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Mentoring in Clinical Geropsychology: Across the Stages of Professional Development

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Abstract

Projected growth in demand for clinical geropsychologists will require expanding the number of qualified geropsychology mentors at all stages of professional development. This special section provides information on mentoring from expert geropsychology mentors who offer their perspectives, and summarize relevant research, on mentoring graduate students, interns and postdoctoral fellows, junior faculty and members of special populations. The present paper provides an introduction to the special section by establishing the need for increased mentoring within clinical geropsychology, presenting results of a survey of mentoring practices and needs, and discussing ways in which the field is responding to the challenge.

Keywords

mentoring; clinical geropsychology; professional development

The older adult population is growing at a rapid rate, and by the year 2030, 20% of the U.S. population will be at least 65 years old (Federal Interagency Forum on Aging-Related Statistics [Forum], 2010; Moore, Moir, & Patrick, 2004). Although the growth over this century has already been marked for the population 65 years and over, the growth that will begin in 2011 will be much more dramatic and will continue for the following two decades (Bartels et al., 2010; Hobbs & Stoops, 2002; Jeste, Alexopoulos, Bartels, et al., 1999). With the imminent increase in the population of older adults, “we can also expect an unprecedented explosion in the number of people older than 65 years with potentially disabling chronic mental illnesses” (Jeste, et al., 1999). It would follow that we may expect a dramatic increase in the need for qualified clinical geropsychologists. In order to meet this demand and ensure the quality training of future clinical geropsychologists, competent mentors are needed at all stages of professional development (e.g. graduate, internship,

postdoctoral, early-career, mid-career levels). Nonetheless, there is little guidance available for those who would like to enhance their mentoring skills, particularly with respect to mentoring clinical geropsychology trainees.

The purpose of this special section is to provide information to current and aspiring mentors in the field of clinical geropsychology on how to successfully facilitate the development of competent professional clinical geropsychologists throughout the stages of professional development. The papers that comprise this special section were originally presented at a symposium at the annual meeting of the Gerontological Society of America. This paper provides an introduction to the special section. We begin by establishing the need for increased mentoring activity within clinical geropsychology. We then discuss the ways in which the field has responded to these needs. Finally, we offer a preview of the articles included in this special section.

Need for geropsychology professionals

Presently, there are too few professional geropsychologists to adequately address the mental healthcare needs of older adults (Jeste, et al., 1999). Currently, nearly 20 percent of older adults experience some kind of mental disorder, with the most common being depression, anxiety, and cognitive disorders (U.S. Department of Health and Human Services, 1999), and an even a greater percentage experiences subthreshold levels of depression and anxiety symptoms (Heun, et al, 2000). Moreover, 63 percent of older adults with a mental health disorder are not receiving the services they need (The Critical Need for Geropsychologists, APA; Psychology and Aging). Estimates vary with respect to the number of clinical psychologists needed to treat these psychological problems in older adults. Shea (2003) estimated conservatively that 3,570 geropsychologists were needed. According to the 1995 White House Conference on Mental Health and Aging, 22 percent of older adults require an average of 4.5 hours of mental healthcare service annually (Qualls, et al., 2002). Based on this estimate, 7,495 full time geropsychologists would have been needed by the year 2000 – already one decade behind us (Qualls, et al., 2002). Unfortunately, even with such need, only 700 clinical psychologists in 1991 specialized in working with older adults (i.e. spent at least half their time working with older adults; Qualls, et al., 2002).

A more recent representative survey of 1,227 practitioner members of the American Psychological Association that investigated patterns of practice with older adults suggests there has been little, if any, improvement, as only 3 percent of respondents viewed older adult clients as their primary professional targets (Qualls, et al., 2002). Furthermore, respondents trained more recently (less than 18 years postgraduate experience) “were no more likely to be currently practicing with older adults or to be interested in more work with older adults” (p. 438) than professionals who earned their degree more than 18 years ago (Qualls, et al., 2002). These numbers raise significant concerns, especially given the fact that rates of psychological disorders in the older adult population are expected to quadruple from 1970 to 2030 (Jeste, et al., 1999; Psychology and aging). According to the National Institutes of Health (NIH), at least 5,000 doctoral-level clinical geropsychologists will be needed to work *full-time* with older adults to meet such future demands (Jeste, et al., 1999; Qualls, Segal, Norman, Niederehe, & Gallagher-Thompson, 2002).

