

Ask the Expert Survey Responses – November, 2020

Survey consists of answers from psychologists, researchers, and professors in settings of an Academic Medical Center, Community Mental Health, Private Practice, VA Medical Center, University setting, Medical setting (i.e., nursing homes) or are currently retired.

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Clinical Experience

Question: There are a number of barriers to clinical training opportunities for many students in working with older adults, especially students not in gero-specialized programs. What recommendations do you have to obtain this training (e.g., number of hours, types of settings, demonstrative level of interest in the absence of direct experience)?

Answers:

- Get health psychology training - many older adults in those settings, and learning about health issues impacting mental health is incredibly helpful in gero work. Also look for grant funded positions that do not have to worry about billing for clinical services.
- Doctoral (and Master's) programs vary in the breadth and depth of practica available to students. Consider speaking with your DCT about finding a community partner with whom to develop a gero practicum , and broadly consider systems of care which serve older adults (e.g., VA medical center or local VA community-based outpatient clinic, primary care, hospice, social service agency, subacute rehab, long-term care, neuropsych, specialty medical setting). There may also be opportunities to gain exposure and experience in a clinical research context with older adults, perhaps as an interventionist for a trial. Finally, if none of this works, there are a great many number of internships that include specialty training in gero.
- Working across a diverse group of geriatric settings and providing a variety of psychological activities to older adults is most appropriate. For those students who are in programs where geropsychology options are limited, take advantage of all those limited options. Try to take courses that have an aging component, neuropsychology, life-span development etc. Is there a faculty member who would allow you to do a directed readings class on aging? How about a dissertation on an age-related topic? For those who want to become board eligible in geropsychology, you may at least be able to take an age-related course or CEUs that may help you with the Education requirements that can then be supplemented by internship & post-doc

experiences to fulfill the Training requirements for ABGERO board certification. Do not lose hope if your program does not offer your desired geropsychology training experiences. There are many paths to geropsychology specialization!

- Even in programs that do not have a gero specialty, there are plenty of opportunities to gain relevant knowledge, skills, and experience. Research experience with younger populations can be relevant to geropsychology, e.g. studying ageism, family caregiving, etc. All clinical psychologists, including those working with older adults, need a solid background in assessment, psychotherapy, working on teams, and working with families. Clinical settings not labeled as geropsychology but that include consultation, rehabilitation, neuropsychology, or family therapy will be highly relevant.
- Request to see older patients and caregivers at practicum sites. Seek training in hospitals and primary cares. Include older age criteria in dissertation research and seek tests and measures validated for older adults. Volunteer at hospice agencies. Seek a mentor, if possible. Sign up on listservs (e.g., Div 12/II) to reach out to the geropsychologist community.
- consider volunteering in a setting where student could provide supportive services to older adults (e.g., a hospice; a skilled nursing facility; an Adult Day Care center, etc.).
- I would work with supervisors to identify older adult clients or clients with problems often faced by older adults (e.g., functional change, chronic/acute illness, role change) and seek out readings. Gaining exposure and understanding of foundational geropsych and gerontological theories/concepts is very helpful. Also recommend networking to find gero mentorship w/in and outside of your institution (like this networking event!) for further guidance and advice. Would also recommend finding settings that often serve older adults (e.g., primary care, subacute hospital settings, VA settings) to gain informal exposure and experience with older adults.
- make connections with gero societies and find mentors who are in the field who can help you find opportunities in your geographic area. Find ways to integrate aging issues into your course work (e.g., final papers for courses, dissertation or honour's thesis).
- Possibly work asking side a supervisor in gerontological settings such as nursing homes.
- Most of my experience came from the VA setting, which wasn't specified as a gero site, but I would ask for a lot of older veterans and this was an easy ask in that setting. Integrated primary care settings will also provide a lot of opportunity to see older adults, even if it isn't a gero-specific setting. I would also encourage you to lobby to your training director, and ask them to help you identify new or existing places that could have a good number of older adults.
- Try to obtain practicum hours in a gerontology clinic or others where many persons 60 and above are served (e.g., neuropsychology, physical medicine and rehabilitation clinics, chronic pain centers, and possibly primary care). The same should be sought on internship if not in a formal gerontology program. Becoming involved with the gerontology division as a student is also encouraged. This includes volunteering for anything and everything.
- Be assertive! push for opportunities, expand beyond your program's "traditional" course offerings, take control of your training direction. You can do this!
- Appropriate assertiveness will take you a long way. If people who can provide the training are often very eager to partner with promising emerging professionals, but they can't help you if you don't tell them what you want. Remain persistent. You might seek out internship programs with a gero rotation. If you find that you enjoy this work, you might then transition to a gero-focused post-doc.
- I sought out my own clinical experiences and requested they be turned into practicums. I became involved in clinical research opportunities of other departments such as the school of nursing that had gero grants and received training that way as well.

- While working with older adults is obviously important to becoming a geropsychologist, if your training program does not have opportunities, don't worry. You can still get them on internship and post doc. Having an INTEREST is key. You can explain away the lack of experience, but try to think out of the box. Are there ways for you to volunteer to get more experience? This won't be psychotherapy hours, but it will be exposure to the population, which will help you demonstrate your interest when applying for internship and post doc.
- It is not clear what clinical training is referring to without knowing the context of that training: School of Medicine, Nursing School, VA, community clinics, clinical departments? There needs to be training within a medical setting as part of gero-curriculum.
- I found volunteering very helpful. I contacted a large social service agency and they found me a position as a volunteer friendly visitor in an apartment for frail elderly residents. The social worker covering the apartment met with me occasionally to answer questions and give guidance. Very helpful.
- Where there is training available in health psychology and neuropsychology, both of these are relevant to gero, so a well-rounded adult program that allows specialized training in these areas is helpful -- it is important to have familiarity with cognitive assessment across the life span and also with how to work with individuals who have chronic diseases. You should also seek course work or training in life span development theory, which provides an important foundation for understanding the aging experience. Work in interdisciplinary settings is very important for gero work. Exposure to settings where older people seek care -- primary care settings, nursing homes, assisted living, and other congregate housing settings especially.
- Offer a nationally sanctioned exam that a student or recent graduate can sit for that demonstrates their understanding of key concepts.
- If direct experience is hard to obtain, but you have an interest in Gero, try taking courses outside your department, reaching out to potential mentors, and maybe volunteering in a hospice or long-term care setting. Anything that shows enthusiasm and creativity related to your desire to work with older adults will go a long way!
- If formal training opportunities are not available, it still may be possible to engage in less formal opportunities that still involve clinical skills. For example, the Alzheimer's Associations runs support groups in most larger communities, and cofacilitating a support group with an Association staff member can be a way to get some experience with older people who have dementia or their caregivers. You may not be supervised by a psychologist, but you can still get great experience and list that experience on your CV. Continuing education seminars, webinars, and trainings (some available through APA) are also open to all. Using the Pike's Peak competency tool is an effective way to track the development of your competencies.

