



EFPA

**TASK FORCE ON
GEROPSYCHOLOGY**

Convenor :

ROCIO FERNANDEZ-BALLESTEROS

**REPORT to the
GENERAL ASSEMBLY 2007 in PRAGUE**

REPORTS OF THE TASK FORCE ON GEROPSYCHOLOGY

Title of the Task Force: Geropsychology

1. Executive summary :

- ❖ Period of Task Force: 2004-2007
- ❖ Scope of work: Goals of the Task Force were a) to identify the profile of European research in the field of geropsychology, b) to identify which European universities and research centres have or will develop research programs on the psychological study of ageing and c) to examine relevant contexts and issues to which psychologists can contribute their scientific knowledge and professional competences to enhance the quality of life and well-being of older people. We collected data about research, teaching, and application of geropsychology from key persons from 30 European countries. In addition, an internet search was done about European contributions in that field. Finally, a manuscript for a book about European contributions to geropsychology was prepared that includes the results of the work of the Task Force and selected contributions from European researchers.
- ❖ Recommendations: First, more efforts are needed for establishing geropsychological research in Central-Eastern Europe. Offers for cooperation with experienced researchers from other European countries would be helpful (e.g., by exchange of scientists, cross-national studies). Second, in order to increase the visibility of European research in that field, more studies have to be published in English and in international journals in particular. Third, in order to expand research and teaching on aging-related topics, increasing the number of full professors in the field of geropsychology is highly recommended. Fourth, with regard to future priorities in the field of geropsychology, more European research is highly recommended with regard to of longevity, prevention of diseases and health promotion, psychological interventions, work/retirement, and psychological aspects of chronic illness/long-term care. Fifth, geropsychology should become a regular topic in European training at Bachelor level in the field of psychology (e.g., psychological development in adulthood and old age, life-long learning). In addition, courses at Master level should include information on aging-related topics in their fields (e.g., psychological assessment and evidence-based interventions with older adults in programs on clinical psychology; age-associated change in performance and motivation of older workers in programs on industrial and organizational psychology). As graduate schools or postgraduate programs on geropsychology can probably not be established in all European countries in the near future, the best solution would be to make national programs of Western European countries that are already available open for the admission of postgraduate students from other countries, similar to the model of the European Master in Gerontology. Sixth, in the applied field, more efforts are needed in promoting healthy aging. Similarly, as declining birth rates call for an increasing importance of older workers, more psychological efforts are needed to overcome negative stereotypes of employers concerning older workers, and to help older workers master changing work-related demands (life-long learning) and with compensating age-associated declines.

- ❖ This Task Force reported was prepared as the position of EFPA for the EFPA General Assembly in Prague, July 7-8, 2007.

2. Introduction :

Europe is the continent with the oldest population. By 2025, about one third of Europe's population will be aged 60 or over (WHO, 2002). Taking this demographic situation into consideration, and based on a proposal from the Spanish Association of Psychologists, the European Federation of Psychologists' Associations (EFPA) approved the convening of a Task Force on Geropsychology at its 2003 General Assembly in Vienna. Suggested objectives were a) to identify the profile of European research, b) to identify which European universities and research centres have or will develop research programs on the psychological study of ageing and c) to examine relevant contexts and issues to which psychologists can contribute their scientific knowledge and professional competences to enhance the quality of life and well-being of older people. The Task Force started its work in 2004.

3. Literature

Because no overview about European work in the field of Geropsychology has been published to date, the Task Force had to collect information from key persons from the European countries (including non-EFPA members).

4. Methodological aspects

In order to get an overview of research, teaching, and application of geropsychology in Europe, we planned to collect information from key persons from all European countries. Following a call from the EFPA Head Office to all EFPA member organizations, we received the names of key persons from 10 out of the 31 EFPA members (Austria, Belgium, Czech Republic, Denmark, Finland, Israel, Iceland, Norway, Sweden, and Spain). In order to identify additional key persons (also from European non-EFPA members), we checked electronic databases (Ageline, PsycInfo) for publications in the field of Geropsychology from the remaining European countries. As almost no entries were available from many Eastern European countries and as some e-mail addresses of authors in the data bases were outdated, we also checked the web-pages of the main universities of these countries for courses in geropsychology and for psychologists who taught these courses. If we did not get an answer, and if reminder letters remained unanswered, we tried to identify alternative persons. In the case that no geropsychologist could be identified from a particular country, we also contacted the national gerontological associations for names of geropsychologists.

