

Old age psychology training in Norway
Sparking awareness and interest in first year psychologist students

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INTRODUCTION

The potential consequences of an aging population have received extensive political and scientific attention; the changing population demographics in the developed world necessitate action. In the past decade, there has been an increased focus on preparing the Norwegian health care system to accommodate for the increasing number of older persons. Meanwhile, the need for psychologists in this revised health care system has not been fully evaluated, nor recognized.

Psychologist education and certification in Norway

The Norwegian health authorities regulate and authorize the psychologists' practise and title through strict quality standards. These standards are maintained by the universities who provide an approved psychologist education programme. Norwegian psychologists have 6 years of university education in clinical psychology, based on the scientist-practitioner model (Shapiro, 2002). In order to become a psychologist specialist, authorized psychologists may continue on a 5-year specialization under the auspices of the Norwegian psychologist association. One of the current specializations is in old age psychology. Few psychologists choose this specialization even though it is well established that the Norwegian population is getting older.

Early in the psychologist educational programme, the students are introduced to evidence-based theoretic courses in basic psychological themes like developmental, cognitive and biological psychology. Aspects of clinical practice are introduced early through smaller reflective assignments and observational placements. In their third year, the students may choose to have their clinical practice with either young patients, young adults or older adults

in an outpatient clinic run by the department of clinical psychology. After this, students are placed in practice at clinical facilities in relevant health institutions. They may choose to work at various facilities, both in primary and secondary services. In addition to these two main clinical practice placements, there are multiple shorter placement periods; among others, a shorter stay at a neuropsychology clinic at the faculty.

Old age psychology is included in both basic and clinical courses, but only a third choose to work with older adults in the department's clinic, and few of the later placement have senior patients. Even among those who actively seek to work with older adults, few meet patients over 70, as they are rarely referred to regular outpatient clinics, or even to the department's outpatient clinic. Hence, advances must be made to spark interest for this subject early in the education, and to provide opportunities to obtain training in old age psychology.

Psychologist meeting the old and very old patient, should be proficient in a range of highly specialized topics. Table 1 provides a comprehensive yet not complete list of skills and competencies that illustrate the need to incorporate old age psychology from basic training to post licensure training. Psychologists should not be restricted to address only the typical psychological diagnoses; clinical themes such as loss and sorrow, somatic illness, poly-pharmacy, and life-change related issues may need to be addressed in this population (American Psychological Association, 2018; Karel, Knight, Duffy, Hinrichsen, & Zeiss, 2010). There are several roles of equal importance that old age psychologist may undertake in the Norwegian primary health care system. They may: i) provide individual/group therapy sessions in a multidisciplinary service, ii) be engaged in clinical problem solving in interdisciplinary teams, iii) lead health care establishments, iv) supervise evidence-based practice for nurses and other relevant personnel, and v) act as expert consultants. The need for

these specific knowledge and skills are getting more pronounced (American Psychological Association, 2018).

Table 1: Example of specialized knowledge and competence in old age psychology.

Mental disorders such as depression and anxiety
Dementia and related behavioural/lifestyle changes
Changes in decision making or everyday living abilities
Coping with and managing chronic illness
Behavioural health concerns such as insomnia, pain
Grief and loss
Family caregiving strains
Adjustment to aging-related stresses including marital/family conflict, changing roles
End-of-life care

As the Norwegian population is getting older, a larger segment of psychologists' clients should be within the definition older adults. Yet psychologists in Norway offer few elderly patients services today. While the elderly population is over-represented in the use of health care, both in terms of primary health care and hospitals, this group is considerably underrepresented in terms of psychologist consultations (Mørk, 2010).

In a survey among Norwegian psychologists, participants were asked to report the age distribution of their clients. Only 4.9% of patients were over 60 years, whilst only 0.6% were over 70 years and 0.4% were over 80 years old (Brunvold, 2014). Very few psychologists felt that they had received satisfactory training to accommodate for the elderly patient. This is unfortunate as previous studies suggest that the perceived lack of knowledge about the elderly can lead to more negative expectations to the course of therapy and less willingness to include elderly patients in therapy (Helmes & Gee, 2003).

