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Geropsychology Mentoring: A Survey of Current Practices and Perceived Needs

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Abstract

The need for clinical geropsychologists currently exceeds the availability, and this imbalance is expected to worsen along with the impending growth in the older adult population. Effective geropsychology mentoring may be helpful in meeting this challenge. However, little is known about mentoring within clinical geropsychology. The present paper reports on a survey of mentoring practices and needs. Findings indicate that a large majority of clinical geropsychology trainees and professionals at all levels have a mentor and that the contributions mentors make are highly valued. Among the needs identified by survey respondents was guidance for effective mentoring. Results of the survey suggest that efforts to enhance mentoring within clinical geropsychology may contribute to the goal of expanding the workforce to meet future needs.

Keywords

mentoring; clinical geropsychology; professional development

The need for clinical geropsychologists far exceeds the availability (Qualls, Segal, Norman, Niederehe, & Gallagher-Thompson, 2002; Bartels et al., 2010). This imbalance is likely to worsen in the near future as the population ages. Adults age 65 and older made up 13% of the U.S. population in 2008, but are expected to comprise 20% of the population by the year 2030 (Federal Interagency Forum on Aging-Related Statistics, 2010). Efforts are underway to expand the number of psychologists and other mental health professionals trained to work with older adults and mentoring plays a central role in many of these initiatives (Bartels et al., 2010; Zimmerman, Fiske, & Scogin, in this issue).

There are numerous ways in which effective mentoring may aid in the growth of the geropsychology work force. Mentoring can play a role in attracting new students into geropsychology (Mehrotra, 2006). Evidence from other fields shows that mentoring is also associated with increased productivity and satisfaction during graduate training as well as professional success (see Zimmerman, Fiske, & Scogin, in this issue).

There have been a handful of studies examining the extent and nature of mentoring practices within psychology training programs (e.g., Clark et al., 2000; Johnson et al., 2000). Prior research shows that fewer students in clinical psychology graduate programs report having a mentor (53%) compared to students in experimental psychology programs (69%; Johnson et al., 2000). A larger proportion of students in PhD programs (71%) reports having a mentor compared to students in PsyD programs (56%; Clark et al., 2000). However, there is virtually no published information about mentoring in geropsychology.

The present study sought to address the paucity of information about geropsychology mentoring through a web-based survey of geropsychologists and geropsychologists-in-training. The survey was administered by the Mentoring Committee of the Society of Clinical Geropsychology. We introduce the Mentoring Committee briefly before describing the survey.

The Mentoring Committee of the Society of Clinical Geropsychology (APA Division 12, Section II) was established with the goal of enhancing the quality and availability of mentoring within clinical geropsychology. The Committee considers mentoring in the context of both short-term and long-term relationships, formal and informal, at any level of training from undergraduate through professional, and in any domain, including clinical as well as research activities. Activities of the Mentoring Committee have focused on obtaining information about current mentoring practices and programs within clinical geropsychology and disseminating this information through publications, presentations and a website (www.geropsychology.org). To address the need for additional mentoring at all levels, the Committee has compiled a list of mentoring programs for geropsychology trainees and professionals, and the information is currently being formatted for dissemination on the Society's website. The Committee oversees the John Santos Geropsychology Respecialization Program, which seeks to link clinical geropsychologists with licensed psychologists from other areas who wish to specialize in working with older adults. In addition, planning is underway for a geropsychology training institute that would provide an intensive training and mentoring experience for graduate students and postdoctoral fellows interested in behavioral interventions, assessment and discovery oriented research in older populations.

This paper documents an online survey that was administered by the Mentoring Committee in 2008 to investigate the types of mentoring experiences and practices found among geropsychologists and geropsychology trainees and to assess perceived needs.

Method

Participants

Participants were recruited through notices in newsletters and listserv announcements to members of the American Psychological Association Division 12 Section 2 (Society of Clinical Geropsychology), Division 20 (Adult Development and Aging) and Division 22 (Rehabilitation Psychology). Survey participation was elicited specifically from individuals who identified themselves as "a clinical geropsychologist, or a clinical psychology student, trainee or professional with an interest in aging." Twenty-nine individuals responded. Most

were female (69%) and White/Caucasian (97%). Among the respondents 31% were trainees (student, intern or postdoctoral fellow), 24% early-career psychologists and 41% mid- to late-career psychologists. Thirty-one percent of respondents identified themselves as health psychologists and 14% as neuropsychologists.

Measure

The survey contained 21 questions that were developed specifically for the current project. The majority of the questions addressed mentoring received from others, including presence of primary mentor, characteristics of the mentor and the mentoring relationship, satisfaction with mentoring received, and involvement in formal mentoring programs. The survey also addressed mentoring provided to others, including the extent of mentoring provided, the context in which it occurred, and the extent of clinical geropsychology preparation reported by individuals who have served as mentors in this field. Other questions asked about current role, age, sex, ethnicity and educational attainment.

Procedure

Newsletter and listserv announcements directed participants to the SONA systems web-based survey management system. Participants were instructed to create an account on the system, retrieve an e-mailed password, log on to the new account and complete the mentoring survey online. The survey was anonymous in that participant names were accessible only by the system administrator and were not provided to the investigators. Prior to completing the survey, participants were required to read a cover sheet explaining the purpose of the study and their rights and indicate consent electronically. The project was approved by the West Virginia University Institutional Review Board. No compensation was provided to participants.

