

Competencies, Credentialing, and Standards for Gerontological Counselors: Implications for Counselor Education

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Article:

Nationally endorsed competencies, a certification process, and standards for specialty training in gerontological counseling have been developed and approved. Implementation of the gerontological counseling specialty in counselor education is considered.

People now live from two thirds to three fourths of their lives as older persons. In the next 20 years, one in five persons in the United States will be over the age of 60 (American Association of Retired Persons, 1988). Thus, it is increasingly likely that all counselors, regardless of work setting, will encounter older persons or families of older persons among their clientele. If counselors are to meet the needs of these clients, it will be necessary that all have some specialized training to help them do so.

The purpose of this article was to review the current status of the gerontological counseling specialty within counselor education. The development of gerontological counseling competencies through specialized national training projects is discussed, and the literature on competencies in general is considered. Both specialty accreditation by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and specialty certification by the National Board for Certified Counselors (NBCC) are considered. The implications for counselor education of the approval of competencies, standards, and certification in gerontological counseling are discussed.

GERONTOLOGICAL COMPETENCIES FOR COUNSELORS

Since 1977, the American Counseling Association (ACA) (formerly the American Association for Counseling and Development) has conducted five national projects on aging with funding from the U.S. Administration on Aging totaling over \$1 million. (Reader's Note: The aforementioned projects were undertaken when the association was called the American Association for Counseling and Development. The association has recently changed its name to the American Counseling Association [ACA], which for consistency is how it is referred to throughout the remainder of this article.) Each project was focused on counselor preparation in gerontological issues, with the intent of developing models and resources for training counselors to work with older persons. The first project developed curriculum materials to train professional counselors, while the second developed resources to train paraprofessional helpers to work with older persons. The third project provided continuing education to practicing professional counselors. The fourth and fifth projects also produced curricular resources; however, they focused specifically on the development of an accepted specialty in gerontological counseling.

The fourth project was designed to provide counselor educators with models for training counselors in gerontological issues. Four models were explored by Myers and Blake (1986): integrated or infused, separate course, area of concentration, and interdisciplinary. The integrated model allows for content in an area such as aging to be infused into existing curricular areas, thus avoiding the development of new courses to deal with the needs of new or special populations. In contrast, the separate course model provides for the development of a specialized curriculum that may be chosen by students who elect to learn about a special population. Obviously, not all students will receive specialized training in gerontology with this model. The area of concentration model includes several courses taught in a counselor education program that focus on a particular area. Few

counselor education departments have yet had the resources to develop this model in relation to gerontological issues. The interdisciplinary model does not eliminate the need for specialized training in a counselor education department but does provide for student course work in gerontological issues in other academic areas outside of the counseling program.

The integrated model was chosen for the ACA aging project as offering the most potential for development, because the CACREP standards could serve as the basis for infusion of gerontological issues into core preparation areas. This model would make it possible for all counselors (in accredited programs, at least) to graduate with some knowledge of the needs of older people and of ways to work successfully with them. Furthermore, the integrated model, extended throughout the curriculum to include specialty course work, would provide the greatest flexibility in meeting the diverse needs of a variety of trainees, including those choosing school, community, mental health, or student development specializations.

The CACREP standards formed the basis for developing a curriculum guide and accompanying video resources that contained curricular units corresponding to each of the core curricular areas (Myers, 1989; Sweeney & Myers, 1989, 1991). Suggestions for infusion of gerontological issues into specialty course work were included, along with a delineation of issues and resources important for the development of specialty course work in gerontological counseling. As the infusion model was being developed, it became apparent that the most effective curriculum would be one based on specific competencies.

Competencies are usually defined in terms of capability and, when applied to education, in terms of having adequate preparation to begin a professional career (Dunkin, 1987). Competency-based education "emphasizes a minimum standard; it adds criterion levels, value orientations, and quality" (Dunkin, 1987, p. 88). In competency-based education, program requirements are derived from and based on the qualities of effective practitioners, rather than organized around theoretical perspectives on practice. Requirements for what learners or practitioners must demonstrate for successful completion of programs include specific knowledge, skills, and attitudes (Myers & Sweeney, 1990; Shapson, Wright, & Leahy, 1987).

