

GRADUATE COUNSELING STUDENTS' INTEREST IN GEROCOUNSELING:
A QUANTITATIVE STUDY

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Graduate Counseling Students' Interest in Gerocounseling: A Quantitative Study

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DOCTOR OF PHILOSOPHY

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ABSTRACT

A growing population of older persons in the United States will require not only additional counselors but counselors who are trained to work with an aging adult population. Recent trends indicate that counselor education programs have moved away from gerocounseling as an academic track as well as eliminating units on aging from courses currently offered to counselors-in-training. Some graduate counselor education programs offer individual courses in aspects of gerontological counseling. If the counseling profession is to meet the rapidly increasing needs of a growing older population, more attention must be given to training counselors to meet the needs of this population.

The purpose of this study was to assess graduate counseling students, from counselor education programs, regarding the students' willingness to participate in gerocounseling training and identify specific topics of interest that the graduate counseling students would most be interested in counseling aging adults. Forty-four counselor education programs were contacted in the North Central Region of the Association of Counselor and Education Supervision (North Central ACES) and 211 students responded to the electronic survey through Survey Monkey.

The results showed that graduate counseling students are very interested in gerocounseling and working with older adults. Students were willing to take additional coursework but not to the extent that it would delay graduation. Students indicated that they felt prepared to counsel older adults; however, none of the graduate counseling students surveyed had completed their field experience which could impact that sense of preparedness.

As the aging population increases, so does the need for counselors who can help older adults with life transitions. It is important that counselor education programs have faculty that identify as gerontology specialists, that graduate counseling students have specialized coursework and are performing research specific to counseling older adults.

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DEDICATION

This dissertation is dedicated to my husband, Dr. Bob Nielsen, my children and grandchildren. To Bob, my soul mate and forever my friend: “Grow old with me, the best is yet to be.” You are truly the love of my life! To my children Chris, Trevor, Laura, and Jessica: Without your constant support and encouragement, I would have never achieved my goal. Giving me t-shirts printed with “I will graduate, I will graduate” kept me going as well as laughing! To my precious grandchildren Zander, Peyton, and Parker: You have taught me that aging is far more enjoyable when it is shared with the young and being “Grandma” is one of the greatest gifts in life! To my little grandson, Scott: The Lord needed you very early, before I got a chance to be Grandma to you. Your family will always grieve the missed opportunity to have had you with them but I know you are a happy little angel, walking hand-in-hand with your Great-Grandpa Harold. Every time I see a bright shining star in the sky, I will know you are looking down at me and saying, “Hi, Grandma”! You will be forever in my heart.

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CHAPTER 1: GENERAL INTRODUCTION

Older adults share many characteristics in common with persons of other ages as well as unique characteristics as a result of their longer lives, developmental tasks, and the situational challenges of later life. In fact, the diversity within the older population may be greater than that between older and younger adults (Brendel, Devaney, & Vacc, 2003). Graduate counseling students will encounter families in which older adults play significant roles such as child care providers or have the major responsibility of raising grandchildren. They will also encounter older adults who are retiring from one career with the desire to start a business or begin a second career. Many of these older adults are looking at this time of their lives as personal renewal with offers of possibilities for major positive changes in lifestyle and new opportunities for personal growth (Krepcio, 2007). Thus, it is imperative that graduate counseling students are familiar with the concerns of later life and strategies for helping older adults address those concerns.

The Administration on Aging (2010) reported that people 65 years and older numbered 39.9 million in the United States population. This number represented about one in every eight Americans. This was an increase of 4.3 million or 12.5% since 1999. The number of Americans ages 45-64 who will reach 65 over the next two decades increased by 26% during this same decade. People reaching age 65 have an average life expectancy of an additional 18.6 years, 19.9 years for females and 17.2 for males (Administration on Aging, 2010).

According to the United States Census Bureau (2011), data from the 2010 Census provided detailed age statistics on the total population as well as the population 65 years and older. According to the United States Census Bureau, there were 40.3 million people who were 65 years and older on April 1, 2010. This is an increase of 5.3 million over Census 2000, when this population was 35.0 million. The United State Census Bureau also reported that the

percentage of the population 65 years and over also increased from 2000 to 2010. In 2010, the older population represented 13.0% of the total population, an increase from 12.4% found in 2000.

Current federal legislation places heavy emphasis on addressing the physical needs of older adults. Considerably less attention is paid to mental and emotional needs; therefore, the emotional and psychological needs of older adults may be overlooked by various agencies and policies. The Aging Network, an organization that includes the United States Administration on Aging, the National Association of Area Agencies on Aging, and state agencies on aging, focuses its efforts more toward the physical well-being of older adults and less toward their emotional and psychological health (Brendel et al., 2003). Brendel et al. (2003) further indicated that within the population of older adults there is tremendous heterogeneity. Selected subpopulations, however, share characteristics that result in stress and significant needs for coping strategies (Brendel et al., 2003). These subpopulations include, but are not limited to, race, gender, marital status, educational status, financial issues, employment, health, and caregiving (Maples & Abney, 2006). One cannot assume that any person, simply because they are older, has developed the coping skills necessary to lead an active and productive life in light of changing circumstances. Therefore, there is a need for graduate counseling programs and graduate counseling students to focus on the emotional and psychological issues of older adults and their coping skills, which may, in fact, differ from those of younger people.

Counselors of older adults are, first and foremost, counselors. The generic skills required of all counselors are necessary for their professional repertoire. All graduate counseling students must have basic counseling and communication skills, knowledge of theories and techniques of counseling, familiarity with vocational development theories, methods of assessment, and group

counseling strategies, regardless of who they have as clients when they begin practicing (Riker & Myers, 1990). While the issues of older and younger adults may be similar, the application of counseling theories and techniques may differ given the age of the client. Riker & Myers (1990) reported the loss of a job that an older adult has had for 25 years may have more of emotional and psychological effects on that individual versus a younger person who has lost a job that individual has had for less than five years. The older adult may have been trained only to do that specific job whereas the younger adult may have a greater opportunity for future employment due to multi-training to compensate for a rapidly changing world (Riker & Myers, 1990).

Counseling may be defined as the process through which a trained counselor helps an individual or group to make responsible decisions concerning personal, educational, social, or vocational development (Riker & Myers, 1990). This definition makes the important points that counseling is a process involving a relationship, one or more decisions are made on the part of the client, and positive action can result in the client's further development. Counseling older adults, known as gerocounseling, can be identified as helping individuals to overcome losses, establishing new goals in the process of discovering that living is limited in quantity but not quality, and reaching decisions based on the importance of the present as well as opportunities of the future. Considering older adults as possible clients opens a new area of opportunity for graduate counseling students as well as an added responsibility to be prepared for the needs of these older adults which may differ from other age groups.

Dissertation Organization

The first chapter in this dissertation is the General Introduction. The General Introduction provides background information regarding the need for gerocounselors and is an overview of the dissertation.

The second chapter is the Literature Review, which includes a review of various topics related to counseling older adults and the growing need for graduate counseling students to be trained in helping older adults address the issues they face, which may be different than those of younger people.

Chapter 3 is a manuscript that focuses on the commonalities and differences between the research conducted by Foster, Kreider, and Waugh (2009) and the results found in the current study conducted in 2011.

Next, Chapter 4 is a manuscript that focuses on the graduate counseling students' expressed interest in retirement counseling and how retirement counseling for older adults, specifically Baby Boomers, may be considered a pro-active approach to counseling in the 2011 study. Pro-active approaches in counseling are endorsed by the American Counseling Association and hopefully are the focus of counselor education programs.

Chapter 5 is a manuscript that focuses on graduate counseling students' interest and feelings of preparedness in addressing grief when counseling older adults.

Finally, Chapter 6 is a general summary and an overall discussion, with conclusion and recommendations for future studies regarding the need for graduate counseling students' to have specialized training in gerocounseling.

Significance of the Problem

As the number of older adults continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent. Myers, Loesch, and Sweeney (1991) reported that 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 adults. Nevertheless a more

recent trend may be to eliminate stand-alone courses on gerocounseling as many counselor preparation programs may have found that too few of their instructors and students are interested in this area of counseling (Foster & Kreider, 2009). Those programs that offered specific courses may have either eliminated the courses or left them as an elective option. Some professionals may believe the problem has recently been compounded by the Council for Accreditation of Counseling and Related Educational Program (CACREP) eliminating the gerocounseling track from its accreditation process. According to Foster et al. (2009), very little research has been done with graduate counseling students to determine what, if any, their interest is in gerocounseling and whether they would take additional coursework to gain additional knowledge on counseling older adults.

Statement of the Research Problem

The focus of the Foster et al. (2009) research and the current study in 2011, using an identical survey instrument, was to determine if graduate counseling students had an interest in counseling an aging population. Both studies wanted to determine if students had an interest in being professionally prepared to meet the demands of this population and what the counseling students' interest was in preparing to meet the counseling needs of older adults. This survey identified five areas related to gerocounseling. They are the following:

1. The extent of interest of graduate counseling students in the topic areas for older adults.
2. The extent of graduate counseling students' interest in working in older adults' settings.
3. The extent of preparation the graduate counseling students felt that they had received in their counselor training programs for work with older adults.

4. The extent of the graduate counseling students' willingness to seek gerontological training beyond what was already required in their counselor education training programs.
5. The extent of importance that graduate counseling students placed on being knowledgeable of the issues specific to adults.

While Foster et al. (2009) indicated that graduate counseling students have a substantial interest in gerocounseling in the five areas that were surveyed; however, the results also indicated that 69% of the participants did not feel prepared to work with older adults. Furthermore, results indicated that the majority of graduate counseling students indicated they felt unprepared or somewhat prepared to counsel older adults. The survey did not address the students' understanding of differences between counseling younger adults versus older adults.

Purpose of the Study

The overall purpose of the present study is to examine the interest of graduate counseling students in pursuing gerocounseling as a focus in their graduate studies and as a specialty when they are practitioners. The research study seeks answers to the following questions:

1. Are there significant similarities and differences in the research conducted by Foster et al. (2009) and the current study conducted in 2011 when surveying graduate counseling students' interest in gerocounseling?
2. Given the potential need for retirement counseling by an aging population, what interest did the graduate counseling students have in retirement counseling, their feelings of preparedness, and their feelings of importance for coursework that focused on retirement counseling for older adults?

3. Grief counseling courses are not required in the core curriculum of CACREP accredited counselor education programs. Grief is a common life experience and older adults have the potential of experiencing several losses in shorter periods of time than younger adults. What interest did the graduate counseling students have in grief counseling for older adults, what were their feelings of preparedness, what were their feelings of importance for coursework that focused on grief counseling older adults, and were their interests and feelings different depending on their identified age group?

Importance of Research Problem

If current estimates are correct, by the year 2030, over 21% of the population in the United States will be over the age of 60 (United States Census Bureau, 2011). As our population continues to grow older, it is increasingly apparent more counselors, in more settings, will encounter older adults and their families as clients (Maples & Abney, 2006). Similarly, the need to prepare counselors to work with an older population is increasingly obvious. One such older group is the baby boomers, commonly referred to as an aging generation. This generation is not only aging themselves but facing challenges with the aging process due to life longevity. Many are facing the challenge of caring for aged parents and are experiencing stressors not faced by their parents' generation such as job loss in a recessive economy. The baby boomer generation is defined as those born between the years of 1946 and 1964. This is an 18 year span which means the issues of the early boomers are going to be significantly different than those of the late boomers. As an example, many of the current early boomers are retired or preparing to retire which creates different needs than the later boomers who are still in the middle of their careers. Some of the early boomers are experiencing grandparenthood as well as the loss of a spouse or

other companion relationship. Some of the later boomers are just sending their children off to college, or another form of independence, and are beginning to experience the empty nest syndrome.

However, the differences between the baby boomers and earlier generations are very distinctive. Maples and Abney (2006) indicated baby boomers are unlike their parents in the following ways:

1. Baby boomers are in better physical health than the generation that preceded them.
2. Baby boomers are more highly educated with different quality-of-life expectations.
3. Baby boomers hold world views vastly different because they have been raised in a country at relative peace and have not faced a global war. Furthermore, unlike any prior generation, their worldviews have been expanded by mass media, technological advances, and world travel.
4. Baby boomers have not experienced the same struggles, including the deprivations brought about by the early Great Depression and World War II that their parents did (p. 174).

According to Brokaw (1998), the parents of the baby boomers set out to make sure their children did not experience the tragedies and family sacrifices they had. This was believed to be possible because their parents were America's Greatest Generation (Brokaw, 1998). However, while this goal was made for all the right reasons, no one, even America's Greatest Generation, had crystal ball knowledge of the future. Who could have conceived that the baby boomer generation would face the challenges that are presently faced by the entire United States, if not worldwide? Since 2003, the United States has been at war against terrorism and has yet to emerge from the worst economy since the Great Depression (Maples & Abney, 2006).

According to Maples and Abney (2006), the baby boomers have also been challenged with changes to the traditional family structure as well as watching the bulk of their retirement savings and investments dwindle to the point where retirement may be nothing more than an unrealized dream. It is predicated that this generation will reshape the concept of retirement and that many will start new and different careers or jobs when they reach retirement age. Many will do this because of personal choice, financial need, desire, or boredom (Maples & Abney, 2006). Maples and Abney also suggested that other baby boomers will continue to work in their current profession simply because they want to.

Another dilemma facing the aging baby boomer generation is the need to care for their aging parents. Haggan (1998) indicated that aging adult children and their aging parents are virtually unprepared to effectively cope with the increased longevity and fewer caregivers. Adult children are not prepared to meet both the physical and developmental needs of their parents and, therefore, are prime candidates for stress-related difficulties which will need attention from the mental health community. In addition to the need for providing care to aging parents, there is also a new dilemma facing the baby boomer generation – that of raising grandchildren. According to Kreider and Ellis (2011), the proportion of children living in the same household with a grandparent increased from 7% in 1991 to 11% in 2009. Hayslip and Kaminski (2005) indicated that many grandparents are raising their grandchildren because of problems their own children experience which center around economic difficulties, drug abuse, teen pregnancy, and incarceration. Custodial grandparents often experience parenting stress, depression, health problems, and economic hardship which mean a need for innovative interventions by mental health professionals (Kelch-Oliver, 2011). There has also been a change in what the baby boomers view as satisfactory living environments, not only for themselves, but their aging

parents. This concern of appropriate living environments may also extend to the children and grandchildren of baby boomers as they take on additional family responsibilities with the constantly changing family structure.

Institutional Review Board Approval

The North Dakota State University Institutional Review Board (IRB) for the Protection of Human Participants in Research approved this study. IRB approval can be found in Appendix A.

Definition of Acronyms

For the purpose of this research the following terms and definitions are used:

AADA: Association for Adult Development and Aging

ACA: American Counseling Association

AoA: Administration on Aging

CACREP: Council for Accreditation of Counseling and Related Educational Programs

NBCC: National Board of Certified Counselors

NCACES: North Central Association of Counselor Education and Supervision

NCGC: National Certified Gerontological Counselor

Definition of Terms

Gerocounseling: Addressing the emotional and psychological needs of older adults in a counseling (therapeutic) setting (Myers, 1989).

Older Adults: For the purpose of this study, older adults are limited to the Baby Boomer Generation (1946-1964).

CHAPTER 2: LITERATURE REVIEW

History of Aging

Dove (1986) indicated that until the mid-16th century, age referred primarily to a stage or period of human life. Few people knew how old they were since numerical age had no social significance for either men or women. It was believed that men, as well as women, passed through several phases of life, even though it was not until the 17th century that women were referred to separately from men (Cole, 1992). While there appears to be as many different life stages as there are theorists, there are four stages that appear repeatedly: childhood, youth, maturity, and old age. With the onset of the 19th century, Cole (1992) suggested that the social transition to adulthood became more uniform for a growing segment of the population. Cole further indicated that with the spread of universal age-homogeneous public school and chronologically triggered public pension systems, life was divided into three stages: education, work, and retirement.

The 19th century became known as the century of old age, or the Age of Aging. Butler and Gleason (1985) stated that it was the 19th century where individuals could be expected to “live out” what we think of as the “life course” and where any child could expect to live to old age. Given this perspective, it is not surprising that theorists began to redefine the various segments of life. Bortz (1991) suggested that the various segments of life be changed as follows: Youth, 0-40; Middle Age, 40-80; Old Age, 80-120. Dychtwald (1999) indicated we could no longer view the life course as linear but rather each segment should be viewed as cyclical. For example, instead of having only one career, an individual now could anticipate several careers with multiple educational experiences, several retirements, multigenerational and blended families, and increased mobility (living in several geographical locations instead of one).