Given the increasing older adult population, the projected increases in the number of older adults with mental health disorders, and the consistently low numbers of psychologists focusing on older adults, the training of future geropsychology professionals has become increasingly urgent.

Need for additional mentors at all levels of professional development

If a crisis is to be averted, then psychology as a field must prepare to address the needs of the expanding older adult population (Jeste, et al., 1999; Qualls, et. al., 2002). In order to ensure quality mental healthcare of future older adult populations, it is imperative that the field continues, and expands capacity, to produce qualified professionals in the field of clinical geropsychology. This cannot be accomplished without the availability of competent and quality mentors to inspire, supervise, teach, model, and provide support to the future generations of practicing clinicians and researchers. According to Forehand (2008), mentoring is the process by which the production of the next generation of clinicians, researchers, and scholars occurs.

Fostering the development of quality and competent geropsychologists requires strong mentoring at multiple levels of professional development. This includes the graduate school level, in internship programs, postdoctoral programs, for junior colleagues and newly licensed geropsychologists, and for practicing psychologists who want to build their competencies working with older adult populations. The results of the 2002 survey of APA practitioners conducted by Qualls and colleagues (2002) mentioned earlier clearly indicate the need for available geropsychology mentors at multiple stages of career development. These researchers found that compared to psychologists who only obtained training with older adults through “informal clinical experience” (p. 437) on-the-job training, psychologists with formal training (e.g. graduate school, internship, practicum training), were more likely to provide psychological services, such as assessment, to older adults. Only 1 out of 7 respondents felt they received relevant geriatric clinical experiences in graduate school and only 3 percent reported they received specialized geropsychology training during their internship year. At the postdoctoral level, only 1 out of 7 respondents received “unspecified” (p. 437) training experiences with older adult clients.

Geropsychologists in a position to mentor students can play an important role in addressing the shortfall of clinical geropsychologists. The majority of doctoral students in clinical psychology are interested in gaining experience and working with older adults during their careers (Psychology and Aging). Geropsychology mentors are needed to encourage and facilitate this interest and help ensure the appropriate training of motivated graduate students. Likewise, faculty members and supervisors have the opportunity to expose undergraduates interested in psychology careers to the many roles of psychologists working clinically with older adult populations and the many interesting research topics and opportunities occurring in geriatric research. Although the role of undergraduate mentoring is not discussed in the current special section, a special issue on promoting aging research in undergraduate psychology programs, describing positive outcomes associated with research mentoring for undergraduate students, was published in a 2006 issue of *Educational Gerontology* (See Mehrotra & Valencia-Laver, 2006).

Likewise, mentors are not only needed at the undergraduate and graduate student level, but are also needed throughout one's professional development. Although few psychologists report *focusing* on geropsychology in their career, 70 percent of practicing psychologists provide some service to older adults; as a whole, psychologists provide 50,000 hours of care to older adults each week (Psychology and Aging). Psychologists with limited training in older adult populations, yet who see older adults with age-related issues in their practice (e.g. cognitive changes, physical disability, and comorbid medical disease), may desire more advanced mentors to help them develop necessary competencies. It is encouraging to note that practicing psychologists recognize the need for additional training in geropsychology. When practicing psychologists were asked "Do you think you need to acquire more training or develop greater expertise before you could ethically provide services to older adults within your current scope of competence," (p. 438) 19 percent of the survey respondents said "yes," and 39 percent stated they needed more training in at least some areas (Qualls et al., 2002). In addition to providing training opportunities, mentors can encourage self-reflection and help these psychologists recognize age-related biases, and can provide consultation when needed. Clearly, having qualified geropsychology mentors enhances the training of future full-time geropsychologists, as well as current psychologists who are trying to increase their competencies in working with older adults on occasion. Taken together, findings suggest that competent geropsychology mentors at multiple stages of career development are needed to encourage mentees' interests in working with older adults and to ensure the development of core competencies needed to successfully address the needs of older adult clients.

Frequency of Mentoring

According to recent estimates, only 1/2 to 2/3 of psychology graduate students report they are mentored (Clark, Hardin, & Johnson, 2000; Johnson, 2002). Experimental psychology doctoral students are more likely to be mentored than clinical psychology students, and among clinical psychology students, Ph.D. students (73%) are more likely to be mentored compared to Psy.D. students (56%; Clark, Hardin, & Johnson, 2000; Johnson, 2002). Moreover, although clinical psychology directors of training report that 82% of graduate students are mentored, only 50%-65% of graduate students report being mentored during their graduate career (Dickinson & Johnson, 2000). It is possible that directors of clinical training defined academic advising as mentoring (Dickinson & Johnson, 2000). However, it is clear that graduate students had distinct expectations for what mentoring entails, and academic advising alone does not appear to be sufficient.

