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Abstract

The current study surveyed clinical and counseling graduate students in the U.S. ($n=380$), Canada ($n=211$), Australia ($n=117$), and New Zealand ($n=20$) to assess geropsychology training opportunities and perceived competency in working with older adults. More geropsychology opportunities were available to participants from the U.S. and Australia/New Zealand than from Canada. Participants not enrolled in programs with specialty geropsychology tracks reported a lower proportion of faculty doing research ($F(1, 537)=182.13, p < 0.001$) and clinical work ($F(1, 452)=36.13, p < 0.001$) with older adults, lower perceived level of interest among faculty in increasing aging content ($F(1, 584)=59.98, p < 0.001$), fewer aging courses taken ($F(1, 582)=46.91, p < 0.001$), and fewer total practicum hours with older adult clients ($F(1, 313)=10.88, p = 0.001$). For participants enrolled in a program with a specialty track, higher levels of perceived competency were associated with higher levels of perceived interest among faculty in increasing aging content ($\beta=0.29, p = 0.045$) and more courses that included geropsychology topics ($\beta=0.42, p = 0.020$). Significant associations were similar for participants not enrolled in a program with a specialty track, except that more practicum sites with older adults ($\beta=0.19, p = 0.002$) and more total practicum hours with older adults ($\beta=0.31, p < 0.001$) were also associated with ratings of perceived competency. Participants anticipated working with older adults in their future careers via seeing a wide age range of clients in private practice, working in a specialty that includes older adults (neuropsychology), or including older family members in services.

Keywords: Competency, Geropsychology, Training, Education, Older Adults

Graduate Students' Geropsychology Training Opportunities and Perceived Competency in Working with Older Adults

In the U.S., the population of older adults is projected to increase 36 percent in the next decade (Administration on Aging [AoA], 2009). This demographic trend is reflected internationally. In Canada, one in four people will be over age 65 by 2056 (Statistics Canada, 2007). In Australia and New Zealand, approximately 27% of the population will be over age 65 by 2051 (Australian Bureau of Statistics, 2004; Statistics New Zealand, 2007). Despite this projected increase, there is a shortage of psychologists trained to work with older adults in these countries (Institute of Medicine, 2012; Konnert, Dobson, & Watt, 2009; Qualls, Segal, Norman, Neiderehe, & Gallagher-Thompson, 2002). Additionally, there are limited opportunities for graduate students to pursue training specific to older adults, as training programs are lacking in both gerontology coursework and clinical geropsychology training opportunities (Pachana, Emery, Konnert, Woodhead, & Edelstein, 2010). In light of this, the current study surveyed clinical and counseling psychology graduate students enrolled in programs with a specialty geropsychology track, as well as students enrolled in generalist programs, in the U.S., Canada, Australia, and New Zealand to compare the availability of geropsychology training opportunities between the surveyed countries, understand which training opportunities were associated with higher levels of perceived competency in geropsychology, and understand how students develop interest and anticipate working with older adults in their future careers. Comparisons were made between countries for available geropsychology training opportunities, and between program types (those with specialty tracks vs. not) for both available training opportunities and perceived competency levels.

Workforce and Training Issues

The projected increase in the aging population creates a demand for psychologists who are trained to work with older adults. While aging content may be presented within broader courses in the graduate curriculum, educational offerings and practicum experiences do not reflect growing demographic imperatives with respect to aging (Laidlaw & Pachana, 2009). In 1995, 30 percent of U.S. clinical and counseling psychology graduate programs offered an elective course in aging (Gatz & Finkel, 1995). More recent international survey data found that 28.3 percent of programs in the U.S. offered a geropsychology course and 37 percent offered a gerontology course; statistics were similar in Canada and Australia, though these countries were more likely to require a course in geropsychology (Pachana et al., 2010). When courses were offered at the graduate level, they focused on assessment, diagnosis, and/or life span development (Pachana et al., 2010), suggesting a relative lack of training around effective interventions for older adults. Although there have been recent developments to increase the focus on clinical geropsychology training and professional development (American Psychological Association, 2004), these efforts are generally focused only on U.S. training and have not capitalized on the opportunities for international collaboration.