Question: In general, what suggestions do you have for balancing generalist and gero-specific training?

Answers:

- Get solid grounding in evidence-based programs that also have an evidence base for older adults (e.g. CBT, IPT) so you only need to learn how to adapt them later. Learn about social determinants of health at all ages.
- Many of the principles of geropsychology apply to generalist work, such as an appreciation of the biopsychosocial context of etiology and treatment of mental and behavioral health concerns, an understanding of systems (including family systems, systems of care, and policy), and an appreciation for intersectionality in the therapeutic relationship. Consider which themes resonate across the lifespan and where you need more specialized knowledge or skills.

- For the health of the field, in graduate school, a balance of generalist and gero-specific training may be preferable. It is good to have cross-fertilization of psychologists who were not just exclusively trained in geropsychology, but perhaps in health psychology, palliative care, rehabilitation psychology, or neuropsychology. Gaps can be made up by geriatric post-doc experiences, CEUs, and/or seminars.
- Gero specific training can be readily gained at the internship and postdoctoral levels. Solid general skills in clinical/counseling/rehabilitation psychology and neuropsychology are all very important for success in geropsychology.
- You will find that many of the so-called "gero" issues can be broadened to human issues such as grief, loss, trauma, adjustments and life transitions present across the entire lifespan. Since older adults will comprise 20-25% of the population and likely 50% or more in hospital settings, it may help to try to split at least 1/4 to 1/2 of your clinical experience in working with the older population in training. The older adult population is extremely heterogeneous, and you will likely see older adults in most specialty areas (even pediatrics as older caregivers may be involved in childrearing).
- Get good generalist psychological education and get involved with gero specific experiences in addition.
- I recommend getting basic foundational generalist training to understand the basics (of therapy, assessment, etc.) in order to recognize what's similar and different in gero-specific skills (e.g., how to modify therapy, assessment, etc.). There's a lot of strength and value to having gero-specific training. I have heard some express concern about being overly-specialized. While I can appreciate this concern, I don't foresee this happening as long as you know how to market yourself and describe how your geropsych training applies across populations.
- If you've been able to get good gero experience or know that you will get these experiences in the coming year(s), seek out experiences that are not gero related (pediatrics, trauma center, women's health, returning veteran's, etc.)
- I was in a generalist program that did not have any gero folks in it. I sought them out through neuropsych settings, VA settings, and supplemented my training in general psychotherapy with my supervisors at those sites as well as staying active in gero groups like 12-2 and PLTC.
- If one's internship does not have a formal gero track, attempt to get as much relevant experience as stated above (e.g., neuropsychology, PM&R, etc.). However, keep in mind that skills learned in working with one group may cross over. Gaining skills in a variety of settings can be helpful regardless of where one ultimately works.
- As above, while getting basic training (e.g., in clinical psychology), both add gero-specific opportunities, but also work to have gero-focused experiences count towards, general training requirements.
- Generalist training is geriatrics training. Our patients represent the cumulative downstream effect of the myriad processes and effects you learned about in any course. Some specialized training, of course, is necessary. It is my opinion, however, that super-specialized training in graduate school compromises opportunity for adaptive growth as a professional. I believe that a course or two (maybe a doctoral minor, but no more), 2+ papers on pertinent topics including whatever comes from your dissertation, and *some* clinical training is adequate. Suitable training may be easily obtained by working as a psychometrician for an adult neuropsychology practice. In my experience, most clinical supervisors/attending psychologists are happy to match trainees with patients on the basis of expressed student interests. But don't lose sight of early-life development, social development across the lifespan, and the downstream impact of positive and negative early- and mid-life decision making.

- My PhD program specialized in Behavioral Medicine. Being trained in the full spectrum of medical settings for a variety of illnesses improved my understanding of older adult health.
- Make sure you get both. A lot of gero folks don't necessarily get the generalist training because they're focused on getting gero training. I think you're doing yourself a disservice if you're not fluent in multiple modalities of therapy and with multiple disorders as they present throughout the lifespan. Working with older adults often means working with their family caregivers who may or may not be older. Also, when you graduate, you want to have a broad set of skills to market - make sure your gero expertise is there, but don't short change your generalist skillset.
- Clearly more opportunities are needed for all levels of clinical training. Balancing generalist vs. gero will differ depending on community setting and method of reimbursement for medical and psychological care.
- Any exposure to clinical work with any age group can help inform your knowledge regarding working with geriatric populations.
- Your early training should be generalist, later training specialized.
- Strong generalist training is an important foundation for any specialist in gero. Although gero training is great, don't skip over the basics of assessment or therapy skills. A lifespan approach is really helpful.
- This would depend on the kind of career you aspire to, the kinds of people you expect to work with in providing clinical care, and the knowledge and skills you would need to be effective in that work. Fortunately, much of what you learn in general clinical training is applicable to older adults, although of course there is some detailed knowledge about the unique experiences of older adults that are critical to understand before working in depth with them.
- Learn as much as you can about the world you live in. This means going beyond the division's interests. Be concerned with interdisciplinary research. Consider becoming involved with your community. Follow public policy and the arts.

Research

Question: How important is older adult research experience in training?

Answers:

- Very important to understand how it is done, where it's done and where it's not done - e.g., paper that just came out about older adults being left out of almost all cancer intervention trials. My experience is that having some experience in research is incredibly helpful for doing clinical work and understanding what evidence-based treatments really mean.
- Important
- Critical, especially if one is pursuing a PhD.
- I think conducting research on older adults is most important for those interested in academics, but understanding the voluminous and ever-burgeoning basic and applied literature is essential for all geropsychologists.
- I urge students to learn outstanding research skills, whether they have ready access to older adult populations. Learning great skills in writing, research, and publication will be helpful throughout your career. While in graduate school it is important to pay attention to feasibility, do top quality projects that are likely to yield significant publications. There are also many readily available data sets that have great information on older adults, including HRS, MIDUS, NSOC and NHATS, and others. I think it is wise for students to develop skills both in primary data collection projects, and in analyzing secondary data. Research skills and accomplishments can

