

# **Role of The Clinical Psychologist in a Large Geriatric Center**

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## **Purpose**

Unlike physicians, nurses and social workers, the status and roles of a psychologist (PSY) in geriatric centers (GC) are unstructured, ill defined and variable depending on the GC's PSY and management specific characters. A gap may exist between the PSY's capabilities and his/her impact on patients & staff. We present our model and the difficulties of a single psychologist among many other professionals.

## **Methods:**

Our center has 4 subacute (SA), 4 dementia specialized (DEM) and 11 nursing (NUR) wards operated by 25 physicians, 400 nurses/nurse aids, and 10 social workers. The PSY (TS) roles include testing/diagnosis (TD), psychotherapy (PT), group/family therapy and team problems managing (TP).

## **Results:**

Due to increased recognition & awareness of the PSY contribution, there was a 81% increase in the number of requests for consultations, from 1104 in 1998 to 2016 in 2004, (43% from SA 37% from NUR). Furthermore, reasons for referrals has been expanded: in 1998, more than 90% of the PSY time was devoted to TD and PT of individual patients. In 2004 the PSY was also involved in family/group therapy in 15% of the time; in 46 cases, involvement of the PSY was required for improving oranzizational or team management.

## **Conclusions**

A clinical psychologists trained in more than one field of expertise is capable of contributing much to patients, families and multidisciplinary teams in a large geriatric center.