Perceived Competence in Clinical Geropsychology

Several studies have documented geropsychology training opportunities available at the graduate and post-graduate level (Hinrichsen, Myers, & Stewart, 2000; Karel, Molinari, Gallagher-Thompson, & Hillman, 1999; Konnert et al., 2009; Pachana et al., 2010) but there is limited research on graduate students' perceptions of their level of competence to work with older adults. The assessment of perceived competency in geropsychology is a global concern, due to impending workforce shortages and generally poor training in this area across countries (Pachana et al., 2010). The Pikes Peak Geropsychology Knowledge and Skills Assessment Tool

(Pikes Peak tool; Karel et al., 2012) was developed for self-assessment of how prepared one is to work with older adults. Results are mixed regarding the degree to which self-assessments of competency are associated with measures of performance or ratings by supervisors (Kaslow et al., 2009). Research among medical students suggests that students may over-estimate their levels of competency, in comparison to expert ratings (Abadel & Hattab, 2013; Mattheos, Nattestad, Falk-Nilsson, & Attström, 2004). Despite the potential limitations of self-assessment, its use remains a cornerstone of professional development (Falender & Shafranske, 2007; Pope-Davis, Reynolds, Dings, & Nielson, 1995).

A preliminary validation of the Pikes Peak tool in a sample of clinical and counseling psychology graduate students found that most students rated themselves in the novice to intermediate range of competency for geropsychology knowledge, practice, assessment, intervention, and consultation (Karel et al., 2012). The students in this validation study were primarily enrolled in specialized geropsychology tracks and were in the later years of their training.

Limited geropsychology educational opportunities may lead to low perceived levels of competence to work with older adults, and consequently less competent clinical services for that population, particularly if students over-estimate their self-assessed competence (Abadel & Hattab, 2013; Mattheos et al., 2004). In addition, the paucity of educational experiences may further decrease the likelihood that students would choose to pursue additional training in geropsychology (Hinrichsen & McMeniman, 2002).

Increasing Interest in Working with Older Adults

Interest in working with older adults can be increased through positive personal experiences with older adults and exposure to geropsychology and aging experiences at different

levels of training (Gorelik, Damron-Rodriguez, Funderburk, & Solomon, 2000; Robert & Mosher-Ashley, 2000). For example, among graduate students, those who completed a geropsychology practicum placement reported higher interest in geropsychology, lower rates of negative attitudes toward older adults, and more knowledge about older adult mental health issues, as compared to those not completing a geropsychology practicum experience (Hinrichsen & McMeniman, 2002). Graduate students who do not have a specific interest in working with older adults will still likely provide services to this population in some capacity in their future careers due to the aging of populations internationally. To our knowledge, there is no research on the expectations of graduate students with regard to future work with older adults.

Overview of the Present Study

With the anticipated growth in the older adult population (AoA, 2009; Australian Bureau of Statistics, 2004; Statistics Canada, 2007; Statistics New Zealand, 2007), the lack of an appropriately trained geropsychology workforce and the lack of data examining perceived geropsychology competencies is a concern that is shared internationally (Koder & Helmes, 2008; Konnert, Dobson, & Watt, 2009; Qualls et al., 2002). In light of this, the goals of the current study were to: (1) examine differences in the availability of specific geropsychology training opportunities self-reported by students across (1a) countries represented in the current study, and (1b) type of training program (specialty track vs. not), (2) examine whether differences exist across program types in specific domains of students' perceived competence in working with older adults, as measured by a geropsychology self-assessment tool, (3) explore which geropsychology training opportunities are associated with higher perception of geropsychology competence, analyzed separately by whether students were enrolled in a program with a specialty

track, and (4) examine the ways in which participants become interested in working with older adults and how they anticipate working with older adults in their future careers.

Method

Participants

Participants were graduate students from clinical and counseling psychology programs in the U.S. (n=380), Canada (n=211), Australia (n=117), and New Zealand (n=20). Participants were eligible for the study if they were in graduate school or on internship/externship. Table 1 presents participant characteristics by country. Participants were pursuing a PhD (65.3%), PsyD (19.0%), or Master's degree (15.7%). The study was approved by the Institutional Review Boards at Rush University Medical Center, University of Queensland, and University of Calgary.

