

## **GEROPSYCHOLOGY**

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Training Location:  
Brockton Campus

**Number of Interns: 2**

### **~ OVERVIEW ~**

The Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology, given the demographics of our aging population, the need for mental health services for older adults and their families, and increasing opportunities for education and training in this field. Our training program is designed to be consistent with the American Psychological Association's Guidelines for Psychological Practice with Older Adults (APA 2013) and the Pikes Peak Model for Training in Professional Geropsychology

(Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). It is also designed to help prepare trainees for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP).

The Geropsychology rotation emphasizes closely supervised clinical experiences in some combination of outpatient and inpatient geriatric settings (described below). We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains and tailor training experiences accordingly. We work to support the intern's development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology. Training occurs on the Brockton campus.

The Geropsychology Training Track consists of two interns and two postdoctoral fellows. All trainees have an office space, office computer and telephone, pager (to be used during normal business hours only). In addition, trainees have access to printers, copiers, a fax machine, and training materials including books, psychotherapy protocols, and assessment kits/protocols/tests/stimuli. All offices are housed within the Outpatient Geriatric Mental Health Clinic, allowing for easy accessibility to supervisors, other trainees, and support staff.

### ~ CLINICAL EXPERIENCE ~

Geropsychology interns work in three to four distinct clinical settings over the course of the rotation, with a focus of one or more of the following in each setting: psychotherapy, cognitive or neuropsychological assessment, and consultation/liaison. Clinical time will consist of one **major experience** (two days per week) and two **minor experiences** (one day per week each) and will be roughly split between outpatient and inpatient services, with some flexibility according to the intern's interests and training needs. See the tables at the end of this section to see examples of schedules.

- **Outpatient Geriatric Mental Health Clinic:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to Veterans over the age of 65. The clinic team includes two psychologists (Dr. M. Lindsey Jacobs and Dr. Patty Bamonti), two social workers, a social work intern at times, a psychiatrist, a psychiatric nurse, and some combination of the two geropsychology postdoctoral fellows and two geropsychology interns. The clinic receives referrals from primary care providers, psychiatry walk-in services, inpatient psychiatry, the geriatric evaluation team, and other specialty clinics. Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include:

depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. Interns conduct initial psychodiagnostic evaluations and provide individual, couples, and family psychotherapy services, and co-lead psychotherapy groups. Therapy groups include, but are not limited to: transdiagnostic support groups, acceptance and commitment therapy, cancer support, caregiver support, reminiscence/cognitive stimulation for Veterans who have dementia, bereavement, aging and memory, insomnia, PTSD and aging, and guided autobiography. Interns also attend a weekly interdisciplinary clinic team meeting and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Videotaping of individual therapy sessions is required. This rotation can be taken as a major or minor and is a required experience.

**Case load:** Interns completing a *major experience* will have approximately 7 face-to-face hours per week, consisting of 4-5 hours of individual therapy and 2-3 hours of group. Interns completing a *minor experience* will have approximately 4 face-to-face hours per week, consisting of 2-3 hours of individual therapy and 1-2 hours of group.

○ Supervisors: Jennifer Moye, Ph.D., ABPP, M. Lindsey Jacobs, Ph.D., MSPH, and Patty Bamonti, Ph.D.

- **Community Living Center (CLC):** The Brockton CLC offers subacute rehabilitation, residential long-term care, and hospice and palliative care services. Two ~30 bed units provide sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. One 15 bed unit provides inpatient hospice and palliative care. One ~30 bed unit provides long-term, skilled nursing care as well respite care. Veterans receiving long-term care tend to be elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex co-morbid medical, psychiatric, substance abuse, and social problems.

The geropsychology interns serve as primary mental health consultants to a CLC unit, and also have opportunities to consult to the other units as needed and to provide a broad training experience. The interns attend weekly interdisciplinary team meetings, and provide psychological assessment, intervention, and consultation services as part of a consult-liaison team that includes a

psychologist (Dr. Hinrichs), psychiatrists, and some combination of the two geropsychology postdoctoral fellows, two geropsychology interns, and a practicum student at times. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; safety/risk assessment; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for frail elders; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision-making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams. This rotation can be taken as a major or minor and is a required experience.