A variety of both generic and specialty competency statements for counseling as well as statements specific to gerontology are available. For example, competency statements are available to assist the training of specialists in rehabilitation counseling (Muthard & Salomone, 1969; Wright, Leahy, & Shapson, 1987), secondary school counseling (Palmo & Seay, 1983), career counseling and consultation (National Career Development Association, 1988), and marriage and family counseling (Seiler, Isenhour, & Driscoll, 1988). Specialty competencies have been developed to facilitate training and services in ministry to older persons (National Interfaith Coalition on Aging, 1979) and gerontology as a discipline (Association for Gerontology in Higher Education, 1990). Engels and Dameron (1990) provided competencies, performance guidelines, and assessment criteria for professional counselors. Each document reviewed assumed the importance of competencies and did not define the competencies beyond emphasizing the importance of them in the preparation of professionals. The logic of this seems to be that competence is an important characteristic of a professional; hence, competencies are the areas in which a professional should be capable of performing to a certain standard. That standard typically is set by the profession. In the case of counseling, the standards are set by organizations such as CACREP, NBCC, and the Association for Adult Development and Aging (AADA).

The final ACA aging project used the curriculum materials developed for the infusion project as the basis for developing a statement of competencies for training counselors in gerontological issues according to both the integrated and separate course and/or area of concentration models. Counselor educators around the nation were involved with practicing gerontological counselors and staff from aging network agencies in a series of five workshops to develop, review, critique, and revise the competencies prior to the time they were finalized and endorsed by the Association for Counselor Education and Supervision (ACES) as well as AADA. Both generic competencies designed for training all counselors in gerontological issues and specialty competencies for training of gerontological counselors were included. The competency statements were designed for use in developing curricula for pre- and in-service training programs. Counselor education programs may use both a

brief listing of minimum essential competencies and extended lists of competencies specific to each core and specialty curriculum area. All of the competency statements are included in one publication (Myers & Sweeney, 1990) that was distributed at no charge to all counselor preparation programs and is now available through NBCC.

A final part of the fifth national aging project was the development of a proposal to the NBCC for a specialty credential in gerontological counseling. This proposal was presented to the NBCC board in January 1989. NBCC voted to move forward with the specialty at that time.

THE NATIONAL CERTIFIED GERONTOLOGICAL COUNSELOR CREDENTIAL

Any National Certified Counselor (NCC) may apply for specialty certification as a National Certified Gerontological Counselor (NCGC). The certification does not require an examination, but a review of training, experience, and supervisory evaluations. A 2-year "alternate entry period" was established at the time the credential became available to encourage practicing counselors to seek certification.

As of January 1, 1993, all applicants will meet these criteria (NBCC, 1990): (a) 2 years of professional gerontological counseling experience; (b) three graduate courses in gerontology (or the equivalent in 120 hours of related gerontological counseling continuing education), and a 600-hour internship or supervised experience (25% of which is with or on behalf of persons age 55 or older) or a 600-hour internship or supervised experience in a gerontological setting; (c) completion of a self-assessment of competence; and (d) two professional assessments of competence. The NCGC certification is awarded after a successful review of credentials and competencies. The assessment forms used by the NBCC are based on competencies contained in Gerontological Competencies for Counselors and Human Development Specialists (Myers & Sweeney, 1990). Recertification criteria for the NCGC will require counselors to first recertify as an NCC. In addition, to retain the NCGC certification, counselors must accrue 5 hours of continuing education per year for the specialty credential. The specialty hours must be acquired in at least three different areas of gerontological studies as defined by the gerontological competencies (Myers & Sweeney, 1990). The gerontological studies areas include the following five major areas of competency: normative experience of aging, older persons with impairments, needs and services for older persons, the population and special situations, and counseling older persons. Thus, the NBCC requirements stipulate that to retain the NCGC, counselors must complete 125 continuing education hours during each 5-year certification period, 50 hours of which must be in gerontology (NBCC, 1990).

STANDARDS FOR TRAINING COUNSELORS IN GERONTOLOGICAL ISSUES

The gerontological competencies discussed earlier also form the basis for CACREP's newly adopted standards for training in gerontological counseling. The AADA Committee on Standards, working in cooperation with the ACES Adult Development, Aging, and Counseling (ADAC) Interest Network, developed the standards that were reviewed over a 2-year period and subsequently adopted by CACREP in March 1992 (CACREP, 1992). The gerontological counseling standards are a specialty within community counseling.

As the standards were being prepared, the members of the ACES Interest Network (ADAC) were contacted. The 17 ACES members who reviewed the standards proposal are presumably the ones with most interest in gerontological counseling training. According to Chandras and Blake (1991), they expressed very strong, although not universal, support for a gerontological counseling specialty and the standards presented. Most felt that their programs would not meet the requirements for specialty accreditation.

The gerontological counseling specialty standards reflect the gerontological competency statements (Myers & Sweeney, 1990) and, thus, are directly related also to the requirements for the NCGC credential. They are an approach to competency-based education in counselor education. Although it is unknown at the time of this writing how many programs will choose to seek the specialty accreditation, projections may be made based on earlier studies of gerontological training in counselor education.