Measures

Demographic questionnaire. All participants reported their geographical location, country of origin, gender, age, race, field of study, number of years spent in their current degree program, degree being pursued, and whether they had completed internship (U.S. and Canada) or externship (Australia and New Zealand).

Training questionnaire. This 21-item training questionnaire was developed by members of the Education Committee of the American Psychological Association (APA) Society for Clinical Geropsychology (Division 12, Section 2; Pachana et al., 2010). Questions asked about number of courses taken that covered aging-related content, number of practicum placements (overall and with older adults), total practicum hours (overall and with older adults), number of older adult clients seen while in training, primary population of interest (infants/children, adolescents, young adults, adults, or older adults), point in training when the participant decided to work with this population (undergraduate, graduate, or internship/externship), and whether

participants anticipated working with older adults in the future. Participants were also asked about perceived interest among their faculty in increasing aging content (1=Not At All Interested, 2=Slightly Interested, 3=Interested, 4=Somewhat Interested, 5=Very Interested). Two open-ended questions asked participants about experiences that influenced their choice to work with a specific population, and in what capacity they anticipated working with older adults in their future careers.

Pikes Peak Geropsychology Knowledge and Skill Assessment Tool. The Pikes Peak tool was developed by the Council of Professional Geropsychology Training Programs (CoPGTP; Karel, Emery, Molinari, & CoPGTP Task Force on the Assessment of Geropsychology Competencies, 2010). The 50-item Pikes Peak tool is available in paper format and online (<http://www.gerocentral.org/copgtp/ppcat.php>) as a self-assessment for psychologists and trainees to evaluate their perceived competence in clinical practice with older adults. The self-assessment is intended as a proxy for objective competence. Perceived skills and knowledge are presented in nine domains: foundations of adult development and aging (knowledge only; $\alpha=0.91$), geropsychology professional practice (knowledge $\alpha=0.93$; skills $\alpha=0.94$), assessment (knowledge $\alpha=0.92$; skills $\alpha=0.95$), intervention (knowledge $\alpha=0.93$; skills $\alpha=0.96$), and consultation (knowledge $\alpha=0.90$; skills $\alpha=0.96$). Each of the nine domains includes three to seven items, all of which present two to eleven behavioral indicators to illustrate the domain. Participants are asked to rate their perceived competence within each item of the nine domains on a 5-point Likert scale, reflecting levels of perceived competence (1=Novice, 2=Intermediate, 3=Advanced, 4=Proficient, 5=Expert). A preliminary validation of the Pikes Peak tool found that total scores differentiated well between professional geropsychologists and psychology graduate students (Karel et al., 2012).

Procedure

Participants completed the survey online. After identifying their current location, they were re-directed to the appropriate informed consent document. Participants then completed demographic information, the training questionnaire, and the Pikes Peak tool. At the completion of the study, students were routed to a separate web page to elect to enter their names into a drawing for one of thirty \$50 gift cards.

Participants were recruited via two methods: (1) personalized emails were sent to training directors of accredited and unaccredited clinical and counseling psychology programs in the U.S. (n=173 directors); and (2) general announcements about the study were sent to the email listservs of the Clinical, Counseling and Clinical Neuropsychology sections of the Canadian Psychological Association, which included student members as well as faculty (full membership=1564), and to training directors in Australia and New Zealand (n=39), who were asked to forward the study information to their students. In addition, to recruit students enrolled in programs with specialty tracks, a general announcement about the study was sent to the listservs of the Society of Clinical Geropsychology (APA Section 12/II; list membership=452) and Psychologists in Long Term Care (list membership=305), which includes members in all four countries surveyed. For the emails to U.S. training directors, the name and contact information of each training director was obtained through program websites. Reminder emails were sent both to training directors and through listservs one, two and four months after the initial recruitment email.

