

Trends in Gerontological Counselor Preparation

By: Jane E. Myers, L. C. Loesch, and T. J. Sweeney

Myers, J. E., Loesch, L. C., & Sweeney, T.J. (1991). Trends in gerontological counselor preparation. *Counselor Education and Supervision*, 30(3), 194-204.

Reprinted from Counselor Education & Supervision. The American Counseling Association. Reprinted with permission. No further reproduction authorized without written permission from the American Counseling Association: <http://www.counseling.org/>

***** Note: This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.*****

Article:

This study identifies current trends in preparation of counselors to work with older persons, including specialty course work in gerontological counseling and the extent to which gerontological counseling content and issues are incorporated into existing required and elective counselor preparation courses. Recommendations for increasing such content in existing courses, rather than the introduction of new specialty courses, are presented.

In 1900, only 4% of the U.S. population was over the age of 60. By 1980, the number of older persons over age 60 had expanded to more than 12% of the population (Brotman, 1982). If current estimates are correct, by the year 2000 we can expect that more than 13% of the population will be over age 60, and by 2030 over 21% will be in this age group--more than one in every five persons. In the year 2000, one in every two persons will be over the age of 50 (Special Committee on Aging, 1983). Today, the population of older persons in the United States exceeds the total population of Canada. The over-85 age group, which includes older persons with the greatest incidence of physical and emotional disabilities, is the fastest growing segment of the total population. The age group between 65 and 74 years is 8 times larger than it was in 1900, while the age group over 85 years is 22 times larger than it was in 1900 (American Association for Retired Persons, 1988). The latter group of persons is most at risk for needing nursing home care. If they are to receive adequate care in the year 2000, 40 new nursing homes per month will need to be built between now and then (Wrenn, 1989).

Mental health needs are known to increase with advancing age (Butler & Lewis, 1983). The incidence of depression is greatest among persons over age 65 (Fry, 1986), and the incidence of suicide is also highest among older persons, especially White men over age 85 (Osgood, 1985). Still, only 2%-4% of persons seen in outpatient mental health clinics are over age 60 (Special Committee on Aging, 1983), and only 41% of mental health offices report offering special services for older clients (Flemming, Rickards, Santos, & West, 1986).

As the number of older persons continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent. Prior to the 1970s, counselor preparation programs were primarily oriented to training counselors to work with school-age youths. Since the mid-1970s, increasing attention has been paid to the counseling needs of adults and older persons. As our population continues to grow older, it is increasingly apparent that more counselors, in more settings, will encounter older persons and their families as clients. Similarly, the need to prepare counselors to work with the older population is increasingly obvious.

Daniel and Weikel (1983) conducted a survey, using a modified Delphi technique, to determine national trends in counselor preparation. They concluded that priority emphasis needed to be placed on (a) course work addressing the needs of older persons, (b) increased counseling for adults, and (c) increased emphasis on life-span approaches to counseling services. In a later study, Hollis and Wantz (1986) reported new courses in gerontological counseling to be among the fastest growing of any new counselor training courses. In 1975, only 18 counselor preparation departments (6%) offered even an elective course in counseling for older persons

(Salisbury, 1975). Stimulated by several national projects on aging funded by the U.S. Administration on Aging, this number increased to 114 departments (37%) in only 8 years (Myers, 1983).

The "graying of America" has contributed to an awareness among counseling professionals of the more conspicuous needs of older persons. In response, gerontological counselor training opportunities have increased steadily in the last 15 years. With limited resources, it is not possible for all counselor training programs to offer elective courses on aging, and it is unlikely that such courses would ever be a required curricular experience. In planning curricula to respond to societal needs, it is both relevant and timely to examine the current state of training in gerontological issues for counselors.

The current study was undertaken to explore and further clarify trends in preparation of counselors to work with our increasingly aging population. The major research questions that were addressed were the following:

1. How many counselor preparation programs currently offer course work or specializations in gerontological counseling?
2. To what extent are gerontological issues included in existing curricula and courses in counselor education?
3. What plans do counselor preparation programs have for developing courses in gerontological counseling in the future?

