Council of Professional Geropsychology Training Programs (COPGTP) Membership Application

The Council of Professional Geropsychology Training Programs (CoPGTP, pronounced COG-TIP) is a new organization of programs providing training at the competence level and beyond. CoPGTP grew out of the June, 2006, meeting that produced the Pikes Peak model. CoPGTP is committed to the promotion of excellence in training in professional geropsychology and to supporting the development of high quality training programs in professional geropsychology at the graduate school, internship, postdoctoral fellowship, and post-licensure levels of training.

Membership Definitions:

Members in COPGTP are training entities with at least one geropsychologist engaged actively in training. Members offer both didactic and experiential training, and offer training in more than one setting that serves older adults. The members of the training council are programs rather than individual memberships. However, it is recognized that training programs in professional geropsychology may, and often do, consist of one geropsychologist.

Associate Members in COPGTP are training entities, including individual trainers, that show interest and involvement in geropsychology training even though the training entity does not meet criteria for full membership. Associate members do not have voting privileges.

Geropsychologists are psychologists with knowledge, skill, training, and experience related to the aging process who specialize in assessment and intervention with older persons. The geropsychologist(s) affiliated with a professional geropsychology training program should themselves have been trained in a program that is recognized as providing training in core elements of geropsychology at one or more of the following levels of training: graduate school, internship, and/or post-doctoral level. At the Membership Committee's discretion a combination of independent learning experiences and 5 years practice in an applied geropsychology setting may substitute for this requirement.

Membership Annual Fees (January – December cycle):

Members - $200
Associate Members - $100

Application for Membership or Associate Membership in COPGTP

Date of application:

Applicant Organization/Agency/Institution Name

Training Program Name (if applicable)

Department or Division (if applicable)

Mailing Address: City State Zip+4
Country

Web Site for Program (if applicable)

Name of Primary Geropsychologist, Training Director, or Primary Contact Person:

E-mail of Primary Geropsychologist or Training Director:
Note: Please indicate whether you want to be added to the Council email listserv: Yes or No

Phone number of Primary Geropsychologist or Training Director:

Fax number of Primary Geropsychologist or Training Director:

Please list names of all Geropsychologists who provide training within your program and indicate whether they want to be added to the Council email listserv:

Name: _____
Email: _____ Add to email listserv: Yes or No

Name: _____
Email: _____ Add to email listserv: Yes or No

Name: _____
Email: _____ Add to email listserv: Yes or No

Name: _____
Email: _____ Add to email listserv: Yes or No

Level(s) at which Training is Provided by Your Organization (check all that apply)
Stage of Training
_____ PreDoctoral Graduate Training
_____ PreDoctoral Internship
_____ PostDoctoral
_____ Post-Licensure

APA / CPA Accreditation (check one):
___ Accredited
___ Accredited, Inactive
___ Accredited, on Probation
___ Not Accredited
___ Accreditation not available (e.g., post-licensure)

Please attach the CV for the Primary or "lead" Geropsychologist for your program. We may ask for CVs for other individuals as the application is reviewed but only 1 CV should be submitted at this point.

Training Program Components

Provide below a one or two paragraph narrative describing 1) the experiential professional training your program or organization has offered in previous 3 years, including professional supervision, case consultation, and experiential workshops (i.e., those emphasizing active learning of skills) and 2) the didactic training offerings your organization has offered in the previous 3 years, including courses, lectures, workshops, seminars, and related didactic activities. In the narrative, describe the training experience and the competencies trained (Please see attached list of professional geropsychology competencies as defined by Pikes Peak Model for Training in Professional Geropsychology).

CERTIFICATION:
COPGTP is not an accrediting agency. Programs that would like to include their membership in written materials may list their programs as "COPGTP member," but not as "COPGTP Accredited" or "COPGTP Approved." COPGTP membership indicates that a program meets all membership criteria and conforms to COPGTP policies.

Programs are reviewed for adherence to membership criteria every three years.

Signature of Training Director (or Primary Geropsychologist) _____
or Electronic Typed Signature:

Please submit application with check made payable to Council of Professional Geropsychology Training Programs. If you need an Invoice, we can send one to you.