Analysis Plan

We first examined the percentage of participants who completed each of the two assessment instruments (Pikes Peak tool, training questionnaire), and the percentage who had

complete data across both instruments. We then examined completion rates by age, gender, race, and relevant training variables (e.g., geropsychology training experiences). For all analyses, data from Australia and New Zealand were combined due to similar training models and analogous regional influences (Helmes & Pachana, 2006). One-way analysis of variance was used to examine differences in training opportunities by country and type of program. We computed two new variables for these analyses to examine proportion of faculty pursuing clinical or research work with older adults (number of faculty members involved divided by total faculty, multiplied by 100). Independent samples t-tests were used to examine differences in perceived geropsychology competence by type of program, collapsed across countries. Linear regression was used to determine variables associated with total score on the Pikes Peak tool, collapsed across countries, with analyses split by whether students were enrolled in programs with specialty tracks. Independent variables included age, gender, proportion of faculty with research interest in older adults, proportion of faculty doing clinical work with older adults, number of aging-related courses taken by the participant, number of available practicum sites with some or all older adult clients, interest among faculty in increasing aging content, self-reported total older adult practicum clients, and self-reported total practicum hours with older adults. The regression was based on cases with complete data only.

Coding schemes were developed by the first and fourth authors for coding the open-ended questions regarding interest in working with older adults, and anticipations for working with older adults in the future. This was accomplished by reading all responses to the open-ended questions and independently creating overarching themes. Themes were finalized through discussion. Following this, the finalized coding schemes were applied independently by separate

raters, with each response receiving as many codes as appropriate. Kappa was calculated to determine coding reliability for each of the developed categories.

Results

Completion Rate

Of the 731 participants who started the study, 468 (64.0%) completed all items of the Pikes Peak tool. The percentage of participants who completed the training questionnaire varied by item (43.4% to 80.2%); 249 participants (34.1%) completed all items of the training questionnaire, and 231 (31.6%) had complete data for all items across both instruments (Pikes Peak tool and training questionnaire). Since we were interested in the training questionnaire responses at the item level, we retained the available data for each item for all analyses except the regression, and note sample size variations in the tables. Participants with complete data ($n=231$) had been in graduate school for longer (4.2 years vs. 3.2; $t(722)=-6.17$; $p < 0.001$), and had seen more older adult clients during their training (34.1 clients vs. 20.1; $t(315)=-1.98$; $p = 0.049$). Completers were more likely to be enrolled in programs with specialty tracks (22.8% vs. 10.7%; $\chi^2=7.35$, $p = 0.007$), and were more likely to report older adults as their primary population of interest (39.8% vs. 13.4%; $\chi^2=52.48$, $p < 0.001$). There were no differences in age, gender, race, or total practicum hours with older adults among completers and non-completers.

Geropsychology Training Opportunities

Training opportunities by country. A main effect of country was observed for all the training variables presented in Table 2. Posthoc analyses indicated that, compared to participants from Canada, participants from the U.S. and Australia/New Zealand reported a higher proportion of faculty engaged in research (U.S. $p < 0.001$; Australia/New Zealand $p = 0.027$) and clinical work (U.S. $p < 0.001$; Australia/New Zealand $p = 0.035$) with older adults. Faculty interest in

increasing aging content was perceived to be higher by U.S. than by Canadian participants ($p < 0.001$). Participants in the U.S. reported taking more courses on older adult topics than participants in the two other countries (Canada and Australia/New Zealand $ps < 0.001$). More practicum sites with at least some older adult clients were available to participants in the U.S. than Canada ($p < 0.001$). Compared to participants from Canada and Australia/New Zealand, participants from the U.S. reported more older adult practicum clients (Canada $p < 0.001$; Australia/New Zealand $p = 0.008$) and more total hours with older adults (Canada $p = 0.007$; Australia/New Zealand $p = 0.036$).