Results

Survey results showed that mentoring is nearly universal among trainees and professionals in clinical geropsychology. The vast majority of survey respondents (79%) reported receiving mentoring. Mentoring was most often reported among trainees (89%) and early-career professionals (86%). Even among mid- to late-career psychologists, however, a high proportion (67%) reported having at least one mentor. In addition, most early-career (86%) and mid- to late-career (83%) professionals reported being a mentor to someone else. A third of the trainees reported that they had already served as a mentor to someone else.

The source of the primary mentoring relationship appeared to differ by career level. The majority of trainees (75%) and early-career professionals (67%) indicated that the person they considered to be their main mentor was a designated supervisor or advisor; this was true of only 25% of mid- to late-career professionals. Consistent with these findings, most trainees (88%), but only half of early-career professionals and a quarter of mid- to late-career professionals reported having a primary mentor at the same institution.

Frequency of contact with a mentor also appeared to vary with career level. The majority of trainees (75%) indicated at least weekly contact with the primary mentor in person and 86% reported contact with the mentor by telephone at least weekly. There was considerable

variability in responses for early-career professionals, but most (63%) mid- to late-career professionals reported in person contact annually. Even among mid- to late-career professionals, however, a substantial proportion (43%) reported telephone contact with their mentors at least monthly.

Even if the frequency of contact between mentor and mentee declines over the course of one's career, it was evident from the survey results that mentoring relationships can endure. Among the mid- to late-career professionals in the sample, the mean duration of the primary mentoring relationship ranged from 2 to 30 years.

The survey specifically asked whether the respondents had been a participant in a formal mentoring program (such as a federally funded summer research institute). Eight of the respondents indicated that they had participated in such a program. All individuals who had participated rated the programs to be either very or moderately helpful, and most (71%) reported that they were still in contact with a mentor from the program.

The survey also sought to determine the extent to which mentors in this field have themselves been trained in geropsychology. Among the respondents who indicated that they had served as a mentor to someone else, most appear to have been well prepared. The majority (68%) indicated that they had received doctoral training with an emphasis on aging; similar proportions reported internship (68%) and post-doctoral fellowship (74%) experiences that emphasized clinical geropsychology. No respondent indicated only limited preparation, such as selected coursework, CE workshops or self-directed readings. Most respondents (75%) reported having at least one mentor who is knowledgeable about mental health and aging; indeed, 71% reported having multiple mentors of this type.

In addition to asking about the availability of mentors and their preparation for the mentoring role, the survey asked how helpful mentees perceived their mentors to be, and in what ways. The overwhelming majority (91%) of respondents with mentors rated them as very helpful. When asked to describe the kinds of things the primary mentor has done that have been helpful, respondents listed a wide range of activities. Commonly-mentioned contributions included providing advice and guidance, feedback on various types of work, and opening doors (e.g., introductions, nominations and other opportunities). Responses appeared to vary somewhat by career level. The modal type of response from trainees reflected the mentor's helpfulness in providing feedback on research, writing or clinical work. The modal response from early-career psychologists involved grant-writing assistance. Responses from mid- to late-career psychologists were varied, ranging from collaboration and grant-writing assistance to support and encouragement. Respondents credited their mentors with helping them to meet a wide range of goals, including: training milestones (e.g., completing thesis), obtaining a position, and securing tenure or promotion; securing funding; branching out into a new area; improving the quality of their work; improving the quality of the work environment (e.g., professional relationships); and others. Clearly, mentoring has the potential to affect many aspects of a person's professional life.

Finally, the survey asked respondents what would be helpful, with respect to mentoring, at their current career stage. Some of the responses were specific to developmental level; for

example, the issue of how to get started in a career was mentioned by several trainees, whereas respecialization was mentioned by professionals. Nonetheless, similarities across the different career stages were striking. Trainees, early-career, and mid- to late-career professionals all identified specific information or skills they would like to learn from a mentor (e.g., applying for grants, building a practice, or understanding Medicare billing). In addition, respondents at each level mentioned a need for guidance in how to be a mentor. There was scarce mention of a need for programs to link potential mentees and mentors, but the absence of requests for such a program may merely reflect the selective nature of the sample.

Discussion

Results of the current study indicate that mentoring occurs among a majority of geropsychology trainees and professionals. The proportion of geropsychology trainees who report having a mentor (89%) is somewhat higher than the rates reported by other investigators for clinical psychology students (53%; Johnson et al., 2000) or PhD students (71%; Clark et al., 2000). It is possible that mentoring occurs more frequently within clinical geropsychology than in psychology generally, especially given the concerted efforts to expand the geropsychology workforce (Bartels et al., 2010; Qualls et al., 2002; see also Zimmerman, Fiske, & Scogin, in this issue). The possibility of selection effects should also be considered.

The survey results also highlight the fact that mentoring in clinical geropsychology occurs, and is viewed as helpful, at all career levels. Prior research on mentoring within psychology has most often focused on graduate training (Johnson et al., 2000). Additional focus on mid- to late-career mentoring may be beneficial.

Another notable finding was that individuals at all levels expressed a desire for additional training on mentoring techniques. These results were used to guide the activities of the Mentoring Committee. Specifically, the Committee organized a symposium on mentoring that formed the basis for the articles in this special section.

Results of the study should be considered in light of the small sample size and specialized nature of the participants, all of whom self-identified as geropsychologists or geropsychology trainees. Nonetheless, they provide a rare glimpse of current mentoring practices and needs among geropsychologists.

Taken together, the survey responses suggest that mentoring occurs frequently at all career stages within the field of clinical geropsychology. It is highly valued by the recipients and is generally viewed as a long-term commitment. These findings support that conclusion that efforts to expand capacity for mentoring within this field are likely to help meet the increasing need for clinical geropsychologists.

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