It is important that GPs refer clients to psychologists (Brunvold, 2014). However, other potential issues related to the low number of older adults receiving therapy needs to be investigated. One possible reason for the low number of old age clients may be that there are few easily available psychological services in primary care, as psychologists mainly work in the secondary care services. Fortunately, a recent government initiative has established by law that psychologists shall be present in primary health care services across Norway (Meld. St. 26 (2014-2015)). This gives the educational institutions a new challenge; we need to prepare students for these new tasks and to make old age psychology an evident and popular choice for psychologist students.

Advancing old age psychology training to meet future societal challenges

It is not feasible to provide in-depth training in this comprehensive field to all psychology students. Meanwhile, it is our aim that all students can discover and regard old age psychology as a potential career opportunity. To advance old age psychology, we are currently expanding the basic psychologist training programme at the University of Bergen to cover the particular challenges in the primary health care.

A new course is established at the University of Bergen to introduce first year psychology students to the primary care setting. This is an arena for psychologist students to meet the older patient. We aim to present old age psychology as a future career and introduce the older individual as a potential client who may benefit from psychological interventions. Figure 1 illustrates the organization of the new course, with a theory-based curriculum brought to life by both university lecturers and practitioners. Students' reflection seminars and group-based essay writing follow the interactive lectures. The examination is a 24-hour take-home final, to facilitate reflection and reduce the focus on memorizing simple facts. With this approach, we

intend to inspire more students to regard old age psychology and the primary health care setting as an attractive line of practice.

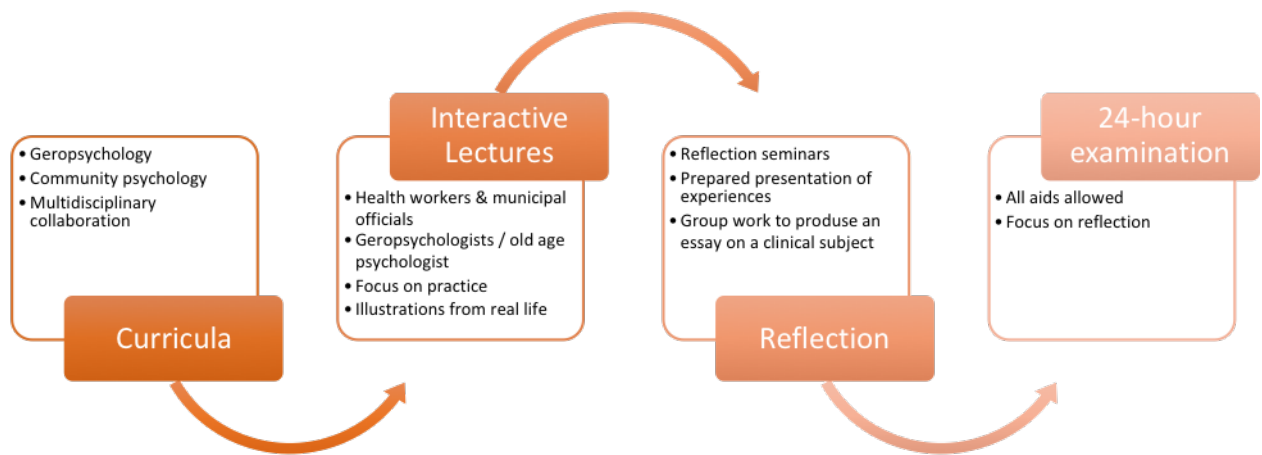


Figure 1: the components of the course covering old age, dementia and primary care.

In this present research paper, the first year psychologist students were given a 5 ECTS course on old age and primary care psychology. The aim was to investigate whether a course like this would increase awareness and interest among students, resulting in more students considering this career path.

METHODS

This retrospective survey performed during the spring semester 2017, related directly to the new psychology first year course “Preparing for professional work in psychology 2 - Health, Society and the Psychologists’ role”. This course represented 5 out of a total of 30 ECTS, that all first year psychologist students received during their second semester. All psychology students that were present at the last lecture of the course were invited to participate (n=56).

The survey was a short questionnaire covering students’ attitudes towards working with older persons and working in the primary health care sector before and after attending the course (Table 2).

Analyses were performed using SPSS 23. A 3x3 Chi-square test was performed to identify significant changes in student attitudes towards working with older adults before and after the course. To ascertain which changes were significant, the variables were dummy coded allowing 2x2 comparisons. Significance was set at .05, using Yates' correction.