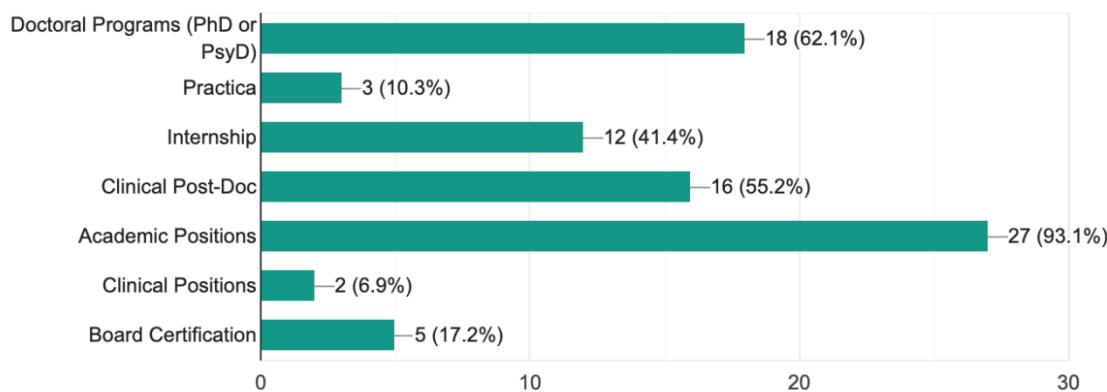
provide access to great careers and we need more geropsychologists with outstanding research skills to expand our evidence base.

- It would be nice to develop a critical eye in consuming general research, but having a gero-informed supervisor/mentor is more important.
- It would depend on whether the student wants to go into research or not. If the student only wants to go into clinical work, then research is not so important.
- I think it's highly important in order to critically review and examine the research that then informs our understanding of diverse aging processes. It also helps us evaluate the utility and appropriateness of applying "generalist" clinical applications and translational research to older adult populations.
- Depends on your program and career goals
- As long as you understand research reports, no research in training is necessary
- I didn't have any before going into internship and postdoc, and got plenty of those experiences going forward from there. I think a general rule would be to get as close to your interests as you can (using things like MTurk, etc.) and seek out mentorship from 12-2 or 20 if you feel you want an outside person to help you out. We're pretty willing to help!
- It depends on career goals. If planning to go into academia, it is very important. If planning a career in a VA setting, it is less so. I generally recommend becoming involved with research as much as a person's time and training requirements allow.
- I'm a researcher, so I think very important. Even if not important for your job at time, all of our work is predicated on sound research. Be part of the answer!
- If you want to become a healthcare researcher, then it is critical. If you're motivated to pursue a clinical career, then developing your own research is of somewhat negligible importance. There are many great PsyD programs available that provide training consistent with the professional goals of the aspiring clinician. Research-intensive internship and post-doc programs (MUSC, Brown, UCSF, among others) select for students with strong research credentials. Clinical training is more critical for matching to most internship programs.
- Very.
- It depends on what you want to do with your career. Also, I'm realizing increasingly more that learning and training is a life-long endeavor. If you want to get more experience, there will be opportunities for you to do so outside of graduate school.
- Essential
- It was not much help to me. I knew I didn't want to do research, only clinical work.
- Research experiences and the deep dive into the literature that they require give you a solid foundation in understanding the science that supports clinical work with older adults. If you do not have a good grasp on that science, it will be harder for your work to be evidence-based.
- Extremely important.
- The types of research published and read and the clinical experiences are iterative processes. I see research as integral to the success of clinical outcomes.
- fairly. it demonstrates a commitment to older adults and helps you learn to better produce and consume science about older adults.
- I'm biased, but I think it's very important. And it can be useful to your clinical training if that research focuses on clinical or applied topics.
- I think it is very important.

Question & Answer

During what application process do you believe research is strongly encouraged as a prerequisite? Check All That Apply

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Question: What are some ways of getting involved in geropsychology research if my program does not have a focus in geropsychology?

Answers:

- Contact researchers doing work you are interested in and ask to be part of the process - many will happily accept free help! You might be tasked with doing lit searches and but that can get you on publications. Now that so many universities are going virtual, the opportunities to participate virtually in other people's labs might grow - could be a great opportunity to even get exposure to lab meetings.
- Consider discussing with your mentor a way to leverage but broaden their research expertise to explore a research question in an aging population for your thesis or dissertation. This may require finding an outside committee member from geropsych or a related field who could help advise in this role. Also consider multidisciplinary mentors and research opportunities at your home institution; e.g., school of nursing, medical school, social work, or OT/PT.

- Pitch a topic that is both age-related and an area of interest of a faculty member. Your research does not have to focus exclusively on older adults, but aging could be one aspect of a dissertation topic.
- Many areas of research including rehabilitation and neuropsychology are highly relevant to geropsychology. As noted above, there are many opportunities for analysis of secondary data sets, which often have very large sample sizes, great racial/ethnic diversity, and longitudinal data which would not be possible to gather while a graduate student.
- One way is to volunteer your time to help out at another lab as long as the lab also offers some form of regular didactics or specific training related to consuming geropsychology research and clinical work. You can ask around on listserv.
- Seek out researchers in other settings who are doing research and offer to help as a volunteer, including at a distance.
- I would work with your mentor to consider ways of adapting current research to older adults, if possible. Professional organizations (12-II, Div 20, PLTC, GSA) may also offer opportunities to network and collaborate on research activities. Geropsychology needs researchers and academicians. Our field values generativity and would likely welcome collaboration across institutions to further the cause.
- Find a supervisor (honours, master's thesis, or dissertation) who you have an interest in their work and they are willing to extend that work into the aging population.
- I would attempt to find a mentor through 12-2, 20, or PLTC that you can talk with about your interests. We have a lot of connections and can provide a bridge to other folks too. Volunteer help is always appreciated, and approaching someone to see what you can be involved with is a good idea. You can also do your own work with your doctoral mentor, if they are comfortable supporting you. There are ways to get older samples, if that's what you are interested in, that can be brainstormed with a gero person as well.
- Ask professors in the department what they are working on and see if any involves topics relevant to gero. Therefore, one's thesis and dissertation may address gero issues. The same can occur on internship and postdoc.
- Look for other departments and centers on campus or nearby medical centers. Don't be afraid to push within your own program for gero-focused new opportunities.
- Walk around GSA and strike up conversations, get involved in GSA specialty groups, and get good at statistics. I picked up about 7 extra publications in grad school because I was good with stats. When others seek out people with this skill set, it creates great opportunities.
- Search out opportunities in other departments, particularly those of the medical centers affiliated with your graduate school.
- Reach out to geropsychologists outside of your institution, especially now that everything is remote. I regularly collaborate with graduate students who want to help out on papers and projects. Most of us are more than willing to mentor and have extra help on our projects, so I know that I would love more students who want to work with me!
- Make your research skills available within clinical settings where you can learn as well as contribute: e.g., neurology, otolaryngology, radiology, nursing, dermatology, etc.
- There may be faculty in other disciplines who are doing gero work at your University, so that would be my first suggestion -- see what research may be going on that could link with your training. Look at social work, nursing, medicine, physical/occupational therapy, other social sciences, public health.
- Online gerontology certificate programs; workshops; virtual training programs
- National organizations, local chapters, undertaking individual research projects

- Trying to apply concepts you do have mentors for to older adult populations or settings. Reaching out to research mentors in other departments. At a minimum reading research about older adults.
- Consider other departments or areas on your campus where people may be doing aging-related research. You may find psychologists in other departments (OT, PT, Psychiatry) and you may find scholars from other professions (Social Work, Law) who are engaged in aging-related research and would welcome the collaboration.
You can also reach out to researchers at other institutions to see if you could hop on to a project at their site.
- Look for opportunities in the local community.