**Case load:** Interns completing a **major experience** will have approximately 5-6 face-to-face hours per week, which will vary in regard to number of hours focused on treatment planning, behavior planning and intervention (including STAR-VA), delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments. Interns completing a **minor experience** will have approximately 2-3 face-to-face hours per week and their clinical activities will include some subset of the experiences available in the major rotation.

- Supervisor: Kate Hinrichs, Ph.D., ABPP

- **Assessment:** Assessment training occurs in two settings: (1) Outpatient Geriatric Neuropsychology and (2) Home Based Primary Care (HBPC). Assessment can be taken as a major or minor and is a required experience
  - **Outpatient Geriatric Neuropsychology:** This service provides geriatric neuropsychological assessment to veterans referred to the Geriatric Research, Education, and Clinical Center (GRECC) and to general neuropsychology. The primary focus of geropsychology interns' functioning within the Neuropsychology rotation will be to gain exposure to the practice of neuropsychological assessment with older veterans, and to work to refine diagnostic skills related to cognitive diagnoses of aging. The most common referral questions concern differential diagnosis of dementia, although questions related to the severity of cognitive impairment (normal aging vs MCI vs dementia) or the presence of general medical, psychiatric, neurologic, or medication-related contributions, are also common clinical considerations. Interns will work toward developing specific neuropsychological skills including conducting record review, collaborating with supervisors to select an appropriate battery for the referral question, conducting a thorough

neuropsychological interview, scoring data using appropriate norms, crafting neuropsychological reports, delivering consumer-driven feedback to patients and families, and consulting with referral sources and other providers to enhance patient care. As the trainee's skills advance, focus will be placed on formulating diagnostic decisions in collaboration with supervisors, on using qualitative behavioral observations and types of neuropsychological errors to aid in this process, and learning to translate professional language into consumer friendly feedback. In the context of their overarching training goals and professional development, interns will work with supervisors to determine whether introduction of more broad based referral questions and work with other neurologic / psychiatric populations will complement the training experience. Interns work very closely with supervisors and follow a graduated supervision model in order to ensure that comfort with a particular skill set is reached before other more advanced roles are assumed, and supervisors thus make an effort to meet trainees at their level of training and modify the experience as needed.

- Supervisor: Deepa Acharya, Ph.D., ABPP
- **Home Based Primary Care (HBPC):** VA Boston Healthcare System has two HBPC teams – one based out of the Brockton campus and one at Jamaica Plain campus. The geropsychology interns will work out of the Brockton campus during the rotation. The HBPC interdisciplinary team provides patient-centered assessment and treatment to chronically ill veterans and their caregivers. The goal of the program is to improve access to care and reduce health disparities for vulnerable veterans. The HBPC Psychologist plays a key role on the integrated health care team. This population has complex care needs, and cognitive and capacity assessments are often needed to inform the interdisciplinary team's treatment plan. Geropsychology interns will develop skills in cognitive and capacity assessments in home-based settings, with a focus on selecting an appropriate test battery for the referral question, conducting record reviews and clinical interviews, administering and scoring selected tests, interpreting results, writing reports, and providing feedback and recommendations to Veterans, families, and the treatment team.

**Case load:** Interns completing a major experience will complete 3-4 assessments per month (2-3 neuropsychological assessments in Outpatient Geriatric Neuropsychology and one cognitive or capacity assessment in HBPC). Interns completing a minor experience will complete two

- neuropsychological assessments per month in Outpatient Geriatric Neuropsychology, with the possibility of exposure to assessments in HBPC.
- Supervisor: Margret Murphy, Ph.D., ABPP

