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) psychodiagnostic, cognitive, capacity, behavioral, and functional assessments 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 that are 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. Due to the growth of the aging population and need for mental health services for older adults and their families, the importance and opportunities for education and training in this field are increasing. 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). In 2017, our Geropsychology training program won the Excellence in Geropsychology Training Award given by the Council of Professional Geropsychology Training Programs.
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 aim to support the interns’ 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 primarily occurs on the Brockton campus, though there are occasional opportunities for assessment training at the Jamaica Plain campus.

The Geropsychology Training Track consists of two interns and two postdoctoral fellows. All trainees have access to an office space, office computer, telephone, and 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 distinct clinical settings over the course of the rotation, with a focus on three major competency areas: (1) psychotherapy, (2) cognitive and capacity assessment, and (3) consultation/liaison. For the 8-month interns, 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. The 4-month interns’ clinical time will be evenly split between settings.

Rotation settings include:

- **Outpatient Geriatric Mental Health Clinic [Psychotherapy] Rotation:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to Veterans over the age of 65. The clinic team includes two psychologists (Dr. Lindsey Jacobs and Dr. Patricia Bamonti), one clinical social worker, a social work intern, a psychiatrist, a psychiatric nurse, four psychiatric nurse practitioner residents, a psychiatry resident, and some combination of the geropsychology trainees (fellows, interns, practicum student). The clinic receives referrals from primary care providers, inpatient psychiatry, the Geriatrics Clinic, 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, provide
individual psychotherapy services, and co-lead psychotherapy support groups and evidence-based time-limited groups. Therapy groups include, but are not limited to: transdiagnostic support groups, acceptance and commitment therapy, cancer support, caregiver support, bereavement, aging and memory, insomnia, PTSD and aging, healthy communication, mindfulness, 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 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:** PATRICIA BAMONTI, PH.D., M. LINDSEY JACOBS, PH.D., MSPH, AND JENNIFER MOYE, PH.D., ABPP.

**Community Living Center (CLC) [Consult/Liaison] Rotation:** The Brockton CLC offers subacute rehabilitation, long-term care, and hospice and palliative care services. Two ~ 30-bed units provide sub-acute rehabilitation, 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 psychosocial 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 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, a rehabilitation psychology intern, 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 patients; adapting psychotherapy interventions for frail patients; 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 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

Capacity Clinic/Assessment Rotation: Assessment training occurs in the Geriatric Mental Health Clinic as well as the Capacity Clinic, which is housed within the Geriatric Mental Health Clinic. Geropsychology interns will develop skills in cognitive and capacity assessments, 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, the referring provider or treatment team. Referrals for cognitive and capacity assessments are received in-house (i.e., from providers in the Geriatric Mental Health Clinic), and additional referrals for capacity evaluations are received from Neuropsychology, primary care, Geriatrics Clinic, and other specialty clinics. This rotation can be taken as a minor rotation only.

Case load: Interns will complete 2-3 assessments per month in the Geriatric Mental Health Clinic, with the possibility of exposure to assessments in Home Based Primary Care and the CLC.

SUPERVISORS: PATTY BAMONTI, PH.D., LINDSEY JACOBS, PH.D., MSPH, JENNIFER MOYE, PH.D., ABPP, AND JESSICA STRONG, PH.D.

| Example #1 |
| Major: Community Living Center |
| Minor #1: Geriatric Mental Health Clinic | Minor #2: Assessment Clinic |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| CLC | Geriatric MHC | Research / Didactics | CLC | Assessment |

| Example #2 |
| Major: Geriatric Mental Health Clinic |
| Minor #1: Community Living Center | Minor #2: Assessment Clinic |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| CLC | Geriatric MHC | Research / Didactics | Assessment | Geriatric MHC |
~ Instruction ~
The geropsychology interns participate in a weekly, hour-long Geriatric Mental Health Seminar series. This 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 throughout the 8-month rotation, 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 “Decision Making Capacity and Ethical Issues in Aging” seminar series. This is a seminar/webinar that we offer nationally. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC, 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) weekly individual and group supervision in the Geriatric Mental Health Clinic with Drs. Moye, Jacobs, and Bamonti; (2) weekly individual and group supervision in the CLC with Dr. Hinrichs; and (3) weekly individual and biweekly group supervision in the Capacity Clinic/Assessment Rotation with Drs. Jacobs and Bamonti. The geropsychology fellows also work in the Geriatric Mental Health Clinic and CLC, and they 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; writing up a case for publication; and engaging in quality improvement projects.

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

► Selected recent publications from our staff (highlighted):

**Capacity and Functional Assessments:**


**Education and Training:**


**LGBT and Aging:**


**Smith, R.W., Altman, J., Meeks, S., & Hinrichs, K.L.M. (2018).** Mental Health Care for LGBT Older Adults in Long-Term Care Settings: Competency, Training, and Barriers for Mental Health Providers. *Clinical Gerontologist.*


**Long-term care and rehabilitation:**


**Cancer survivorship:**


**Mental health:**


**Bamonti, P.M.,** Fiske, A., & Price, L. (2014). Depressive Symptoms and Suicide Risk in Older Adults: Autonomy as a Moderator for Men but not Women. *Suicide and Life-Threatening Behavior, 44*, 188-199.