Training opportunities by program type. Table 3 presents the data for training opportunities by program type, collapsed across countries. Differences in training opportunities by program type were observed for proportion of faculty doing research ($F(1, 537)=182.13, p < 0.001$) and clinical work ($F(1, 452)=36.13, p < 0.001$) with older adults, perceived level of interest in increasing aging content ($F(1, 584)=59.98, p < 0.001$), number of courses taken ($F(1, 582)=46.91, p < 0.001$), and total practicum hours with older adult clients ($F(1, 313)=10.88, p = 0.001$).

Perceived Geropsychology Competence by Program Type

Participants enrolled in programs with specialty tracks generally perceived themselves as being in the intermediate to advanced range of competence. Ratings from participants not enrolled in programs with specialty tracks were significantly lower and were generally in the novice to intermediate range (Table 4).

Linear Regression for Geropsychology Competency Score by Program Type

For participants enrolled in programs with specialty tracks, higher perceived competence on the Pikes Peak tool was associated with higher perceived interest among faculty in increasing

aging content (Table 5; $\beta=0.29$, $p = 0.045$), and taking more courses that included geropsychology topics ($\beta=0.42$, $p = 0.020$). For participants not enrolled in programs with specialty tracks, higher ratings of perceived competence were associated with higher perceived interest among faculty in increasing aging content ($\beta=0.14$, $p = 0.018$), taking more courses that included geropsychology topics ($\beta=0.32$, $p < 0.001$), more practicum sites with older adults ($\beta=0.19$, $p = 0.002$), and more total practicum hours with older adults ($\beta=0.31$, $p < 0.001$).

Factors Relevant to Interest in Working with Older Adults

Participants who reported older adults as their primary interest ($n=137$) described six major types of experiences that led to their interest in work with older adults: positive personal experience with older relatives (32.8%, $N=45$), work experience (paid or volunteer) in a research or applied setting with older adults (32.1%, $N=44$), coursework, research or clinical experience during graduate school (23.4%, $N=32$), coursework or research experience during undergraduate training (coursework: 17.5%, $N=24$; research: 12.4%, $N=17$), and specific encouragement/advising by mentors (13.9%, $N=19$). Kappas for coding responses into these six types of experiences were acceptable (0.88 – 0.96).

Expectations Regarding Future Work with Older Adults

Among participants not reporting older adults as their primary interest ($n=388$), the majority (79.0%) anticipated working with older adults in some capacity. Four overarching themes were developed to capture how and why these participants anticipated working with older adults: (1) personal experience created an interest in the population; (2) recognizing the increased need for services among older adults (recognition of the aging population); (3) being in a discipline that will include work with older adults (e.g., neuropsychology); and/or (4) working

in a setting that will include older adults (private practice), or working with clients that will have older adults in their lives (aging parents, grandparents). Kappas for coding responses into these four types of experiences were acceptable (0.73 – 0.81).

Discussion

The goals of the current study were to examine geropsychology training opportunities available to clinical and counseling psychology graduate students across countries and types of programs and to examine students' perceived competence in geropsychology. We also examined associations between training opportunities and perceived competence, factors that led to an interest in working with older adults, and students' expectations for future work with this population.

Training Opportunities

The current study surveyed training opportunities and perceived competencies in four countries, building on prior collaborations (Pachana et al., 2010), with plans to expand the number of surveyed countries in future work. Comparisons in training opportunities across the surveyed countries indicated that geropsychology coursework, practicum sites, faculty with geropsychology interests, and hours with older adult clients tended to be more available to participants from the U.S. and Australia/New Zealand than to those from Canada. This could be a reflection of the lack of specialty geropsychology tracks in Canadian programs. Specialized geropsychology tracks are more common in U.S. training programs than in the other two countries (Konnert et al., 2009). These results suggest the potential for future international collaboration on development and dissemination of geropsychology training materials for use in programs where there are limited resources for students who are interested in further training in

geropsychology. One such resource is GeroCentral.org, which is a collaborative project across many aging organizations and includes geropsychology training resources.