As members of a contemporary urban society, we tend to understand and accept that chronological age marks the transition from one stage of life to another (Cole, 1992). Cole (1992) used such examples as children beginning school at age five, young people go to work or college around 18, and old people retire between 60 and 65 to support his theory that chronological aging is a concept that we not only understand but one that we adhere to without further reflection or critical thought. Changing paradigms such as the baby boomers' view of retirement currently challenges Cole's assumption. Maple and Abney (2006) indicated that more current research supports the following:

1. Between 70% to 75% of baby boomers enjoy their work, and only 15% reported that they would quit entirely if they could.
2. Members of households with incomes that exceed \$70,000 had more plans for working into their 70s than did members of households with incomes less than \$30,000.
3. Reasons given most frequently for working a longer time included enjoyment of work, need for money, security, feeling useful, and health insurance coverage.
4. Although 80% of the younger baby boomers (ages 38 to 48) indicated that they were concerned about the amount of their savings, they also indicated a confidence in their abilities to set reasonable financial goals and obtain them.
5. Seventy-three percent of baby boomers hoped to pursue hobbies or other interests when they do finally retire, unlike members of earlier generations who did not have specific plans (p. 42).

While the Maples and Abney (2006) research may have been accurate, it may be in question currently given the recession that had its beginning in 2008. Accordingly, baby boomers

may not have as many options as they had prior to 2008. Many of them may be working several more years out of necessity due to losses in their retirement pensions and the uncertainty of social security benefits that many of them depended on to augment their pensions. The recession of 2008 brought about another dilemma for the baby boomers. While many were not only looking at retirement, they were also looking forward to being grandparents who could enjoy grandchildren while still young and active. With job losses (for themselves and other family members) and economic hardship, many baby boomers found themselves not only experiencing their own financial hardships but taking on more responsibilities of caring for adult children and grandchildren (Kelch-Oliver, 2011).

Dychtwald and Kadlec (2009) indicated that people, in general, have always shaped their world around what they had always been, which is young, so it is a surprise to most people that the focus can no longer be on young, but rather how people are going to adapt to the needs and desires of an aging population. One might think that the status quo is all that is needed; but those who have studied and continue to study aging realize that the world is being shaped differently and the voice of an aging population is very strong. One simply has to look at the influence the aging population has on policy making through lobbying by organizations such as the American Association of Retired People as well as the majority of our federal legislature personally representing the aging population! This is a wake-up call to changing demands in such areas as housing, healthcare, and prescription drugs. The most pertinent and important health constructs for older adults includes activities of daily living, physical status, emotional health and social engagement (Chen, Hung, Lin, Haung, & Yang, 2011). In the past, definitions of health care have focused on medical models. There has been a paradigm shift to focus on mental health and include it within the comprehensive approach to the overall well-being of the person (Chen et al.,

2011). It is now necessary to look at the aging nations of the Americas, Europe, and Asia so that we can maintain economic productivity with so many financially dependent older citizens being supported by a shrinking number of young workers. We need to look at the infrastructure of our political system so we understand how to cope with the demands that tens of thousands of baby boomers are going to place on societies and economies (Dychtwald & Kadlec, 2009).

Dychtwald and Kadlec (2009) reported that as people reach their 50th birthdays, they are no longer considering themselves as turning the corner into old age, but rather are doing a personal reinvention. They are beginning new careers, making changes to their lifestyles, and challenging their minds in educational pursuits. Given these changes by a generation of people who have relied on support services to guide them through a life course that is far from over, it does not seem logical to dismiss their needs as they transition into another life stage that has not been explored or even relevant to previous generations. There is a necessity for informed and trained counselors who recognize the baby boomer generation is not only going to seek out support services for these transitional life experiences, but will demand that their desire for these services be met.

History of Gerocounseling as a Counseling Specialty

Gerocounseling as a counseling specialty is relatively new, spanning less than 40 years. The development of this specialty covers a span of time beginning in the late 1970s and continuing through the present. As the life span has increased, counselors have moved from a primary focus on school populations to an equally strong emphasis on community-based programs addressing the mental health concerns of persons across the life span (Palmo, Weikel, & Brooks, 1995).

In 1972, the American Counseling Association (ACA) Senate passed a resolution mandating the association to develop guidelines for curriculum planning to train counselors to work with older adults. The following year, ACA established a special committee to serve for one year to develop a strategy for implementing this resolution. The Commission on Middle-Aged and Older Persons was a special committee for the next 16 years; whereas, it then became known as the Committee on Adult Development and Aging (Myers & Schwiebert, 1995).

In 1975, only 18, or 6% of all counselor preparation programs reported even offering an elective course in gerontological counseling (Salisbury, 1975). Prior to that time, there were few articles in the professional counseling literature addressing the counseling needs of older adults. Many of the articles prior to 1975 dealt with “older workers,” the group the federal government defined as people age 40 years and above (Myers & Schwiebert, 1995). The lack of training programs and the growth of the older population merged to create a climate within which specialized counseling for older adults began to be explored. With the emergence of the baby boomers, a generation who has grown up with counseling as a positive resource in problem resolution, the need for counselors who are trained in the needs of this aging population is becoming acute.

According to Maples and Abney (2006), counselors have begun to work with older adults, and the question now is whether and how such work is different from counseling with any other population. Burns and Taube (1990) noted that the extent of mental health needs does not seem to change with age. Knight (1989) determined that psychotherapy is as effective with older adults as with people of any other group. However, current indicators are that even though mental health needs may not change, the issues as one ages become more diverse compared to a younger age. While age may not be a factor in counseling older adults, being cognizant of all life

stages and respectful of older adults' previous life experiences is a must for any counselor to be effective in their work (Maples & Abney, 2006).

Waters (1984) identified both similarities and differences in counseling older adults and younger adults. In the past 10 years, several authors have written articles concerning specialized techniques for use with older people; however, it was noted that counselors and other mental health professionals are reluctant to treat older adults for a variety of reasons. The main reason cited is disinterest by the counselor. Therefore, this group becomes substantially underserved (Harper & Myers, 2004). Myers and Schwiebert (1996) recognized and recommended 16 specific "Minimal Essential Competencies" for a gerocounseling specialist. Of those 16 specific competencies, 10 pertinent skills are identified in the following list:

1. Demonstrates and actively advocates for positive, respectful, wellness-enhancing attitudes towards older persons and a concern for empowerment of persons throughout the lifespan.
2. Demonstrates skill in applying extensive knowledge of human development for older persons, including major theories of aging, the relationship between physical and mental health and aging, the difference between normal and pathological aging processes, gender-related developmental differences, and coping skills for life transitions and losses.
3. Demonstrates skill in applying extensive knowledge of social and cultural foundations for older persons, including characteristics and needs of older minority subgroups, factors affecting substance and medication misuse and abuse, recognition and treatment of elder abuse, and knowledge of social service programs.

4. Demonstrates skill in recruiting, selecting, planning, and implementing groups with older persons.
5. Demonstrates skill in applying extensive knowledge of career and lifestyle options for older persons, age-related assets and barriers to positive choices, and resources for maximizing exploration of career and lifestyle options.
6. Demonstrates skill in applying extensive knowledge of current research related to older persons and the implications of research findings for helping relationships.
7. Demonstrates skill in applying extensive knowledge of the intellectual, physical, social, emotional, vocational and spiritual needs of older persons and strategies for helping to meet those needs.
8. Demonstrates skill in applying appropriate intervention techniques, in collaboration with medical and other care providers, for physical and mental impairments common to older persons, such as acute, chronic and terminal illness, depression, suicide, and organic brain syndromes.
9. Demonstrates skill in the use of a wide variety of specialized therapies to assist older persons in coping with both developmental and non-normative issues such as creative art therapies, pet therapy, peer counseling, and family counseling.
10. Demonstrates skill in applying extensive knowledge of ethical issues in counseling older persons, their families, and care providers. (pp. 12-13)

Myers (1995) provided a 20-year reflection of the development of gerocounseling by describing how five national projects on aging led to the construction of the gerocounseling academic standards through Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the creation of the National Certified Gerontological Counselor

(NCGC) through the National Board of Certified Counselors (NBCC). Myers and Schwiebert (1996) further indicated that these competencies addressed some of the unique needs and issues that face the approximately 76 million members of the baby boomer generation in the next 20 years. According to Maples and Abney (2006) in a 2003 CACREP review, there were only two gerocounseling programs in the United States. Foster and Kreider (2009) stated that the current trend has been to move away from the training and certification of professional counselors in gerocounseling. CACREP, in its final draft of the 2009 academic standards revision, made a decision to discontinue the standards in gerocounseling. According to Foster and Kreider, this move by CACREP prompted the NBCC to discontinue the NCGC credential.

The ACA responded to the need for more information related to counseling with older adults by seeking funding from the United States Administration on Aging (AoA) to develop curricula for training counselors to work with older adults. Myers and Schwiebert (1995) noted that between 1978 and 1990, the AoA funded five national projects on aging to ACA, for a total of more than \$1 million. Each of these projects addressed a different but related area, used the knowledge base developed in the preceding projects to educate project participants, and helped to raise the consciousness of the counseling professional, but not the interest of counseling students, to the need for services to the growing number of the older population, most specifically the baby boomers. Myers and Schwiebert (1995) further indicated that the cumulative effect of these national projects and the involvement of counselors and counselor educators nationwide led to a significant change in the organizational structure of ACA as reflected in a new division focused on adult development and aging. These projects were highly successful in stimulating interest in the counseling needs and concerns of older adults. Although the standing committee identified, as a major goal, the development of interest groups on aging

within each ACA division, there was a lack of support for standing committee status. This led to the development of an organizational affiliate on adult development and aging which is now the Association for Adult Development and Aging (AADA). The AADA currently is the focal point within ACA for adult development and aging concerns. In 1996, the AADA formally endorsed the gerontological competencies, which have since served as the foundation for specialty preparation standards as well as specialty certification. The specialty preparation standards should be a focus in counselor education programs and students need to be made aware that such a specialty exists. There is a necessity for these programs to offer graduate counseling students more than units within core classes that focus on the mental health needs of older people versus the mental health needs of a younger population. By utilizing the specialty certification, this will give the older consumer information needed to make an informed choice when selecting a mental health counselor, similar to information offered by other specialty certifications such as addiction and school counseling.

Gerontological Competencies for Counselors and Human Development Professionals was a product of the ACA Aging Project. It is a 38-page document that includes gerontological competencies in two areas: those for all counselors (generic), and those for counselors specializing (specialty) in work with older adults (Myers & Schwiebert, 1996). With broad input from counselors, gerontologists, practitioners, administrators, and researchers, the competencies were arranged according to each of the core curricular areas as well as identified areas of specialty preparation. The competencies may be used by counselor educators in developing curricula and by practitioners to determine areas of competence for counseling with older adults; however, this is not required by ACA.

Myers and Schweibert (1996) indicated that the gerontological competencies for counselors were condensed by the ACA Aging Project staff and participants. The Project staff and participants developed a set of minimum gerontological competencies but still gave counselor educators a complete review of the competencies needed for this specialty. Stickle and Onedera (2006) indicated that recent studies found that many counseling programs across the country are not training students to meet the needs of the growing population of aging adults. According to a study of 458 counselor-preparation programs, 1 in 5 programs offered a specialization in gerocounseling, and 31% reported coursework in gerontological issues (Myers et al., 1991). Stickle and Onedera noted a lack of current research addressing the nature of gerontological training of counseling students and how students are receiving this training through their required coursework. Foster & Kreider (2009) indicated that only two counselor education programs nationwide meet the criteria for the academic standards in gerocounseling through CACRE.

Training Models for Gerocounseling

The literature on gerocounseling suggests several reasons why gerocounseling training is relevant in a counselor's education. Several models of training have been identified as well as considerations of how such models can be incorporated within counselor-education programs. For the purpose of this dissertation, the following models are briefly outlined: (a) integration/infusion model which ensures that information relevant to counseling needs of older adults is included in all core counseling-preparation classes, (b) separate-course model where courses are developed and taught that specifically focus on issues related to older adults, (c) area-of-concentration model or cognate where several courses are taught in the counselor education department, and those courses focus only on issues of older adults, (d) interdisciplinary model

where graduate counseling students are exposed to information from different departmental or programmatic perspectives, and (e) a unique-training model that includes the infusion of gerontological issues into the general curriculum for students to specialize in gerontological mental health.

According to Stickle and Onedera (2006), the integration/infusion model ensures that information relevant to the counseling needs of older adults is included in all core counseling-preparation courses. With such a model, all students within the counseling program are provided with a basic knowledge and skill for working with older adults (Myers & Blake, 1986; Stickle & Onedera, 2006). One example of infusion into selected core areas of the CACREP curriculum is including information about gerocounseling in an introduction to counseling course (Stickle & Onedera, 2006). According to Foster and Kreider (2009), counselor education programs may already be using this strategy to infuse other content areas such as multiculturalism and ethical guidelines; therefore, infusing gerocounseling content could be done without additional expenses or faculty. Stickle and Onedera (2006) indicated that this model dates back to the late 1980s/early 1990s so there would be a need for extensive evaluation of how such a program would apply to present-day counselor education training programs.

According to Myers and Blake (1986), the separate-course model incorporates a course that is specifically focused on issues related to older adults. Separate courses may include the following: (a) assessment and intervention of counseling older adults, (b) the psychology of adult life and aging, and (c) counseling older adults. There are several disadvantages when separate courses are provided within the curriculum. Faculty expertise and interest may be lacking to provide an entire course related to gerocounseling (Stickle & Onedera, 2006). Space may not exist in the counseling curriculum to add an additional course related to specifically counseling

older adults (Myers & Blake, 1986). Moreover, a separate course may not meet the needs of all students involved, especially if the course is part of the core classes, rather than an elective course. In such cases, students in the class may be less inclined to attend to, and learn from, the materials presented in class (Zuccherro, 1998). Thus, counselor educators will need to also prepare a critical set of evaluation to assess the students to ensure that the teaching and learning is meeting the standards set by their higher education institution and as well as any outside accrediting body. Additionally, Stickle and Onedera (2006) indicated that further evaluation is needed of this model within counselor training programs throughout the United States that will address areas of concern such as student interest in the topic of gerocounseling.

The area-of-concentration model, or cognate, includes several courses taught in the counselor education department (Zuccherro, 1998). Such courses within the concentration might include: career counseling for older adults, counseling older adults, or theories and techniques of counseling older adults (Stickle & Onedera, 2006). In addition to the above mentioned courses, courses that allow for direct application of learning objectives in geriatric settings are typically integrated, meaning that the students, during their internship, are able to apply their learning objectives into their field experience (Stickle & Onedera, 2006; Zuccherro, 1998). This model differs from the separate course model in that this model allows for a cohort of students to focus on a specific group of courses that allows for a specialization in the area of gerocounseling within a certificate program. An example of this would be graduate counseling students who are enrolled in a community or school counseling program but enroll in a specific number of courses that focus upon gerocounseling, giving them an area of concentration within their degree program.

Gerontology is an interdisciplinary field (Hill & Edwards, 2004; Zuccherro, 1998). When students have the opportunity to be exposed to information from different departmental or programmatic perspectives, they are also able to see the client from these varying perspectives (Stickle & Onedero, 2006). The development of counseling skills within a diversity of classes also serves the student in achieving a deeper conceptualization of the issues involved in working with older adults (Hill & Edwards, 2004). One of the advantages of the interdisciplinary model is that it can also reduce the need for coursework in counselor-education departments. This can be achieved by requiring students specializing in gerontological counseling to take coursework in other departments within the university (Myers & Blake, 1986). This model makes a valid point for the use of the integration model discussed earlier in this chapter.

Stickle and Onedero (2006) described the unique-training model that included the infusion of gerontological issues into the general curriculum for students to specialize in gerontological mental health. Stickle and Onedero and Zuccherro (1998) described that components of the curriculum would include knowledge acquisition, behavioral practice of skills, and extracurricular experiences working with normal older adults. Students would have opportunities to take courses related to gerontology in multiple disciplines. Stickle and Onedero indicated that the practice of skills would occur within a required practicum and internship component as was also purposed by Zuccherro (1998). While none of these authors cited advantages or disadvantages to this program model, cost to the student could be prohibitive as these experiences could be in addition to the required field experience (internship), all of which is completed in a non-payment modality as required if the student's program is a CACREP program. According to Foster and Kreider (2009), the unique-training model is currently the most progressive curriculum model for counselor training programs.