RETURN with Dues Payment to:
Tammi Vacha-Haase, Ph.D.
Department of Psychology
Colorado State University
Ft. Collins, CO 80523-1876

Attitude, Knowledge and Skill Competencies for Practice in Professional Geropsychology

I. ATTITUDES

1. Psychologists are encouraged to work with older adults within their scope of competence, and to seek consultation or make appropriate referrals when indicated. (G1)[1]

2. Psychologists are encouraged to recognize how their attitudes and beliefs about aging and about older individuals may be relevant to their assessment and treatment of older adults, and to seek consultation or further education about these issues when indicated. (G2)

3. Psychologists are encouraged to expand their awareness of how individual diversity in all of its manifestations (including gender, age, cohort, ethnicity, language, religion, socioeconomic status, sexual orientation, gender identity, disability status, and urban/rural residence) interacts with attitudes and beliefs about aging, to utilize this awareness to inform their assessment and treatment of older adults, and to seek consultation or further education when indicated.

4. Psychologists are encouraged to increase their knowledge, understanding, and skills with respect to working with older adults through continuing education, training, supervision, and consultation. (G20)

II. KNOWLEDGE BASE

A. Knowledge: General Knowledge about Adult Development, Aging and the Older Adult Population

1. Theoretical models and research methodologies for understanding the processes of aging, including the life-span developmental perspective, conceptions of positive or successful aging, and methodological issues in conducting or evaluating research on aging (G3)

2. Demographics of aging, including where to obtain current knowledge on changes in population dynamics

3. Normal or "usual" aging, including:
   - Biological and health-related aspects of aging and mind-body interactions (G6--adapted)
   - Psychology of aging, including normative continuity and change in the domains of sensory processes, cognition, personality, and emotions
   - Social dynamics of the aging process including issues such as work and retirement, friendships, roles, and family relationships (G4)

4. Awareness of diversity in the aging process, particularly how sociocultural factors such as gender, age, cohort, ethnicity, language, religion, socioeconomic status, sexual orientation, gender identity, disability status, and urban/rural residence may influence the experience and expression of health and of psychological problems in later life, and how this knowledge may inform the assessment and treatment of older adults (G5)

B. Knowledge: Foundations of Clinical Practice with Older Adults

1. The neuroscience of aging, its applications to changes in cognition, and its implications for clinical interventions with older adults (G7-adapted)

2. Knowledge of the salience of functional changes in later adulthood, including resulting problems in daily living (G8)

3. Awareness of the concept of person-environment interaction and the implications of this concept for adaptation in late life (G8)

4. Psychopathology in middle and later adulthood, including differences in the prevalence, etiology, presentation, associated features, co-morbidity, and course of mental disorders in older adults, as well as the health-related consequences of treated and untreated psychological disorders in late life (G9)

5. Knowledge of common medical illnesses in late life

C. Knowledge: Foundations of Assessment of Older Adults (G10 and G11, expanded)

1. Theory and research informing psychological assessment of older adults, including the broad array of assessment domains, methods, and instruments which are psychometrically suitable for assessing older adults

2. Issues in the limits of using assessment instruments created for younger persons with older adults without adequate standardization

3. Knowledge of contextual issues in the assessment of older adults, including the system or environment in which the elder functions, and the impact on assessment process and outcomes

D. Knowledge: Foundations of Intervention, Consultation and Other Service Provision

1. Theory, research, and practice of various methods of intervention with older adults, including current research evidence about their efficacy and effectiveness as applied to diverse groups within the older adult population (G13, G14)

2. Health, illness, and pharmacology as related to assessment and treatment of late life mental health problems, including awareness of medical/medication factors which may affect treatment outcomes (e.g., illness, medication side effects, polypharmacy)

3. Issues pertaining to the provision of services in the specific settings in which older adults typically live or seek treatment (G15)

4. Knowledge of aging services in the local community (e.g., day care, transportation, residential) and how to refer clients to these services

5. Prevention and health promotion services, and their relevance for middle-aged and older adults at risk for mental disorders (G16)

6. Awareness of the broad array of potential clients (e.g., family members, other caregivers, healthcare professionals, and organizations) for psychological consultation and intervention, and appropriate intervention strategies in these contexts (G17)

7. Models and methods of interdisciplinary collaboration, including an understanding of the varied components, roles, and contexts of interdisciplinary treatment of late life mental disorders (G18)

8. Knowledge of ethical and legal standards related to psychological intervention with older adults and care systems, with particular attention to aging-specific issues of informed consent, confidentiality, substitute or end of life decision making and potential conflicts of interest, capacity/competency, and elder abuse and neglect

III. SKILL COMPETENCIES[2]

A. Skills: Professional Geropsychology Functioning (Foundational Competencies)

1. Understand and apply ethical and legal standards, with particular attention to aging-specific issues, such as informed consent, confidentiality, capacity/competency, end-of-life decision making, and elder abuse and neglect

