

The Growing Need of Geropsychological Intervention in Older Adults

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ABSTRACT

Background: Geropsychology is a branch of psychology that focuses on understanding and assisting older people and their families in maintaining their well-being, overcoming challenges, and reaching their full potential in later life. Everyone wants to age ‘successfully’ with functional ability and a high quality of life as they get older. The study of the physical elements of ageing, as well as the mental, social, and societal ramifications of ageing, is known as gerontology. Various curable mental health illnesses affect older persons, just as they do younger adults. Furthermore, stresses typical in later life, such as the death of a loved one, relocation, health issues, caregiving duties, changes in work status, and poverty, have a substantial impact on older individuals' health and independence. Family connections, memory, capacity evaluation, health promotion, and substance misuse are some of the topics that geropsychology deals. Psychologists have made substantial contributions to the understanding and treatment of today's main health challenges including heart disease, cancer, mental illnesses, dementia, chronic pain, and arthritis, among others. Geropsychologists are at the forefront of research on health, ageing, and the impact of cognitive therapies on improving or maintaining general cognitive status in older persons with varying cognitive capacities. As older persons become more reliant on their adult offspring, family roles evolve and carers face a slew of new pressures, putting older adults and caregivers at risk for mental illness. Elderly people are entering nursing homes later and sicker than ever before, resulting in patients who are more physically frail and complicated, requiring more advanced care and therapy. **Aim:** The goal of this article is to look at the effect of behavioural and related psychological intervention in the ageing process of older persons. **Conclusion:** In the field of health and ageing research, Geropsychology is at the forefront. There is a rising need to comprehend and support initiatives to address their mental and behavioural health issues as well as to articulate an evolving positive ageing strategy framework for directing future treatments with older people. By providing psychotherapies and treatments to treat a range of diseases, ageing problems, and obstacles, geropsychology helps older persons live full lives well into their old age.

Keywords: Aging, Geropsychology, Intervention, Social Justice, Geriatric, Practice, Model, Wellbeing, Growth, Older Adults, Mental Disorders, Etc

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Ageing is becoming more widely recognised as a science, a health and economic topic, and a sociological and political issue. Both the developing and developed worlds are affected by this. Individuals' experiences with ageing are both universal and extremely individualised. The way individuals age is determined by the cultures and communities they live in, which has an impact on local, national, and international policies and institutions. In the field of health and ageing research, geropsychology is at the forefront. There is a rising need to comprehend and support initiatives to address their mental and behavioural health issues, as well as to articulate an evolving positive ageing strategy framework for directing future treatments with older people. By providing psychotherapies and treatments to treat a range of diseases, ageing problems, and obstacles, geropsychology helps older persons live full lives well into their senior years. Several improvements in theory, measurement, and application across these various areas of geropsychology have greatly enlarged the discipline in recent years, along with developments in fields ranging from genetics to social media and the Internet. At the same time, population ageing in both the developing and developed worlds has sparked interest in geropsychology.

Importance of Geropsychology:

Geropsychology is a branch of professional psychology that focuses on understanding and assisting older people and their families in maintaining their well-being, overcoming challenges, and reaching their full potential in later life. Geropsychology recognises the great range of older people's personalities, the difficult ethical dilemmas that might emerge in geriatric therapy, and the significance of multidisciplinary care approaches. Services for older persons and their families, as well as healthcare, social service, and residential institutions, are all included in geropsychology. Medical, mental health, and long-term care services are provided in a variety of outpatient and inpatient settings.

-Focused Knowledge: Adult development and ageing: biological, psychological, social, and sociocultural variables associated with normal ageing (e.g., gender, ethnicity). Medical disorders, psychopathology, neurology, and functional changes in late life affect behavioural and mental health. Multiple assessment domains are informed by theory and research in the foundations of geropsychological evaluation (e.g., mood, cognition, decision making and functional capacities), Theory and empirical evidence concerning geropsychological therapies, ageing services, preventive and health promotion, and models and methods of interdisciplinary collaboration are the foundations of intervention and consultation.

