

**C-9(f) P. Postdoctoral Residency Level 3 – Specialty Competencies  
Geropsychology**

(Commission on Accreditation, September 2021; revised February 2022)

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

**I. Professional Values, Attitudes, and Behaviors**

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Geropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- demonstrate knowledge of the negative impact of ageism in self, others, institutions, and society such as heterogeneity in aging, the intersection of aging and diversity, and how age and diversity factors impact older adults’ well-being and care.
- demonstrate an emerging professional identity consistent with the Geropsychology specialty.

**II. Communication and Interpersonal Skills**

Postdoctoral residents are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and adapted to the abilities and needs of various stakeholders (e.g., older adults, families, healthcare teams, other psychologists).
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

**III. Assessment**

Postdoctoral residents are expected to:

- conduct differential diagnosis including consideration of co-morbid medical issues that may influence an older adult’s presentation, including but not limited to the ability to distinguish dementia from delirium, depression, and other medical conditions and medications that impact cognitive functioning.
- integrate knowledge of normal and pathological aging, including age related changes in cognitive abilities, into assessment.

- select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant collateral data using multiple sources (including family, formal caregiver or care partner, team perspectives) and methods appropriate to the identified goals and questions of the assessment as well as sensory, cognitive, generational, and other relevant diversity characteristics of the service recipient.
- demonstrate the ability to assess older adults' understanding, appreciation, reasoning, and choice abilities with regards to capacity for decision making.
- communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.
- conduct assessment of risk for suicide, abuse and neglect, and demonstrate appropriate response to high-risk situations in a geriatric population.
- demonstrate awareness of varying etiologies of neurocognitive and psychiatric disorders and understand the role of family history, symptom presentation and onset, and comorbidities.
- demonstrate the ability to assess older adults' understanding, appreciation, reasoning, and choice abilities with regards to capacity for decision making and independent activities of daily living.

#### **IV. Intervention**

Postdoctoral residents are expected to:

- choose and implement evidence-based treatment for older adults, groups and family/caregivers or care partners of clients based on diagnosis, other relevant client characteristics, and settings.
- modify evidence-based interventions to accommodate the unique sensory, cognitive, generational, and cultural experiences of each older adult.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

#### **V. Supervision**

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to Geropsychology.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

#### **VI. Consultation and Interprofessional/Interdisciplinary Systems**

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions and refer patients and families to services as appropriate.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver or care partner, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

- demonstrate ability to work in at least one setting that is a common location for care of older adults (e.g., primary care, home care, rehabilitation settings, congregate living, long-term care).
- demonstrate the ability to provide education and professional training about aging to other staff/teams serving older adults.

## **VII. Advocacy**

Postdoctoral residents are expected to:

- demonstrate the ability to advocate for older adults' needs in interdisciplinary and organizational environments.
- demonstrate the ability to collaborate with patients, families, and other organizational and community providers to improve older adults' access to needed health care, residential, transportation, social, or community services.