INTRODUCTION

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Geropsychology is a rapidly growing specialty within psychology, with many psychologists assessing and treating older adults in a variety of settings (American Psychological Association [APA], 2014; Karel, Gatz, & Smyer, 2012). Similarly, the involvement of psychology in forensic contexts has increased substantially in recent years, a trend that is likely to continue into the foreseeable future (APA, 2013). The involvement of older adults in legal matters has a long history but is increasing dramatically as the U.S. population ages. For example, the U.S. Department of Justice reported a 400% increase in incarcerated offenders aged 55 and older who served more than 1 year in state correctional settings from 1993 to 2013 (Carson & Sabol, 2016). The psychological assessment and treatment of older adults often differs in important ways from that of younger populations (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). Psychology has a prominent role in (a) helping legal decision makers who are striving to understand cognitive, emotional, and behavioral
aspects of functioning that impact the involvement of older adults in various legal systems and (b) helping older adults and their families as they struggle with challenging legal issues.

The involvement of older adults in legal issues has a long foundation in matters involving decision-making capacity, with psychologists playing a prominent role in helping older adults, their families, and courts understand decision-making capacity across a variety of clinical and legal issues. In addition, as more older adults drive and work, more will sustain injuries in motor vehicle collisions and in the workplace, as well as sustaining injuries in other contexts, which lead to litigation. Additionally, psychologists increasingly are working clinically with incarcerated older adults and those facing other difficult legal issues. As the U.S. population continues to age (Vincent & Velkoff, 2010), the need for psychologists who have knowledge and skill in working with older adults in forensic contexts will continue to grow. The overall purpose of the book is to promote the development and maintenance of competence in the provision of psychological services to, or regarding, older adults in forensic contexts.

This book reviews and integrates contemporary theory, research, and application of psychological assessment and treatment of older adults as related to forensic practice, where such integration exists. Where such integration of geropsychology and forensic psychology was previously lacking, this book describes aspects of geropsychology in general terms with proposed application to forensic geropsychology. Current professional guidelines (e.g., American Bar Association/American Psychological Association [APA], 2005, 2006, 2008; APA, 2013, 2014) are integrated to support best practices. Thus, the book presents contemporary theory, research, and practice at the intersection of forensic psychology and geropsychology.

FOUNDATIONS OF GEROPSYCHOLOGY AND FORENSIC PSYCHOLOGY

Geropsychology (in approximately the mid-1940s) and forensic psychology (in the early 20th century) each developed on a trajectory that began very gradually over decades before coming into prominence in recent years. In 2013, APA informed readers, “Psychological practice is not considered forensic solely because the conduct takes place in, or the product is presented in, a tribunal or other judicial, legislative, or administrative forum” (p. 7); likewise, practice is not considered to be geropsychological simply because a client is over a certain age.

As a field, geropsychology is more than just an age-bracketed specialty. APA (2017) defined professional geropsychology as a specialty “that applies
the knowledge and methods of psychology to understanding and helping older persons and their families to maintain well-being, overcome problems and achieve maximum potential during later life.” Geropsychologists come from clinical psychology and counseling psychology backgrounds alike, and many have further training in one or more specialty areas. The field of geropsychology shares boundaries with many other specialty areas within psychology, including neuropsychology, developmental psychology, health psychology, rehabilitation psychology, and biopsychology, among others. The unique integration of these myriad perspectives applied to individuals nearer the upper end of the age spectrum better defines the scope of geropsychology than does age alone.

Forensic psychology similarly has a broad scope that overlaps with many other psychological specialties. It is defined as “professional practice by any psychologist working within any sub-discipline of psychology (e.g., clinical, developmental, social, cognitive) when applying the scientific, technical, or specialized knowledge of psychology to the law to assist in addressing legal, contractual, and administrative matters” (APA, 2013, p. 7). The applications of forensic psychology are vast, though they commonly include, among many others, conducting research and providing education, testimony, or clinical services within a legal context. Forensic psychology is often discussed in a civil (e.g., evaluating decision-making capacity, evaluating and/or treating in the context of civil litigation), criminal (e.g., opining on criminal responsibility, evaluating and/or treating incarcerated offenders), or administrative (e.g., determination of benefits) context. In the interest of inclusion and to permit the broadest possible discussion, the term forensic as used in this book may involve civil, criminal, and/or administrative arenas.

