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Pennsylvania Psychological Association

What Does A Geropsychologist Do Anyway?

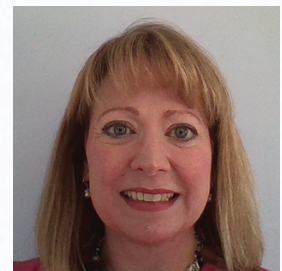
by

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While out to lunch with a friend, my friend asked, “So what does a geropsychologist do anyway? Don’t you just talk to people about the dying process?” I was surprised to hear this impression of my job. I responded that much of what geropsychologists do is to help people develop coping skills to manage the stressors related to aging. Possible stressors include having to move to a facility for care, having to use a walker to prevent falling, having adult grandchildren living with the senior rent-free, or being fined by the city because their trash container was not removed from the curb by the designated time on trash day.

My friend looked surprised and said “That sounds like regular psychology work.” I explained that geropsychology is quite different than “regular psychology” because often life stressors can have a differential impact on retired adults. The differential impact is in part due to physical vulnerability. For instance, in the example provided above, if that senior had tried to go to the curb to bring in the trash container in, he would have risked significant injury from a fall given his poor balance and the steep decline of the walk to the curb. Differential vulnerability can also be related to financial stress. That senior was trying to make ends meet while living on a fixed income and may have had to go without some medication to pay his fine. On the other hand, while he was working, he had discretionary income that allowed him to engage in things that he enjoyed and that reduced stress, including regularly attending sporting events.

These are just two examples of vulnerability related to aging. Other examples include declining health, declining sensory function, bereavement related to the passing of many friends and family members, physical challenges in getting out of the house to participate in usual activities, and loss of social support networks which can be related to retirement and/or moving away from one’s familiar community to live closer to children. Although these types of stressors can be experienced by anyone of any age,



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the older adult group as a whole is more likely to be faced with these stressors and is often having to manage more than one of these stressors at the same time.

Geropsychology is also about knowing public policy. For example, Mayor Nutter of Philadelphia made a public statement about the very issue of the trash container fines a few years ago. Mayor Nutter acknowledged that removing the trash containers may present a significant and special challenge to seniors and others living in the city, but that he could not stop such fines, as the walk ways needed to be clear for pedestrian traffic. Because in the situation above I knew that calling the city to ask that the fine be waived was not a viable solution, I was able to help the senior recognize that asking the grandchildren to pay the fine was in order. In addition, the senior was able to appreciate the need to relinquish to the grandchildren responsibility for the task.

Working as a geropsychologist is also different than general psychology because of the generational values, habits, and attitudes that are unique to this age group. The role of a geropsychologist is to:

- Assess a senior's psychological functioning
- Provide treatment to reduce symptoms of psychological dysfunction
- Help the person to develop new coping skills to better manage the current stressors.

To do these tasks effectively, geropsychologists need to have a strong understanding of medical illnesses and medication and to recognize and access community and family supports that will enable healthy independence as long as possible. Also, the geropsychologist needs to consider behaviors that may indicate changes in cognitive or physical status. Many seniors can expect to experience an overall improvement in psychological functioning, medical functioning, and over-all life satisfaction when symptoms related to depression, anxiety, or stress are reduced.

Somebody once asked me, "Do your patients ever not get better?" The answer is that by and large psychological interventions with an older population are very useful. When a person's symptoms either stay the same or get worse it is usually because new stressors continue to develop or challenge the person's abilities to cope. Geropsychology is effective when the intervention facilitates the development of a new solution to a problem that then reduces symptoms of distress related to the problem.



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