In the end, we received answers from 30 countries (Austria, Belgium, Bulgaria, Byelorussia, Bosnia-Herzegovina, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Greece, Hungary, Iceland, Israel, Italy, Lithuania, Luxembourg, Macedonia, the Netherlands, Norway, Portugal, Romania, Russia, Serbia, Spain, Sweden, Switzerland, and Turkey).

5. Summary data

5.1 Research

The key persons were asked concerning the importance of 17 geropsychological research topics in their country. The most important topics were felt to be dementia, general cognitive development, and care giving. Social development, affective disorders, psychological consequences of chronic illness, and psychological assessment of older persons were the next important topics. Other topics, such as personality, death/dying/bereavement, prevention and health promotion, environmental issues, age-stereotypes/ageism, and psychological interventions were less important.

In order to estimate the share of European publications on the field of geropsychology, we completed a search in the PsycInfo data base [search terms: (aging or ageing or late life or old age or geriatric or gerontol*) and a list of all European countries]. The search was performed on July 14th, 2006. This analysis gives a rough estimation of publication activities, although some relevant journals or papers may not have been listed in the data base and part of the publications probably came from psychiatrists, sociologists, social workers, or related professions. On average, 21.6% of the studies identified in the field of geropsychology were authored or co-authored by a European researcher. However the percentage increased to 31.8% in studies published between 2001 and 2005. The percentage of publications from European researchers was above average (> 21.6%) for psychopathology (e.g., depression, anxiety, dementia; 30.9%), cognitive aging (29.7%), psychological assessment (26.3%), care giving (23.6%), and aging in nursing homes (23.4%), and average for death, dying, and bereavement (21.2%). The percentage of European contributions was below average with regard to longevity (18.3%), prevention and health promotion (18.1%), developmental issues (16.9%), interventions (17.5%), gender issues (16.3%), ageism and elder abuse (15.6%), work/retirement (14.9%), social relations (14.2%), chronic illness/long-term care (12.7%), and ethnic differences (5.9%).

The largest number of European geropsychological publication came from the United Kingdom (about 1,600), followed by Sweden, Germany, the Netherlands, and Italy (up to 1,200 publications from each country). Between 560 and 760 publications were available from Israel, France, and Finland (between 560 and 760 publications), Spain, Switzerland, Ireland, Belgium, Denmark, and Norway (between 200 and 350 publications). Very few publications could be identified from Central-Eastern European countries. These numbers probably underestimate the total number of publications on psychology of aging as many non-English papers are not listed in the electronic data base, and only 27% of all respondents (those from Belgium, Finland, Germany, Israel, The Netherlands, Norway, Sweden, and the United Kingdom) reported that most of their research is published in English language journals. Further information on the results of the internet search is provided in Fernández-Ballesteros, Pinguart, & Torpdahl (in press) and Pinguart (in press).

According to the key persons surveyed, the most important research institutions were universities (67% countries) and other state-run institutions (43%; more than one answer was possible). Private research institutions were generally of lower importance, and did not play any role in 40% of the countries. Main sources of funding were foundations (70%), followed by the government (30%), and universities (23%). Research sponsored by industry was generally of low importance (17%).

About 63% of the key persons reported that researchers in their countries participate in international research networks. This was the case in most Western European countries (76%), but only in a minority of participating Central-Eastern European countries (40%; Czech Republic, Estonia, Lithuania, and Russia). International cooperation most often included partners from Western European countries ($N = 45$ countries listed), the United States ($N = 15$), and Canada ($N = 13$). Only three cases of cooperation with Central-Eastern European countries were reported.

5.2 Training in Geropsychology

The second topic of the Task Force was establishing an overview of whether - and if so which - aging-related topics are part of regular undergraduate and graduate student training in the field of psychology in Europe, and whether there are special courses or even postgraduate programs for those who would like to specialize in work with older adults.

The key persons received a list of eight topics of teaching geropsychology in undergraduate or graduate courses, based on published recommendations about knowledge and skills required of psychologists working with older adults (Molinari et al., 2003). The most frequent topic of training was life-span development and psychological development in old age, which was taught at all institutes in six of the 30 countries, and was not included in the training of psychologists in only one country. Psychopathology in old age, such as depression or dementia, was the second most important topic, followed by psychological assessment of older adults, psychotherapy and counselling with older clients, social services for older adults, life-long learning, environmental issues, and psychological aspects of work and retirement. Nonetheless, three or more of these topics were not part of the teaching program in half of the countries under investigation.