At the time of ACA's first national aging project, only 18 counselor education programs (6% of the total) reported offering even an elective course to train counselors to work with older persons (Salisbury, 1975). In 1988, 74 programs reported offering one or more courses to train counselors in this area. Slightly over one half (n=35) reported having a subspecialization or focus area in gerontological counseling, and nine reported a specialization or degree program (Myers, 1989). These 44 programs represent the pool from which specialty accreditation is most likely to emerge. Nevertheless, if the data provided by Chandras and Blake (1991) are accurate, the actual pool may be quite smaller than 44.

IMPLICATIONS FOR COUNSELOR EDUCATION

Based on this review of the current status of gerontological counseling as a specialty, at least four sets of implications for counselor education should be discussed. These relate to the gerontological competency statements, the NCGC credential, preparation of counselor educators to teach in this specialty area, and specialty accreditation in gerontological counseling.

A recent study that examined trends in gerontological counseling reported that the growth of new courses in this specialty seems to have leveled off, with about one third of all counselor training programs now offering such course work (Myers, Loesch, & Sweeney, 1991). This conclusion was based on information gathered in earlier surveys by Myers in 1983 and 1989. At the time of those surveys, there existed no common core for gerontological counseling training. The gerontological competencies published in 1990 (Myers & Sweeney, 1990) reflect such a core.

About three fourths of the counselor education programs that do not have specialty courses in gerontological counseling report not planning to develop such courses because of limited resources, other priorities, and lack of student interest (Myers et al., 1991). Those programs, however, that are intending to develop such courses (N=57 in the 1991 study) would do well to use the competency statements as a basis for curriculum development. Counselor educators may choose to revise existing specialty course curricula using the competencies as a guide. A major advantage of doing so would be the development of competency-based instructional programs. An additional advantage would be to ensure that students choosing to major in gerontological counseling would meet the nationally accepted competency standards. A disadvantage would be the time and effort required to revise (sometimes substantially) existing specialty courses in gerontological counseling. Furthermore, counselor educators should study carefully the criteria for the NCGC to ensure that students will meet the minimum course requirements for this certification at the time of their graduation from the entry-level program.

In addition to the basic program, those counselors who obtain the NCGC credential will need to receive continuing education to maintain their certification. Beginning in January 1993, persons applying for the NCGC credential must have 120 clock hours or the equivalent of three graduate courses in one or more of the five gerontological issues areas specified by NBCC. Counselor education programs planning to prepare students to meet the NCGC criteria would do well to begin planning now how students will meet these requirements. Because few counselor education programs are able to offer more than one specialized course in gerontological counseling, most will need to interact with other university departments and encourage students to elect specified courses in other academic disciplines. Those institutions that have gerontology programs may encourage students to meet the university criteria for a graduate certificate in gerontology while completing an entry-level or advanced degree in counselor education. Programs that address the infusion of gerontological counseling into existing counselor education curricula may be able to identify a total of 40 hours (or more) of curricular experiences in gerontological issues in the common core and specialty courses in the counselor education department.

An important concern related to the development of specialty course work is the preparation of counselor educators to provide needed instruction. Because gerontological counseling training is relatively new, few counselor educators have had graduate course work in this area. To best assist students in developing expertise in gerontological counseling, counselor educators are encouraged to attend training sessions that will enable

them to meet the specialty certification requirements. Counselor educators teaching specialty courses in gerontological counseling, or those planning to do so in the future, are also encouraged to obtain the NCGC credential. With such training, counselor educators also will be qualified to conduct training sessions in the gerontological competency areas required for recertification (NBCC, 1990; Myers & Sweeney, 1990).

It is difficult to discuss any new specialty in counselor education without asking the question, do we really need a specialty? In terms of gerontological counseling, this is really a moot question because the specialty already exists. We have nationally accepted competencies and a national certification, as well as national standards for preparation. Each counselor education program must decide the relevance of the specialty standards to their program goals and student needs. It is likely that some of the counselor training programs now offering gerontological counseling training will seek specialty accreditation in this area. Whether a majority of these programs will choose to do so remains to be seen.

In the meantime, the potential and benefits of following the infusion model remain largely unexplored. AADA submitted standards to CACREP that, if adopted, would result in infusion of gerontological counseling into the common core. Should CACREP choose at some point to adopt the recommendations, the infusion approach will receive a significant boost. Should CACREP not pursue the infusion recommendations, the existence of the gerontological competency statements can still give counselor educators some tangible guidelines for developing curricula to help counselors meet the needs of individuals during the last one half to two thirds of their lives.

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