2. Understand cultural and individual diversity as relevant to assessment, intervention, and consultation and apply to practice with diverse older adults

3. Address complex biopsychosocial issues among many older adults by collaborating with other disciplines in multi- and inter-disciplinary teams

4. Practice self-reflection, self-assessment (e.g., self-awareness of ageist assumptions/biases; recognition of boundaries of competence and when/how to refer elsewhere)

5. Relate effectively and empathically with older adults clients, families, and other stakeholders in a range of professional roles and settings (e.g., senior center, hospital, long term care)

6. Apply scientific knowledge to geropsychology practice and policy advocacy

7. Practice appropriate documentation/billing/reimbursement procedures for geropsychological services in compliance with state and federal laws and regulations (especially regarding Medicare/Medicaid services), including assessment and documentation of medical necessity

8. Advocate for clients' needs and provide case management for needed services

B. Skills: Assessment (G11 and G12, adapted)

1. Conduct clinical assessment leading to DSM diagnoses and other clinically relevant problems, formulation of treatment plans and, specifically, differential diagnosis (common problems and issues include but are not limited to depression, anxiety, grief, delirium, dementia; and medication and physical disorders and their effects on functioning)

2. Use psychometrically sound screening instruments for cognition, psychopathology, and personality to inform treatment planning

3. Refer for neuropsychological, neurological, psychiatric, medical or other evaluations as indicated

4. Use cognitive assessments and/or neuropsychological reports to clarify clinical issues and inform treatment planning[3]

5. Evaluate decision-making and functional capacities (e.g., for managing finances, independent living, driving, making health care decisions)

6. Assess risk (e.g., suicidality, self-neglect, elder abuse)

7. Adapt instruments and tailor assessments to accommodate older adults' specific characteristics and contexts

8. Communicate assessment results to various stakeholders with relevant, practical, and clearly understandable recommendations, with appropriate consideration for confidentiality issues

C. Skills: Intervention

1. Apply individual, group, and family interventions to older adults using appropriate modifications to accommodate distinctive biopsychosocial functioning of older adults and distinct therapeutic relationship characteristics

2. Use available evidence-based treatments for older adults

3. Develop psychotherapeutic interventions based on empirical literature, theory, and clinical judgment when insufficient efficacy research is available on older adults

4. Be proficient in using commonly employed late-life interventions such as those focusing on life review, grief, end-of-life care, and caregiving

5. Use interventions to enhance health of diverse elderly persons (e.g., chronic health problems, healthy aging, cognitive fitness)

6. Demonstrate ability to intervene in settings where older adults and their family members are often seen (e.g., health services, housing, community programs) with a range of strategies including those targeted at the individual, family, environment, and system

D. Skills: Consultation/Training

1. Consult to families, professionals, programs, health care facilities, legal systems, and other agencies/organizations that serve older adults

2. Provide training on geropsychological issues (e.g., in-services, workshops, in community settings, to different disciplines)

3. Participate in interprofessional teams that serve older adults

4. Communicate psychological conceptualizations to medical and other professionals in concise and useful manner

5. Implement strategies for systems analysis and change in organizations and facilities that serve older adults

6. Design and participate in different models of aging services delivery (e.g., integration)

7. Collaborate and coordinate with other agencies and professionals that serve older adults

8. Recognize and negotiate multiple roles in older adult consultation settings

E. Skills: Delivery of Services in Different Settings

Delivery of services in two or more different settings, including:

1. Outpatient mental health services

2. Outpatient primary care/medical settings

3. Inpatient medical service

4. Inpatient psychiatric service

5. Long-term care settings including nursing homes, assisted living facilities, home care, day programs

6. Rehabilitation settings

7. Hospice

8. Community-based programs

9. Forensic settings

10. Home delivered psychological services

11. Research settings

[1]G1-G19 refer to the guidelines published in: American Psychological Association (2004). Guidelines for psychological practice with older adults. *American Psychologist*, *59*, 236-260.

[2]In preparing this document, the conference delegates acknowledged that skills in supervision/teaching, research/evaluation, and management/administration are also critical for geropsychology practice in many settings, as well as for the further development of professional geropsychology as a field. While many geropsychologists will also have competencies in those skill domains, they are not considered to be core competencies for geropsychology practice. Rather, skills in supervision/teaching, research/evaluation, and management/administration are viewed as leadership skills to be encouraged through training, mentoring, and career development.

[3]Some geropsychologists have also been trained as neuropsychologists, and would thus be able to conduct neuropsychological evaluations within their scope of competence.