On average, developmental issues were estimated as filling 22 hours of training in the field of geropsychology (range between 1 and 150 hrs.), life-long learning 8 hours (1 – 16 hrs.), mental illness in old age 7 hours (1 – 20 hrs.), psychological assessment and environmental issues 6 hours each (1 – 18 hrs.), psychotherapy/counselling with older adults 5 hours (1 – 10 hrs.), and work and retirement as well as social services for older adults about 4 hours each (2 – 20 hrs. and 1 – 10 hrs., respectively). Highest levels of teaching geropsychology were reported in Sweden, Norway, and Austria, and lowest levels in Byelorussia, Serbia-Montenegro, Turkey, Finland, Portugal, and Israel. In the latter group of countries, aging-related topics only played a role in courses on developmental psychology at a few institutes or departments, or as part of courses on psychopathology or social services.

Postgraduate programs on geropsychology or gerontology (with inclusion of psychological topics) were reported to be available in 47% of the countries assessed (Austria, Bulgaria, the Czech Republic, Denmark, France, Germany, Greece, Israel, the Netherlands, Norway, Spain, Switzerland, Sweden, United Kingdom). In 63% of these programs, training was mainly academic, and in 37% mainly professional. The availability of postgraduate programs in Europe was probably somewhat overestimated as most of the countries for which no key person could be identified are unlikely to have a postgraduate program in geropsychology.

About 30% of the key persons reported that geropsychology is a regular topic of postgraduate training in clinical psychology or psychotherapy in their country. These programs are mainly professional (77%) rather than academic (23%). The numbers of hours of postgraduate training in geropsychology varied considerably between the countries, ranging from about 15 (Austria, Germany, Spain) to 500 (Luxembourg; $M = 127$). Most prominent topics of geropsychology for clinical psychologists were psychological assessment of older adults (63%), psychotherapy with older clients (63%), and psychological disorders in old age (50%). Prevention of mental health problems of older adults (12.5%), and evaluation of interventions with older adults (12.5%) did not play a large role in these programs. Geropsychological topics were included in a few nonclinical postgraduate programs, such as in the field neuropsychology (10%), cognitive psychology (7%), developmental psychology (3%), and community psychology (3%), with 15 to 60 hours of training in geropsychological topics. These programs provided information about environment-behaviour transactions of older adults, caregiver interventions, prevalence of cognitive problems in old age, and psychological research with older adults.

In the newly developed European master program in gerontology (EuMaG), geropsychology is one of five core modules (see Heijke, 2004). Compared to U.S.-standards, the number of full professors in the field of geropsychology in Europe is quite low. On average only 2.3 full professors were reported per country (with the highest number of $N = 20$ in France) and a total of 69 persons when summed across the 30 countries.

5.3 Application of Geropsychology

The third main topic of our search was the application of geropsychology. According to the key persons, geropsychology was most often applied in the clinical field (70% of the countries under investigation). About 60% of the key persons reported the social field as one of the three most important fields of application. Applying geropsychology in the prevention of health problems and in health promotion was reported by 40% of the respondents, and adult education by 33% of the key persons. However, only 17% of the key persons reported geropsychology being widely applied in the field of work and retirement.

The question on how many clinical psychologists work exclusively or mainly with older adults was obviously difficult to answer, and six key persons could not provide a figure. In the other countries, estimations ranged from 0 (Byelorussia, Bosnia-Herzegovina, Estonia, Serbia, Turkey) to 1,500 in France ($M = 146$, $SD = 348$; Median = 10).

Finally, the key persons were asked about future fields of application in geropsychology. Here promotion of healthy aging and prevention were most often reported (33%), followed by work/retirement (27%), life-long learning/adult education (20%), the social field (20%), psychotherapy (7%), liaison with primary somatic units (7%), care giving (7%), traffic psychology (3%), successful aging (3%), and health economics (3%).