Definition and Functions of a Mentor

Mentorship is a distinct professional relationship (different from advisor, supervisor, and teacher) and one that is important to the development of competent clinical geropsychologists.

"Mentoring is a personal relationship in which a more experienced faculty member acts as a guide, role model, teacher, and sponsor of a less experienced graduate student. A mentor provides the protégé with knowledge, advice, challenge, counsel, and support in the protégé's pursuit of becoming a full member of a particular

profession. Mentorships are reciprocal and mutual by design, and the ultimate goal of the relationship is development of a strong professional identity and clear professional competence on the part of the protégé”

(Johnson, 2003, p. 130).

Johnson (2002) has identified multiple levels of mentorship, all of which can be beneficial to the mentee and to the field of psychology as a whole. Different levels of mentorship may serve more important roles at different stages of one’s professional development. Primary mentorship, usually formed at earlier stages of one’s career, such as graduate school, represents a strong and enduring mentorship relationship that lasts for many years. Secondary mentorship entails less intensive mentoring and may last for shorter periods of time. Finally, there are tertiary mentorship relationships, in which a mentor provides a specific mentor function for a specified amount of time (Johnson, 2002).

According to Johnson (2003), there are two elements of mentoring relationships that distinguish them from other “superior-subordinate” relationships, such as being a supervisor, advisor, or teacher. The first is a combination of “mutuality” (showing admiration and positive regard) and “reciprocity” (sharing of experiences). The second is the accomplishment of an “identity transformation,” which occurs with increasing collegiality over the years and ends when the student is considered a colleague after graduation.

How do mentors function as a vital force in training of future geropsychologists?

Mentors can fulfill multiple functions. Johnson (2002) described two distinct functions provided by mentors in general. The first involves “career functions,” in which the mentor prepares the mentee for advancement by providing exposure and networking, coaching, and a model of professional ethics. The second function involves psychosocial mentoring, in which the mentor helps to enhance the mentee’s sense of competence and self-efficacy. In addition to these two general mentoring functions, geropsychology mentors can serve several other functions, such as promoting geropsychology research competence and productivity, assisting with the development of core competencies for working clinically with older adults and helping to increase their mentees’ skills for working with older adults in diverse settings. These mentoring goals will be explained in more detail below.

1) Career and professional development—Mentors help support and encourage the career goals of their mentees and provide career advice when needed (Johnson, 2003). They help the mentee gain access to the profession, help them network, and serve as a professional model in the field, including a model for professional ethics (Johnson, 2003). They may also provide advice on how to balance career and personal or life goals. Geropsychology mentors can assist mentees in navigating the special issues that arise when pursuing an aging-related career, as discussed at greater length in the other articles within this special section.

2) Psychosocial Mentoring—Through providing training opportunities, encouragement, and support, mentors help their mentees gain the self-confidence and self-efficacy needed to work confidently in the field. Geropsychology mentors may also be instrumental in helping

their mentees gain the competencies required to successfully and safely work with older adult clients, which will be elaborated on below.

3) Geropsychology Research Development—Having a competent mentor helps increase the current and future professional productivity (e.g. research productivity) of psychology graduate students and junior faculty (See Knight, 2010, and Lichtenberg, 2010, in this issue). Mentors act as professional models and teachers who help their mentees become more qualified and productive clinicians, consultants, and researchers. For example, Hollingsworth and Fassinger (2002) found that students who reported positive a relationship with their mentor in graduate school were more productive in research activities after graduate school. The availability of a research mentor who exposes students to more research activities in graduate school, positively reinforces scientific activity, increases enthusiasm for research, and provides a model for how to balance science and practice (Hollignsworth & Fassinger, 2002).

Such positive outcomes of having a research mentor are encouraging given that the field of geropsychology is relatively new and according to Meeks (2008), we need new “scholars [developing] programmatic research that tackles the difficult issues related to the nexus of mental illness/wellbeing, health, and aging (p. 33).” As of 2008, there were 61 graduate student members of the Society of Clinical Geropsychology (American Psychological Association, Division 12, Section II); out of these student members, at least 34% had a publication (authored or co-authored an article or book chapter) other than their dissertation between 2006 and 2008 (Meeks, 2008). Although this is a very encouraging number, increasing access to geropsychology research mentors will only increase research activity of geropsychologists in training and the rate of publishing of clinically relevant findings.