Foster and Kreider (2009) proposed three types of academic or curriculum development models that provide greater academic freedom to counselor education faculty who wish to construct a gero-specialization specific in their program. The three academic or curriculum development models are briefly defined as follows:

1. The Integrated In-House Model which is an academic program that offers a gero-specialization within the program, providing all course-work and field experiences through that program and not utilizing other programs for assistance. The advantage of this model is that faculty would have the freedom to decide how much of another model (e.g., infusion, area-of-concentration, separate course) they would use within their curriculum for the gero-specialization.
2. The Out-of-House Model is defined as an academic program that may advertise a gero-specialization through the program but coursework and field experiences are completed through other academic programs. Using this method, counselor education faculty could present a gero-specialization opportunity through their department without having to construct additional coursework and fieldwork experiences. This method may be most useful to counseling faculty who wish to offer a gero-specialization but may not have the resources to teach additional coursework.
3. The third is the Combined Model and is defined as an academic program that uses both the integrated in-house and out-of-house models when offering a gero-specialization. Using the combined model, counselor education faculty would have the freedom to construct a gero-specialization using their own combination of in-house and out-of-house models. Specifically, counselor education faculty would use the integrated in-house model to teach or supervise gerocounseling coursework and

internships that are within their scope of practice. The out-of-house model begins where the integrated in-house model ends, providing training in areas of gerontology that may be beyond the scope of counselor education (pp. 183-184).

According to Stickle and Onedero (2006), regardless of the particular model followed, certain areas of information are essential for the preparation of counselors to work specifically with older adults. They further confirmed there are particular areas relevant to specialty training in gerontological counseling as were identified by Myers (1989). These areas include: normative experience of aging, older adults with impairments, needs and services for older adults, the population and special situations counseling of older adults, and ethics in gerontological counseling (Myers, 1989; Stickle & Onedero, 2006). Ponzo (1992) indicated that physical and mental health care must deliver opportunities for full functioning to almost the end of life. He further stated that coordinated efforts in research, clinical, and educational professionals must encompass the behavioral, social, and biological services as well as the efforts of poets, artists, politicians, and others so as to ensure a reduction the dependence on costly rehabilitative care and tertiary treatment that our society will not be able to afford. It appears that these authors support the interdisciplinary approach to gerontology that affords the gerocounselor-in-training to learn a holistic approach to the physical and mental health of older adults.

Counselors who plan to counsel older adults need training programs, and these programs need to provide a foundation for knowledge about aging adults and the issues that confront them (Stickle & Onedero, 2006). Training programs should provide students with a supportive climate in which they can evaluate their personal biases, increase their awareness, and develop appropriate counseling techniques, assessments, treatment plans, and intervention activities (Stickle & Onedera, 2006). Ponzo (1992) indicated that “The set of traditional beliefs and

behaviors that must be challenged and modified by counselors and clients in the pursuit of successful aging is called “age prejudice” or “ageism”: arbitrarily restricting one’s own or another’s behavior because of age” (p. 211). While some of the challenges facing the baby boomers are similar to younger people, the baby boomer generation will continue to change the shape and scope of the three main issues of work, finances, and health (Maples & Abney, 2006).

Given these challenges, it stands to reason that helping professionals such as counselors need to have the skill sets needed in assisting an aging population, specifically the baby boomers, in coping with these life transitions. However, Ponzo (1992) indicated that this work with an aging population must begin before old age and suggests that the 50s might be the key decade but also indicated that people in their 30s and 40s are also concerned about getting older and would be receptive to assistance with the process. Counselors can play a key role in promoting successful aging as a lifetime process (Ponzo, 1992).

Summary

Given the need for gerocounseling as a specialty area and that counseling aging adults presents different challenges for the counselor, it is then concerning that leaders in counselor education programs are not doing more to endorse academic standards and supportive of certification in gerocounseling (Foster & Kreider, 2009). The growing population of older adults will likely require additional trained counselors who understand the issues of aging in the 21st century. Interest in working with aging adults is something that can be fostered within different arenas, and perhaps one of the most important of these is within the classroom at our universities and colleges. Growing old for the baby boomers in the 21st century is not the same experience of previous generations. There are considerable intergenerational challenges that exist (i.e., grandparenting, parenting grandchildren, building relationships between adult children and aging

parents, caring for aging parents, remarriages that occur in later life). Merrill Lynch (2005) surveyed people between the ages of 40 and 59. Seventy-six percent said they planned to retire when they were about 64—and then start an entirely new career. The survey also found that men and women in their 70s and 80s race in almost every type of marathon. Seniors teach and take classes, travel, and just seem to live fuller lives than ever before. If 60 is the new 40, it is, therefore, imperative that mental health professionals, including counselors, are trained to accommodate the changing needs of the aging adult. Malonebeach and Langeland (2011) reported that baby boomers are defining aging differently than previous generations. Because of this new definition of aging baby boomers need for services will also be different than the previous generations. Not only are the baby boomers redefining work and retirement, they are also redefining the family structure, civic engagement, health and well-being, caregiving of their elderly parents as well as caregiving children/grandchildren, and leisure activities.

Choi and Smith (2004) found that despite increasing numbers of people over 60, participation in senior centers is decreasing. Therefore, aging services will need revision to meet the needs of the boomers as they age. These revisions must include mental health services as well as physical health and well being. It is imperative that our counselor education programs embrace the needs of an aging population and impress the importance of how these needs are often different from those of the younger client.

CHAPTER 3: GRADUATE COUNSELING STUDENTS' INTEREST IN GEROCOUNSELING

Abstract

Recent trends indicate that counselor education programs have moved away from gerocounseling as an academic track as well as eliminated units on aging that have traditionally been embedded within courses. The purpose of this study was to assess willingness of graduate counselor education students to participate in gerocounseling training and to identify specific gerocounseling topics that the students would most be interested. Forty-four counselor education programs were contacted in the North Central Region of the Association of Counselor and Education Supervision (North Central ACES) and 211 students responded to an electronic questionnaire. A descriptive analysis was completed between this study and one completed by Foster, Kreider, and Waugh in 2009. The results from both studies showed that graduate counseling students were interested in working with older clients but in limited settings. They reported interest in specific areas of counseling older clients such as retirement counseling, grief counseling, family counseling with aging parents, and counseling caregivers of older adults. They reported an interest in taking additional coursework in gerocounseling but no interest in delaying graduation to take these courses. In both studies, students reported a willingness to engage in some additional gerocounseling training. If counselors are to meet the needs of a growing older population, more attention must be given to training counselors to meet the unique needs of this population.

Keywords: Gerocounseling, counseling student, counselor education, gerontology

Introduction

Literature Review

Counselors of older adults are, first and foremost, counselors. All counselors must have basic counseling and communication skills, knowledge of theories and techniques of counseling, familiarity with vocational development theories, methods of assessment, and group counseling strategies, regardless of who they have as clients.

Counseling may be defined as the process through which a trained counselor helps an individual or group to make responsible decisions concerning personal, educational, social, or vocational development (Myers & Harper, 2004). This definition makes the important point that counseling is a process involving a relationship, one or more decisions on the part of the client, and positive action that can result in the client's further development. Maples and Abney (2006) defined gerocounseling as helping older clients to overcome loss, to age successfully, to deal with family issues, retirement or start a new career, as well as embrace the concept that living is limited in quantity but not quality. Considering older adults as possible clients opens a new area of opportunity for helping professionals as well as an added responsibility to be prepared for the needs of these older adults that may differ from other age groups.

The number of older adults is increasing rapidly. According to the United States Census Bureau (2011), there were 40.3 million people who were 65 years and older. This is an increase of 5.3 million over Census 2000, when this population was 35.0 million. The percentage of the population 65 years and over increased from 12.4% in 2000 to 13% in 2010.

As the number of older adults continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent (Maples & Abney, 2006). In the mid-1970s, increasing attention was paid to the counseling needs of adults and

older adults. However, according to Foster et al. (2009), a more recent trend has been to eliminate stand-alone gerocounseling courses in many counselor preparation programs or shift those courses to the elective curriculum. Some counselor educators believe the problem has recently been compounded because the Council for Accreditation of Counseling and Related Educational Programs (CACREP) eliminated the gerocounseling track from its accreditation process (Foster et al., 2009). Others believe this action has opened the door for more academic freedom in the pursuit of training highly skilled gerocounselors and in the establishment of more rigorous standards (Foster et al., 2009). According to Foster et al. (2009), very little research had been conducted with graduate counseling students to determine what, if any, their interest is in gerocounseling and whether they would take additional coursework to gain additional knowledge on counseling older adults. Therefore, the purpose of this study was to replicate the study by Foster et al. (2009) for the purpose of assessing whether graduate counseling students surveyed in a different region of the United States had similar or different attitudes towards working with older clients and whether the results from the two studies indicated any similarities or differences that may indicate a need for a change of direction in graduate counselor education programs.

Counseling Older Adults

Older individuals share many characteristics in common with persons of other ages as well as unique characteristics as a result of their longer lives, developmental tasks, and the situational challenges of later life (Brendel, Devaney, & Vacc, 2003). Counselors increasingly will encounter older adults as clients, or families in which older adults play significant roles such as caring for aging parents, child care providers for grandchildren, and/or have the major responsibility of raising grandchildren (Orel, Landry-Meyer, & Spence, 2007). Thus, it is

imperative that all counselors are familiar with the concerns of later life and strategies for helping older persons (Stickle & Onedera, 2006).

The Aging Network, an organization that includes the United States Administration on Aging, the National Association of Area Agencies on Aging, and state agencies on aging, focuses its efforts more toward the physical well-being of older adults and less toward their emotional and psychological health (Brendel et al., 2003). Selected demographics, however, share characteristics that result in stress and significant needs for coping strategies. These characteristics include, but are not limited to, race, gender, marital status, educational status, financial issues, employment, and health. It cannot be assumed that all older adults have developed the coping skills necessary to lead an active and productive life as they age. Therefore, there is a need for qualified counselors and hence, counselor education programs to focus on the emotional and psychological issues of older adults, which may, in fact, differ from those of younger people.

Statement of the Research Problem

The focus of the survey by Foster et al. (2009) was to determine if graduate counseling students had an interest in working with an aging population, what their level of understanding was of an aging population, and if they had an interest in developing professional preparedness to meet the demands of this population. Foster et al. identified five areas related to gerocounseling. They are the following:

- The extent of interest of graduate counseling students in the topic areas for older adults.
- The extent of graduate counseling students' interest in working with older clients in selected living environments (e.g., assisted living, nursing homes, hospitals).

- The extent of preparation the graduate counseling students felt that they had received in their counselor training programs for work with older adults.
- The extent of the graduate counseling students' willingness to seek gerontological training beyond what was already required in their counselor education training programs.
- The extent of importance that graduate counseling students placed on being knowledgeable of the issues specific to older adults.

Hypothesis

Based upon the Foster et al. (2009) research, the hypothesis of this study is that there will be few differences between that research and the current study. Given that CACREP changed its standards in 2008 by eliminating gerocounseling as a track, there appeared to be a disconnect between what the counseling program accreditation association initiated and what counseling researchers found to be of importance for the mental health and well-being of an aging population. Therefore, the question of importance became who will provide these services for an aging population if graduate counseling students were not trained in gerocounseling or did not have gerocounseling curriculum imbedded in required coursework for graduation.

Methods and Procedures

Procedure

Upon receiving permission from the Institutional Review Board (IRB) at North Dakota State University (see Appendix A), 44 graduate counselor education programs in the Association for Counselor Education and Supervision (ACES) in the North Central Region. None of these institutions were included in the research done by Foster et al. (2009) that focused on institutions in the Southern Region of ACES. The researcher contacted the department chair of the counselor

education programs via email with an introduction and the link to the questionnaire on Survey Monkey. These department chairs were asked to forward this information to their graduate counseling students, approximately 50 students per CACREP Counselor Education Program, including the consent letter explaining the purpose and voluntary nature of the study. Students were asked to complete and submit the questionnaire within two weeks. After two weeks, a reminder email was sent to the department chairs of each graduate counselor education program. Two hundred and eleven graduate counseling students submitted the questionnaire. One department chair refused to send the link to his students.

Instrumentation

To maintain research integrity, the survey developed by Foster et al. (2009) was used for this research. The questionnaire was created based upon the recommendations by Dillman (2000). A two-part questionnaire (see Appendix B) included content areas related to gerocounseling and demographic characteristics. Eight questions made up the first part of the questionnaire. Using a 5-point Likert-type scale, five questions asked students about (a) their interest level in five gerocounseling topics, (b) their interests in gerocounseling work environments, (c) how prepared they felt to work with older adults, (d) their willingness to seek additional training, and (e) how important they thought it was for counselors who work exclusively with older clients to possess a specialization in gerocounseling. Questions 6 through 8 inquired if students thought a gerocounseling specialization was needed for counselors working exclusively with older adults, whether or not they would complete a gerocounseling specialization if offered, and how many elective classes they would be willing to complete for this specialization. Demographic information requested included students' age, ethnicity, program level (i.e., masters, doctoral, or other), type of program (e.g., mental health, school),

program accreditation status (CACREP vs. non-CACREP), and number of completed credit hours. The questionnaire took 10-12 minutes to complete.

Participants

Participants for the study in 2011 ($N = 211$) were current graduate-level students engaged in counseling or counselor education programs. Responses from students enrolled in clinical psychology and counseling psychology programs were not used for either study. The mean age of the respondents was 27. Specifically, 87 were between the ages of 20-30, 30 were between ages 31-38, and 44 were over 39 years. Fifty participants did not respond (NR*) (Figure 3.1). Participants did not respond to all the questions including the demographic questions, therefore, the response rate differs for each question.

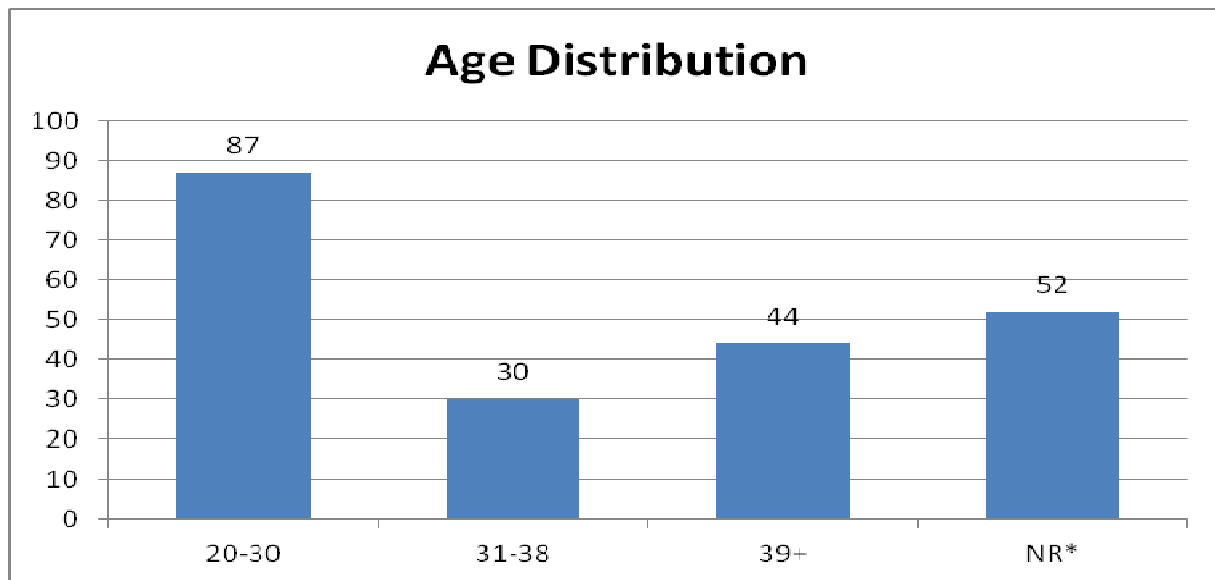


Figure 3.1. Age Distribution

Of the participants who responded, 145 were female and 14 were male. Fifty-two participants did not respond (Figure 3.2).

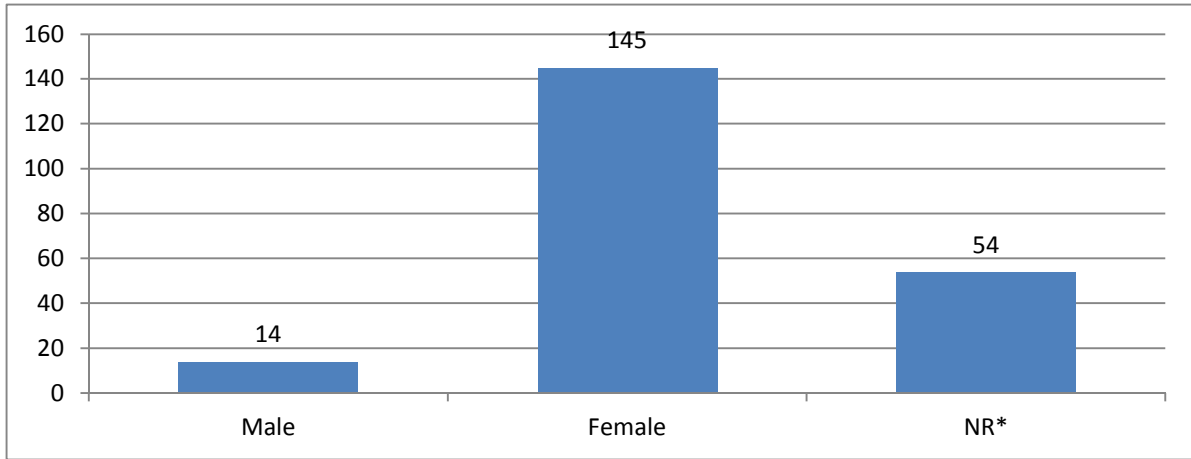


Figure 3.2. Gender

Regarding ethnicity, 143 students were white, nine were African American, two were Asian American, one was Hispanic American, one was Pacific Islander, and two checked other. Fifty-three participants did not respond (Figure 3.3).