Additional questions related to each of these three areas were incorporated into the study to provide a comprehensive overview of current trends in gerontological counselor preparation.

METHOD

Participants

The Hollis and Wantz (1986) directory was used as a basis for identification of counselor preparation programs. A survey was mailed to the chairperson of each of the 458 departments included in the directory. A total of 237 responses were received, for an overall response rate of 52%. The responding departments were compared with the overall distribution of counselor preparation programs within the regional structure of the Association for Counselor Education and Supervision (ACES).

Instrumentation

The surveys of counselor preparation conducted by Salisbury (1975) and Myers (1983) served as the basis for development of a national survey of gerontological counseling training opportunities. The instrument used in these earlier studies was not replicated exactly; however, basic questions relating to numbers of courses available to train counselors to work with older persons were retained. The surveys used in earlier studies did not address the core curricular areas of counselor preparation as identified in the national standards (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 1988), thus no information from these studies is available reflecting the inclusion of gerontological issues into existing course work. The current survey added questions in this and several other areas, as noted.

The survey used in this study included seven parts. Questions were asked in the following areas: (a) institutional information, (b) identification of course offerings and program specializations in gerontological counseling, (c) thesis and dissertation information related to gerontological issues, (d) extent of inclusion of gerontological issues into existing required and elective courses, (e) specialized preparation opportunities in gerontological counseling, (f) practicum and internship experiences in gerontological counseling, and (g) future plans for development of gerontological counseling curricula. Specific information relating to each of these seven areas is incorporated in the presentation of the results.

Procedure

Surveys were mailed to 458 counselor preparation programs in December 1987. A follow-up letter was sent to nonresponding institutions 90 days later. Data from the returned surveys were summarized and analyzed using frequency tabulations and chi-square analyses.

TABLE 1 Location of Responding Departments and All Counselor Preparation Programs by ACES Region

ACES region	Number of respondents	Percentage of respondents	Percentage of all counselor preparation departments
North Atlantic	47	20	22
North Central	74	31	27
Southern	67	28	32
Rocky Mountain	10	4	5
Western	39	17	14

RESULTS

The resulting distribution of counselor preparation programs was compared with the total of all such departments using the Hollis and Wantz (1986) directory. The results of this comparison, shown in Table 1, yielded $\chi^2(N = 237) = 4.53, p > .05$. The results of survey questions are presented as follows.

How many counselor preparation programs currently offer course work or specializations in gerontological counseling?

Among the 237 responses, 102 (43%) department chairpersons indicated that their department offered at least one course to train counselors to work with adults, and 74 (31%) noted offering courses to train counselors to work with older persons. Nine chairpersons (4%) reported offering a degree program or specialization in gerontological counseling, and 35 (15%) reported that a subspecialization or focus area in gerontological counseling was possible in another degree program, such as counseling in community agency settings. Forty-one (17%) of the programs offered the gerontological specialization at the master's level, 7 (3%) offered it at the 6th-year (educational specialist) level, and 16 (7%) offered it at the doctoral level.

Respondents were asked whether their institution had a gerontology center or institute on aging and, if so, whether it offered a certificate program. A total of 72 (31%) institutions indicated the presence of gerontology centers, 58 (25%) of which also had "certificate in gerontology" programs. Among the latter, 42 gerontology centers (18%) reported that counselor education courses were required as part of the certificate program. Seventy-two of the respondents (32%) indicated having one or more students in their department complete a thesis or dissertation related to gerontological counseling within the 5 years prior to the survey. Overall, 254 theses and dissertations had been completed, and an additional 66 were in progress.

To what extent are gerontological issues included in existing curricula and courses in counselor education? In addition to or in place of discrete courses, it is possible to offer curricular content on gerontological issues within the scope of other counselor education courses. Respondents were asked to note whether such curricular content was currently taught in existing core area courses as specified in the CACREP standards (CACREP, 1988) and in other required or elective courses in their departments. Table 2 provides a summary of responses to these questions.