<b>Example 1</b>					
<b>Major: Assessment;</b>					
<b>Minor #1: Community Living Center; Minor #2: Geriatric Mental Health Clinic</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	Outpatient Neuropsych	Outpatient Neuropsych	Research / Didactics	CLC	Geriatric MHC
<b>Week 2</b>	Outpatient Neuropsych	Outpatient Neuropsych	Research / Didactics	CLC	Geriatric MHC
<b>Week 3</b>	Outpatient Neuropsych	Outpatient Neuropsych	Research / Didactics	CLC	Geriatric MHC
<b>Week 4</b>	HBPC	HBPC	Research / Didactics	CLC	Geriatric MHC

<b>Example 2</b>					
<b>Major: Community Living Center;</b>					
<b>Minor #1: Assessment; Minor #2: Geriatric Mental Health Clinic</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	Outpatient Neuropsych	CLC	Research / Didactics	CLC	Geriatric MHC
<b>Week 2</b>	Outpatient Neuropsych	CLC	Research / Didactics	CLC	Geriatric MHC
<b>Week 3</b>	Outpatient Neuropsych	CLC	Research / Didactics	CLC	Geriatric MHC
<b>Week 4</b>	Outpatient Neuropsych	CLC	Research / Didactics	CLC	Geriatric MHC

<b>Example 3</b>					
<b>Major: Geriatric Mental Health Clinic;</b>					
<b>Minor #1: Community Living Center; Minor #2: Assessment</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	Outpatient Neuropsych	Geriatric MHC	Research / Didactics	CLC	Geriatric MHC

<b>Week 2</b>	Outpatient Neuropsych	Geriatric MHC	Research / Didactics	CLC	Geriatric MHC
<b>Week 3</b>	Outpatient Neuropsych	Geriatric MHC	Research / Didactics	CLC	Geriatric MHC
<b>Week 4</b>	Outpatient Neuropsych	Geriatric MHC	Research / Didactics	CLC	Geriatric MHC

**~ INSTRUCTION ~**

The geropsychology interns participate in a weekly, hour-long geriatric mental health seminar. The seminar is attended by the geropsychology trainees and supervisors as well as geriatric psychiatry providers and social workers and their trainees, as available. Seminar covers a range of topics, including core information related to geriatric mental health as well as topics of interest selected by faculty and students. All interns are expected to facilitate or co-facilitate at least two seminars and we welcome varied presentation styles. For example, past seminars have included case presentations, discussions of articles, and didactic lectures (i.e., PowerPoint slides). Additionally, interns attend a monthly, hour-long Geriatric Capacity/Neuropsychology seminar series. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC program, the Harvard hospitals, and the Jamaica Plain neuropsychology service.

**~ SUPERVISION ~**

The geropsychology interns receive a total of 4-5 hours of supervision per week consisting of a combination of: (1) In the outpatient clinic, individual supervision with Drs. Moye, Jacobs, or Bamonti as well as videotape group supervision in which trainees, Dr. Jacobs, and Dr. Bamonti all rotate showing therapy recordings; (2) both individual and group supervision in the CLC with Dr. Hinrichs; and (3) individual supervision with the assessment supervisor (Dr. Acharya in Outpatient Geriatric Neuropsychology and Dr. Murphy in HBPC). The geropsychology fellows also work in each of these settings and collaborate with interns. The geropsychology fellows often provide clinical case consultation "supervision" to the interns, under the supervision of a licensed provider.

**~ SELECTION CRITERIA ~**

The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or research in the areas of adult development and aging, clinical geropsychology, behavioral medicine, rehabilitation psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.

## ~ RESEARCH ~

In the geropsychology rotation, our goal is to provide each intern with a research / program evaluation training experience that supports their individual goals. It is crucial to us that you align your projects with your interests and with what is feasible. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to “be a part of the scholarly world” – learn to think critically, ask questions, develop data-based answers. This activity may take many forms including but not limited to collaborating on an existing research project via preparation of a poster, a manuscript, or a grant; developing and evaluating a group therapy protocol; developing and evaluating educational programs for staff; collaborating with faculty on a book chapter when available; or writing up a case for publication.