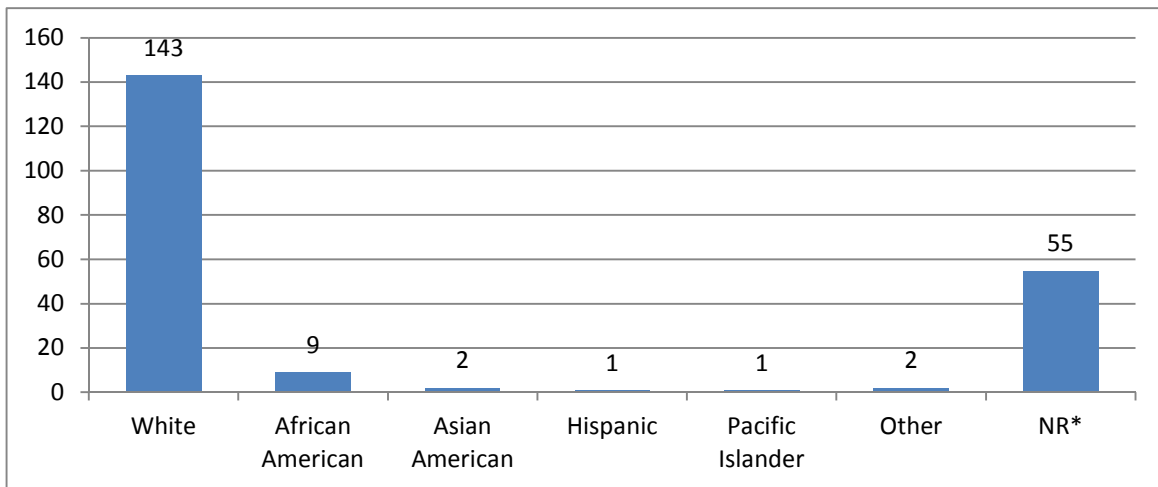


Figure 3.3. Ethnicity

Program level was measured using the three levels of master's, doctoral, or other. Of the students who responded, 142 identified themselves at the master's level, 15 identified themselves at the doctoral level, and two reported "other." Fifty-two participants did not respond (Figure 3.4).

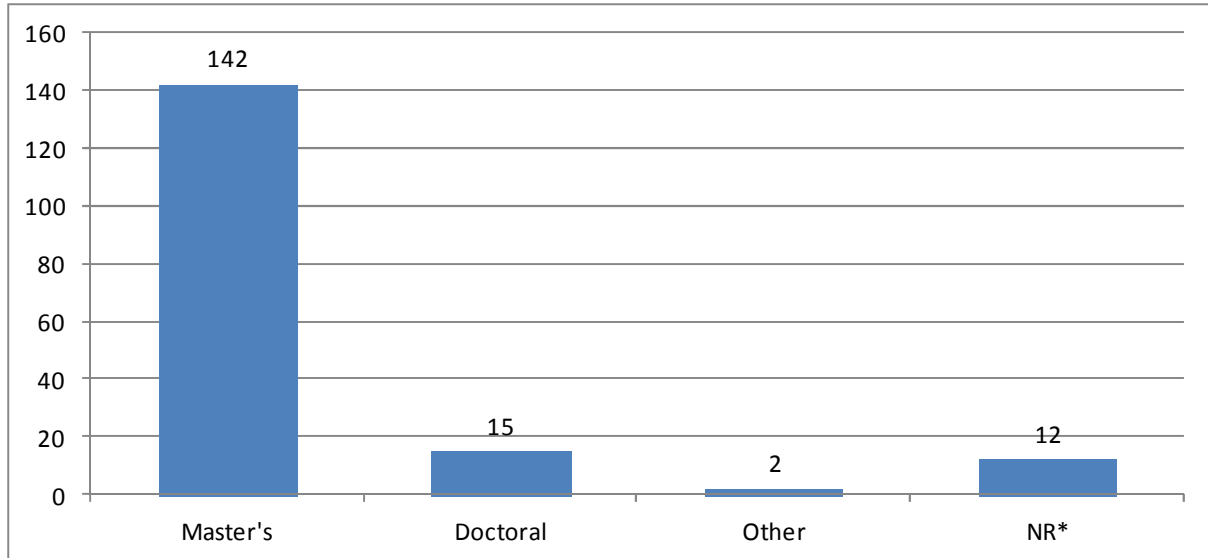


Figure 3.4. Current Program of Education

Students were also asked about the type of counseling program in which they were enrolled. Fifty-three were enrolled in community counseling and 50 in school counseling programs. The remaining students were enrolled in a variety of programs including counselor education and supervision programs, mental health programs, a marriage and family program, a rehabilitation program, a career counseling program, or did not respond to the question.

When asked if their counseling program was CACREP accredited, 92 students responded *yes*, 47 responded *no*, and 20 were not sure. Fifty-two participants did not respond (Figure 3.5).

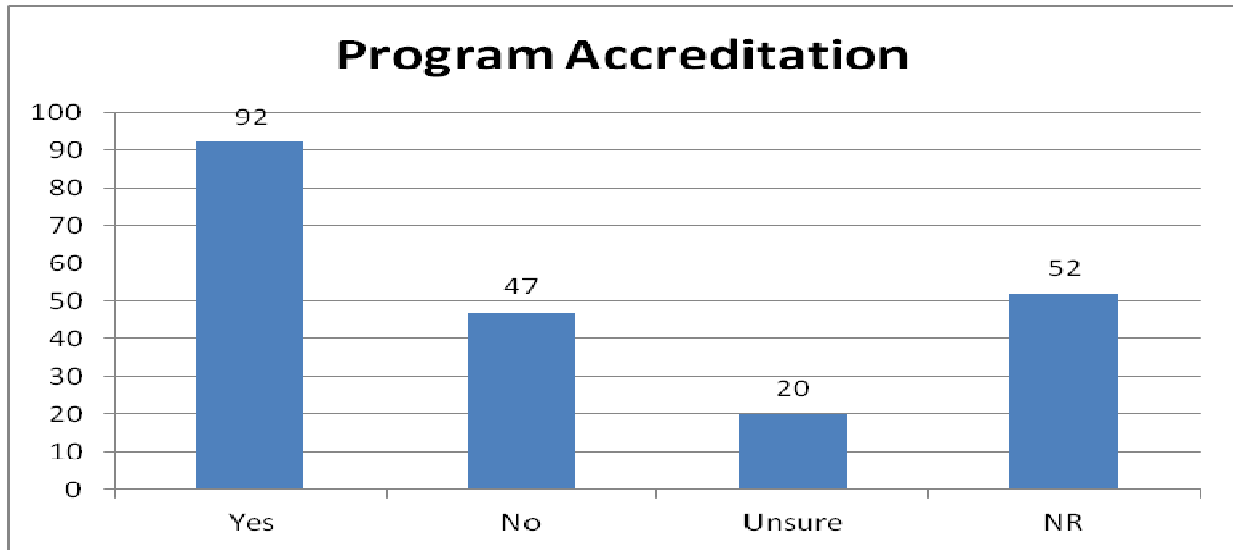


Figure 3.5. Program Accreditation

Last, students were asked how many credits they had completed. Sixty-one students indicated they had completed 1-18 credits, 40 had completed 19-38 credits, and 58 had completed 39 credits or more. Fifty-two participants did not respond (Figure 3.6).

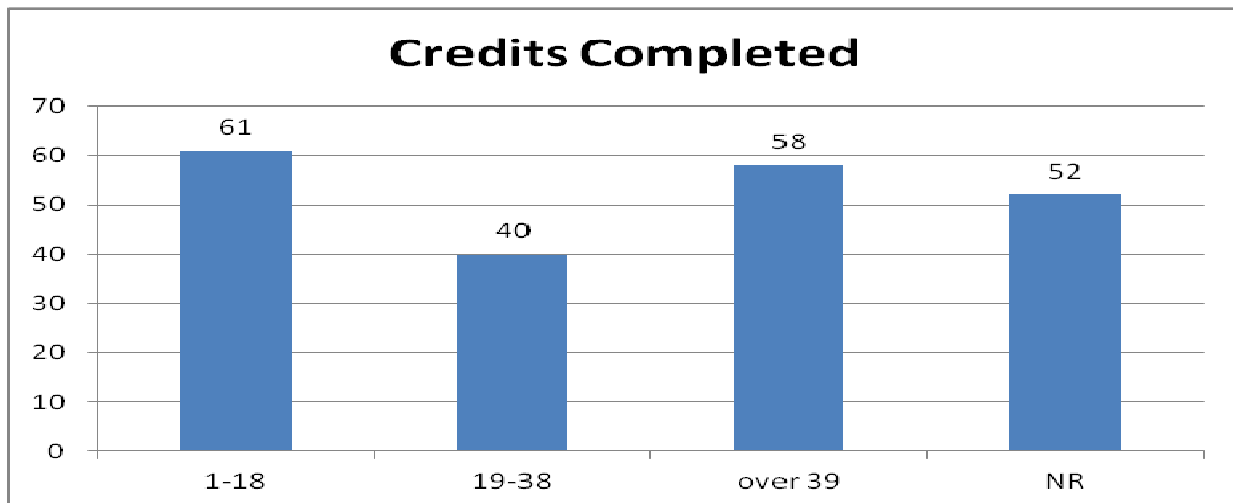


Figure 3.6. Credits Completed

Participants completed Part One of the questionnaire but did not necessarily complete the demographic questions in Part Two of the questionnaire.

Analysis

As with Foster et al. (2009), descriptive statistics was used to answer the research question. Specifically, frequency data was used to show students responses for each item on the survey. Data from the current study and Foster et al. was analyzed using Mini-tab 16 (State College, PA). Fisher's exact test was used to determine the significance between Foster et al. and the current study. As with the Foster et al. research, results for the items under the five content areas (interest in gerocounseling topic areas, interest in gerocounseling work environments, feelings of preparation to work with older adults, willingness to seek additional training, and the importance for counselors who work exclusively with older adults to possess a specialized knowledge about gerocounseling) are provided below. Statistical significance was established a priori at $\alpha = 0.05$.

In order to test if there is a significant difference between the response frequencies reported in Foster et al. (2009) and the current research, two proportion tests were used.

Results

The research results by Foster et al. (2009) and the current study found that counseling students had an interest in gerocounseling topic areas. Foster et al. indicated that 70% of counseling students were very or somewhat interested in grief counseling compared to 69% in the current study. Retirement counseling was 43% compared to 44%, family counseling with aging parents and older children was 55% compared to 67%, and counseling caregivers of older adults was 55% compared 63%. No statistically significant differences between Foster et al. and the current study were found as indicated in Table 3.1.

Table 3.1.

Distribution of Graduate Counseling Student Interest in Gerocounseling Topics (in percentages)

Interest Level	Very Interested			Somewhat Interested			Not Sure			Somewhat Disinterested			Very Disinterested		
	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p
Grief Counseling (**n=197)	26	29	0.53	44	42	0.61	11	8	0.37	13	16	0.37	6	5	0.84
Retirement Counseling (**n=196)	10	10	0.75	33	33	0.96	20	14	0.05	28	29	0.74	9	13	0.11
Family Counseling with Aging Parents (**n=196)	23	23	0.97	41	44	0.63	15	12	0.29	16	16	0.76	5	5	0.73
Counseling Caregivers of Older Adults (**n=207)	18	21	0.41	37	42	0.22	18	16	0.43	19	14	0.15	8	7	0.81

Note: Foster N = 385, Nielsen N = **Numbers based upon Nielsen’s study only *Indicates significant difference, $p < .05$.

When counseling students were asked about their interests in working in geriatric work environments, Foster et al. (2009) and the current study found that many of the counseling students reported a higher level of disinterest in the environments that may treat older adults with severe illness. As seen in Table 3.2, Foster et al. found that 47% of the counseling students reported being very or somewhat disinterested in working in hospice care while the current study had 38% of the counseling students interested in hospice care. A geriatric unit of a hospital was 54% in the Foster et al. study compared to 53% in the current study, and a nursing home facility was 60% in the Foster et al. study compared to 29% in the current study. Counseling students in both surveys showed a higher interest in other work settings for older adults. Counseling students were very or somewhat interested in private practice (43% in the Foster et al. study compared to 49% in the current study) and community agency settings (45% in the Foster et al. study compared to 39% in the current study) distinctively for older adults. In comparing Foster et al. with the current study, there was only one response category within the Hospital Geriatric Unit

that showed a statistically significant difference as seen in Table 3.2. It should be noted given the number of separate statistical tests that have been completed, it is possible this difference represents a type I error.

Table 3.2.

Distribution of Graduate Counseling Student Interest in Gerocounseling Work Environments (in percentages)

Interest Level	Very Interested			Somewhat Interested			Not Sure			Somewhat Disinterested			Very Disinterested		
	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p
Hospice Care (**n=178)	13	15	0.56	26	23	0.56	14	14	0.92	19	24	0.15	28	24	0.33
Hospital Geriatric Unit (**n=179)	7	3	0.02*	22	24	0.58	16	18	0.31	28	28	0.88	27	27	0.87
Nursing Home (**n=183)	6	4	0.31	19	25	0.12	16	20	0.17	30	23	0.11	29	28	0.68
Private Practice (**n=179)	10	10	0.87	33	40	0.15	18	12	0.08	23	20	0.53	16	18	0.46
Community Agency (**n=178)	10	16	0.06	35	32	0.41	16	17	0.55	23	16	0.08	16	18	0.55

Note: Foster N = 383, Nielsen N = **Numbers based upon Nielsen's study only *Indicates significant difference, $p < .05$.

When counseling students were asked how prepared they felt to work with older adults, a higher percentage reported feeling very or somewhat prepared in areas more reported to their counselor training. Foster et al. (2009) found 42% of the counseling students reported feeling very or somewhat prepared to provide assessments as compared to 59% in the current study completed in 2011. In the area of counseling services, 50% of the counseling students in the Foster, et al. research indicated they felt very prepared or somewhat prepared compared to 77% in the current study. The counseling students' scores were lower in the more specialty areas of gerocounseling; results suggested counseling students felt very or somewhat unprepared to counsel the older client in health-related issues (52% compared to 58%), provide grief counseling (55% compared to 64%), and retirement counseling (68% compared to 38%). In all

six areas, the respondents indicated overall increases in preparation to work with older adults in this study compared to Foster, et al. (2009). Refer to Table 3.3 for a detailed description of the results.

Table 3.3.

Distribution of Graduate Counseling Student Feelings of Preparation to Work with Older Adults (in percentages)

Percentage	Very Prepared			Somewhat Prepared			Not Sure			Somewhat Unprepared			Very Unprepared		
	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p
Assessment Procedures (**n=162)	6	16	0.00*	36	43	0.11	17	16	0.82	19	17	0.55	22	8	0.00*
Counseling Strategies (**n=170)	7	33	0.00*	43	44	0.92	16	8	0.00*	18	8	0.00*	16	7	0.00*
Health Issues (**n=159)	2	12	0.00*	28	47	0.00*	17	16	0.98	29	15	0.00*	24	10	0.00*
Grief Counseling (**n=162)	4	20	0.00*	35	44	0.07	16	15	0.89	28	11	0.00*	17	9.6	0.03*
Community Services (**n=161)	8	23	0.00*	41	35	0.13	14	16	0.3	21	20	0.67	16	6	0.00*
Retirement Counseling (**n=167)	1	7	0.00*	14	32	*0.00	17	17	0.76	33	27	0.08	35	17	0.00*

Note: Foster N = 384, Nielsen N = **Numbers based upon Nielsen's study only *Indicates significant difference, $p < .05$.

Graduate counseling students were asked about their willingness to seek additional training in gerocounseling. Foster et al. (2009) and this researcher found a considerable number of students reported a strong willingness to engage in some form of training. Counseling students reported they were very or somewhat willing to engage in activities such as coursework (61% compared to 58%), workshops (71% compared to 70%), self-study (50% compared to 53%), conferences (66% compared to 62%), and clinical supervision (64% compared to 61%). No statistically significant differences between Foster et al. (2009) and the current study were found as indicated in Table 3.4.

Table 3.4.