--Solutions to Issues: Geropsychology is a field of study that deals with a variety of biopsychosocial issues that older people and their families face, such as:

1. Behavioral health issues such as sleeplessness and discomfort
2. Behavioral health concerns such as depression and anxiety
3. Dementia and related behavioral/lifestyle changes
4. Changes in decision-making or everyday living abilities
5. Coping with and managing chronic disease
6. Loss and grief
7. Adjustment to aging-related pressures such as marital family conflict and shifting responsibilities
8. End of life care

Geropsychology practice in working with older people:

From a psychological standpoint, working with people is more focused on the person and their needs. The science of psychology is shifting away from evaluating the dogmas of schools of thought and toward determining which interventions work best for which people in which situations. Older adults, who make up an ever-increasing percentage of the world's population, have been a growing subject of psychological research. People get more and more diverse as they grow older (Pachana, 2016). This is due to the accumulation of everything from positive and bad life experiences to life decisions including health-related lifestyle choices. This implies that a person's later life is a complicated concoction of ideas, interests, and objectives, as well as a unique combination of prior medical, social, physical and psychological health and well-being. In clinical practise, this intricacy is seen on a daily basis. Cohort effects are significant here since older people's formative experiences earlier in life will have long-term consequences on all elements of their functioning as well as their approaches to problem solving and belief systems (including views on self-efficacy and buying into ageist stereotypes). With a population of demographically and socioculturally varied older persons, geropsychologists provide evaluation, intervention, consulting, and other professional services in a variety of medical, mental health, residential, community, and other care settings. The Pikes Peak skills may be used in a variety of geriatric care settings and with a variety of demographics. It is also understood that each work environment or training setting may necessitate the development of certain abilities, which may or may not be covered in this paper. The Pikes Peak Model and the APA Guidelines for Psychological Work with Older Persons (APA, 2004) both emphasise basic attitudes for practise with older adults. The knowledge and skill competencies reflect core geropsychology practise attitudes, such as recognition of scope of competence, self-awareness of attitudes and beliefs about ageing and older adults, appreciation of diversity among older adults, and commitment to continuing education, despite the fact that this tool does not explicitly evaluate attitudes.

Social Justice and Social class with Geropsychology:

Counseling psychology is ideally address to social justice concerns and satisfy the needs of disadvantaged groups such as seniors. Given the rapidly growing senior population and the scarcity of qualified practitioners to assist them, counselling psychologists must move quickly to establish effective pedagogies to prepare for the future. There is little doubt that there are multiple social justice challenges concerning older persons, since there are significant economic, educational, and financial gaps among diverse subgroups of seniors (Hinrichsen, 2006). The number of older adults is rapidly increasing, increasing the possibility that generalist counselling psychologists will be treating people above the age of 65. As a result, all psychologists, regardless of speciality, must be aware of the interaction between psychosocial changes associated with ageing, chronic medical illnesses common among the elderly, and the specific presentation of mental disease and socioeconomic class within the population. This provides an overview of the ageing process, geropsychology, and age-appropriate assessment and intervention techniques for a variety of late-life disorders, such as cognitive decline/dementia, late-life anxiety, grieving, adjustment to late-life changes, late-life depression, serious mental illness in older adults, personality disorders in older adults, late-life suicidal ideation, and late-life substance abuse. The influence of socioeconomic class and sociocultural variables on service access, as well as the assessment and treatment of late-life problems, is discussed.

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The Growing Need for Psychological Services for Older Adults:

As the number of the elderly rises, so will the demand for mental health practitioners with experience in caring for them. As huge cohorts of middle-aged people who are more tolerant of mental health services than the present generation of older people reach old age, demand for mental health services is likely to grow. According to studies, over two-thirds of older persons with mental illnesses do not receive the care they require. This issue is particularly serious among rural and disadvantaged populations, such as the poor and certain ethnic and racial groupings. According to studies, the majority of older persons desire to be treated if they feel depressed. When offered the option of choosing between psychological therapy and antidepressant medication, older persons frequently choose psychological services. Older persons indicate that obtaining mental health treatments from skilled mental health specialists makes them feel safe.

Psychology and Aging:

In countries such as China, mental health service provision for older adults is in its infancy, yet the country is faced with the demographic reality of an aging population. The majority of elderly persons are in good mental health. However, the number of older persons with mental and behavioural health disorders is expected to nearly double by 2030, from 4 million in 1970 to 15 million. Mental health issues, such as anxiety and depression, have a negative impact on physical health and function, particularly in older persons. Coping with physical health issues, caring for a partner with dementia or a physical impairment, grieving the death of loved ones, and managing disputes with family members are all late-life issues that can lead to despair and anxiety. When these issues are addressed and mental health illnesses that are often disregarded are treated, older persons and their families experience less emotional suffering, greater physical health, less impairment, and a higher quality of life. By reducing the number of primary care visits, medical procedures, and prescription usage, increasing access to mental health treatments for older persons will save health-care spending. Psychologists play an important role in treating the mental health needs of our ageing population and bolstering their strengths. Psychologists give more than 50,000 hours of care to older persons each week, and 70% of practising psychologists provide some services to the elderly. According to studies, the majority of psychology PhD candidates want to work with older persons and intend to give therapeutic services to them over their careers. Psychologists work with seniors in a number of settings, including health care institutions, community-based private or group clinics, and locations where seniors live, such as nursing homes, assisted-living facilities, and hospices. Psychologists can operate alone or as part of an interdisciplinary team. Psychologists work as part of a team with a range of experts, including medical and mental health care providers, to offer complete care.