Question: What geropsychology or general conferences should I attend?

Answers:

- APA, GSA
- GSA, ASA, APA
- GSA is a great general networking conference, and a way to get a broad scope of the (interdisciplinary) field of aging. Other than that, work with your mentor or other research supervisors to best understand your specialty areas and lab expectations for conference attendance and presentation. Many general societies will have Special Interest Groups (SIGs) specific to aging/gerontology. Some of my favorites are ABCT (for psychotherapy researcher or dissemination and implementation work in mental health services) and Society of Behavioral Medicine (for anyone doing behavioral medicine/health psychology, health promotion, or integrated medical/primary care work). Ask around -- there are also specialty neuropsych conferences, psychological science conferences, trauma specialty conferences, geriatric psychiatry conferences, and so forth that can be relevant for aging researchers.
- As a student, try to attend both GSA & APA. You will soon find which is most relevant and better 'speaks' to your area of interest. For those with a more medical bent, the American Association of Geriatric Psychiatry or the American Geriatrics Society are worth attending.
- Both APA and GSA are outstanding conferences. Many of the people I met as a new PhD through GSA Mental Health Practice and Aging Interest Group, 12-2, and Division 20 are among my closest friends and colleagues today. Make a point of attending the business meetings and social events and introduce yourselves, people in geropsychology are very friendly.
- GSA is the most popular one.
- GSA; APA
- GSA and APA (for aging-specific programming - Div 12-II and 20 in particular) specifically for the behavioral sciences. American Association for Geriatric Psychiatry may be another option although I have not attended their conference yet. I would also look at state associations to see if there are special interest aging groups or other regional/local associations with similar interests. Sometimes they also host conferences with aging topics and often these conferences are smaller and more intimate than national ones. They may provide good opportunities for networking closer to home.
- I attend Gerontological Society of America and APA.

- GSA is always great, and you are already doing that! If you have a specific focus (cognitive aging, healthy aging, etc.) there is time to find smaller groups where you have a more personal experience - like 2000 people instead of 10,000. ;)
- GSA is obvious, but depending on your interests, the neuropsychology conferences like INS and NAN, or the broad neuroscience conferences like SfN are quite good.
- GSA; APA Division 12-2; INS if you're interested in geriatric neuropsychology;
- GSA, AAHCM, and ADEC (Association for Death Education and Counseling) for hospice/grief/bereavement training and networking.
- GSA, APA is good for general. If you think you want to go into palliative care, think about AAHPM, but it's super expensive.
- Whichever ones seems to fit your interests and provide the most use and motivation for your career. Don't be afraid to sample.
- GSA is my #1 pick. At APA, attend socials for Division 20 and Div. 12, Section II, and look for work from folks in these groups.
- Gerontological Society of America; Association for Psychological Science; American Psychosomatic Society
- GSA, Alz. Assoc. Int'l Conf.
- I love APA, but that really speaks to my interest in broad populations and topics.
- APA, GSA.
- It is fun to go to international conferences.

Society Involvement

Question: What geropsychology or related societies should students join nationally and locally?

Answers:

- SCG/12-11, CoGTP, APA Division 20, PLTC
- GSA, ASA, APA, State PA
- Society of Clinical Geropsychology (APA Div 12/2).
- Become a student member of APA's division 20 (research), PLTC (long-term care), or SCG (clinical work, applied aging research).
- APA 12-2, APA Division 20, and others based on special interests. GSA's BSS Section and Mental Health Practice and Aging groups, as well as other interest groups depending on your special interests (e.g. Palliative Care) can be great as well.
- Div 12/II, COPGTP
- Division 12, Section II; PLTC; GSA
- GSA, APA (Div 12-II and 20), PLTC. Society of Behavioral Medicine may also have some special interest groups (e.g., palliative/hospice care) that relate to aging issues. State psych associations may also have aging special interest groups. You might also look into local population- or disease-specific organizations (e.g., aging-related organizations; local Alzheimer's Association chapters) for opportunities to get involved.
- Division 20 in APA
- GSA early career folks, PLTC if you are a long-term care enthusiast, and your state psychology association are great places. These organizations at the state level are often really interested in your voice as a graduate and early career person and there may be chances for leadership as well.
- GSA, APA Division 12-2 and Division 20
- 12/2 and COGTP

- Gerontology society, and appropriate divisions of professional societies.
- GSA, APA (Div 12 and 20, Section II of Div. 12). Another possibility if your interests lean toward psychiatry is AAGP. PLTC if you are specifically interested in Long Term Care.
- Gerontological Society of America
- SCG and PLTC
- Society for Clinical Geropsychology, APA Division 20, Psychologists in Long-Term Care are at the top of my list. Depending on your interests, others include APA Division 40 (Neuropsychology), Division 38 (Health Psychology).
- There are lots of them--try a couple and see how it goes for you.

Question: How can students become more involved in the geropsychology societies?