Both geropsychology and forensic psychology are recognized as APA specialties (first recognized in 2010 and 2001, respectively), and each has established training models, practice competencies, and practice guidelines (see Table 1). Each is also a specialty under the American Board of Professional

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<th>Field</th>
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Psychology, with training, practice, and experience requirements—in addition to successful examination—as part of the qualification process for board certification. In addition to these two specialties of primary relevance in forensic geropsychology, it will become evident throughout this book that knowledge and skills drawn from other psychological specialties are applicable in forensic geropsychology. Depending on the context and the nature of the service being provided, practitioners may benefit from foundational and functional competencies related to neuropsychology, health psychology, rehabilitation psychology, clinical psychology, and some of the psychological specialties devoted to various treatment modalities (e.g., group therapy, cognitive–behavioral therapy). The importance of such integration of specialties is illustrated particularly nicely in the figure by Slaughter and Torres in their chapter on working with incarcerated older adults (Chapter 9).

GOALS OF THIS BOOK AND INTENDED AUDIENCES

Psychologists who evaluate and treat older adults in forensic contexts have a variety of scholarly resources to turn to for information and guidance about best practices specific to geropsychology or forensic psychology. This book provides evidence- and experience-based psychological knowledge and practice advice for working with older adults who are participating in legal matters, thereby promoting competence in this area of psychological practice. Increased comprehension of the information presented by the chapter authors may improve psychological assessment, treatment, and understanding of a multitude of complex cognitive, emotional, and behavioral issues that are relevant to legal decision making and clinical care involving older adults who are involved in legal matters.

Practitioners of multiple psychological specialties will likely find this topic to be of interest, including geropsychologists, forensic psychologists, neuropsychologists, and others who provide assessment and treatment services to, or on behalf of, older adults who are involved in civil or criminal legal matters. Educators, supervisors, and their students and trainees who engage in these professional activities or related research are also likely to find this book to be an informative resource. Interdisciplinary health care colleagues, including gerontologists, neurologists, and psychiatrists, who provide forensic services to older adults will benefit from the content of many of the chapters. In addition, attorneys seeking to understand how psychological issues affect older adults who are involved legal matters will find this book to be of interest.
CONTENTS AND FORMAT OF THIS BOOK

The book is organized around practice-related issues and forensic contexts. Part I covers issues that are relevant across contexts. Chapter 1 describes the relevant ethical issues and common ethical challenges in forensic psychology and offers an approach to maintaining high standards of ethical practice. Chapter 2 covers the assessment of response, symptom, and performance validity in forensic geropsychology. Given the very strong incentives for some forensic examinees to provide misleading information and suboptimal performances and the need for psychologists to determine whether information obtained from examinees is accurate and whether effort provided on cognitive tasks was adequate, validity assessment is extremely important in forensic geropsychology.

Parts II, III, and IV cover civil, criminal, and administrative contexts, respectively. Part II covers civil litigation from the perspective of disorders that are commonly the focus of litigation; specifically, traumatic brain injury and its possible causal link to dementia (Chapter 3), posttraumatic stress disorder (Chapter 4), and pain syndromes (Chapter 5). In Part III, the authors address the assessment and restoration of competency to stand trial (Chapter 6) and to be executed (Chapter 7). Psychology’s involvement in the “not guilty by reason of insanity” defense with older adults is presented in Chapter 8, and the provision of psychological treatment to incarcerated older adults is reviewed in Chapter 9. Part IV covers administrative contexts, including the assessment of testamentary capacity in older adults (Chapter 10), issues surrounding older adult veterans who are pursuing benefits from Veterans Affairs because of psychological problems (Chapter 11), and psychology’s role in guardianship and conservatorship determinations (Chapter 12). Chapter 13 addresses the mitigating effects of age-related issues on criminal sentencing and housing placements, which are relevant in both criminal and administrative contexts. Because of the overlapping nature of some topics and the need for each chapter to include information pertinent to its topic, there is, by design, some repetition of information across chapters. Authors also use the opportunity to refer readers to other chapters in the book for additional information that is beyond the scope of a given chapter.

REFERENCES


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