Psychological aspects of Aging: The globalisation of the senior population is a fact of life. Aging has social, economic, and psychological implications. Adaptive processes, as defined by Psychology and Gerontology, run hand in hand with development and ageing throughout the human life cycle, involving both gains and losses. The ability of the person to deal with the requirements originating from disease and ageing is therefore emphasised, making the psychologists' competent listening an important component in the re-signification of the experiences in issue. According to recent study, the elderly respond to a wide range of psychological treatments, necessitating the psychologist's particular expertise of this sort of performance. Old age is not synonymous with capacity loss in a quick and definitive fashion, according to psychology and sociology, which affirms that the possibility for development is kept in both adult life and old age, removing the old dichotomy between growing and declining. Scholars and professionals must develop information and practises related to the peculiarities and generalities of old age and ageing, benefiting both

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psychological science and gerontology as a whole. Socioeconomic change and health-care technical advancements are major variables that contribute to lower death and birth rates, resulting in the phenomenon of demographic shift. Aging has social, economic, and psychological effects that affect not just the aged, but also society as a whole. Aging and the heterogeneity of old age, particularly after the second half of the twentieth century, have become challenging subjects for Psychology, which, together with Biology and Sociology, tries to aid Gerontology. As a result, the mental health professional emerges as a vital ally in coping with the numerous changes brought about by this process in human growth.

Competency model of Geropsychology:

Professional geropsychology is a relatively new and developing subject that received American Psychological Association specialist rank in 2010. Geropsychology practise has a developing evidence foundation, which is based on the science of life-span development and professional psychological applied to older persons. Rodolfa's cube model for competency development in psychology was used to establish a framework for ageing training in the Pike's Peak model of geropsychology training. This document draws on a range of sources to further define the fundamental and functional competences for professional psychologists working with seniors. In the evaluation, intervention, consultation, research, supervisory training, and management-administrative areas, tables are offered that summarise knowledge-based and applied functional geropsychology abilities. In order to address the increased demand for psychological services among the elderly, psychologists who work with them should assess their competence and, where necessary, undergo continuous education. With the ageing population, there is no doubt that an increasing number of older Americans will seek psychological help, and the American Psychological Association must pay more attention to geropsychology by addressing the critical issue in curriculum development, accreditation standards, workforce studies, strategic planning, and policy domains. Such efforts may pay off in the long run by supplying a steady stream of appropriately trained geropsychologists who can provide competent services, as well as a cadre of experts who can design, develop, and evaluate new assessment instruments and intervention protocols to improve clinical, training, and research initiatives. The bio-psycho-social philosophy of care, as well as the spirit of geriatric cooperation, must be ingrained in the competent geropsychologist. Our discipline will need to be internally focused on our professional growth and externally attentive on advances in adjacent fields, drawing from a number of disciplines such as developmental psychology, geriatric neuropsychology, health psychology, and the expanding subject of end-of-life care. For professional geropsychology, this is an exciting and interesting moment.

Competencies with Older Adults:

The field of geropsychology has progressed through a series of developmental tasks to define the competencies required to practise with older adults (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). These competencies serve as the foundation for the development of cultural competencies for working with older adults. Specification of practise standards, a meeting at which the geropsychology training model was developed, publishing of the competences, and the establishment of a council of training programmes are among the developing objectives. Each phase in the process served as a foundation for the next. Practice guidelines were the first step in defining competences for working with older persons. The Guidelines for Psychological Practice with Older Adults were initially published in 2004 and were revised in 2014. "Psychologists strive to understand diversity in the ageing process, particularly how sociocultural factors such as gender, ethnicity, socioeconomic status, sexual orientation, disability status, and urban rural residence may