Answers:

- Become a student rep, volunteer to be on a committee, respond to requests for task forces - students are ALWAYS welcomed. If you see something that you think could be better, volunteer to participate in the effort to make it better - you'll absolutely be respected for your energy and effort!
- Consider joining committees to get maximum networking and a view into the variety of professional geropsychologists in this organization.
- I believe that geropsychology societies are very welcoming of students, particularly with APA's initiative regarding emphasis of younger early career psychologists. Be assertive and volunteer for committees after you join. You will be welcomed wholeheartedly. Getting involved with geropsychology organizations is one of the best ways of consolidating your identity as a geropsychologist, and broadcasting to others your 'party' affiliation.
- Attend the business meetings and social events of these organizations. Get to know fellow students, and psychologists who have done work in your area of interest.
- Express your interest, and opportunities will likely emerge.
- Find and email any representative who is listed on the website.
- Nominate yourself to be a student rep, volunteer for committee work, reach out to board members to ask about other volunteer opportunities. Our community is highly invested in priming the pipeline for the next generation of geropsychologists. There's always more work to be done than there is time or person-power. In my mind, it's perfectly fine to nominate yourself for various positions (student rep) - it shows initiative, commitment, and drive.
- Serve as student reps or attend student socials
- Volunteer for different positions
- Volunteer to write something for the newsletter, volunteer for a student position, volunteer to help the President of that society for the year, come to the social gatherings, apply for student awards!
- Volunteer starting early in grad school. If possible financially, attend conferences and get to know people working in the field.
- APA division 20 is very welcoming to students and provide lots of opportunities. Reach out!
- There are numerous opportunities for student awards and student representation. Chance favors the prepared mind. If you look for these opportunities, you will find them.
- Join as a student member. Create a separate email for all your educational/professional listservs and read through them regularly for updates. Volunteer to be a student representative.
- Just ask!
- Submit posters and papers. When attending poster sessions ask not just about the outcomes, but how the ideas were generated and how they had to be developed over time. This will provide a better understanding of the context of gero research and gero community programs.
- There are many ways! Volunteer to serve on a committee, help with the newsletter, be active on listservs, attend social hours, interact at poster sessions.
- Get involved with student organizations within GSA; serve as representatives on committees

- Just join and attend a meeting! We love to meet students and hear about their interests and ideas!
- Just ask! Students are needed in all areas, and most societies are eager to have students involved. Contact the society's chair, president, or student representatives to express your interest.
- Consider running for office; Offer to help with the implementation of programs

Networking

Question: After joining some of the larger geropsychology organizations (e.g., SCG/Div.12/II, PLTC, GSA, Div. 20), what suggestions do you have for making connections within these organizations and making the most of my membership?

Answers:

- Join committees to get to know people.
- Volunteer for committees. Geropsychologists are a welcoming group of people. It's refreshing to have new blood, and students get to interact with those well-known in the field.
- APA Division 20 now has interest groups, and those can be very helpful. Follow the listservs closely, and don't be afraid to back channel (e.g. direct email) with people who make interesting comments or who post about something that is part of your specialty.
- Use the community to raise any gero-related questions you may have. You can also ask the president of each society for recommendations on mentors.
- Contact officers of the organization and offer to volunteer to help with any tasks or projects where help might be desired.
- I would attend meetings, town halls, etc. I would also ask about volunteer opportunities and nominate yourself for student rep positions. It may also be helpful to look at the various committees within these organizations, and if there's one that interests you, reach out to the chair and ask about opportunities to contribute.
- If your mentor/supervisor is also a member of any of these organizations, I would ask them to introduce you to some key people, or get a list of names from them of people you should seek out to meet.
- Some organizations have mentor programs, which I would definitely take advantage of as a student. Also, reach out to members you share interests with, or post to the listserv when you have questions that you want gero folks to weigh in on. Apply for student awards and send in your "successes" when you have them prior to conferences.
- Offer to assist or become involved in any way. Are there offices for students such as through APAGS? Network and get to know people. If possible, attend their meetings. Prepare a poster or oral presentation for a conference, and your school may assist with travel expenses.
- Go to the conferences and talk to people. Get away from the group that you traveled to the conference with and meet some strangers. Poster presentations are great for this.
- Be your kind and thoughtful self. What matters more than your gero knowledge is whether you are someone who is pleasant to work with.
- It's scary, but just cold email people who are interesting to you. Most of us would love the help and connection.
- Go to the section meetings. Get on committees of interest. Offer to review submissions and research articles when appropriate. Meet with editors and take advantage of pre-meeting training. But - only participate to your comfort level. NIH seminars offer opportunities for training and participation.
- Apply for student awards/travel awards, and become members of the student groups.
- Get involved in some little project or sub-committee if you can. Attend the awkward networking events at conferences. Just be present.

- Attend their events, particularly any designed for students. Stay tuned in to their listservs and social media accounts, and read the newsletters regularly. People in these organizations are very friendly and want to get to know students, so reach out to them by email if you have a question or want to share something. Introduce yourself at conferences and meetings.

Question: Are there additional ways to connect outside of these organizations?

Answers:

- Do not be afraid to cold-call or cold-email people who are doing work you respect. Ask for an informational interview or their recommendations on focus of your work. They might be too busy to offer you lots of time, but you might be surprised how open they will be to communicating with you.
- If someone is interested in some new research or a therapeutic strategy, why not contact the person directly and ask questions. Take full advantage of formal or informal geropsychology mentorship programs.
- Consider inviting someone outside of your university to serve on your dissertation committee if it is in your specialty area. My PhD program welcomes this. Don't be afraid to directly contact people who are experts in your area, but be sure to be well informed about their work and to make a well informed and focused request. For example, I am always glad to send students a pdf of a paper or chapter that they don't have access to. I have also written reference letters or agreed to serve as a consultant for students applying for small grants within their university or for NIH Dissertation Grants. Participate in webinars offered by these psychologists. Another option that is rarely considered is taking online classes with instructors at other universities. For example, Dr. Victor Molinari and I offer online classes in Aging and Mental Disorders, Gerontological Counseling, Gerontological Care Management, Geriatric Assessment, and Family Caregiving in Aging and Chronic Illness. Students from throughout the US and throughout the world have taken such online classes with us.
- For clinical experience, participate in agencies that are dedicated to working with the older population, such as caregiver support groups, hospice, and home-based services.
- While it can be intimidating, emailing individuals about their work (training sites, research) often helps initiate a relationship. This is how I got connected to my graduate program - I emailed some geropsychologists and they graciously connected me to other training programs and researchers, including my future mentor!
- You may be surprised how completely approachable most of us are and like to help out. I would identify someone who you have shared interests or want to have an informal chat with and email them. People are busy, so don't worry if you don't hear back right away. Nudge us with another email!
- Look for list serves and read what they discuss. What types of questions do they ask? What are the main topics? Look for local or state associations you can join.
- Look for gero talks, seminars, webinars that are publicly available, as well as look for gero centers and institutes in your area.
- Just reach out.
- There are numerous online opportunities to become involved in research communities. Find ways within a local community or a research entity to meet for lunch or breakfast meetings to share interests in research or clinical care.
- Network through direct contacts, especially if facilitated by mentors, but even if not. However, I think being networked in the organizations is essential.
- Reach out to the NIA to become a reviewer for grants. Participate in virtual workshops/ training programs.
- Making informal contact outside of these organizations is usually very welcome. Most professionals in the field are eager to nurture your interest in aging!
- Submit a paper and/or find a faculty member to help you with a poster submission.

