 52). This theory implies that while all adults may not require or prefer structure, an adult who does not want to learn needs structure; just as a child who does not want to learn needs structure. Being enrolled in a formal educational institution indicates some level of tolerance or adaption to course structure. Thus, graduate training programs should consider requiring some gerontological course work. This is the only structured way to guarantee that all future psychological practitioners will have some working knowledge of geropsychology.

Along with this course requirement for all graduate students, training programs should offer specific courses on geropsychology. According to Delahaye, Limerick, and Hearn's' (1994) theory, graduate students who have high androgogy towards geropsychology will elect to take a graduate course or courses if they have access to these courses. Thus, as long as psychology graduate training programs offer courses in



geropsychology, interested students will utilize the resource.

This would also hold true for interested psychological practitioners seeking out post graduate continuing education experiences. A concerted effort needs to be made by the discipline of psychology to establish accessible post graduate continuing education opportunities in geropsychology. The theory of adult learning put forth by Delahaye, Limerick, and Hearn (1994) and the current study's findings on pre-Older Boulder Conference trained psychologists seeking post graduate continuing education both indicated that interested practicing psychologists need only to be given the opportunity to attend geropsychological training conferences, workshops, and classes.

If these steps are taken then, psychologists will not have to face such an ethical dilemma when an elderly client enters their office. If psychology, as a professional body, does not prepare future practitioners and provide current practitioners with the training necessary to serve elderly clients; it is

## Training in Geropsychology

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only a matter of time before an external agency does  
(for example, state legislatures, congress...).

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Appendix A

This is a copy of the cover letter that was sent out with the survey to each of the subjects. The cover letter explained the goals of the proposed study. It also stress the importance of the proposed study to the subject. The letter included details of how the subjects data will be used and how the subject could obtain a copy of the study's results.

Nov 1, 1993

Dear Colleague:

I am conducting a study among licensed clinical psychologists in Illinois to determine their professional experience with the aged, their preparation for working with the elderly, and their knowledge about Alzheimer's disease.

As you know, the aging population nationally and in Illinois is increasing significantly and successive cohorts are better educated. These facts plus the recent revisions in medicare payment regulations make it likely that practicing psychologists will soon begin to find sizable increases in the proportion of their clientele who are elderly.

There is little information about psychologists' practice with the elderly or their knowledge about aging and the aged. Although there is a growing literature on practice with the aged, it is primarily a "how to" literature and there is virtually nothing in the literature about what practitioners know *per se*.

I very much hope you will decide to participate in this study. Please complete the enclosed questionnaire and return it in the envelope provided. The questionnaire will take about 10 - 15 minutes to complete. Since we are interested in what you know, please complete the questionnaire without consulting any resources (books, articles, etc).

In accordance with ethical guidelines, all responses will be treated confidentially and all data will be reported in terms of groups. Your participation will be taken to indicate your understanding that the information you provide will be used in research, that your responses will be treated as confidential information, and that your identity will not be revealed in reports of this study. If you would like a summary of the findings, please enclose your name and address.

Sincerely Yours,

William T. Bailey, Ph.D.  
Assistant Professor

Appendix B

This is a copy of the background questionnaire that was attached to, and sent with the survey to each of the subjects. The background questionnaire included questions regarding the subjects': sex, age, the place where they practice, the type of degree they have, the year they received their degree, and their education regarding aging.

# CLINICAL PSYCHOLOGISTS IN ILLINOIS

Your Sex: ☐ Male ☐ Female Your Age: \_\_\_\_\_

Type of Degree (e.g, PhD, PsyD) \_\_\_\_\_ Year degree was received \_\_\_\_\_

Place where you practice: \_\_\_\_\_  
City ZIP code

Type of practice, check one:

<input type="checkbox"/> private, solitary	<input type="checkbox"/> private, group
<input type="checkbox"/> hospital, private	<input type="checkbox"/> hospital, public
<input type="checkbox"/> mental health center or clinic	<input type="checkbox"/> other(describe) _____

What percent of your current clientele is 65 or older? check one

☐ none  
☐ some but less than 5%  
☐ 5% to 9%  
☐ 10% to 24%  
☐ 25% to 49%  
☐ 50% to 74%  
☐ 75% or more

During your graduate training did you have any courses which dealt specifically with psychology and aging? ☐ yes ☐ no If yes, was it required? ☐ yes ☐ no  
Please describe the courses (e.g., titles)

During your graduate training did you have any supervised experiences with older individuals (e.g., practicum, internship)? ☐ yes ☐ no  
If yes, was it required? ☐ yes ☐ no Please describe the experience.

Since receiving your doctorate have you obtained any training on psychology and aging? ☐ yes ☐ no If yes, please describe.