The first column in Table 2 lists possible counselor education course titles--first, CACREP core courses and second, possible additional courses. The second and third columns provide an indication of the number and percentage of respondents who indicated that the course was offered in their department. The last two columns indicate the number and percentage of departments that include a curricular unit on gerontological issues in the course.

As can be seen from this table, counselor education curricular units on gerontological counseling are most common in the CACREP core areas of human growth and development (53%) and life-style and career development (41%). Such courses are taught in 76% and 89% of departments, respectively. Curricular experiences in gerontological counseling are incorporated in only 35 (15%) of the core appraisal courses and 40 (17%) of the courses in social and cultural foundations. Fewer than one-fifth of the courses dealing with helping relationships (e.g., 19%) and group procedures (e.g., 19%) included units on older persons. Slightly more than one-fifth of the core area courses in research (e.g., 22%) and professional orientation (e.g., 22%) included gerontological counseling curricular units.

Inclusion of gerontological counseling concepts in most of the possible elective courses listed was fairly low (i.e., less than 15% of responding departments). Between 19% and 24% of programs included gerontological counseling in marriage and family counseling courses, 19% included such content in sexuality courses, and 18% included gerontological content in substance abuse courses.

Participants were also asked about the availability of practicum and internship opportunities in which students might apply gerontological counseling concepts learned in didactic course work. Opportunities for field experiences in counseling with older persons were provided by 186 (80%) of the responding departments. Most reported that a low percentage of students (between 1% and 5%) completed field experiences in these sites. The main sites used for these placements included nursing homes (49%), community mental health clinics (47%), senior centers (45%), and area agencies on aging (39%). Only 12% of students gained practical experience in working with older clients through private practice settings.

Participants were asked to report the percentage of their counselor education program graduates who were placed in settings where older persons were the primary clientele. The responses ranged from 1% to 99%, with the most frequent response being 5%. Overall, 150 (65%) of the respondents indicated that they had had at least one graduate placed in such a setting, whereas 82 respondents (35%) indicated that they had not had a graduate so placed.

What plans do counselor preparation programs have for developing courses in gerontological counseling in the future?

When questioned about their future plans, 57 respondents (25%) indicated plans to offer additional course work in their departments to train counselors to work with older persons, and 174 (75%) indicated no intent to offer such additional course work. The most frequently identified reasons for not planning additional course offerings were lack of resources (especially faculty; 56%), other priorities (40%), lack of student interest (28%), lack of faculty interest (18%), and lack of curricular resources (10%).

DISCUSSION

It is noteworthy that although only 52% of counselor preparation department chairs responded to this survey, the programs that they lead constitute a representative sample of counselor training within the five ACES regions. Hence, the data presented here have implications that may be generalized to counselor preparation nationwide.

The increase in recent years in the number of counselor preparation programs offering specialized course work in gerontological counseling seems to have leveled off. Myers (1983) reported that 37% (114 of 306 respondents) of counselor preparation programs offered such course work, compared with 31% in the current

study. Where specializations are available, they are not typically offered as a separate degree program but rather as a specialization within another program area. Almost one in five counselor preparation programs now offer a specialization in gerontological counseling, with the majority of these being in entry-level programs.

Having a gerontology center or institute within the institution was associated with having course work in counseling for adults and in counseling older persons. Having a certificate program also was associated with having such courses, although to a lesser extent. It could be that having a gerontology center or certificate program is indicative of a generalized institutional commitment to provision of services to older persons. Such a commitment would both stimulate and support the development of course work and programs for counseling older persons.

Myers (1983) reported that there had been 61 completed theses and dissertations on gerontological counseling and 39 more were in progress. The current data (254 completed projects and 66 more in progress) are indicative of a substantial increase in such research in counselor preparation programs. A review of literature in counseling (Myers, 1989) clearly supports increased emphases in these areas in the last decade. It is encouraging that research by students reflects the general trend in publications of completed studies in gerontological counseling within the counseling field.

