The sample

N=106

30% Female, 70% Male
The sample

**Age**
range: 28-71
mean: 47.76

**Years of work in the field**
range: 1-41
mean: 10.55
Academic qualification in the field of:

- Clinical and health psych: 52
- Neuropsych. rehabilit.: 34
- Applied cognitive psych: 19
- Educational psych: 9
- Social-organisational psych: 8
Work in the geropsychology field: motivation

- 29; 27% Willingly chose to work with elderly people?
- 30; 28% Seized a work opportunity that came up?
- 47; 45% Redirected your activity to this field?
Work in the geropsychology field: planning

- Plan to continue working in this field?
- Don't know

90% (majority) and 10% (minority).
Location: where the activity is exercised

- Nursing home: 33
- Research or higher education: 27
- Hospital or Nat. Health System: 22
- Community centres: 16
- Practice / clinic: 14
- Volunteering: 13
- Senior University: 12
- Health care centre: 12
- Day care centre: 12
- Municipalities: 9
- Service of home support: 7
- Company: 3
Type of intervention:

- Evaluation (mostly neuropsychological): 75
- Intervention with family caregivers: 74
- Cognitive stimulation - for Dementia: 53
- Intervention with informal caregivers: 51
- Cognitive stimulation - for MCI: 50
- Research: 45
- Promotional programs for healthy ageing: 39
- Experts’ training: 35
- Cognitive stimulation - for successful aging: 33
- Follow-up and/or psychotherapy: 24
- Community & group intervention: 20
Focus of intervention:

54% individuals, 46% groups
Specific training?

- Specific training - yes: 58%
- Specific training - no: 42%
Type of training:

- Master: 26
- Training courses: 24
- Specialization: 8
- PhD: 7
- Psychoterapy training: 3
Need of training?

- 60% necessity of training - yes
- 40% necessity of training - no
Training needed:

- Training courses: 29
- Shorter courses: 18
- Master: 14
- Specialization: 3
Some qualitative remarks (open question):

“It is the future for young psychologists and for those who want to face new challenges”

“Aging is part of life and the ways of aging are part of this endless process that has seen us grow and become adults.... I'm interested in this process and it is the subject of my activities with the elderly and their family members”
Some qualitative remarks (open question):

“Geropsychology is an expanding field that requires multidisciplinary interventions and should be targeted mainly on the aging of workers”

“It is an important area for psychological work: we can increase the quality of life and reduce hospitalization”
Some qualitative remarks (open question):

“In general, the psychology of the elderly is not sufficiently valued in the public and private health institutions. The figure of the psychologist in residential facilities is foreseen only in some regions of Italy, and in these, people who have no specific training are often selected. Second, the importance of early neuropsychological assessment for suspected cases of dementia or other pathologies that affect cognitive abilities at the present is not sufficiently recognized.”
Some qualitative remarks (open question):

“It is a sector underestimated by specialists in other disciplines: neurocognitive deficits, with all subsequent implications, are misunderstood and treated as mood disorders, etc.”

“I would like to deepen the psychotherapy with the elder, but I do not think there are many opportunities to practice it”

“I think it is very important for the geropsychologist the activity in network”
Some qualitative remarks (open question):

“In Italy, it seems to me that it is a sector of psychology that is still underdeveloped and, where present, managed, at least as far as I know, as “handicraft”.

The psychologists working in this field (e.g., facilities, day care centers etc.) often do not have specific training...

However, I have found competent and prepared psychologists in facilities dealing with neuropsychology”
Some qualitative remarks (open question):

“We need integrating the relational dimension with the development of technology (e.g.: domotic, robotics).

Too many projects are focused only on developing technology, ignoring the development of networks and psychological relationships in support of both caregivers and older people”