6. Proposal for a common EFPA position

First, more efforts are needed for establishing geropsychological research in Central-Eastern Europe. The EFPA could support the establishment of geropsychological research in Central-Eastern Europe by providing consultations, promoting the exchange of scientists, and cross-national studies. Second, in order to increase the visibility of European research in that field, more studies have to be published in English and in international journals in particular. For example, EFPA congresses could offer workshops about how to publish in English-language journals. Third, in order to expand research and teaching on aging-related topics, increasing the number of full professors in the field of geropsychology is highly recommended. Fourth, future priorities in the field of geropsychology can be derived from demographic shifts, the increasing need for psychological contributions to the enhancement of older adults' quality of life and well-being, and from comparisons of topics of European research with main topics of international research. Here, more European research is highly recommended with regard to of longevity, prevention of diseases and health promotion, psychological interventions, work/retirement, and psychological aspects of chronic illness/long-term care. Fifth, geropsychology should become a regular topic in European training at Bachelor level in the field of psychology (e.g., psychological development in adulthood and old age, life-long learning). In addition, courses at Master level should include information on aging-related topics in their fields (e.g., psychological assessment and evidence-based interventions with older adults in programs on clinical psychology; age-associated change in performance and motivation of older workers in programs on industrial and organizational psychology). As graduate schools or postgraduate programs on geropsychology can probably not be established in all European countries in the near future, the best solution would be to make national programs of Western European countries that are already available open for the admission of postgraduate students from other countries, similar to the model of the European Master in Gerontology. Sixth, in the applied field, more efforts are needed in promoting healthy aging. Given the dramatic increase in health care costs associated with population aging, European psychologists have to play a larger role in the promotion of healthy life styles in middle and late adulthood. Similarly, as declining birth rates call for an increasing importance of older workers, more psychological efforts are needed to overcome negative stereotypes of employers concerning older workers, and to help

older workers master changing work-related demands (life-long learning) and with compensating age-associated declines.

7. Implications for EFPA Mas.

In principle, EFPA Mas should discuss in their respective countries whether and which measures are needed for increasing research and teaching in that field and what to do regarding Geropsychology as an applied context for psychologists.

8. Future tasks of EFPA

During Prague Congress a new Task Force meeting will be called. In this session Task force members will discuss what decision should be taken regarding the continuation or the end of the Task Force.

9. Conclusions

- 1. Geropsychology is a field of research as well as an applied field. Nevertheless, stronger expansions have been observed in the field of research than in the applied context.
- 2. There are differences between Eastern and Western countries regarding research, teaching and practice. Much more effort should be paid for collaboration among European Countries and for narrowing the East-West differences.
- 3. Although there are substantial contributions to Geropsychology in Europe, since Europe is the oldest continent in the world, European psychologists should be much more aware about their role and their responsibilities in contributing to enlarging quality of life and well-being across the life span.

Annex

Membership of Task Force:

Rocío Fernández-Ballesteros (Spain; chair)

Martin Pinquart (Germany; secretary)

Per Torpdahl (Denmark)

Eva Jarolimova/Hana Janeckova (Czech Republic)

Jan Hoyersten (Norway)

Angelos Carabelas (Greece)

Only those persons are listed who were able to take part in at least one Task Force meeting.

The Task Force was supported by Rainer K. Silbereisen from the Executive Council of the EFPA.

Process of the work (how carried out): Three annual meetings were held for developing goals of the Task Force, monitoring progress of the work, and discussing conclusions. After identifying central goals, Task Force members got individual tasks (e.g., internet search preparation of the questionnaire, data collection, analysis of data, preparation of manuscripts). Between the meetings, exchange between the Task Force members was organized by e-mail and phone. Unfortunately, some Task Force members could not attend the meetings and were, therefore, difficult to include in the regular tasks.

In order to disseminate the results of our work, we prepared a book about geropsychology in Europe, a paper for the European Psychologist, and a workshop at the EFPA congress in Prague 2007.

Copies of any questionnaires used

EFPA

Task Force on Geropsychology (Psychology and Aging).

Please send it back to Martin Pinquart, Department of Developmental Psychology & Center for Applied Developmental Science, Am Steiger 3 Haus 1, D-07743 Jena, Germany.