In this study, less than half of existing required or elective courses in counselor preparation programs included curricular units related to the counseling needs of older persons. This is particularly noteworthy because older persons make up the fastest growing segment of the population and will constitute one-fifth of the population in the near future. In general, these curricular units are found most often in the required, core area courses than in the elective courses. The relatively high proportion of infusion into courses in human growth and development and life-style and career development may reflect the emphasis on "life-span" concepts, which are stated explicitly in the CACREP standards for these two areas but not for the remaining six core areas.

Within the elective courses examined in this study, there was a relatively low level of inclusion of gerontological content (i.e., less than 15%). Noteworthy exceptions were marriage (19%), family (24%), and sexuality (19%) counseling. It seems that issues related to aging are more commonly covered in these than in other elective courses, which may be due to training standards provided from national organizations other than CACREP. A review of the standards from other national organizations was not part of the current study. With regard to field experiences, students in counselor preparation programs seem to be receiving little hands-on training in working with older persons. Relatively few students complete practice and internships in sites where older persons are part of their clientele, and most do not obtain jobs in these settings upon graduation. Over one-third (35%) of the respondents indicated that none of their department's graduates had been placed in a setting where older persons were a majority of the clientele. Those who reported placements in these settings noted that only a few students were involved. On the positive side, there seems to have been a substantial increase since 1983 in practicum and internship training opportunities for those counselors-in-training interested in working with older persons. Myers (1983) reported that only 8.5% of responding institutions offered such placements, compared with 80% of respondents in the current study.

When questioned about their future plans, 25% of the respondents indicated an intent to develop additional course work in gerontological counseling. If the 57 programs that stated this intent were to carry it through, the number of programs offering this specialty course work would increase from 102 to 159, representing 67% of the current sample and 35% of all counselor education programs. The reasons for not planning additional course work, as stated by three-fourths of the respondents in this survey, will most likely have a significant effect on future development (or lack of development) of gerontological counseling courses. More than half (56%) of the programs reported a lack of resources as a major limiting factor. Given the competition for limited resources that exists in most counselor education programs, it is likely that other priorities (40%) and lack of student interest (28%) are factors that will result in resources being placed in areas other than gerontological counselor preparation. The conclusion from answers to the first sections of the survey, that the growth of course work in gerontological counseling seems to have leveled off, is further substantiated by these findings.

IMPLICATIONS

The results of this study indicate that less than half of existing required or elective courses in counselor preparation include units on older persons. Only one-third of counselor preparation programs offer specialty course work in gerontological counseling. Therefore, unless they choose from among the one-third of counselor education training programs in which specific course work in gerontological counseling is available, it is likely that counselors-in-training will graduate with little or no knowledge of the counseling needs of older persons. This is particularly significant given the rather dramatic demographic shift in this century toward an increasingly aging population.

Interest in the needs of older persons has grown in the last 15 years but not nearly fast enough to keep pace with the demographic changes taking place in our society. With a perpetually limited resource base, it is incumbent on counselor educators to seek additional means beyond those that now exist of ensuring that all counselors graduate with some knowledge of the needs of older people. One possible avenue for encouraging curricular revisions is through the development of national preparation standards that include an emphasis on life-span concerns within each curricular area. Such revisions could apply to specialty course work as well as core curricula. These revisions would benefit not only older persons but also persons of all ages in need of counseling assistance.

Counselor educators are key persons in the innovation-change link within our profession. If counseling as a profession is to be as fully responsive and effective as it is capable of being with older persons, then counselor preparation must embrace concepts, information, and methods needed by those who will serve older persons. If counselor educators are to include units on aging in existing curricular areas, in-service training may be a required next step. Increased awareness and knowledge of the needs of older persons among counselor educators will pave the way for more inclusion of gerontological issues into counselor training. Ideally, future surveys will demonstrate that counselor preparation programs--and counselor educators--are changing in keeping with the needs of our increasing older population.