Ethics

The students were informed that the survey was voluntary and anonymous and would not affect their grades. Students were asked to hand in the questionnaire either during the break or at the end of the lecture, leaving any student who did not wish to partake the opportunity to abstain without it being noticeable.

RESULTS

Out of 56 students, 54 returned the questionnaire after the lecture. Out of these, 2 students had not attended all the relevant lectures and were excluded, leaving 52 students for the analyses.

Due to errors in the questionnaire, it was not possible to ascertain how many students had considered to work in the primary health care before the course, or how many students wanted to work with people with dementia after the course.

Only 8 students (15.4%) had considered working with older persons before attending the course, while 34 students (65.4%) had not considered this, and 10 students were unsure (Table 2). Correspondingly, 5 students (9.6%) had considered working with people with dementia before attending the course, while 34 (65.4%) had not, and 13 (25%) were unsure. Most students thought that the course was informative about older individuals as potential clients (n= 51, 98.1%), and a high number of students were also satisfied with the information provided on primary health care services as a potential future employer (n= 33, 63.5%) (Table 2).

After the course, 12 students (23.1%) wanted to work with older persons, 10 students (19.2%) did not, while 30 (57.7%) were unsure. Similarly, 14 students (26.9%) wanted to work in primary health care services, 8 (15.4%) did not, and 30 (57.7%) were unsure.

The chi-square analysis investigating changes in attitudes towards working with older individuals was overall significant ($\chi^2=13.61$, $df=4$, $p=.009$). Follow-up testing revealed that a significant portion of those who had not considered working with older individuals before the course, did consider this career-path after course ($\chi^2=7.54$, $df=1$, $p=.026$).

Table 2: frequency and percentage of students answering yes, no or unsure to the questionnaire on course content and attitudes towards working with older individuals and in primary health care services.

	Yes		No		Unsure	
	n	(%)	n	(%)	n	(%)
Had you considered working with older individuals before this course?	8	(15.4)	34	(65.4)	10	(19.2)
Had you considered working with people with dementia before this course?	5	(9.6)	34	(65.4)	13	(25)
Do you think the course informed you well about older individuals as potential clients?	51	(98.1)	1	(1.9)	0	(0)
Do you now want to work with older individuals after graduating?	12	(23.1)	10	(19.2)	30	(57.7)
Do you think the course informed you well about the primary health care system as a potential place to work?	33	(63.5)	7	(13.5)	12	(23.1)
Do you want to work in primary health care services after graduating?	14	(26.9)	8	(15.4)	30	(57.7)

DISCUSSION

In this retrospective survey, students reported that they were satisfied with the lectures on older individuals and primary care. The questionnaire revealed an increase in students who were interested in working with older individuals or in primary health care.

Very few students had originally thought of working with elderly or working in primary care services as career paths. This highlights the need to make students aware about this field of practise, and to inspire them to think of old age psychology as a career opportunity.

The change in students who wanted to work with older individuals or in primary care was not big, but significant. This indicates that this course had a positive effect on the psychologist students. Although not significant, a considerable number of students who previously had not considered this career path were unsure after the lecture. This result should be regarded as a positive change. This survey was handed out during their first year. The students were young and had hardly started to familiarize themselves with psychology. It is possible that the course gave the students “something to think about”, an important first step in sparking an interest.

Strengths and weaknesses

This study has a relatively high number of participants, and a high participation rate.

However, the study is retrospective, which may have affected the results. Moreover, as the students were asked to give their opinion of the course to their lecturer who also graded their tests, it is possible that the students felt obliged to be positive, creating a social desirability response bias (Van de Mortel, 2008). The students were informed that the survey was completely anonymous, which should have reduced the risk of bias. In addition students were

not asked to self-report on their competence, or to self-report on socially sensitive topics, which is associated with the likelihood of bias (Van de Mortel, 2008).

CONCLUSION

A first year course on old age psychology and primary health care, resulted in more students being interested in working with older adults and in primary care, and more students were unsure rather than negative towards this notion. Very few students had originally thought of this career path; underlining the need to make students aware of old age psychology and primary care services as career opportunities.

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