Questionnaire on Research, Teaching, and Application of Geropsychology in Europe

I Research

1. What are the most important topics of research on geropsychology (psychology and aging) in your country?

	Most important topic(s)	Important topic	Some research, but less important topic	No research on that topic
Cognitive development	()	()	()	()
Social development and intergenerational relations	()	()	()	()
Personality development (e.g., emotion and aging)	()	()	()	()
Successful aging	()	()	()	()
Environment and behaviour	()	()	()	()
Longevity	()	()	()	()
Death, dying, and bereavement	()	()	()	()
Psychological aspects of chronic illness and long-term care	()	()	()	()
Care giving	()	()	()	()
Attitudes toward older adults/ageism	()	()	()	()
Abuse of the elderly	()	()	()	()
Aging at the workplace/retirement	()	()	()	()
Psychological assessment	()	()	()	()
Dementia	()	()	()	()
Depression and affective disorders	()	()	()	()
Psychotherapy and counselling	()	()	()	()
Prevention/health promotion	()	()	()	()
Ethnic diversity	()	()	()	()
Gender issues	()	()	()	()
Others (please specify)_____	()	()	()	()

2. Where are these results published or presented?

	In most cases	In some cases	In few cases	Does not apply
In international journals	()	()	()	()
In national journals (in English language)	()	()	()	()
In national journals (in native language)	()	()	()	()
In monographs (in English language)	()	()	()	()
In monographs (in native language)	()	()	()	()
In unpublished research reports	()	()	()	()

3. Could you estimate the number of publications in geropsychology that have been published by researchers from your country in the last five years?

International publications (in journals and monographs) _____
 National publications (in journals and monographs) _____

4. What are the main sources of funding of geropsychological research in your country? What are the most important funding organizations?

5. What are the most important journals that publish geropsychological research of researchers from your country?

6. Please specify the institutions of geropsychological research.

	Most important research institution	Institution of secondary importance in that field	Institution of low importance in that field	Does not apply
Universities	()	()	()	()
Other state-run institutes	()	()	()	()
Private organizations or institutes	()	()	()	()
Others (please specify)	()	()	()	()

7. Please estimate the number of doctoral dissertations that have been published in your country in the field of geropsychology in the last five years.

()

8. How many full professors of geropsychology work at your universities or scientific institutes?

()

9. Do researchers in the field of geropsychology participate in international research networks (e.g., international research programs, cross-cultural research)?

Yes () No ()

10. If yes, please specify the most important countries of scientific co-operation.

11. Do geropsychologists from your country work on multidisciplinary studies on aging?

In the field of clinical psychology or psychiatry	Yes ()	No ()
In the field of developmental psychology	Yes ()	No ()
In other fields (please specify) _____	Yes ()	No ()

12. Are there multicenter studies on geropsychology? Yes () No ()

13. Is there a paper that summarizes research, teaching, and/or application of geropsychology in your country? If yes, could you please provide a copy of that paper?

II Teaching

a) Basic competence in geropsychology (training of undergraduates in the field of psychology)

Are the following areas a regular topic of training of students in the field of psychology? If yes, please estimate the number of hours of training (lectures, seminars) in that field.

	Yes, at all institutes or departments	Yes, at most institutes	Only at few institutes or departments	No	Estimated number of hours
Psychological development in old age	()	()	()	()	
Older workers/aging at the workplace	()	()	()	()	
Mental illness in old age (e.g., dementia)	()	()	()	()	
Assessment of older adults (clients)	()	()	()	()	
Psychotherapy with older adults	()	()	()	()	
Lifelong learning	()	()	()	()	
Ageing and the environment	()	()	()	()	
Social services for older adults	()	()	()	()	
Other topics (please specify) _____ _____	()	()	()	()	

b) Postgraduate training in the field of geropsychology

1. Are there postgraduate programs for psychologists in the field of geropsychology or in the field of gerontology with a strong focus on psychological aspects of aging?

Yes () No ()

If yes, how many programs? _____

2. Is geropsychology a regular topic of postgraduate training in clinical psychology or psychotherapy?

Yes () No ()

If yes, could you estimate the number of hours of postgraduate training in that field?

Other postgraduate trainings	1.
<hr/>	2.
<hr/>	3.
<hr/>	

III Application of Geropsychology

1. What are the three main fields of application of geropsychology in your country?
 clinical work
 social field
 education
 work and retirement
 prevention/promotion of healthy aging
 others (please specify)

2. In which fields is geropsychology not yet applied in your country, but should be in the near future?

3. Please estimate how many clinical psychologists with a main focus on geropsychology there are currently active in your country (i.e., spend all or most of their working hours in this field). _____

Thanks for your collaboration.

Rocio Fernandez Ballesteros