The Application Process

Question: When applying for graduate programs, should students pay attention to gero focused training or are generalist programs acceptable?

Answers:

- Depends on what gero opportunities are available - there might be gerontology certificate programs in a university with a generalist program, or other research happening that includes older adults.
- Both...encourage any route "in"
- If someone really wants to work with older adults, they should consider other ways of getting at least preliminary exposure to this population. For example, are there community practica opportunities at settings relevant to older adults? Or, is their intended research mentor open to expanding their work in the lab to older adults? Many subspecialties lend themselves to including a geropsychology lens or focus, such as neuropsych, health psych, and rehab psych. However, there may be limited coursework available in gero competencies (e.g., seminars in aging, assessment or interventions specific to older adulthood). This may be something the student can obtain from other institutions, departments, or on internship or postdoc.
- Gero-focused programs are probably the best, given that many generalist programs don't even expose students to older adults. However, be creative in getting some age-related coursework or practica if possible. Internship and post-docs will make up for deficits at the graduate school level.
- Many of the most prominent geropsychologists in the US did not attend gero focused programs. I had no gero experience until my postdoc. With the wide availability of excellent gero internship and postdoc programs, training at a strong general program in clinical, counseling, or rehabilitation psychology can be outstanding preparation.
- Geropsychology is a plus, but I imagine that the most important step is to get your foot through the door first.
- Generalist programs are acceptable.
- If you're committed to becoming a geropsychologist, I would apply to graduate programs with at least one (ideally more than one) geropsychologist. Generalist programs are perfectly fine, especially for those whose options are limited (e.g., geographic region, finances) but may require the student to be more proactive in seeking out gero opportunities. I believe mentorship is critical throughout training, especially in graduate school.
- It depends on your career goals. There are many generalist programs where you can create gero experiences, but it may take more initiative on your part.
- Generalist programs are also good. You can see older adults in almost any setting, and you want solid clinical training. That's the key—do they have high quality training and people you respect?
- Many students change their focus during training, so I would suggest a generalist program is satisfactory. If someone, though, has a long-standing interest, then applying to both types of programs would be acceptable.
- If you are truly interested in gero, look for at least some level of gero focused research/mentors.
- I would prefer a generalist program, though you do need some geriatrics content. This might come in the form of courses in clinical geropsychology, psych of aging, etc. You don't need for the whole program to cater to your interests, but (for PhD applicants) you do need a lab with similar interests. I feel that highly specialized training at the graduate level eliminates knowledge and skills that are critical for adaptive growth as a professional.
- Both are acceptable, but really think about what you want to get out of graduate school. Do you want to come out with gero expertise? If so, look for a gero program.
- It will depend upon the structure of the graduate program, but look for gero specialists if you are interested in gero training or experiences.
- Gero focused training is not necessary. Go for the most respected and friendly program.

- It depends on your goals. For a Ph.D. program, you will need a mentor who will support your gero interest and guide your research. For more clinically oriented programs, you need to know whether there are supervisors who can provide practicum experiences relevant to your interests, and what relevant course work is available.
- Gero-specific training and inclusion in curriculum is key to producing reliable and effective scientist-practitioners.
- Both. Many generalist programs produce trainees who go on to specialize. It just takes some creativity to get relevant experience from there, but totally doable.
- This would likely depend on your career goals and, importantly, your vision for yourself as a professional and the kind of contribution you'd like to make in your career. If you want to be working with older adults and focused on aging issues, then gero focused training would be ideal. But some generalist programs also offer opportunities to dive a little deeper into aging.
- If you are interested in adult development, look for a faculty that supports that interest.

Question: When applying for an internship, what advice do you have for students with regards to developing specific training goals and finding internship sites that are a good match/fit?

Answers:

- Consider the mix of breadth and depth of training at each site. Even within a specialty such as geropsychology, there is a wide range of settings and specific applications (e.g., inpatient psych, neuropsych, subacute rehab, outpatient mental health, integrated primary care, specialty medical) relevant to older adults. Thus, not all internships with gero rotations will offer you the mix of settings/opportunities you hope to have to round out your training. Consider other "musts" such as research opportunities or availability of a postdoc (if you hope to stay put). Most important, speak with your mentor and other trusted faculty, get a sense of where others from your program have fit well and succeeded, and reach out to students and early-career professionals from your professional societies if you need support.
- Talk to those interns in the program to see if the internship will be flexible in meeting your training needs.
- Trust your intuition during the interview process: Did you feel comfortable during the interview process? Were they inquisitive about your goals and needs? How are they invested in ensuring that you will find a post-doc or job after training?
- Talk /email with members of the organizations listed earlier (e.g., SCG/Div.12/II, PLTC, GSA, Div. 20), and also with COPGTP members.
- I recommend thinking about what drives you about psychology and geropsychology. What gets you excited about the field? What do you love to do? What do you value about the field? I find that while my answers to these questions have become more detailed/nuanced over the years, the general themes have remained the same. I would lean into these themes and look for training sites that offer such opportunities. I also recommend asking around to get feedback on various training sites and experiences working there and living in the area. I recommend considering what you want to get out of internship (and postdoc). Internship sites with a gero postdoc are a plus in my mind especially if you like the setting and staff. Applying for their postdoc means you may not need to move again and more importantly, allows you time to settle into a location, foster relationships with staff, and gain a sense of mastery around a system of care (vs. moving and starting over again).
- I would say finding a good match includes a lot of things. If you are thinking just training related fit, find out about the training philosophy (some are psychodynamic, very behavioral, etc.), if they have gero anything available (VAs are a great bet), if they have different rotations because you like a change, etc. The rest of the good fit is a lot about your personal life.
- Closely read through the APPIC listings and see what types of opportunities each site has. Consider emailing the training director at a few sites if you have specific questions. Talk with professors at your school and ask about training goals and if they have recommendations. If you

have been heavily involved with gero societies, there may have been staff with whom you have worked that are employed with sites which have internships.