The findings regarding differences in training opportunities by program type highlights the limited geropsychology training opportunities available to students not enrolled in specialty tracks. For these students, there were limited opportunities to work with faculty who do research or clinical work with older adults, and to take courses that focus on older adult content. Notably, there were no significant differences in the number of practicum sites with at least some older adult clients between those enrolled or not enrolled in programs with specialty tracks. Participants enrolled in programs with specialty tracks reported significantly more hours with older adults, which may be related to more placements at sites that exclusively serve older adults. Future educational efforts might focus on distribution of training materials on aging-related concepts that can be integrated into an existing curriculum for programs that do not have faculty with geropsychology expertise.

Perceived Geropsychology Competence

Our study is one of the first to use the Pikes Peak tool to examine perceived student competencies in geropsychology across multiple countries. Consistent with the validation study of the Pikes Peak tool (Karel et al., 2012), students reported competencies ranging from novice to intermediate. Overall means were lower in our study compared to the student validation sample used in Karel et al., potentially due to Karel et al.'s sole use of student participants from graduate programs with specializations in geropsychology. In our study, students enrolled in programs with specialty tracks self-reported higher perceived competency levels in all areas as compared to students not enrolled in specialty tracks. This could reflect lack of opportunity to develop competency among participants not enrolled in programs with specialty tracks.

Perceived competence in working with older adults was associated with different variables depending on whether the participant was enrolled in a program with a specialty track. In both groups, higher perceived competency was associated with more perceived interest among faculty in increasing aging content and more courses that covered older adult content. Among participants not enrolled in a specialty track, number of older adult practicum sites and total older adult contact hours were also associated with higher perceived competency. The implication of this finding is that training programs that do not have faculty with interests in geropsychology may still be able to assist students in achieving higher perceived competency in geropsychology by arranging outside practicum experiences at sites that serve older adult clients. This type of experience may be particularly important given that the majority of our participants anticipated working with older adults in the future, yet perceived levels of competency were generally low for participants not enrolled in specialty tracks.

Expectations Regarding Future Work with Older Adults

Approximately a quarter of our participants reported older adults as their primary population of interest. For many of these participants, this interest developed during undergraduate training or through positive personal experiences with older adults. This finding underscores the importance of exposing students early to aging related content, and the importance of positive interactions with older adults (Gorelik et al., 2000; Robert & Mosher-Ashley, 2000).

Among participants who did not report older adults as their primary population of interest, the majority anticipated working with older adults in some capacity in their future careers. Participants interested in private practice anticipated seeing a wide age range of clients, including work with clients' grandparents or aging parents. Many students anticipated that their

specialty would lead to work with older adults, even if they had not obtained specific training with this population (e.g., neuropsychology). This finding highlights the need to provide geropsychology training to students even if they work primarily with a different age group. This is particularly important in light of our finding that participants expect to encounter older adults in their future practice, yet had relatively low perceived competency for working with this age group.

Limitations

The current study relied on student self-report of competencies, which has long been advocated for psychologists (e.g., Sechrest & Chatel, 1987), and has been used successfully within other clinical psychology specialties (Belar et al., 2001; Falender & Shafranske, 2007; Pope-Davis et al., 1995). With regard to self-report of training opportunities, many participants did not complete the entire training questionnaire, thereby limiting the representativeness of the findings with regard to available training opportunities. Future research may consider obtaining collateral information from supervisors or advisors. Objective program level data were not assessed in the current study. Therefore, we have limited information about characteristics of the programs in which participants were enrolled and the possible range of training opportunities available to students. Finally, the completion rate for the study was higher among participants with interests in geropsychology, limiting the generalizability of the data obtained from participants not enrolled in specialty tracks. Despite these limitations, the study is the first to attempt a large, multi-national survey of perceived student competencies in geropsychology, and to examine the factors that lead students to develop an interest in work with older adults.

Implications and Applications

Our results suggest that there were significant differences in geropsychology training experiences available to students depending on country and depending on whether the student was enrolled in a geropsychology specialty track. For students not enrolled in a specialty track, practicum experiences may be particularly important for increasing competence in working with older adults. Collaborations across programs and countries regarding development of aging-related training opportunities may improve the training available to students and improve geropsychology competency. Our results also suggest that positive interactions with older adults and experiences students are exposed to in undergraduate training appear to be particularly important in shaping their future career interests. Undergraduate service learning opportunities that allow for exposure to positive interactions with older adults may go a long way toward counteracting negative stereotypes and increasing interest in a career in geropsychology.