TABLE 2 Infusion of Information on Older Persons Into Existing Counselor Preparation Courses

Course	Course offered in department	
	N	(%)
CACREP core curriculum areas		
Human growth & development	177	(76)
Social & cultural foundations	96	(41)
Helping relationships	188	(80)
Groups	213	(91)
Lifestyle & career development	208	(89)
Appraisal	201	(86)
Research & evaluation	195	(83)
Professional orientation	173	(74)
Specified electives		
Mental health care systems	33	(14)

Clinical mental health services	18	(8)
Consultation	106	(46)
Legal & ethnical issues	132	(57)
College student/environment	71	(31)
Health counseling	18	(8)
Marriage counseling	133	(57)
Family counseling	168	(72)
Multicultural counseling	106	(46)
Sexuality counseling	89	(38)
Psychosocial aspects of disability	56	(24)
Medical aspects of disability	52	(22)
Substance abuse counseling	123	(53)
Diagnosis	80	(34)

Curricular unit
on older
persons
included in
course

Course	N	(%)
--------	---	-----

CACREP core curriculum areas

Human growth & development	124	(53)
Social & cultural foundations	40	(17)
Helping relationships	43	(19)
Groups	44	(19)
Lifestyle & career development	95	(41)
Appraisal	35	(15)
Research & evaluation	50	(22)
Professional orientation	50	(22)

Specified electives

Mental health care systems	15	(6)
Clinical mental health services	6	(3)
Consultation	14	(6)
Legal & ethnical issues	37	(16)
College student/environment	5	(2)

Health counseling	5	(2)
Marriage counseling	43	(19)
Family counseling	55	(24)
Multicultural counseling	34	(15)
Sexuality counseling	45	(19)
Psychosocial aspects of disability	28	(12)
Medical aspects of disability	27	(12)
Substance abuse counseling	41	(18)
Diagnosis	19	(8)

REFERENCES

- American Association for Retired Persons. (1988). A profile of older Americans. Washington, DC: Author.
- Brotman, H. (1982). Every ninth American (Committee Pub. No. 97-332). Washington, DC: U.S. House of Representatives.
- Butler, R. N., & Lewis, M. I. (1983). Mental health and aging. St. Louis: Mosby.
- Council for Accreditation of Counseling and Related Educational Programs. (1988). Accreditation procedures manual. Alexandria, VA: Author.
- Daniel, R., & Weikel, W. (1983). Trends in counseling: A delphi study. *The Personnel and Guidance Journal*, 61, 327-330.
- Flemming, A. S., Rickards, L. D., Santos, J. F., & West, P. R. (1986). Mental health services for the elderly. Washington, DC: American Psychological Association.
- Fry, P. S. (1986). Depression, stress, and adaptations in the elderly: Psychological assessment and intervention. Rockville, MD: Aspen.
- Hollis, J., & Wantz, R. (1986). Counselor preparation 1986-89: Programs, personnel, trends. Muncie, IN: Accelerated Development.
- Myers, J. E. (1983). Gerontological counseling training: The state of the art. *Journal of Counseling and Development*, 61, 398-401.
- Myers, J. E. (1989). Infusing gerontological counseling into counselor preparation: Curriculum guide. Alexandria, VA: American Association for Counseling and Development.
- Osgood, N. (1985). Suicide in the elderly: A practitioner's guide to diagnosis and mental health interventions. Rockville, MD: Aspen.
- Salisbury, H. (1975). Counseling the elderly: A neglected area in counselor education and supervision. *Counselor Education and Supervision*, 14, 237-238.
- Special Committee on Aging, U.S. Senate. (1983). Developments in aging, 1983. Washington, DC: U.S. Government Printing Office.
- Wrenn, C. G. (1989). Preface. In J. E. Myers, Infusing gerontological counseling into counselor preparation: Curriculum guide (pp. 9-15). Alexandria, VA: American Association for Counseling and Development.