Interns are encouraged to collaborate on research / program evaluation and other professional activities (e.g., committee service) with Drs. Acharya, Hinrichs, Moye, Jacobs, and Bamonti as well as other supervisors involved in geropsychology training at the practicum and fellowship levels including Drs. Mlinac, Murphy and Fish. These psychologists collaborate actively with each other across various projects and interests.

### **Recent, representative presentations and publications from this rotation include:**

names are current faculty members. Asterisks denote current or past trainees.

Bailar-Heath, M. B.\* & Moye J. (2014) International Perspectives on Capacity Assessment. In N. A. Pachana and K Laidlaw, editors (Eds). Oxford Handbook of Clinical Geropsychology, (pp.248-266). Oxford: Oxford University Press.

Feng, M.\*, Mulligan, E. A.\*, & Moye, J. (2014, November). Characteristics associated with symptom improvement among older adults in psychotherapy. Poster presented at the 67th Annual Meeting of the Gerontological Society of America, Washington, DC.

Hilgeman, M.\*, Moye, J., Archambault, E., Billings, R.\*, Karel, M. J., Gosian, J., & Naik, A. (2012). In the Veterans voice: Psychosocial needs after cancer treatment. *Federal Practitioner*, 29(Suppl. 3), 51S-59S.

Jahn, A.\*, Herman L., Schuster J., Naik A., & Moye J. (2012) Distress and resilience after cancer in military Veterans. *Research in Human Development*, 9, 229-247.

Kimmel, D. C., Hinrichs, K. L. M., & Fisher, L. D. (2015). Understanding Lesbian, Gay, Bisexual, and Transgender Older Adults. In P.A. Lichtenberg, B.T. Mast, B.D. Carpenter, & Loebach Wetherell, J. (Eds.), *APA Handbook of Clinical*

Geropsychology, Vol. 1 APA handbooks in psychology, (pp. 459-472). Washington, DC: American Psychological Association.

King, K., Gosian, J., Doherty, K., Chapman, J., Walsh, C., Azar, J. P, Danhauer, S., & Moye, J. (2014). Implementing yoga therapy adapted for older Veterans who are cancer survivors. *International Journal of Yoga Therapy*, 24, 87-96.

Moye, J., June, A.\*, Martin, L. A., Gosian, J., Herman, L., & Naik, A. D. (2014). Pain is prevalent and persisting in cancer survivors: Differential factors across age groups. *Journal of Geriatric Oncology*, 5(2), 190-196.

Mlinac, M., Page, K. S.\*, & Hinrichs, K. L. M. (in press). Geriatric rehabilitation psychology. In M.A. Budd, S. Hough, W. Stiers, & S. Wegener (Eds.), *Practical Psychology in Medical Rehabilitation*. New York, NY: Springer.

Mulligan, E. A.\*, Wachen, J. S., Naik, A. D., Gosian, G., & Moye, J. (2014). Cancer as a Criterion A traumatic stressor for Veterans: Prevalence and correlates. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(Suppl 1), S73-S81.

Norris-Bell R. N.\*, Moye J., Mulligan, E. A\*, Herman L., & Naik, A. D. (2013, November). Stress-related growth among older Veterans with cancer. In E. A. Mulligan & A. D. Naik (Chairs), *Quality of Life After Cancer Treatment: Implications from a Study of Older Veterans*. Symposium conducted at the 66th Annual Meeting of the Gerontological Society of America, New Orleans, LA.

Page K.\*, Sakai, E., Carpenter, B., Karel, M., Molinari, V., & Moye, J. (2014, August). Supervision in geropsychology: Preparation, practices, and next steps. Symposium conducted at the 122nd Annual Meeting of the American Psychological Association, Washington DC.

Regier, N.\*, Naik, A. D, & Moye, J. (2014, November). A comparison of the effects of cancer, cancer treatments, and emotional factors on cognition in younger and older veterans. Poster presented at the 67th Annual Meeting of the Gerontological Society of America, Washington, DC.

Wood, S. & Moye, J. (Editors). (2008) *American Bar Association/American Psychological Association. Assessment of Capacity in Older Adults Project Working Group. Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*. Washington DC: American Bar Association and American Psychological Association.