Distribution of Graduate Counseling Student Willingness to Engage in Additional Training (in percentages)

Percentage	Very Willing			Somewhat Willing			Not Sure			Somewhat Unwilling			Very Unwilling		
	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p
Coursework (**n=160)	23	19	0.34	39	39	0.7	12	12	0.87	17	19	0.62	9	9	0.96
Workshops (**n=161)	24	28	0.16	46	41	0.23	10	11	0.52	13	11	0.45	7	8	0.77
Self-Study (**n=160)	14	17	0.37	36	35	0.94	21	17	0.36	18	17	0.89	11	12	0.75
Conferences (**n=161)	23	21	0.64	43	41	0.77	11	11	0.93	15	15	0.84	8	11	0.32
Supervision (**n=160)	26	16	0.02	38	44	0.19	18	17	0.75	10	11	0.64	8	11	0.31

Note: Foster N = 384, Nielsen N = **Numbers based upon Nielsen's study only * Indicates significant difference, $p < .05$.

As in the Foster et al. (2009) study, counseling students were asked whether they thought it was important for counselors who work exclusively with older adults to possess a specialized knowledge about gerocounseling. Many counseling students thought it was very or somewhat important for counselors who work with older adults to have this specialized knowledge. In both studies, the counseling students reported they thought it was important to know about specific assessment procedures (88% for Foster et. al compared to 79% in the current study), gerocounseling strategies (93% compared to 81%), grief counseling (94% compared to 88%), retirement counseling (86% compared to 72%), health in regards to aging (91% compared to 76%), culture in regards to aging (90% compared to 87%), and hospice care (84% compared to 65%) when working with this population. In all seven areas, the respondents indicated overall decreases in thoughts of importance to possess specialized knowledge in this study compared to Foster et al. (2009). Refer to Table 3.5 for a detailed description of the data.

Table 3.5.

Distribution of Graduate Counseling Student Thoughts of Importance to Possess Specialized Knowledge in the Specific Areas when Working with Older Adults (in percentages)

Percentage	Very Important			Somewhat Important			Not Sure			Somewhat Unimportant			Very Unimportant		
	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p	Foster	Nielsen	p
Specific Assessments (**n=155)	57	42	0.00*	31	37	0.15	6	8	0.47	4	9	*0.04	2	4	0.22
Specific Counseling Strategies (**n=155)	71	50	0.00*	22	32	0.01*	3	9	0.02*	2	5	0.07	2	5	0.13
Grief Counseling (**n=151)	78	55	0.00*	16	33	0.00*	3	3	0.89	1	5	0.01*	2	4	0.07
Retirement Counseling (**n=153)	54	34	0.00*	33	38	0.22	8	11	0.25	3	13	0.00*	2	4	0.13
Health Issues in relation to Aging (**n=151)	65	45	0.00*	27	31	0.19	4	11	0.01*	2	9	0.00*	2	4	0.12
Cultural Issues in Relation to Aging (**n=155)	67	49	0.00*	24	38	0.00*	4	4	0.98	3	6	0.15	2	3	0.37
Hospice Care (**n=152)	51	32	0.00*	33	34	0.91	10	12	0.39	4	12	0.00*	2	11	0.00*

Note: Foster N = 385, Nielsen N = **Numbers based upon Nielsen's study only *Indicates significant difference, $p < .05$.

Further, when counseling students were asked if specialized training gerocounseling is needed for counselors who want to work exclusively with older adults, 96% of them in the Foster et al. (2009) survey indicated *yes* compared to 94% in the current study. When counseling students were asked if they were willing to complete a specialization in gerocounseling, provided their program offered one, 40% of the counseling students in the Foster et al. survey responded *yes* compared to 64% in the current study. Counseling students willing to complete this specialization were then asked how many classes they were willing to take beyond the minimum coursework required by their program. Results from the Foster et al. study indicated that 26% students were willing to take one to two classes while in the current study found this to be 21%.

Fourteen percent of the counseling students in Foster et al. compared to 15% in the current study would take three to four classes, 2.3% of the counseling students in both studies would take five to six courses, and 1% compared to 1.4% of the counseling students would not take any additional coursework. The percentage of respondents indicating a willingness to take one to two additional courses was smaller in the current study, by a statistically significant amount, compared to the Foster et al. In the Foster et al. study, 60.3% of the counseling students did not complete this section of the survey compared to 70% of the counseling students in the current study.

Table 3.6.

Graduate Counseling Students' Interest in Taking Additional Coursework to Complete a Gerocounseling Specialization (in percentages)

Percentage	Foster et al., 2009 Percent	Nielson Percent	p
1-2 Additional Classes	22.7	15.5	0.03*
3-4 Additional Classes	14.1	10.8	0.26
5-6 Additional Classes	2.3	2.3	0.98
No Additional Classes	1.0	1.4	0.69
Did Not Respond	60.3	70.0	0.00*

Note: Foster N = 383, Nielsen N = 211. *Indicates significant difference, $p < .05$.

Discussion

Comparing Foster et al. (2009) with the current study, both represent cohorts of graduate counseling students and their interests in gerocounseling. Within both counseling student samples, the students had a substantial interest in gerocounseling topic areas related to grief counseling, retirement counseling, family counseling with aging parents, and counseling caregivers of older adults. Many counseling students in the Foster et al. study reported not feeling prepared to work with older adults, specifically in the areas of grief counseling, retirement counseling, and health-related issues. In the current study, most counseling students felt prepared to meet these needs of their clients. These results are based upon the respondents'

perceptions so they may not be accurate. However, it could also indicate that they feel prepared due to the infusion of aging information into their current counselor education program. In both studies, students reported a willingness to engage in some additional gerocounseling training such as additional coursework, conferences, workshops, self-study, and supervision.

According to Maples and Abney (2006), counselors have begun to counsel older clients and are finding that some of the techniques they use may be different from counseling with any other population. Being cognizant of all life stages and respectful of older adults' previous life experiences is a must for all counselors to be effective in his or her counseling practice. Foster et al. (2009) indicated that it was uncertain whether professional counselors would be prepared to guide an aging population due to the lack of gerocounseling training programs within counselor education. Meyers and Harper (2004) indicated that common life experiences and transitions in later life often create specific needs for assistance. They identified these transitions as including coping with loss (e.g., death of spouse or friends, loss of health or disability), adjusting to retirement and reduced income, becoming a grandparent, having second careers, and creating satisfying leisure lifestyles.

Vaillant (2003) quoted Henri Amiel with "To know how to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living" (p. 3). According to Vaillant, Amiel wrote this statement in 1874, more than a century ago and yet, as more of us are destined to live into our 80s and beyond, Amiel's challenge becomes more pressing than ever. We need to decide from whom that knowledge will be gained. Do we depend on vigorous and generative older people to tell us their stories, the road they traveled, and then model their lives? Do we admire people such as the Frenchwoman Jeanne Louise Calment, who went on smoking French cigarettes until she was 122-years-old? We may imagine there must be something in their

lives that we are unable to grasp but what is it? How do we define it when reviewing the research that indicates smoking, excessive drinking and eating can lead to an untimely death? How do we address and cope with stressors such as having enough money to live comfortably in old age, changing family structure, and retirement versus working well beyond the current retirement age of 70 years? How are these questions answered? Who can help us answer them? Who do we trust to assist us with living a life that is satisfying—where we can learn how to age well and successfully? Answering these questions implies the need for further research as to the need for counselors to be specifically trained to counsel an aging population whose issues do differ from younger generations. The respondents in the current study indicated a willingness to take additional coursework as well as attend workshops and conferences that would prepare them to counsel an aging population. However, it is not clear that graduate counseling students are currently well prepared for this role. Their responses indicate that they think they are prepared but these students have yet to do their internships that may be the true test to their preparation to counsel aging adults. Counselor education programs need to respond to this interest in gerocounseling and offer courses that will prepare graduate counseling students to professionally address the mental health issues of the aging client, as well as offer these students internships and field experiences that will complement their classroom preparation.

The big question is whether there is a disconnect between the expressed interest in gerocounseling by graduate counseling students and counselor education programs' willingness to provide the necessary skill set development for these students.

Limitations

One limitation of the current study and the Foster, et.al (2009) study was that the only specialty that was examined was gerocounseling. Neither study examined student interest in

other specialty areas such as play therapy, sex therapy, and administration. As with the Foster et al. (2009) research, the current study was limited to responses of students who were currently enrolled in counseling programs. The current study used an electronic questionnaire for delivery to graduate counseling students through the graduate program director versus the personal contact by Foster et al. The earlier researchers visited each campus and the classrooms of the graduate counseling students surveyed. This personal contact presented Foster et al. with a controlled setting which, most likely, had a positive effect on the students' completion of most or all of the questionnaire questions. However, by using the online Survey Monkey, it provided the opportunity for a much larger sampling frame. Participants completed Part One of the questionnaire but did not necessarily complete the demographic questions in Part Two. This was a limitation not relevant to the Foster et al. (2009) questionnaire since their questionnaire had been completed face-to-face. Another limitation was allowing participants to continue the survey while not responding to all questions. However, Foster et al. had a similar limitation even though they had their questionnaire completed face-to-face with students.

Conclusion

While graduate counseling students in the Foster et al. (2009) and the current study reported a substantial interest in gerocounseling topic areas, feelings of preparedness were higher among the students surveyed in 2011 compared to the 2009 study. Given this difference, it may be assumed that some counseling programs are promoting gerocounseling courses or at the very least including units on counseling older adults within their other courses. However, there is a greater likelihood that counseling programs are not doing much to promote the differences between counseling younger clients and clients who are within the baby boomer generation and older. Therefore, counseling students may be graduating from their programs with a false sense

of security regarding their preparation and skill set in working with older adults. Given the results of the Foster et al. survey and the current survey, it can be assumed if counseling faculty offer a gerocounseling specialization within their program, students will enroll and, therefore, receive the skill sets that they need to provide the level of mental health services that aging adults deserve and will demand.

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CHAPTER 4: GRADUATE COUNSELING STUDENTS INTEREST IN SPECIALIZING IN RETIREMENT COUNSELING FOR OLDER CLIENTS

Abstract

Recent trends indicate that counselor education programs have moved away from gerocounseling as an academic track, as well as eliminating units on aging, that have traditionally been embedded within courses. The purpose of this study was to assess graduate counselor education students' willingness to participate in gerocounseling training and to identify a specific gerocounseling topic that the students would most be interested. Forty-four counselor education programs were contacted in the North Central Region of the Association of Counselor and Education Supervision (North Central ACES) and 211 graduate counseling students responded to an electronic survey. The results of this study indicated graduate counseling students were interested in working with older clients and that they had an interest in the specific area of retirement counseling. Because of the graduate counseling student interest in aging issues, specifically retirement counseling, counseling training programs should increase the availability of courses that improve graduate counseling students' expertise in that area.

Keywords: Gerocounseling, counseling students, counselor education, gerontology

Introduction

The 19th century became known as the century of old age, or the Age of Aging (Butler & Gleason, 1985). They further stated that it is the first century where individuals can be expected to “live out” what we think of as the “life course” and where any child can expect to live to old age. Given this perspective, it is not surprising that theorists began to redefine the various segments of life. Bortz (1991) suggested that the various segments of life be changed as follows: Youth, 0-40; Middle Age, 40-80; Old Age, 80-120. The life course can no longer be viewed as

linear, but rather each segment should be viewed as cyclical (Dychtwald, 1999). For example, instead of having only one career, an individual now can anticipate several careers with multiple educational experiences, several retirements, multigenerational and blended families, and increased mobility (living in several geographical locations instead of one).

As members of a contemporary urban society, we tend to understand and accept that chronological age marks the transition from one stage of life to another (Cole, 1992). He used such examples as children beginning school at age five, young people go to work or college around 18, and old people retiring between 60 and 65 to support his theory that chronological aging is a concept that we not only understand but one that we adhere to without further reflection or critical thought. Changing paradigms such as the baby boomers' view of retirement currently challenges Cole's assumption.

The baby boomer generation is comprised of people born between 1946 and 1964. This group has been of interest to gerontologists because it is the largest generation sandwiched between two smaller generations (Winston & Barnes, 2007). The baby boomers are not considered a cohesive group. Moreover, they have been dubbed the generation most focused on themselves and opposed to traditions set by previous generations (Winston & Barnes, 2007). Maple and Abney (2006) indicated that more current research supports the following:

- Between 70% to 75% of baby boomers enjoy their work and only 15% reported that they would quit entirely if they could.
- Members of households with incomes that exceed \$70,000 had more plans for working into their 70s than did members of households with incomes less than \$30,000.

- Reasons given most frequently for working a longer time included enjoyment of work, need for money, security, feeling useful, and health insurance coverage.
- Although 80% of the younger baby boomers (ages 38 to 48) indicated that they were concerned about the amount of their savings, they also indicated a confidence in their abilities to set reasonable financial goals and obtain them.
- Approximately 75% of baby boomers hope to pursue hobbies or other interests when they do finally retire, unlike members of earlier generations who did not have specific plans.

While the Maples and Abney (2006) research may have been accurate, it may be in question currently given the recession that had its beginning in 2008. Accordingly, baby boomers may not have as many options as they had prior to 2008. Many of them may be working several more years out of necessity due to losses in their retirement pensions and the uncertainty of social security benefits that many of them depended on to augment their pensions.

For some people the word “retirement” can promote visions of job loss, reduced income, and idle time. However, for others, it means new opportunities for focusing on activities that were not possible during employment years, more family time, and for some the vision of a new business or second career (Krepcio, 2007). Signs of impending changes in commonly held views of retirement can be found in the current trends of baby boomers who are moving away from the retirement experience of their parents and are embarking on a new course that may or may not include such things as living in retirement communities, volunteering in community and/or religious organizations, and joining fraternal organizations (Einolf, 2009).

As people reach their 50th birthdays, they are no longer considering themselves as turning the corner into old age, but rather are doing a personal reinvention (Dychtwald & Kadlec,

2009). They are beginning new careers, making changes to their lifestyles, and challenging their minds in educational pursuits. Given all these changes by a generation of people who have relied on support services, such as personal counseling, to guide them through a life course that is far from over, it does not seem logical to dismiss their needs as they transition into another life stage that has not been explored or even relevant to previous generations. Hence, the necessity for informed and trained counselors who recognize the baby boomer generation is not only going to seek out support services for these transitional life experiences but will, in fact, demand that their desire for these services be met.

Statement of the Research Problem

Given that CACREP changed its standards in 2008 by eliminating gerocounseling as a counseling track and research indicating a substantive need for counselors to be trained in working with older clients, there appeared to be a disconnect between what the counseling program accreditation association initiated and what counseling researchers found to be of importance for the mental health and well-being of an aging population. Therefore, the focus of the present study was to determine if graduate counseling students had an interest in working with an aging population, what their level of understanding was of an aging population, and if they had an interest in developing professional preparedness to meet the demands of this population. In particular the purpose of this study was to investigate five areas identified by Foster et al. (2009) as being related to gerocounseling. They are the following:

- The extent of interest of graduate counseling students in the topic areas for older adults.
- The extent of graduate counseling students' interest in working with older clients in selected living environments (e.g., assisted living, nursing homes, hospitals).

- The extent of preparation the graduate counseling students felt that they had received in their counselor training programs for work with older adults.
- The extent of the graduate counseling students' willingness to seek gerontological training beyond what was already required in their counselor education training programs.
- The extent of importance that graduate counseling students placed on being knowledgeable of the issues specific to older adults.

More specifically, the question of importance became who will provide this service for an aging population if graduate counseling students did not develop the skill sets necessary to provide services to the older adults or did not have gerocounseling curriculum imbedded in required coursework for graduation.

Hypothesis

The hypothesis of this study is that graduate counseling students' interest for training in retirement counseling would be affected by their perceived importance of such training, their age and the number of credits they have taken in their graduate counseling program.

Instrumentation

To maintain research integrity, the survey developed by Foster et al. (2009) was used for this research. A two-part questionnaire (see Appendix D) included content areas related to gerocounseling and demographic characteristics. Eight questions made up the first part of the questionnaire. Using a 5-point Likert-type scale, five questions asked students about (a) their interest level in five gerocounseling topics, (b) their interests in gerocounseling work environments, (c) how prepared they felt to work with older adults, (d) their willingness to seek additional training, and (e) how important they thought it was for counselors who work

exclusively with older clients to possess a specialization in gerocounseling. Questions 6 through 8 inquired if graduate counseling students thought a gerocounseling specialization was needed for counselors working exclusively with older adults, whether or not they would complete a gerocounseling specialization if offered, and how many elective classes they would be willing to complete for this specialization. Demographic information requested included students' age, ethnicity, program level (i.e., masters, doctoral, or other), type of program (e.g., mental health, school), program accreditation status (CACREP vs. non-CACREP), and number of completed credit hours. The survey took 10-12 minutes to complete.

