

# POST-LICENSURE GROUP 11

Encourage post-licensure CE to enhance competencies. Work with licensing boards to reflect aging-related competencies. Encourage health psychologists, rehab psychologists, neuropsychologists to consider hybrid identification and/or specialization.

BRIDGES\_CONFERENCE FEB 17, 2021 01:21PM

## INSTRUCTIONS

BRIDGES\_CONFERENCE FEB 26, 2021 03:12PM

### 1. Decide on a leader and 2 scribes

2. Open your group's padlet as shown in the zoom chat.
3. For each question/column, identify at least 3 issues and discuss.
4. Use the + button to add your ideas and notes.
5. Spend 10 minutes on each question/ column.
6. Someone from the planning committee will stop by your group to check in - but feel free to be innovative to solve tech issues.

## #1. Identify and discuss 3 BARRIERS to attracting interest and competency in aging at the post-licensure level.

ANONYMOUS MAR 02, 2021 10:08PM

**Perceived bleakness - decline, loss**

ANONYMOUS MAR 02, 2021 10:09PM

**Perceived bleakness about the field; perception that we deal with loss all the time**

ANONYMOUS MAR 02, 2021 10:10PM

**Gero CE offerings aren't always practical; not enough CEs**

*finding enough CEs to become board certified* – ANONYMOUS

ANONYMOUS MAR 02, 2021 10:14PM

**Billing and funding; daunting to figure out how to bill Medicare**

ANONYMOUS MAR 02, 2021 10:25PM

**Trainees don't get into gero until fellowship**

ANONYMOUS MAR 02, 2021 10:14PM

**It may not cross psychologists' minds that they need training in gero topics; not being aware that there is something they need to learn; need to somehow reach those individuals in overlapping fields (neuropsych, rehab)**

## #2. Identify and discuss 3 STRATEGIES to enhance racial and ethnic diversity in geropsychology.

ANONYMOUS MAR 02, 2021 10:17PM

**How much have we (the field of gero) partnered with organizations focused on intersectionality?**

ANONYMOUS MAR 02, 2021 10:16PM

**Partner with organizations representing people of color**

ANONYMOUS MAR 02, 2021 10:21PM

**Representation is a big factor. Trainees don't see mentors that look like them. This impacts the pipeline/potential trainees' interests in gero. Need to partner with programs/organizations and provide education. Send invitations for programs to partner with us.**

ANONYMOUS MAR 02, 2021 10:22PM

**If we can diversify at the top level, perhaps we can increase representation and improve recruitment of diverse training applications.**

ANONYMOUS MAR 02, 2021 10:24PM

**Pull in diverse psychologists from other specialties to get increased training - diversifying existing licensed professionals to draw trainees**

ANONYMOUS MAR 02, 2021 10:24PM

**How to "geropsychologize" programs**

ANONYMOUS MAR 02, 2021 10:27PM

**Go to non-gero conferences and present at these other places; infiltrate**

ANONYMOUS MAR 02, 2021 10:27PM

**Work on partnerships with social work (present at NASW, and other conferences)**

ANONYMOUS MAR 02, 2021 10:28PM

**Work on partnerships with nurse practitioner groups**

ANONYMOUS MAR 02, 2021 10:29PM

**State departments on mental health; they typically have an annual conference; can link up with social workers and nurses; every state has an older persons division of mental health, area on aging**

ANONYMOUS MAR 02, 2021 10:30PM

**National Association for Black Psychologists; connecting and partnering with others; help with recruitment; they can be an ambassador for promoting gero education**

ANONYMOUS MAR 02, 2021 10:30PM

**Div 45 of APA**

ANONYMOUS MAR 02, 2021 10:31PM

**area agency on aging (N4A) conference**

ANONYMOUS MAR 02, 2021 10:33PM

**make sure we get the word about re health/MH disparities that disproportionately affect older adults of color (i.e., people of color as they age)**

**#3. Identify and discuss 3 SOLUTIONS/ ACTION STEPS to increase interest and competency in aging at the post-licensure level.**

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ANONYMOUS MAR 02, 2021 10:32PM

**offer free CEs**

ANONYMOUS MAR 02, 2021 10:32PM

**need to have exposure to aging across the gero training pipeline**

ANONYMOUS MAR 02, 2021 10:33PM

**need more education on healthy aging for general practitioners**

ANONYMOUS MAR 02, 2021 10:34PM

**Discuss diversity of career options in gero; VA does a lot of heavy lifting for the field, but that's not the only career option**

ANONYMOUS MAR 02, 2021 10:35PM

**Pay attention to the language we use; perhaps use "aging" instead of "geropsychology" education and training**

ANONYMOUS MAR 02, 2021 10:35PM

**e4center.org**

ANONYMOUS MAR 02, 2021 10:36PM

**increase number of aging-focused workshops/CEs at non-gero conferences**

ANONYMOUS MAR 02, 2021 10:37PM

**for those who want to do direct service, partnering with social work; have joint CE opportunities**

ANONYMOUS MAR 02, 2021 10:38PM

**catch-onlearn.com has online modules available for free**

ANONYMOUS MAR 02, 2021 10:38PM

**expand consultation and mentoring opportunities in gero**

ANONYMOUS MAR 02, 2021 10:39PM

**quality of CE is a clinical issue; lecture based CEs, difficult to engage; need more case-based learning; it's expensive to develop fun and engaging trainings**

ANONYMOUS MAR 02, 2021 10:40PM

**geropsychologist could offer monthly consultation groups; have psychologist and social worker in gero partner to offer this, would increase number of people who would attend these consultation groups**

ANONYMOUS MAR 02, 2021 10:41PM

**SCG - someone did work with legal to come up with an agreement to ensure consultation work would not jeopardize one's license**

ANONYMOUS MAR 02, 2021 10:43PM

**Partner with other related specialties to think about gero specialization within those fields (health, rehab, neuro)**

ANONYMOUS MAR 02, 2021 10:49PM

**importance of promoting lifespan conceptualization and not only "gero" work for engaging folks, including family caregivers**

**Use this column to record other comments or ideas.**

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