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influence the experience and expression of health and psychological problems in later life," according to this guideline, which is particularly relevant to the current report (APA, 2014). In 2006, the American Psychological Association (APA) sponsored the National Conference on Training in Professional Geropsychology, which built on the practise guidelines to create a competency-based training model that defined the attitudes, knowledge base, and skill competencies that should characterise the competencies that psychologists aspire to attain for competent practise when working with older adults. The call for psychologists to "expand their awareness of how individual diversity in all of its manifestations (including gender, age, cohort, ethnicity, language, religion, socioeconomic status, sexual orientation, gender identity, disability status, and urban/rural residence) interacts with attitudes and beliefs about ageing, to use this awareness to inform their assessment and treatment of older adults, and to seek consulta" is particularly pertinent to this report (Knight et al., 2009). Developed at the 2006 conference, the Pikes Peak Model of Professional Geropsychology Training grouped the training model around competencies in attitudes, knowledge, and competence. This approach is similar to that used in clinical psychology more broadly (Kaslow et al, 2004), where the shift from specifying training mechanisms (e.g., predoctoral training curriculum) to focusing directly on desired outcomes has been discussed at several training conferences over the last two decades. This change is important in two ways when it comes to defining multi-cultural competency requirements in geropsychology. First, the competencies approach allows to the discretion of the training programme the mechanism, increasing flexibility to utilise various capabilities of individual programmes. Thus, the model refused to describe how information would be given (e.g., in one course or interwoven among multiple courses), focusing instead on articulation of aspirational goals for the trainees. For the infusion of intercultural diversity across geropsychology, a similar strategy is advocated here, employing mechanisms that may be created differently in different programmes but that attain a common set of competences during the training process. Furthermore, competences are defined across all domains, and they cannot be regarded complete unless attitudes, knowledge, and skill are addressed.

Fostering Well-Being in the Elderly by promoting Geropsychology:

Based on positive ageing theories and positive psychology research and interventions, this provides tactics and an intervention to improve older individuals' positive functioning and well-being. Positive psychology focuses on the concepts of well-being and optimal functioning in both theory and practise. Positive ageing research focuses on older persons' psychological well-being, mental and physical health, notions linked with successful ageing, and how psychological well-being might lead to greater health. Instead of focusing on dysfunction and psychopathology, the focus is on strategies to thrive and improve functioning. Positive psychology research has proposed ways for dealing more effectively with important changes in one's life. In this way, positive psychology research and ideas may be used to enhance positive ageing. This article provides an overview of positive ageing principles and tactics for enhancing older well-being, as well as a translation of positive ageing theory into practical ways for positive ageing. This programme is meant to assist older persons enhance their well-being by learning skills and methods to deal with current and future obstacles, based on positive psychology and positive ageing research and tools. By enhancing seniors' vital involvement and active engagement in life, the Mental Fitness Program for Positive Aging (MFPPA) can improve their quality of life. This can improve the quality of life for seniors by enhancing their essential involvement and active participation in life. This strategy is best suited for those who live in a community. It's simple to implement in a variety of adult education programmes at community centres,

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sheltered housing, and primary care clinics. It can also be done through psychoeducational training on the internet.

Potential growth for the Geropsychology: Principle areas:

In the realm of psychological study and practise, Australia has not been recognised. More study is needed to uncover risk factors for psychological issues in this age range, according to the researchers. The limited research that exists supports the use of psychological therapies in the treatment of typical everyday difficulties among senior individuals. It is suggested that a greater use of such early intervention strategies may aid in the prevention of more significant mental health issues. Psychologists in Australia are being urged to take a more active part in developing suitable therapies and performing further studies on the efficacy of both new and existing treatments in this age range. Studies on the effectiveness of therapies for problems including grief, chronic pain, and elder abuse have been suggested as prospective areas for psychologists to expand in. As a result of the ageing population, there will be a ready and rising market for a variety of psychological treatments. However, in order to fulfil the potentials and problems of geropsychology, psychologists require particular training, and educational possibilities in this field are currently restricted (Kneebone, 1996). Furthermore, contemporary clinical practise is hampered by the user's legitimate financial worries as well as current psychological care delivery patterns. The scarcity of psychology positions on aged care teams and competition for client referrals from other professional groups (Koder & Ferguson, 1998) are two examples of political issues that must be addressed through negotiations between representative psychological bodies such as the Australian Psychological Society and relevant government departments in order to maximise the potential for psychological involvement in this ever-growing segment of the Australian population.