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Table 1

Participant Characteristics by Country

	U.S. (N=380)	Canada (N=211)	Australia/NZ (N=137)	Full Sample (N=731)
Age	29.1 (6.4)	30.3 (7.5)	32.3 (9.8)	30.1 (7.6)
% Female	83.7	88.6	87.8	86.2
% White	88.6	89.7	100	88.9
Field	85.0% Clinical 15.0% Counseling	78.7% Clinical 21.3% Counseling	99.3% Clinical 0.7% Counseling	85.9% Clinical 14.1% Counseling
Population of Interest	8.9% Children 7.6% Adolescents 8.9% Young Adults 39.6% Adults 35.1% Older Adults	20.0% Children 13.3% Adolescents 10.9% Young Adults 46.1% Adults 9.7% Older Adults	20.0% Children 11.8% Adolescents 8.2% Young Adults 48.2% Adults 11.8% Older Adults	13.7% Children 10.0% Adolescents 9.3% Young Adults 42.8% Adults 24.1% Older Adults
Years in Training	3.8 (2.0)	3.7 (2.3)	2.7 (1.6)	3.6 (2.1)
Completed Internship (% yes)?	18.7	21.3	--	21.0
Completed Externship (% yes)?	--	--	25.5	25.5

Notes. The children category for population of interest includes both infants and children. Standard deviations are provided in parentheses. Six participants are not included in this table because they did not indicate their country.

Table 2

Geropsychology Training Opportunities by Country

	U.S. (N=380)	Canada (N=211)	Australia/NZ (N=137)	Full Sample (N=731)
Geropsychology Specialization?	20.1% yes 79.9% no n=324	100% no n=170	15.6% yes 84.4% no n=90	13.8% yes 86.2% no n=586
Gerontology Department	20.7% yes 79.3% no n=324	17.6% yes 82.4% no n=170	4.4% yes 95.6% no n=90	17.4% yes 82.6% no n=586
Practicum with Older Adults	68.5% yes 31.5% no n=324	41.8% yes 58.2% no n=170	43.3% no 56.7% yes n=90	56.8% yes 43.2% no n=586
Proportion of Faculty with Gero Research Interest	9.2 (13.0; n=317) ^a	4.1 (7.1; n=155) ^{a, b}	8.4 (7.8; n=66) ^b	7.6 (11.3; Range 0-100; n=539)
Proportion of Faculty with Gero Clinical Work	18.5 (20.8; n=275) ^a	10.0 (12.3; n=119) ^{a, b}	17.4 (14.6; n=59) ^b	16.1 (18.5; Range 0-100; n=454)
Interest among Faculty in Aging Content	2.7 (1.2; n=324) ^a	2.3 (1.0; n=170) ^a	2.6 (1.1; n=90)	2.6 (1.1; Range 1-5; n=586)
# Older Adult Courses	1.6 (1.6; n=322) ^a	0.8 (1.0; n=170) ^a	0.9 (0.7; n=90) ^a	1.3 (1.4; Range 0-12.5; n=584)
# Older Adult Practicum Sites	4.2 (6.2; n=287) ^a	1.8 (1.7; n=131) ^a	2.8 (2.1; n=65)	3.4 (5.0; Range 0-50; n=484)
Total Older Adult Clients	40.0 (63.1; n=211) ^a	10.9 (15.1; n=69) ^a	11.6 (14.4; n=36) ^a	30.4 (53.9; Range 0-400; n=317)
Total Older Adult Hours	284.3 (489.6; n=209) ^a	107.1 (177.3; n=69) ^a	96.1 (180.7; n=36) ^a	223.3 (420.3; Range 0-4000; n=315)

Notes. Number of older adult courses and practicum sites is the average number of courses taken and practicum sites available with some or all aging content.

Standard deviations are provided in parentheses, with ranges provided for the overall sample. Values with the same superscript indicate significant differences between those profiles as indicated by planned contrasts.