- Check for gero rotations specifically. Internship is a great stepping stone to further gero experiences like gero-focused postdocs.
- Talk to your mentors. Clinical geropsychology is a small world, and we all know each other.
- Be as specific as possible with your goals and make sure the sites you're applying to actually offer them.
- Controversial opinion here, but internship is just 1 year out of your life. I really think you should pick a site that fits in with your general life goals. If there is a location you want to be in, prioritize that location. There are certain sites known for their gero training, but depending on what your long term career goals are, that may or may not matter. If you want a VA career, it certainly helps to go to the more "prestigious" VAs, but then again, it also helps to be at the VA you want to be at long term.
- Look at the internship history of your program and don't be afraid to make contacts with former students who have gone through internships. Don't be afraid to look at NIH opportunities.
- It's good to have a sense of what interests you, but try to be open to a range of opportunities to learn. One never knows what will spark an interest in you until you're exposed to it.
- This is a conversation that students should have with their mentors. You need to look at your strengths and weaknesses, and consider what additional training you need to function in the settings you hope to work in. Fit with the internship site is critical, so once you've got a good understanding of your training needs, you should look for internships that provide those opportunities.
- Think first about the kind of career you want to have and use that as your guide. What skills or experiences do you need to prepare yourself for that job or career? Those are your training goals.

Question: How can trainees market themselves for a gero postdoc if they went to a non-gero or generalist internship?

Answers:

- Highlight relevant training (e.g., health psychology or developmental training, social determinants of health training/experience).
- If you're interested in a gero research postdoc, you'll need to articulate how your prior research training and current/future research goals apply to geriatric mental health or related focus. (I'm not sure about clinical postdocs, but I assume talk to your internship supervisors for the most up-to-date guidance, especially if you're interested in remaining in your setting or a similar setting, like VA.)
- Explain your gero-related trajectory, the lack of training options at your graduate school and how you addressed them, and how the gero post-doc will meet your training goals.
- Many internships at least offer gero rotations, or rotations highly relevant to gero such as neuropsychology or rehabilitation. Get the best training you can.
- Make specific requests to see as many older adults during internship as possible. Join geropsychology organizations. Volunteer in agencies that serve older populations. Demonstrate how you have tried to include older adults in your training.
- Highlight volunteer work with older adults, as well as other experiences with older adults.
- I think trainees will really have to make a case for how they're dedicated to geropsychology and also tell this story through their CV and personal statement. They need to make themselves equally competitive with applicants who pursued gero training in graduate school and/or internship.
- Highlight how the generalist experiences can be applied to issues in late life. Highlight any research experience (dissertation or other) that involved older adults.
- Show great interest and perhaps some volunteer work in this field.

- I did exactly that, and got a gero postdoc. You might have a rotation in gero, or have a majority of clients, or have done a lot of cognitive assessment, etc. It's all about telling a narrative about your interest/goals and experiences that have informed that.
- Highlight practicum experience, internship experience which allowed you to work with relevant groups, and research. You could also point out your membership in gero societies as being indicative of your longstanding interest in the field.
- Will need to show gero experience and efforts to get those experiences.
- If the dissertation or other research efforts emphasized geriatrics in any way, this is a great start. Many generalist internship programs include a geriatrics rotation and that can be a great start.
- By showcasing their gero or gero adjacent experiences. I went to a bmed phd program but I think around half of my clinical hours were with gero patients. That is because I was on a gero grant through the nursing school and worked for two years at a geriatric inpatient psychiatric hospital. I sought out these opportunities.
- I think Post Doc is a great place to get specialization, so if you don't already have the experience, just make the case for why you want and need it and why you didn't get it sooner.
- Promote the employment of your basic skills with a gero population, indicate how your interest in gero evolved, and join societies that promote gero interests. Look ahead before the postdoc time frame to see who you might work with and what their skills and interests are.
- I am not sure how postdoc supervisors think about this. I imagine that a student with strong interest who has sought out appropriate related training experience might be competitive, but postdocs don't want to start your training from scratch.
- In your personal statement, make sure to say how your prior training sets you up to make an impact in aging related research and practice.
- Be vocal about your love for working with older adults, show enthusiasm and openness to learning, and be able to say why you made the choices you did (Note, it's totally okay to discover on internships that you love Gero! Just explain that).
- Being able to express a clear, logical reason for wanting to pursue a gero postdoc is key. You should be able to articulate why you are interested in that particular advanced training, how your prior training has prepared you, what you hope to learn, and why.

Question: For internship and/or postdoc, what assessments should students have experience with prior to application?

Answers:

- WAIS, Cog screening at the very least. Neuropsych batteries if possible.
- Both neuropsychological and gerontological (Geriatric Depression Scale, Segal's Geriatric Assessment Scale, Lawton's IADL, etc.)
- Neuropsychological batteries (WAIS, RBANS, and/or DKEFS, etc.), personality measures (MMPI and/or Rorschach), some screeners (MoCA, SLUMS, MMSE).
- At least some neuropsychological assessment batteries (more if applying for postdoc).
- Basic cognitive and psychodiagnostic tests and hopefully some exposure to neuropsych and capacity assessments, if possible.
- Depends on the internship site. Screening measures are always a good bet (MoCA, MMSE, SLUMS, for example).
- For postdoc: More detailed assessments, perhaps the RBANS, DRS, and other memory tests like the Hopkins or California verbal learning tests.
- You may want experience in cognitive assessments like dementia screeners, and different neuropsychological testing batteries (small or extended). But you don't necessarily need these to get into a gero internship. If you want to work in gero as a clinician, you will definitely want some experience with dementia screening and testing.
- You will likely need to be able to use cognitive/dementia screening if you are going into LTC or inpatient medical settings.

- Whatever instruments their practicum placements used would be fine in my opinion. However, I know others would encourage familiarity with some of the following: WAIS, Trails, Aphasia Screening measures, WMS IV, CVLT 2 or 3, PAI, GDS, etc.
- Dementia screening, functional independence measures, some neuropsych.
- Those which would allow one to assess memory and possibly other Neuro cognitive skills, PAI, rapid assessment instruments for depression, anxiety, sleep apnea, chronic pain, hopelessness, etc.
- Full neuropsych battery - WAIS, WIAT, CVLT, WMS, Trails, Wisconsin Card Sort, Boston Naming Test, RBANS, to name a few. I like the NAB and find it to be especially useful for dementia assessments. Many of us use the Dementia Rating Scale as well. A year or two working in a neuropsychology practicum should prepare you well in this regard.
- The individual internship sites will give you guidance on this.
- Depends on what kind of postdoc you are referring to. And within that, the particular position.
- I think fundamental clinical, behavioral, and neuro- assessments are useful, but also look at the basic screening measures that are gero-related such as balance, vision, cognition, affect, apathy, personality. Training in psychometrics is a plus.
- Be aware of normative tables and studies involving assessments. Read the research literature.
- Basic neuropsychological screening is very important -- the more neuropsych experience the better. Also administering assessments related to psychopathology with older patients would be very helpful -- structured clinical interviews, symptom screeners (e.g., GDS, anxiety scales, scales to assess trauma) will be important.
- Those relevant to the specific work and research that you will be doing.