1. Facilitating Chronic Illness
2. Adjustment Insomnia Treatment
3. Caregivers of Dependent Elderly
4. Pre-retirement Counseling Support Programs
5. Taking Action Against Elder Abuse

Geropsychology Interventions:

The human ageing process has been described from the viewpoints of normal, abnormal, typical, successful, and positive ageing. The mobilisation of latent resources, psychological flexibility, an affirmative decision-making style, and the proclivity to develop an optimistic reaction to stresses inherent in age-related deterioration are all features of positive ageing. A paradigm for positive ageing is suggested, which incorporates current breakthroughs in intervention research that uses gratitude, forgiveness, and altruism to maintain subjective well-being. For addressing the multifaceted demands of our greying population, positive ageing techniques in combination with behavioural intervention approaches to enhance well-being in later years are advocated. In the research and practise of geriatrics, terms like normal ageing, pathological ageing, ordinary and successful ageing, and, more recently, positive ageing are common. These categories seek to represent the phenomena of age-related change from a variety of angles, and this growing taxonomy has assisted our knowledge of how ageing impacts objective lifespan, health, and quality of life. It has also altered the kind of therapies and outcome variables used to address age-related concerns. In conclusion, behaviorally oriented measures for teaching persons how to find meaning in the face of loss and how to proceed through the changes of old life with dignity are an important complement to strategies for avoiding chronic disease and maximising function. However, as more people in our society deal with the problems of navigating the vagaries of advanced

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and extremely advanced ageing, solutions for coping with gradual and permanent loss will become increasingly crucial. We strive to improve things. Psychological well-being is a common desire, yet it is difficult to achieve. This is due to the fact that it is difficult to define. Well-being is plainly a superordinate concept that entails a resident's attitude to his or her situation. It's a part of a bigger picture. Internal factors that detract from positive well-being include a decreased ability to change goals, a lack of self-acceptance for who one is and what one has done, insufficient self-protective psychological processes (inability to see perspective or make favourable comparisons), poor assimilation, accommodation, a lack of emotional regulation, and a lack of wisdom capacity (Blazer, 2005). Economic hardship, physical illnesses, functional disability, and a lack of social support may all make life difficult. As we will see, mental health issues are widespread. They're also thrown into a whirlpool of medical problems. In reality, if the truth be known, mental health is a relative newcomer. Cardiology, for example, has developed therapies to address distinct pathophysiological causes; psychiatry, on the other hand, has the DSM, a symptom-based mechanism for care that is both inappropriate and archaic. For example, a patient with moderate dementia and depression is both mentally and physically unwell. This resident's brain differs from that of another who has dementia but not depression. Furthermore, this depressed resident may have little awareness of his or her condition and may suffer from 'depression without sadness' or depression executive dysfunction (DED) syndrome as a result of neurological injury, personological fixity, or both. This resident may or may not have social support, may or may not like the facility, may or may not be able to negotiate their environment with friendly. Our goal is to learn as much as we can about such conditions, to recognise their complexity, and to work toward change. Currently, we are relying on technology that is neither intelligent nor, in many situations, beneficial. Given the limitations of the current material, which aims to introduce and provoke discussion rather than provide answers, it becomes clear that scholars and professionals must develop knowledge and practises related to the specifics and generalities of old age and ageing, bringing benefits to both psychological science and Gerontology in general.

CONCLUSION

This stage of life has a plethora of psychological and emotional events, making it particularly receptive to psychological intervention. It should be noted that such interdisciplinary work still causes some confusion about the roles of psychologists and other professionals, so their responsibilities are delegated to other professionals, a situation that highlights the importance of psychologists defining their professional space so that the uniqueness of their work is valued and preserved, because their specialised performance can give better circumstances for the aged, such as autonomy, independence, and greater self-esteem, promoting a healthy lifestyle and increasing the individual's resources for mental health preservation the older persons with chronic illnesses had unmet care requirements in areas such as physical and mental health, social life, and the environment in which they live and interact. The need of designing care models and support services based on the requirements of older persons was also stressed. Psychological treatments are beneficial, it covers a wide range of psychological treatments for older persons suffering from depression, anxiety, dementia, cognitively impaired illnesses, and personality disorders. In addition a variety of tools are available to assist older persons and their families in determining the changes that must be made in order to cope with losses and maintain purpose and hope. Geropsychology focuses on understanding and assisting older people and their families in maintaining their well-being, overcoming challenges, and reaching their full potential in later life.

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Conflict of Interest

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