Participants

Participants ($N = 211$) were current graduate-level students engaged in counseling or counselor education programs. Responses from students enrolled in clinical psychology and counseling psychology programs were not used. The mean age of the respondents was 27. Specifically, 87 participants were between the ages of 20-30, 30 participants between the ages of 31-38, and 44 participants were over age 39. Fifty participants did not respond (Figure 4.1). Participants were not required to respond to all the questions including the demographic questions, therefore, the response rate differs for each question.

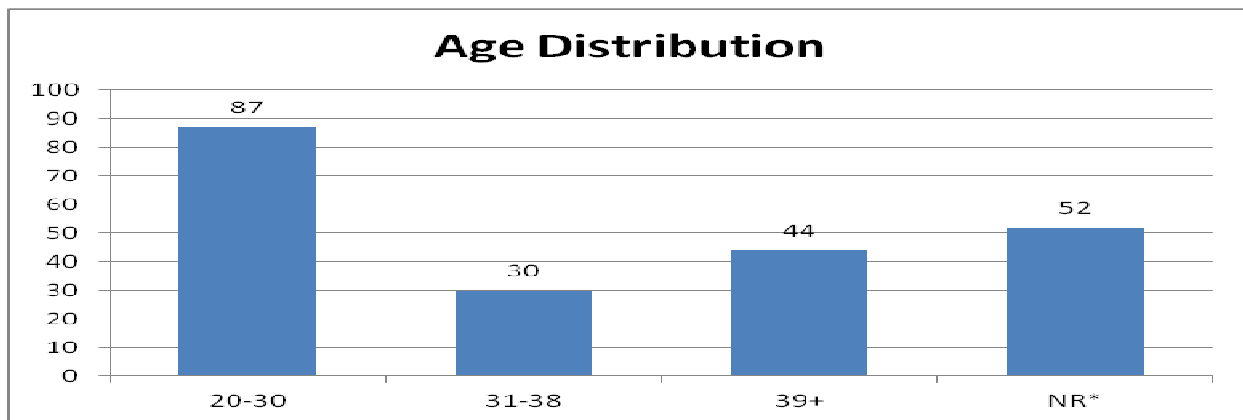


Figure 4.1. Age Distribution

Of the participants who responded, 145 were female and 14 were male. Fifty-two participants did not respond (Figure 4.2).

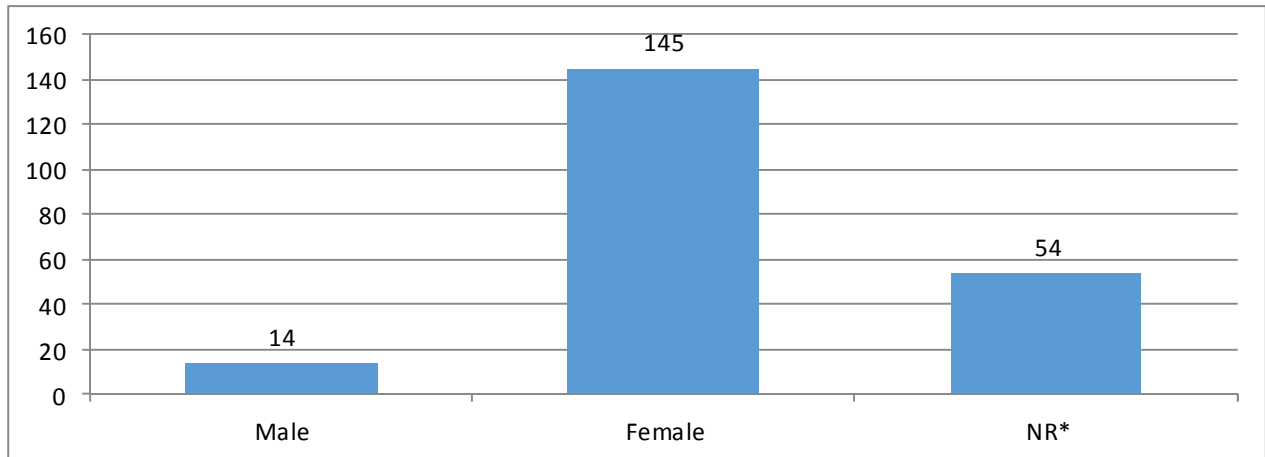


Figure 4.2. Gender

Regarding ethnicity, 143 students were white, nine were African American, two were Asian American, one was Hispanic American, one was Pacific Islander, and two checked other. Fifty-three participants did not respond (Figure 4.3).

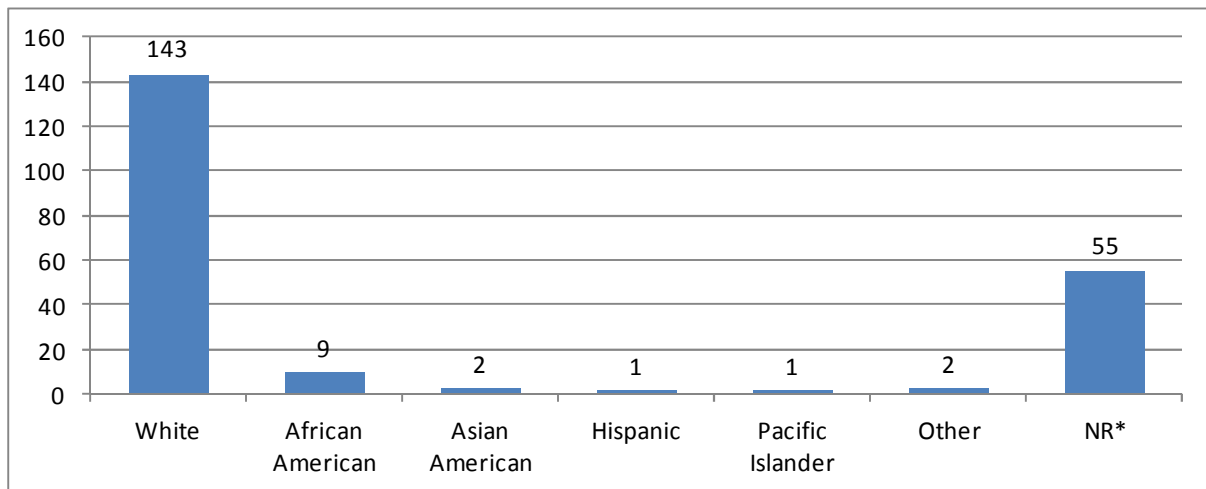


Figure 4.3. Ethnicity

Program level was measured using the three levels of master's, doctoral, and other. Of the students, 142 identified themselves at the master's level, 15 identified themselves at the doctoral level, and two reported "other." Fifty-two participants did not respond (Figure 4.4).

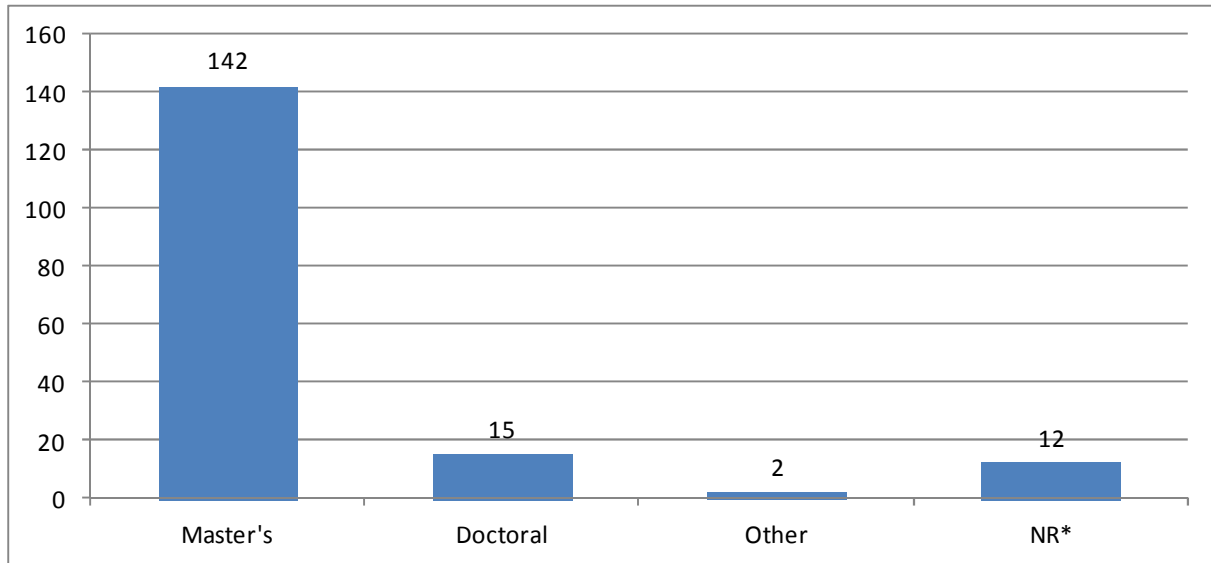


Figure 4.4. Current Program of Education

The graduate counseling students were also asked about the type of counseling program in which they were enrolled. Fifty-three were enrolled in community counseling and 50 in school counseling programs. The remaining counseling students were enrolled in counselor education and supervision programs, mental health programs, a marriage and family program, a rehabilitation program, a career counseling program, or did not respond to the question.

When asked if their counseling program was CACREP accredited, 92 counseling students responded *yes*, 47 responded *no*, and 20 were not sure. Fifty-two participants did not respond (Figure 4.5).

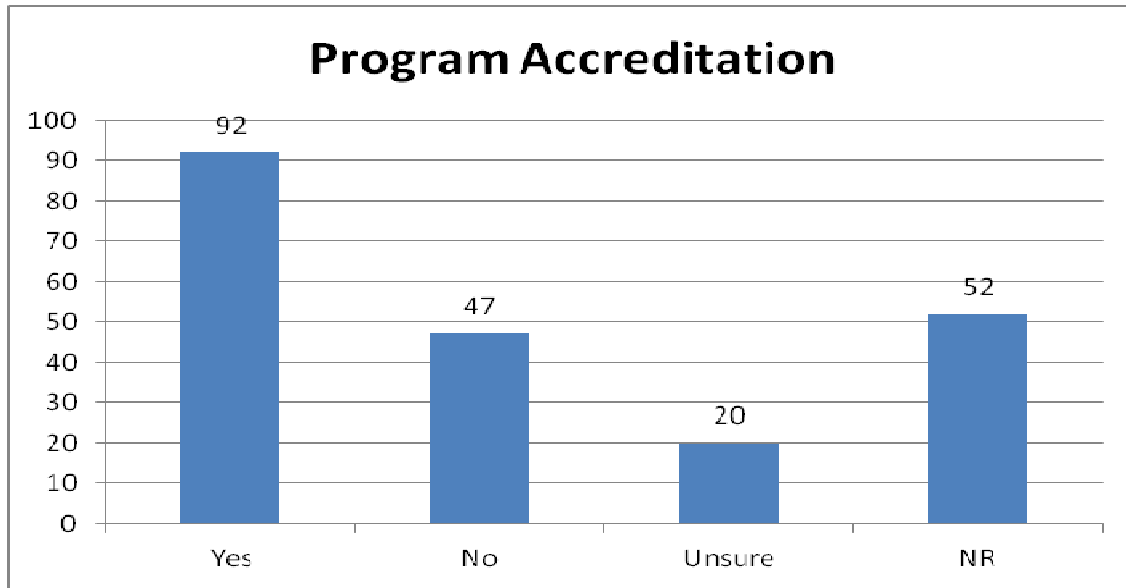


Figure 4.5. Program Accreditation

Last, counseling students were asked how many credits they had completed. Sixty-one students indicated they had completed 1-18 credits, 40 had completed 19-38 credits, and 58 had completed 39 or more credits. Fifty-two participants did not respond (Figure 5.6).

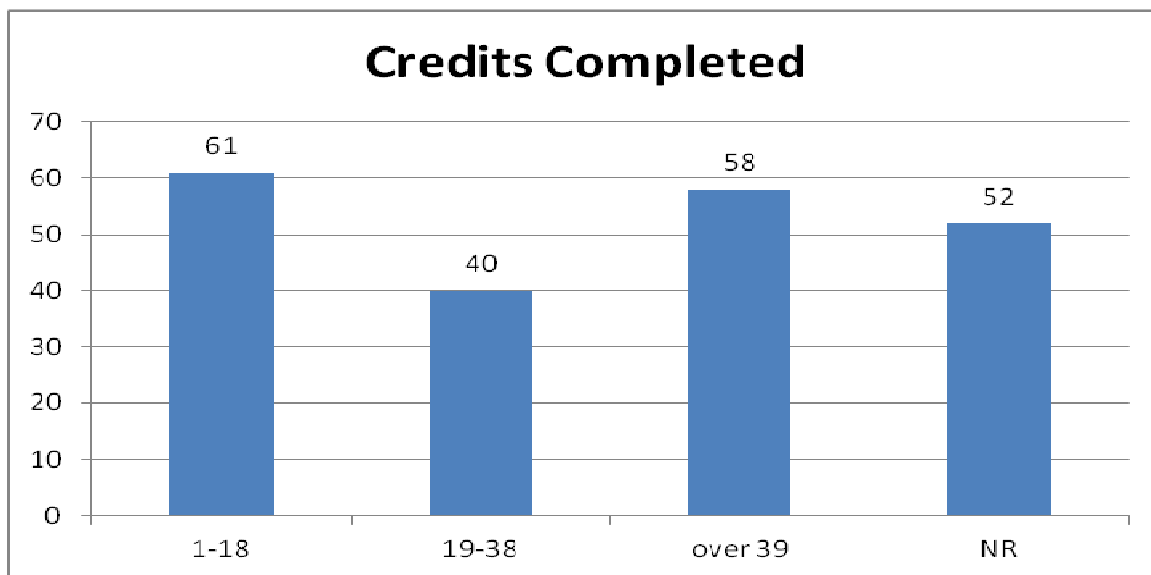


Figure 4.6. Credits Completed

Participants completed Part One of the survey but did not necessarily complete the demographic questions in Part Two of the survey.

Analysis

Descriptive statistics were used to answer the research question. Specifically, frequency data was used to show students' responses for each item on the survey. Data were analyzed using Mini-tab 16 (State College, PA). Logistic regression analyses was run on the data to determine the impact the students' age and the number of credits taken in the students' graduate counseling program had on the students' interest and perceived importance for training in retirement counseling.

Summary of Survey Response

The survey found that there was a bifurcation in the responses of the graduate counseling students. The summary for the interest in retirement counseling is provided in Figure 4.7. The responses showed that 43% of the students were interested to some extent and 42% were disinterested to some extent. A relatively smaller group was not sure of their interest level in retirement counseling.

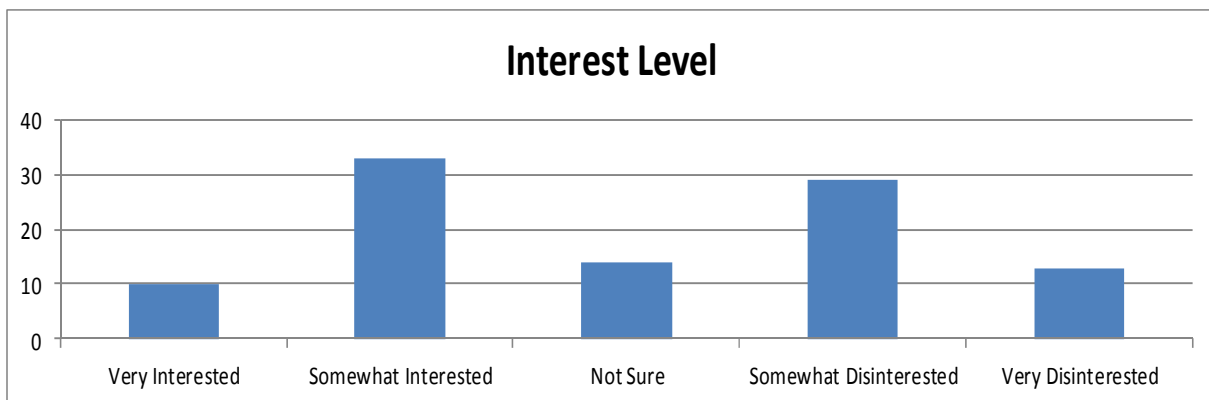


Figure 4.7. Distribution of Student Interest in Retirement Counseling (in Percentages)

Students were asked whether they thought it was important for counselors who work exclusively with older adults to possess a specialized knowledge about gerocounseling. Most students (72%) thought it was very or somewhat important for counselors who work with older adults to have this specialized knowledge in retirement counseling whereas 17% thought it was unimportant. Refer to Figure 4.8 for a detail of the data.

