



Nova Scotia Board of Examiners in Psychology

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Guidelines for Working with Clients whose Age Falls in Population Transition Areas

NSBEP expects applicants and registrants to work within their areas of competence with respect to the types of services they provide and the ages of the populations that they work with. At the time of initial registration with NSBEP, the Board asks registrants to identify their areas of competence and looks for evidence of training and supervised experience for the declared areas of competency. Up until this point, NSBEP has identified the following populations with respect to age:

- Infants
- Children
- Adolescents
- Adults
- Elderly

Moving forward, the Board will no longer be including “Infants” as a distinct group.

Conventional definitions and guidelines for different populations based on age include children to the age of 12 or 13, adolescents to age 19, adults to age 65 and elderly being defined as over the age of 65. While many people have found these traditional age ranges to be helpful in guiding their practice there can arise situations where the age of a potential client may fall just outside of the age ranges ordinarily seen by the psychologist. The Board wishes to provide further guidance with these situations. When delineating population areas (e.g., Children, Adolescents, Adults, Elderly) the Board is more concerned with highlighting competencies in working with specific issues and disorders within a population rather than emphasizing a specific age range with specific cut-offs.

The ability to work with different populations normally entails specific training and experiences that will differ from population to population. With respect to “Elderly”, the clearest example of this may be the competency of dealing with cognitive issues (e.g., Alzheimer’s Disease) associated with aging, either as a stand-alone or as a comorbid condition. Depending upon the training and experience of the psychologist, situations such as complicated bereavement, taken in the context of declining physical health, multiple other losses, or decreased psychosocial and

other supports may also reflect the need to develop specific competencies for work with this population. Training in geropsychology typically prepares one to deal with these types of complex situations. This would be in contrast to an older adult who is functioning well in most areas of their life, is in good physical and cognitive health, and is now, for example, experiencing anxiety during travel that has increased since retirement. In situations like the latter, specific training in geropsychology or older adult psychopathology may be less warranted should the psychologist possess a strong understanding of treating anxiety and related disorders in adult populations.

Similarly, with respect to the differences between “Adolescents” and “Adults”, one should focus more on an individual’s developmental maturity and reasoning ability instead of just chronological age. Developmentally, some 22-year old young adults may share more in common with younger adolescents than with older adults (e.g., living at home, continued studies, etc.) whereas the opposite may be true for some 19-year old individuals who are potentially married, living away from home, working independently at a career, or have other pursuits more in line with adults much older than them.

Over the past several decades, changes in population health, society, education standards, workplace and other factors have made age ranges more fluid. Puberty occurs earlier. Traditional transitions to “adulthood” (school completion, marriage, childbearing, house purchase) are occurring at a later age than previously. This has led some to recommend that the age for “Adolescents” could be extended to 24 years of age for some individuals.¹

Similarly, health and lifestyle transitions are also changing for the adult population. Adults over the age of 65 are working longer or are delaying full retirement for a variety of reasons (e.g., financial, improved health and capability). Life expectancy increased from 75 to 79 for males and 81 to 84 for females between 1991 and 2012.²

The Board recognizes that development and the effects of aging impacts individuals at different times, and that there are situations where psychologists could appropriately provide services to clients whose age falls over or under the conventionally defined age ranges of the population the psychologist usually sees. Therefore, rather than arbitrarily limiting service to a specific age-range, the Board suggests that when a psychologist is considering providing services to a client whose age falls in transitional areas above or below the typical population age range, the psychologist consider whether they have the competency to deal with the issues, just as they would consider this with any individual that they plan to see.

If a psychologist does not have the required competencies, then the expectation would be to refer on to someone who can deal appropriately with the issues. (Note that in exceptional

¹ Susan M Sawyer, Peter S Azzopardi, Dakshitha Wickremarathne, George C Patton (2018) Viewpoint, Volume 2, Issue 3, P223-228, March 01, 2018. “The age of adolescence.”

² Health Status of Canadians 2016: Report of the Chief Public Health Officer - How healthy are we? - Life expectancy at birth.

circumstances NSBEP Standard 3.1³ allows a registrant to provide a service outside their area of competence if they are receiving appropriate supervision. However, if seeing clients outside their area of competence becomes a more regular occurrence, it would be important for the psychologist to develop a learning plan in order to expand their competency to the other population group.)

Checklist for Working with Populations whose age falls in a transitional area with respect to the Age Range Normally seen by the Registrant

Have you considered whether there is legislation or guidance documentation applicable to the population you will be working with that may be different from your current populations served? For a listing of legislation and guidance documentation provided by NSBEP, please visit the following URL:

http://www.nsbep.org/downloads/Binder_Standards_Legislation_Guidelines.pdf

Have you determined a course of action should an issue present with this population that is not within your area of competence?

Do you have a psychologist(s) whom you can consult about novel concerns that may arise with this population?

If you are on the Candidate Register, is your supervisor available for consultation on cases related to this population?

If you are on the Candidate Register, have you considered expanding your Goals of Supervision or developing a Learning Plan as outlined in the Supervision Handbook?

Have you considered setting relevant Continuing Competence Learning Objectives with respect to this population (Registered Psychologists)?

This document was issued by the Nova Scotia Board of Examiners in Psychology in March 2020. Information provided in this publication is not to be construed as legal advice or to substitute for the psychologist's own awareness of the legislation and standards of practice. For legal advice, please speak to your own lawyer or contact the pro bono legal hotline of your professional liability insurer.

³ NSBEP Standard: 3.1 A registrant shall provide services within the boundaries of her/his competence. A registrant wishing to provide services outside her/his areas of competence shall do so only under supervision. Individuals on the Candidate Register wishing to do so shall submit a plan of action to NSBEP for approval.