4) Building core competencies in professional geropsychology—In addition to the functions mentioned above, mentors are a vehicle to help future and current clinical geropsychologists to develop the competencies needed to provide quality care specifically to older adults. In 2006, a conference was held at Pikes Peak, Colorado, to develop a model for training professional geropsychologists. Although mentoring was not specifically addressed, this conference did result in a list of core competencies that comprise the aspirational goals for training competent geropsychology professionals (see Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009 for complete list). The list of professional competencies in geropsychology fall within the following three categories: attitudes, knowledge, and skills. Acquiring these competencies involves the support of many individuals, including teachers, advisors, supervisors, peers, and the future geropsychologists themselves. However, mentors at all stages of professional development can also play a pivotal role in helping aspiring geropsychology professionals gain the core competencies laid out in the Pikes Peak training model.

Mentors can assist in the development of *attitudes* appropriate for working with older adults by encouraging self-reflection and addressing age-related biases with their mentees. Understanding how one’s own attitudes and beliefs about aging may affect professional work is an important aspect of professional development. Mentors can also act as a guide and consultant when mentees question whether or not they are acting within their scope of

competence. In terms of *knowledge*, mentors can help geropsychologists build the foundational knowledge needed to work competently with older adults in clinical practice (intervention and assessment), in research endeavors, in diverse settings, and as a consultant to family members and other healthcare providers. In terms of developing *skill* competencies, mentors provide a professional model and play a supportive role in helping geropsychologists acquire the professional skills needed to function as a geropsychologists. Mentors help their mentees develop the skills needed to provide quality intervention, assessment, and consultation, as well as the skills needed to deliver quality services in diverse settings serving older adults (e.g. primary care/medical settings, rehabilitation, long-term care settings, hospice, home-based care, outpatient mental health, inpatient mental health, etc.). In addition, mentors foster the development of ethical and legal standards and learning how to best advocate for client's needs.

Benefits associated with mentoring

In general, the availability of a competent mentor has been linked to many benefits for the mentee, the mentor, the institution, the community, and the field as a whole (Johnson, 2002), although scant research on this topic has been conducted specifically with geropsychology professionals or trainees. For the mentee, a number of benefits have been linked to positive mentoring relationships, including increased professional confidence and greater personal and career satisfaction (Johnson, 2003). Mentors benefit as well, and positive mentorship relationships have been related to enhanced career satisfaction and creative synergy for mentors (Johnson, 2003). For organizations (e.g. psychology departments and universities), less turnover has been found when junior faculty are mentored, and mentoring junior faculty has been associated with higher employee satisfaction and rates of productivity (Johnson, 2003). Finally, for the field of psychology as a whole, the availability of mentors throughout training increases professional productivity in terms of clinical interventions (in many diverse settings), research activities, and consultation services (Johnson, 2003). Although most research investigating the benefits of mentoring by psychologists has not been specific to geropsychology, it is likely that such benefits would generalize to geropsychology mentoring relationships as well.

What is the field of clinical geropsychology doing to build training opportunities?

Mentoring usually occurs in the context of a formal training program; yet, until recently, there have been few opportunities for formal training.

The development of training opportunities in clinical geropsychology has been a slow process, especially at the graduate school or predoctoral level. For many years there were fewer than five predoctoral programs (defined here as having at least two faculty members and specified courses) in clinical geropsychology. That number has increased in recent years as indicated by 12 programs listed in the Council of Professional Geropsychology Training Programs (CoPGTP; www.uccs.edu/~cpgtp.org). There is a consensus that despite this recent increase in the number of predoctoral programs, more are needed to meet the scientific and applied needs of older adults. Most of the extant programs are concentrations or tracks within larger clinical programs (e.g., University of Alabama) but a unique variant is the program at the University of Colorado at Colorado Springs in which the clinical

program offers clinical training only to persons preparing for careers in geropsychology. Launched in 2004, this program may serve as a model for the development of doctoral programs with an exclusive focus on training future clinical geropsychologists.

Clinical geropsychology training opportunities at the internship and postdoctoral levels are relatively more abundant than predoctoral training. This is in large measure a function of the involvement of the VA health care system. Because the VA serves a large older adult population, the leadership of this system has devoted considerable resources to the training of clinical geropsychologists through internship and postdoctoral positions. Strong mentoring opportunities exist for trainees interested in applied or scientific careers in geropsychology because many of the most accomplished geropsychologists are employed in the internship and postdoctoral training settings.