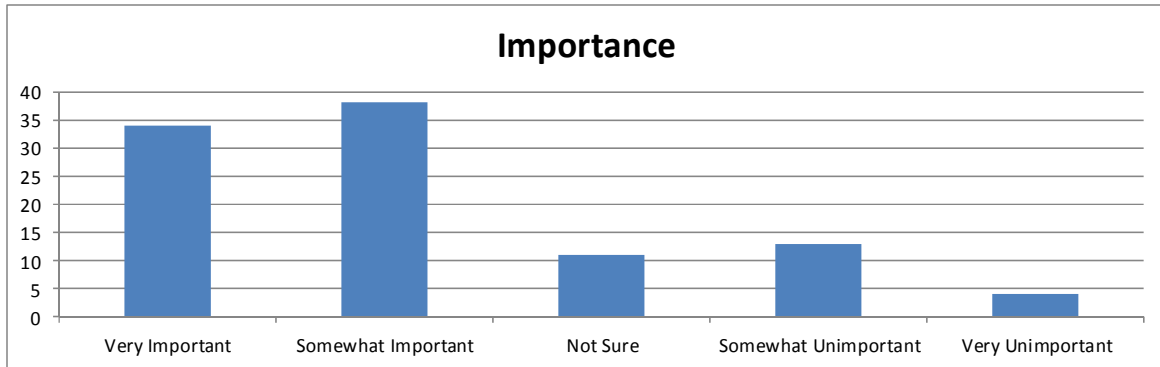


Figure 4.8. Distribution of Student Thoughts of Importance to Possess Specialized Knowledge in the Specific Areas when Working with Older Adults (in Percentages)

When students were asked how prepared they felt to work with older adults, only 39 % felt prepared to counsel older adults on the topic of retirement and 42% felt unprepared. Refer to Figure 4.9 for a detailed description of the results.

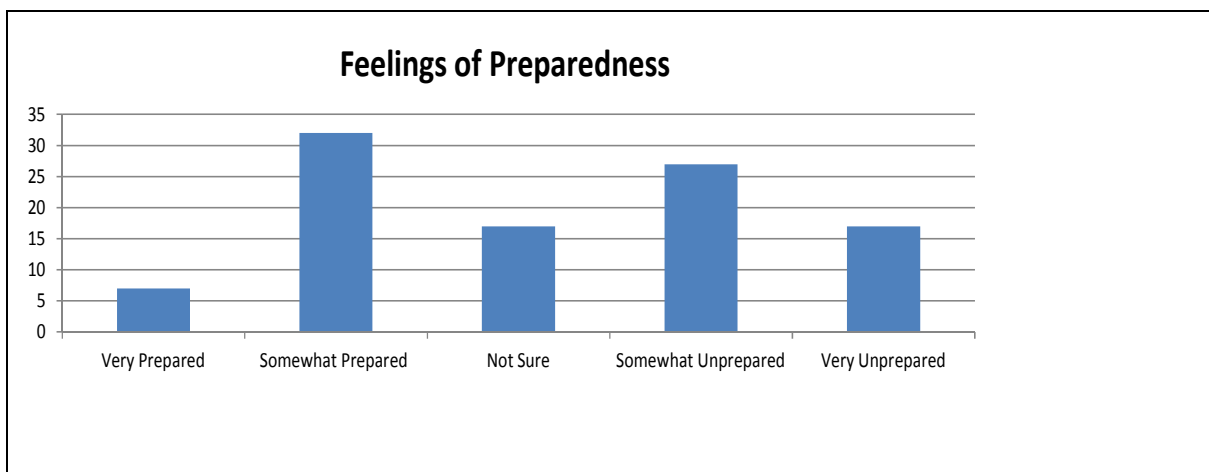


Figure 4.9. Distribution of Student Feelings of Preparation to Work with Older Adults (in Percentages)

Logistic regression analyses were run to determine if the students' interest for training in retirement would be influenced by the variables of perceived importance, age, and the number of credits the students had taken in their graduate counseling program. Refer to Figure 4.10 for a description of the results.

The variables of perceived importance, age, and the number of credits taken in the students' graduate counseling program are not useful in determining the participants' perceived interest for training in retirement counseling.

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	114.763			
General	106.609	8.153	6	.227

Figure 4.10. Logistic Regression Test of Parallel Lines

Discussion

Retirement: Baby Boomers and Older Adults

Over the years, the areas outlined by Myers (1989) (normative experience of aging, older adults with impairments, needs and services for older adults, the population and special situations counseling of older adults, and ethics) have been expanded due to the evolving needs of an aging population coming of age in a much different world than earlier generations. Older adults are challenged by a technological world that requires them to learn new skills and a world economy that will redefine retirement. Therefore, the baby boomers are changing the shape and scope of retirement, not only out of desire but out of need (Maples & Abney, 2006). Many boomers will start new and different careers as they reach retirement age which has been defined

as between 62-67 years. Many may choose to remain in their current positions due to financial need, desire, boredom, or other personal reasons (Maples & Abney, 2006).

The United States is beginning to emerge from the worst economy in almost half a century. The traditional family structure has been changing due to changing financial constraints within the family. More than 60% of the American public has seen the bulk of their retirement savings and investments dwindle (Maples & Abney, 2006). With the recession of 2008, baby boomers have been left with serious doubts about whether their retirement funds will be sufficient to last them the rest of their lifetime (Butrica, Smith, & Iams, 2012).

Riker and Myers (1990) reported that people have a tendency to ignore their physical and mental health until there is a major life change that results in a crisis or the possibility of a crisis. With more people living 20-30 years beyond the time of full-time retirement, making choices that are harmful to one's physical and/or mental health is difficult to understand (Riker & Myers, 1990). Some theorists are of the opinion that a starting point for good mental health is to gain an appreciation of one's self. For some people, the acceptance of retirement is difficult especially in societies that appear to focus on the young rather than the older person. For some baby boomers, their identity has been wrapped around their employment and that has defined who they are. Once they retire, they appear not to know who they are, they only know who they were (Schlossberg, 2004). She indicated that some older people often do not move beyond the sense of loss with retirement and, therefore, do not move into a healthy mental state of pride at retiring and aging well. While most research appears to focus on the psychological issues of the baby boomer population as a whole, it appears from research that is gender specific the effects of retirement can be different for baby boomer women.

Baby Boomer Women

At the turn of the 10th century, women spent approximately 19 years raising children and nine years caring for a parent. However, in the 21st century, women are more likely to spend 17 years raising children and 18 years caring for a parent (Orel, Landry-Meyer, & Spence, 2007). It is estimated that baby boomer women will spend as many years caring for an elderly parent as raising a child. With the number of baby boomer women also raising grandchildren, a growing number of women will spend most of their adult lives in multiple caregiving roles (Orel et al., 2007). In the past, caregiving was limited by at least two factors that have changed: (a) women did not have to spend as much time caring for a parent as life expectancies were shorter, and parents of adult women often died before children were out of the home, and (b) caregiving usually did not have to compete with breadwinning because most women worked in the home (Foster & Brizius, 1993). Today, with longer life expectancies combined with the majority of women in the work force, these two factors combine to produce caregiving situations that provoke emotional, physical, and financial stress. There should be no doubt that these baby boomer women will be in need of retirement counseling that focuses on what talents they have that can be marketed so they can enjoy some financial security in later life.

For previous generations, retirement was a choice that was often made for them, most often by the company they had worked for the majority of their adult life. The baby boomers' influence on how, when, and whether to retire is greater than any other past generation (Krepcio, 2007). Therefore, there is a need for counselors trained in assisting this aging population with learning the coping strategies needed for successful aging and living well during the stage of life formally referred to as the retirement years.

According to Daily (1998), fewer than 20% of baby boomer women feel secure about their future retirement. Even though baby boomer women, who are married, possess a college degree, receive high earnings, and own a home can expect to experience a comfortable retirement, they may face economic jeopardy with such risk factors as divorce and the unexpected loss of a job. Since the economic recession of 2008, many baby boomer women have had the possession of the four variables listed by Daily taken from them in some manner. Possession of all four variables (e.g., marriage, college degree, high earnings, and home ownership) indicate high retirement security, absence of any one of the variables increases the risk of poverty in old age (Daily, 1998). Daily's study examined three key structural variables impacting the future retirement of baby boomer women: population aging, baby boomer labor force participation, and retirement income sources. The study's findings revealed: (a) that baby boomer women's retirement will not look like men's retirement patterns; (b) that traditional sources of retirement income—Social Security, employer pensions, and personal savings – for most baby boomer women will be insufficient; and (c) that baby boomer women will enter retirement as society's caregivers of the elderly.

Counseling Baby Boomers/Older Adults

Older individuals share many characteristics in common with persons of other ages as well as unique characteristics as a result of their longer lives, developmental tasks, and the situational challenges of later life (Brendel, Devaney, & Vacc, 2003). Counselors increasingly will encounter older adults as clients who wish to prolong their working years beyond the retirement age of 70. They will also encounter families in which older adults play significant roles such as caring for aging parents, child care providers for grandchildren, and/or have the major responsibility of raising grandchildren (Orel et al., 2007). Thus, it is imperative that all

counselors be familiar with the concerns of later life and strategies for counseling older persons (Stickle & Onedera, 2006).

The Aging Network, an organization that includes the United States Administration on Aging, the National Association of Area Agencies on Aging, and state agencies on aging, focuses its efforts more toward the physical well-being of older adults and less toward their emotional and psychological health (Brendel et al., 2003). Furthermore, within the population of older adults there is tremendous heterogeneity (Brendel et al., 2003). Selected subpopulations, however, share characteristics that result in stress and significant needs for coping strategies. These subpopulations include, but are not limited to, race, gender, marital status, educational status, financial issues, employment, and health. It cannot be assumed that all older adults have developed the coping skills necessary to lead an active and productive life as they age. Therefore, there is a need for qualified counselors and hence, counselor education programs to focus on the emotional and psychological issues of older adults, which may, in fact, differ from those of younger people.

As the number of older adults continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent (Maples & Abney, 2006). In the mid-1970s, increasing attention was paid to the counseling needs of adults and older adults. However, a more recent trend has been to eliminate stand-alone gerocounseling courses in many counselor preparation programs or shift those courses to the elective curriculum. Some counselor educators believe the problem has recently been compounded because the Council for Accreditation of Counseling and Related Educational Programs (CACREP) eliminated the gerocounseling track from its accreditation process (Foster & Kreider, 2009). Others believe this action has opened the door for more academic freedom in the pursuit of

training highly skilled gerocounselors and in the establishment of more rigorous standards (Foster & Kreider, 2009). According to Foster, Kreider, and Waugh (2009), very little research had been conducted with graduate counseling students to determine what, if any, their interest is in gerocounseling and whether they would take additional coursework to gain additional knowledge on counseling older adults.

Counseling may be defined as the process through which a trained counselor helps an individual or group to make responsible decisions concerning personal, educational, social, or vocational development (Myers & Harper, 2004). This definition makes the important point that counseling is a process involving a relationship, one or more decisions on the part of the client, and positive action that can result in the client's further development. Maples and Abney (2006) defined gerocounseling as helping older clients to overcome loss, to age successfully, to deal family issues, retirement or start a new career, as well as embrace the concept that living is limited in quantity but not quality. Considering older adults as possible clients opens a new area of opportunity for helping professionals as well as an added responsibility to be prepared for the needs of these older adults which may differ from other age groups.

Counselors who plan to counsel older adults need training programs, and these programs need to provide a foundation for knowledge about aging adults and the issues that confront them (Stickle & Onedero, 2006). Training programs should provide students with a supportive climate in which they can evaluate their personal biases, increase their awareness, and develop appropriate counseling techniques, assessments, treatment plans, and intervention activities (Stickle & Onedera, 2006). While some of the challenges facing the baby boomers are similar to younger people, the baby boomer generation will continue to change the shape and scope of the three main issues of work, finances, and health (Maples & Abney, 2006).

In the current study, there appears to be a bifurcation in interest and perceived preparation by the counseling students to counsel older clients about retirement. While the vast majority of counseling students indicated that it was important to be prepared to counsel older clients in this way, they were divided about whether they were well prepared or even interested in retirement counseling. This compares favorably to the results of Foster et al. (2009) who also found interest in gerocounseling. However, there were significant differences in the Foster et al. study and the current study in the graduate counseling students' feelings of preparation, especially in the area of retirement counseling. The logistic regression data for the current study indicated that there was no significance difference between the students' interest in retirement counseling using the variables of perceived importance, age and the number of credits taken in their graduate counseling program. Since Foster et al. (2009) did not run a logistic regression on the topic of retirement counseling, there is no information available to compare results of the two studies.

According to Maples and Abney (2006), counselors who have begun to counsel with older clients are finding that some techniques they use may be different from counseling with any other population. Being cognizant of all life stages and respectful of older adults' previous life experiences is a must for any counselor to be effective in their counseling role. Foster et al. (2009) indicated that it was uncertain whether professional counselors would be prepared to counsel an aging population due to the lack of gerocounseling training programs within counselor education. Meyers and Harper (2004) indicated that common life experiences and transitions in later life often create specific needs for assistance. They identified one of these transitions as adjusting to retirement and reduced income, having second careers, and creating satisfying leisure lifestyles.

Counselors may find that some of their work with older clients is different than working with other populations and graduate counseling students appear to be interested in learning more about gerocounseling. The big question is why does there seem to be a disconnect between the expressed interest of students and counselor education programs willingness to provide the necessary training for these students. While one can understand budget constraints and the limitations of some counselor education programs to provide for a gerocounseling track, the disturbing factor is the possible disinterest by some counselor education programs in providing the necessary curriculum in either core or elective classes. Are counselor education programs imbedding units focusing on an aging population in their core courses, such as career counseling, and are graduate counseling students, in reality, prepared to counsel older clients?

Limitations

One limitation of the current study is that not all questions, particularly demographic information, were completed. Another limitation was allowing participants to continue the survey even though the participants did not respond to all questions.

The limitations for the current study mirrored those found in the Foster et al. (2009) research in that the only specialty that was examined was gerocounseling. Neither study examined student interest in other specialty areas such as play therapy, sex therapy, and administration. The current study was limited to findings of only students currently enrolled in counseling programs. Another limitation for both the current study and Foster et al. (2009) is that students responded based upon their current knowledge which has its foundation in taking classes and not having had the opportunity for field experiences and internships.

Conclusion

Graduate counseling students in this study reported a substantial interest in retirement counseling and feelings of preparedness in the area of retirement counseling. However, given the divergence of the results, the percentage of students who expressed a disinterest in retirement counseling and feelings of unpreparedness was comparable. Given this difference, it may be assumed that some counseling programs are promoting gerocounseling courses or at the very least including units on counseling older adults within their other courses and perhaps this exposure has piqued student interest. However, there is also a likelihood that counseling programs are not doing much to promote the differences between counseling younger clients and clients who are within the baby boomer generation and older. Therefore, counseling students may be graduating from their programs with a false sense of security regarding their preparation and skill set to work with older adults. Given the results of this study, it can be assumed counseling students will enroll if counseling faculty offer courses focusing on retirement counseling and its difference to generic career counseling, which does not necessarily focus on one specific age group. Therefore, the graduate counseling students will receive the training they need to provide the level of mental health services that aging adults deserve and will demand in retirement counseling.

With more people living well beyond what has been defined as the retirement years, knowing counseling needs of older adults and improving counseling techniques for use with older adults is essential for all counselors. Learning counseling techniques that focus on the aging adult is imperative if counselors are going to meet the needs of an aging population (Riker & Myers, 1990). Therefore, counselor education programs have a responsibility to provide graduate counseling students with skill sets in specific topics, such as retirement counseling, that

affect an aging population. However, it is not clear that graduate counseling students are currently well prepared for this role. Their responses indicated that they think they are prepared but these counseling students have yet to do their internships which may be the true test to their preparation to counsel aging adults. Counselor education programs need to respond to this interest in gerocounseling and offer courses, such as retirement counseling, that will prepare graduate counseling students to professionally address the mental health issues of the aging client, as well as offer these students internships and field experiences that will complement their classroom preparation.

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CHAPTER 5: GRADUATE COUNSELING STUDENTS' INTEREST IN SPECIALIZING IN GRIEF COUNSELING WITH OLDER ADULTS

Abstract

Recent trends indicate that counselor education programs have moved away from gerocounseling as an academic track and eliminated units on aging that have traditionally been embedded within courses. The purpose of this study was to assess graduate counselor education students' willingness to participate in gerocounseling training related to grief counseling. Forty-four counselor education programs were contacted in the North Central Region of the Association of Counselor and Education Supervision (North Central ACES) and 211 students responded to an electronic survey. The results indicated that most graduate counseling students were interested in working with older clients who are in need of grief counseling. However, students were not interested in delaying graduation by taking additional coursework that focused on gerocounseling, regardless of the topic. There is a need for counselors to be trained in the area of grief counseling for older clients.