Table 3

Geropsychology Training Opportunities by Program Type

	Geropsychology Specialty Track (N=81)	No Specialty Track (N=505)
Gerontology Department	34.6% yes 65.4% no n=81	14.7% yes 85.3% no n=505
Practicum with Older Adults	76.5% yes 23.5% no n=81	53.7% yes 46.3% no n=505
Proportion of Faculty with Gero Research Interest	21.7 (15.9; Range 0-66.7; n=75)***	5.3 (8.3; Range 0-100; n=464)
Proportion of Faculty with Gero Clinical Work	27.8 (22.8; Range 0-100; n=71)***	13.9 (16.7; Range 0-100; n=383)
Interest among Faculty in Aging Content	3.4 (1.3; Range 1-5; n=81)***	2.4 (1.1; Range 1-5; n=505)
# Older Adult Courses	2.3 (1.8; Range 0-10; n=79)***	1.1 (1.3; Range 0-12.5; n=505)
# Older Adult Practicum Sites	3.0 (1.8; Range 0.5-11; n=73)	3.4 (5.4; Range 0-50; n=411)
Total Older Adult Clients	37.5 (56.3; Range 2-300; n=58)	28.8 (53.3; Range 0-400; n=259)
Total Older Adult Hours	388.6 (688.0; Range 2-4000; n=56)***	187.5 (326.8; Range 0-2500; n=259)

Notes. Number of older adult courses and practicum sites is the average number of courses taken and practicum sites available with some or all aging content.

Standard deviations are provided in parentheses, with ranges provided for the overall sample. *** $p < 0.001$

Table 4

Self-Rated Geropsychology Competencies Across Countries, by Program Type

	Geropsychology Specialty (n=67)	No Specialty (n=402)
Total Competency Score	2.2 (0.7)	1.9 (0.7)***
General Aging Knowledge	2.3 (0.8)	1.9 (0.8)***
Foundations of Professional Practice	2.3 (0.7)	1.9 (0.7)***
Knowledge	2.2 (0.8)	1.9 (0.8)***
Skills	2.3 (0.8)	2.0 (0.8)**
Assessment	2.3 (0.9)	1.9 (0.8)***
Knowledge	2.3 (0.9)	1.9 (0.8)***
Skills	2.3 (0.9)	2.0 (0.8)**
Intervention	2.1 (0.8)	1.7 (0.7)***
Knowledge	2.1 (0.9)	1.7 (0.7)***
Skills	2.1 (0.8)	1.8 (0.8)**
Consultation	2.1 (0.8)	1.7 (0.7)***
Knowledge	2.2 (0.9)	1.8 (0.8)***
Skills	2.0 (0.9)	1.6 (0.7)**

Note. Response scale was 1=Novice, 2=Intermediate, 3=Advanced, 4=Proficient, 5=Expert

** $p < 0.01$; *** $p < 0.001$

Table 5

Linear Regression for Total Competency Score on the Pikes Peak Tool

Variable	Geropsychology Specialty Track (n=43)			No Specialty Track (n=188)		
	b	beta	95% CI	b	beta	95% CI
Proportion of Faculty with Gero Research Interest	-0.022	-0.460	-0.044 – 0.000	0.006	0.086	-0.003 – 0.016
Proportion of Faculty with Gero Clinical Work	0.006	0.205	-0.008 – 0.020	-0.002	-0.062	-0.007 – 0.002
Interest among Faculty in Aging Content	0.180*	0.287	0.005 – 0.356	0.091*	0.139	0.016 – 0.167
# Older Adult Courses	0.157*	0.416	0.026 – 0.287	0.154***	0.323	0.097 – 0.211
# Older Adult Practicum Sites	-0.087	-0.183	-0.217 – 0.043	0.026**	0.185	0.010 – 0.041
Total Older Adult Clients	0.000	0.006	-0.004 – 0.004	0.001	0.123	0.000 – 0.003
Total Older Adult Hours	0.000	0.271	0.000 – 0.001	0.001***	0.309	0.000 – 0.001

Note. The table presents unstandardized (b) and standardized (beta) regression weights.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$