Predocutorial training, internship, and postdoctoral training are typically considered the venues for training individual geropsychologists; however, the Pikes Peak model advanced the idea that post-licensure training may be the best bet to meet the needs of the aging population. Many practicing clinicians are working with or would be interested in working with older adults but feel the need for specialized training (Qualls, et al, 2002). One of the great challenges will be creating affordable and accessible training for those already in full-time employment. As an example of a technological solution to these challenges, Webinars have been offered at low cost on assessment and intervention topics. Mentoring at the post-licensure level will be as advantageous as that proffered at earlier career levels, but will be challenging especially because classroom experience will be unrealistic and frequent contact with a mentor is costly.

One of the primary reasons for the slow growth of training opportunities in clinical geropsychology has been the scarcity of fiscal resources upon which to build programs (the VA system notwithstanding). Whereas medicine, nursing and social work have seen substantial infusion of private and public funds to support geriatric training, clinical geropsychology has seen little. There are many reasons for this circumstance and discussion of them is beyond the scope of this article, but one reason is the perception that clinical geropsychology is a specialized mental health discipline and not a general health care discipline. It is incumbent upon the field to alter this perception.

A notable exception to the above lament was the creation of the Graduate Psychology Education (GPE) mechanism within the Bureau of Health Professions. This program awarded competitive grants to training programs to work with underserved populations. Moreover, the GPE program set aside funds to specifically support training in geropsychology. This is one, if not the only, program to specifically target funding in geropsychology. However, the 2009 iteration of the GPE program did not set aside funds for geropsychology training, although older adults are identified as an underserved population. Although programs such as GPE have the potential to build geropsychology training programs, additional efforts are needed to create resources for training in clinical geropsychology at all levels.

The Current Special Section

The articles in this special section on mentoring in clinical geropsychology provide information to current and aspiring mentors on how to successfully facilitate the development of competent clinical geropsychology professionals. The authors were invited as they are award-winning mentors representing different levels of training in clinical geropsychology.

To begin, Dr. Knight (2010) discusses the important elements of training future geropsychologists at the pre-doctoral level and how graduate mentors can aid in the student's development of attitude, knowledge, and skill competencies in geropsychology, specifically those appropriate to this stage of training. He also discusses how mentors can aid geropsychology graduate students in their professional development.

In the second article, Karel and Stead (2010) discuss the role of mentoring at the psychology internship and post-doctoral levels. A novel component of this paper is the dual perspective provided from both mentor and mentee on the role of mentorship during the internship and postdoctoral training years. Karel and Stead (2010) discuss the professional and personal challenges that arise during these transitional years and the characteristics of mentors that help their mentees successfully handle such challenges and excel in their professional development.

In the third article, Dr. Lichtenberg (2010) discusses mentoring of junior faculty and the importance of having competent mentors to aid the professional and personal development of junior faculty. He discusses the benefits the mentee, mentor, and institution as a whole gain from this mentoring relationship and introduces the RESPECT model, which he created to express his philosophy of mentoring.

In the fourth article, Whitfield and Edwards (2010) discuss mentoring of special populations, with a focus on ethnic minorities. The authors discuss the role of race and ethnicity in the mentoring relationship and mentoring outcomes, integrating literature and their collective personal mentoring experiences. Finally, the authors offer strategies that may be particularly helpful for successful mentoring of minority populations.

The final article in this section is a brief report by Fiske, Zimmerman and Scogin (2010) that describes a survey of geropsychologists and geropsychology trainees that assessed mentoring practices and perceived needs.

Concluding thoughts

Older adults are faced with many barriers to receiving mental health services (Psychology and Aging). The shortage of mental healthcare professionals trained to work with older adults is one barrier that can be minimized. Increasing the number of clinical geropsychologists is imperative given the dramatic growth of older adults that is upon us. To accomplish this, strong geropsychology mentors are needed, at all stages of professional development, to kindle an interest in geropsychology among new trainees as well as existing psychologists, and to provide a supportive, encouraging, and productive environment in which they can develop needed competencies, such as those described in the Pikes Peak

model. Data presented in this article suggest that both aspiring and existing mentors could benefit from information about effective mentoring practices. The articles in this section provide guidance based on the experience of master mentors in this field. We hope their insights will also stimulate much-needed research in this understudied area.

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