Question: For internship, do you consider students without strong assessment experience who are eager to learn?

Answers: Of the individuals who answered, 60.9% said yes; 13% said maybe; 0% said no. Remaining said they are not involved in the process but if they were, they would consider this.

Question: For postdoc, do you consider students without strong assessment experience who are eager to learn?

Answers: Of the individuals who answered, 45.8% said yes; 25% said maybe, 8.3% said no. Remaining said not involved in the process.

Education

Question: How can students that are not in gero-specialized graduate programs obtain gero-specific education?

Answers:

- Online programs are prolific now - find good ones and try them out
- Consider clerkships and additional online training
- Consider taking coursework from other departments at your institution -- e.g., school of social work, nursing, or similar.
- CEUs, seminars, paid supervision. One way of determining what is lacking is to take the Pike's Peak Geropsychology training Tool and honestly admit your strengths and weaknesses.
- APA pre conference workshops are a great option.

- With virtual webinars becoming more available, attend as many seminars and educational activities as possible. APA has many free ones. Volunteer time at an outside gero lab that offers didactics and training.
- Attend seminars; review reading lists on websites of organizations listed above; attend conferences; look for some distance learning classes.
- Attend conferences, network with others who are in gero-specific programs
- Be sure to attend seminars and programs to supplement
- I would consider some Div. 12-2 webinars or GSA webinars, interest group activities, etc. You can also ask a mentor in 12-2 for a list of readings or things to start digging into. The Pikes Peak literature may be able to help with defining those.
- Seek out beyond your program/department. Most Universities have persons researching aspects relevant to gero.
- Attend GSA, brown bags, grand rounds, etc.
- Online classes, independent readings.
- Of course - attend seminars, look at NIA/NIH grant and training opportunities - ask to audit seminars and classes. There are many opportunities online.
- Through internship/post-doc
- Online training programs; gerontology certificates
- Consider coursework outside your department (e.g. Human development and family studies or gerontology programs).
- Attend conferences, pursue continuing education opportunities (many of which are free for students), and familiarize yourself with GeroCentral.

Question: What are some resources that can help students further their gero education?

Answers:

- Read Bob Knight's books
- Society of Clinical Geropsychology (newsletter, becoming involved in committees), conference attendance, GeroCentral.org
- See resources tab on GeroCentral & SCG & PLTC websites.
- The COPGTP has the reading resource library as a great starting point.
- Division 12/section II website (Gero Central); APA books and APA videos in geropsychology.
- I would look to the gero training articles that have been published in the past 10 years, such as those by Michele Karel, Bob Knight, etc. Those published articles may give you some ideas about what content is important. I would also look for webinars and/or trainings from 12-2, 20, and GSA that may be cached on their sites.
- Always read and study. Keep up with the current literature. Attend conferences.
- University centers and institutes are a big resource.
- Forums are useful
- Websites of gero societies. GeroCentral.com, and others.
- The literature. Attend specialty seminars
- IMPACT Collaboratory website
- GeroCentral. You can also access the free ACE webinar series on gero teaching and research careers on the Washington University website. APA Division 20 has some excellent teaching resources. And our gero colleagues on other disciplines (social work, medicine, nursing) also have good resources to access.
- Read much; volunteer in Senior Centers; work with Art with Elders

Question: Will attending a program that does not specialize in geropsychology impact applications to geropsychology practica, internships, post-docs, board certification and careers?

Answers:

- I think this is a complicated question with a lot of variables -- I don't think it is a hard "no" but the person should consider where to get additional mentorship and expand into opportunities for professional development beyond their graduate program.
- Yes - you are at a disadvantage, but it can be made up for with ingenuity and flexibility at later stages of the training process. ABGERO honors both traditional and non-traditional paths towards geropsychology specialization.
- No
- Maybe, but not severely.
- Not directly
- I did not experience that
- I went to a program that was generalist and did not have any gero folks. I got an internship with a gero track, a gero clinical postdoc, and a gero related research postdoc, and am in a gerontology department. So, no. :)
- Attending a specialized program makes it much easier, but I would not want all students to have gone that route. I like to see students become psychologists first and then specialize later.
- Yes, but you can make up by emphasizing other ways you've gotten experiences.
- It might be a slightly longer, less-traveled road, but a dedicated emerging professional should be able to accomplish this transition.
- This might be different for each site at each level. But generally, I would say no if you have commensurate gero clinical/research experiences.
- Not in my experience.
- I would guess you might be at a disadvantage vis-a-vis students with strong gero backgrounds, but there aren't that many of those programs, so there are certainly many students who succeed without that background from their doctoral programs.
- Not really.
- Not necessarily. But at each level people will be looking for a logical expression of interest and at least some basic skills that can be applied to work with older adults.
- The more you know, the better. You can pick up knowledge in internships, in reading, in attending conferences

Additional Information

Question: What questions have we missed? What else is important for students and trainees in geropsychology to know?

Answers:

- Have fun!
- You covered the bases. Good job.
- Strive for excellence. Every aspect of general clinical psychology is relevant. Become a strong researcher, develop your writing skills, and aim high.
- Seek internship sites that offer gero-specific training. Most VAs do.
- Geropsychologists are a warm and welcoming community, so reach out to us if you are hoping to make connections!
- Be flexible and that is why generalist training is also important.
- Good luck and reach out!
- This is an exciting field that addresses a vital need. This field is early in its development and will change with time. Join and become involved now and help shape the field.

- Persevere!
- Contact prospective supervisors before applying, whether it be graduate school, internship, or post-doc. This will help you dial in your applications. Also, don't submit a grad school application that hasn't been thoroughly vetted by a professional (usually, a professor). There is a world of difference between a professionally groomed application and one that was assembled by a well-intended but inadequately-mentored student.
- There are a lot of other ways to be a geropsychologist than just purely clinical.
- Don't be afraid, at least initially to become a gero-generalist. If offering research skills within a medical setting, ask for opportunities to observe and understand diagnosis and treatment protocols. Become skilled in statistics and psychometrics.
- This is a more general comment, but students should remember that most of what you learn will not be taught to you formally, you will learn it through reading, research, and experience. Ultimately the effort you put in, your own curiosity, and your willingness to read deeply and widely in the scientific literature are what will build the best foundations for your work, whether that be research or practice.
- Geropsychology is an amazing field and we want as many enthusiastic people as possible to join us!
- That your peers and established colleagues are your friends and genuinely want to help you succeed. As a community, we are excited to nurture anyone's interest in aging and genuinely willing to offer advice, support, and mentoring.
- I believe that having an interdisciplinary approach is extremely important. Also be prepared to change--most careers are not linear. Keep an open mind.