Keywords: gerocounseling, counseling students, counselor education, gerontology

Introduction

Older individuals share many characteristics in common with persons of other ages as well as unique characteristics as a result of their longer lives, developmental tasks, and the situational challenges of later life (Brendel, Devaney, & Vacc, 2003). With multiple life stages and the increase in longevity, the older client will experience several losses in their lifetime. Helping clients adjust to grief and loss as a part of living is a critical skill for counselors who will be in demand with an aging population whose life longevity is greater than any other previous generation (Ober, Granello, & Wheaton, 2012). Thus, it is imperative that all counselors are

familiar with the concerns of later life and strategies for counseling older persons, especially as it relates to dealing with loss (Stickle & Onedera, 2006).

The Aging Network, an organization that includes the United States Administration on Aging, the National Association of the Area Agencies on Aging, and state agencies on aging, focuses its efforts more toward the physical well-being of older adults and less toward their emotional and psychological health (Brendel et al., 2003). Furthermore, within the older adult population, there is tremendous heterogeneity (Brendel et al., 2003). Selected subpopulations, however, share characteristics that result in stress and significant needs for coping strategies. These subpopulations include, but are not limited to ethnicity, gender, marital status, educational status, financial issues, employment, and health (Brendel et al., 2003). It cannot be assumed that all older adults have developed the coping skills necessary to lead an active and productive life as they age. Therefore, there is a need for qualified counselors and hence, counselor education programs to focus on the emotional and psychological issues of older adults, which may, in fact, differ from those of younger people.

The fastest growing age group in the United States is the older adults. In 2011, there were over 40 million persons over the age of 65 in the United States, 17.9 million men and 22.1 million women (Center for Disease Control and Prevention, 2009; United States Census Bureau, 2011). As the number of older adults continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent (Maples & Abney, 2006). In the mid-1970s, increasing attention was paid to the counseling needs of adults and older adults. However, a more recent trend has been to eliminate stand-alone gerocounseling courses in many counselor preparation programs or shift those courses to the elective curriculum. Some counselor educators believe the problem has recently been compounded

because the Council for Accreditation of Counseling and Related Educational Programs (CACREP) eliminated the gerocounseling track from its accreditation process (Foster & Kreider, 2009). Others believe this action has opened the door for more academic freedom in the pursuit of training highly skilled gerocounselors and in the establishment of more rigorous standards (Foster & Kreider, 2009). According to Foster, Kreider, and Waugh (2009), very little research had been conducted with graduate counseling students to determine what, if any, their interest is in gerocounseling and specifically grief counseling and whether they would take additional coursework to gain additional knowledge on counseling older adults.

Statement of the Research Problem

Given that CACREP changed its standards in 2008 by eliminating gerocounseling as a counseling track and research indicating a substantive need for counselors to be trained in working with older clients, there appeared to be a disconnect between what the counseling program accreditation association initiated and what counseling researchers found to be of importance for the mental health and well-being of an aging population. Therefore, the focus of the present study was to determine if graduate counseling students had an interest in working with an aging population, what their level of understanding was of an aging population, and if they had an interest in developing professional preparedness to meet the demands of this population. In particular the purpose of this study was to investigate the interest that counseling students had in grief counseling, their perception of their preparedness, and the willingness to take additional gerontological training beyond what was required.

More specifically, the question of importance became who will provide this service for an aging population if graduate counseling students were not trained in gerocounseling or did not have gerocounseling curriculum imbedded in required coursework for graduation.

Hypothesis

The hypothesis of this study is that graduate counseling students' feelings of preparation in grief counseling would be affected by their perceived importance of such training, their age, program accreditation, and the number of credits they have taken in their graduate counseling program.

Methods

Instrumentation

To maintain research integrity, the survey developed by Foster et al. (2009) was used for this research. A two-part questionnaire (see Appendix B) included content areas related to gerocounseling and demographic characteristics. Eight questions made up the first part of the questionnaire. Using a 5-point Likert-type scale, five questions asked students about (a) their interest level in five gerocounseling topics, (b) their interests in gerocounseling work environments, (c) how prepared they felt to work with older adults, (d) their willingness to seek additional training, and (e) how important they thought it was for counselors who work exclusively with older clients to possess a specialization in gerocounseling. Questions 6 through 8 inquired if students thought a gerocounseling specialization was needed for counselors working exclusively with older adults, whether or not they would complete a gerocounseling specialization if offered, and how many elective classes they would be willing to complete for this specialization. Demographic information requested included students' age, ethnicity, program level (i.e., masters, doctoral, or other), type of program (e.g., mental health, school), program accreditation status (CACREP vs. non-CACREP), and number of completed credit hours. The survey took 10-12 minutes to complete.

Participants

Participants ($N = 211$) were current graduate-level students engaged in counseling or counselor education programs. Responses from students enrolled in clinical psychology and counseling psychology programs were excluded. The mean age of the respondents was 27. Specifically, 87 participants were between the ages of 20-30, 30 participants between the ages of 31-38 years, and 44 participants were age 39 or over. Fifty participants did not respond (Figure 5.1). Participants were not required to respond to all the questions including the demographic questions, therefore, the response rate differs for each question.

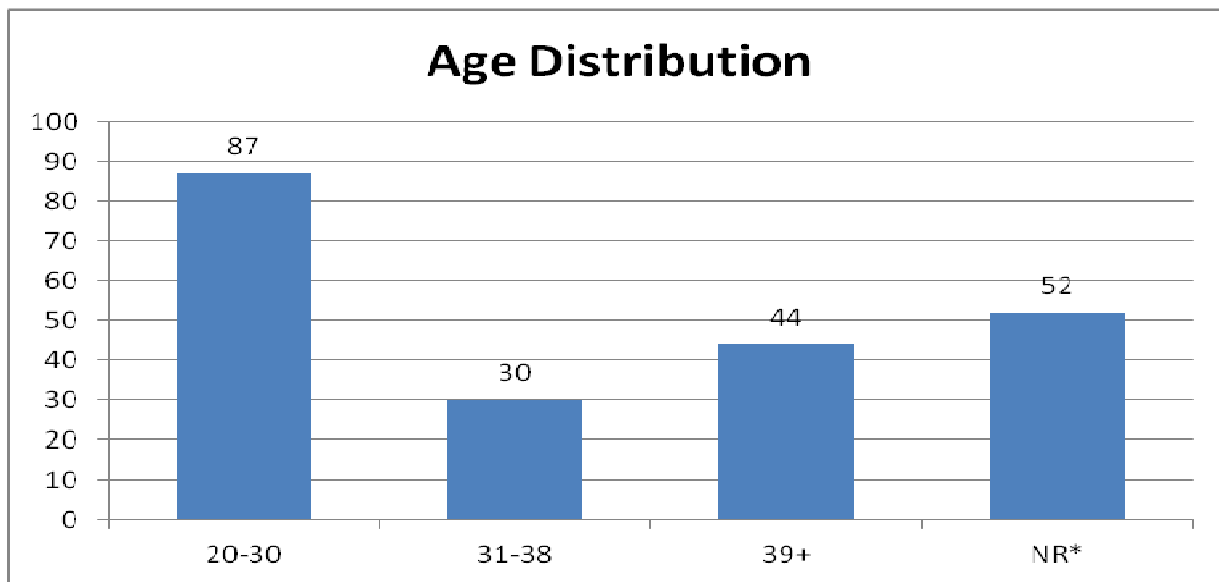


Figure 5.1. Distribution of Student Ages

Of the participants who responded, 145 were female and 14 were male. Fifty-two participants did not respond (Figure 5.2).

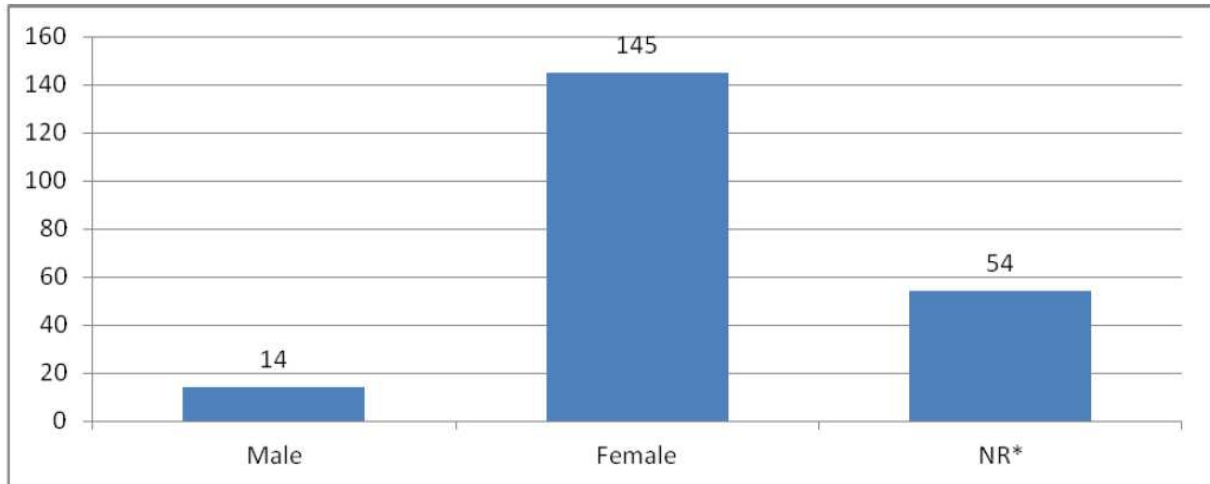


Figure 5.2. Student Gender

Regarding ethnicity, 143 counseling students were white, nine were African American, two were Asian American, one was Hispanic American, one was Pacific Islander, and two checked other. Fifty-three participants did not respond (Figure 5.3).

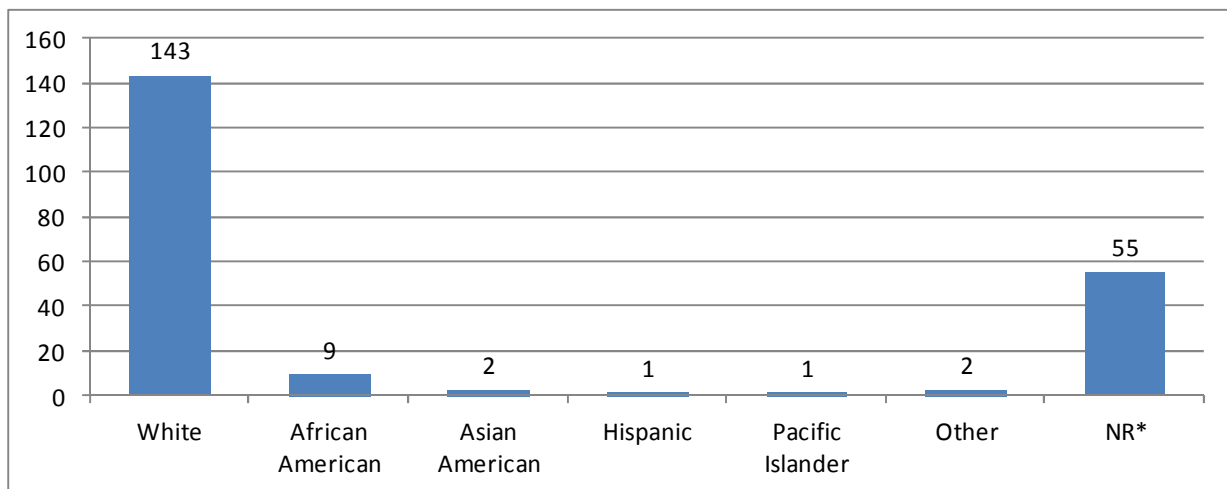


Figure 5.3. Distribution of Student Ethnicity

Program level was measured using the three levels of master's, doctoral, and other. Of the counseling students, 142 identified themselves at the master's level, 15 identified

themselves at the doctoral level, and two reported “other.” Fifty-two participants did not respond (Figure 5.4).

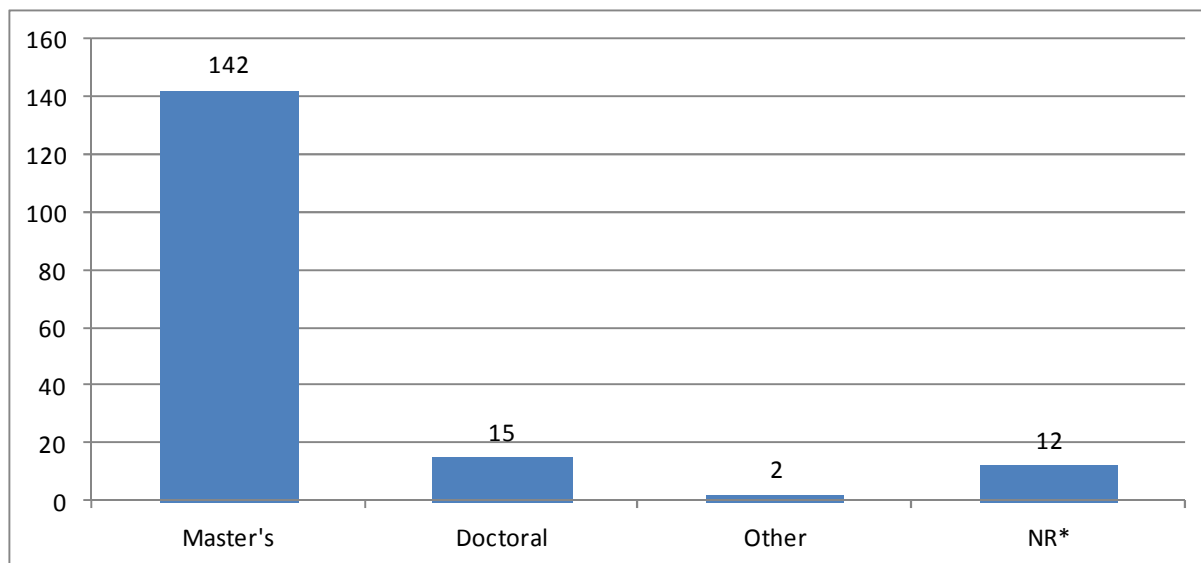


Figure 5.4. Distribution of Students' Current Program of Education

Counseling students were also asked about the type of counseling program in which they were enrolled. Fifty-three were enrolled in community counseling and 50 in school counseling programs. The remaining counseling students were enrolled in counselor education and supervision programs, mental health programs, a marriage and family program, a rehabilitation program, a career counseling program, or did not respond to the question.

When asked if their counseling program was CACREP accredited, 92 counseling students responded *yes*, 47 responded *no*, and 20 were not sure. Fifty-two participants did not respond (Figure 5.5).

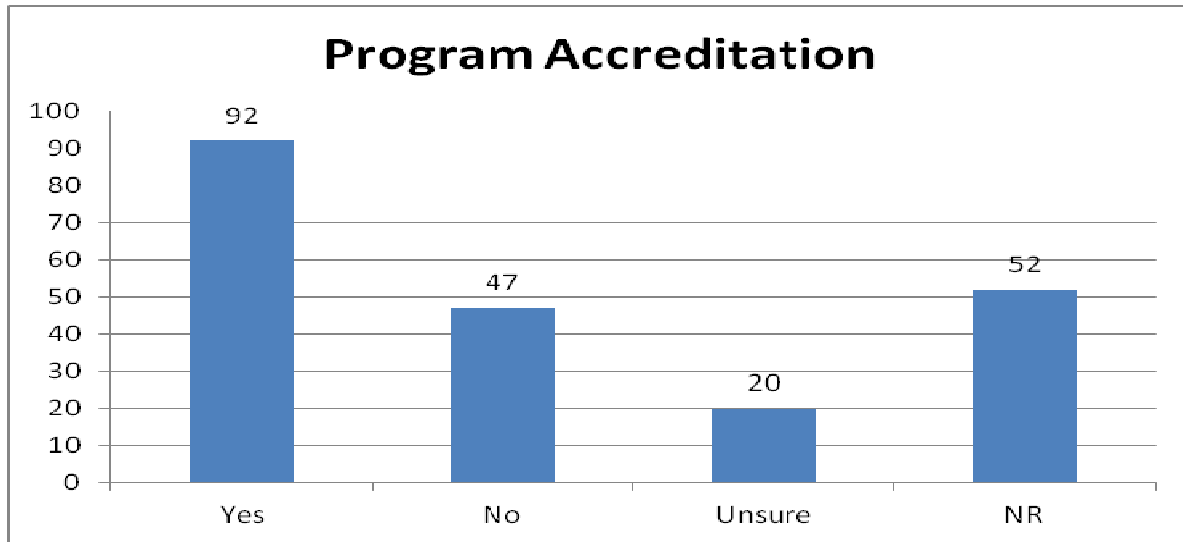


Figure 5.5. Distribution of Program Accreditation

Last, counseling students were asked how many credits they had completed. Sixty-one students indicated they had completed 1-18 credits, 40 had completed 19-38, and 58 had completed over 39 credits. Fifty-two participants did not respond (Figure 5.6).

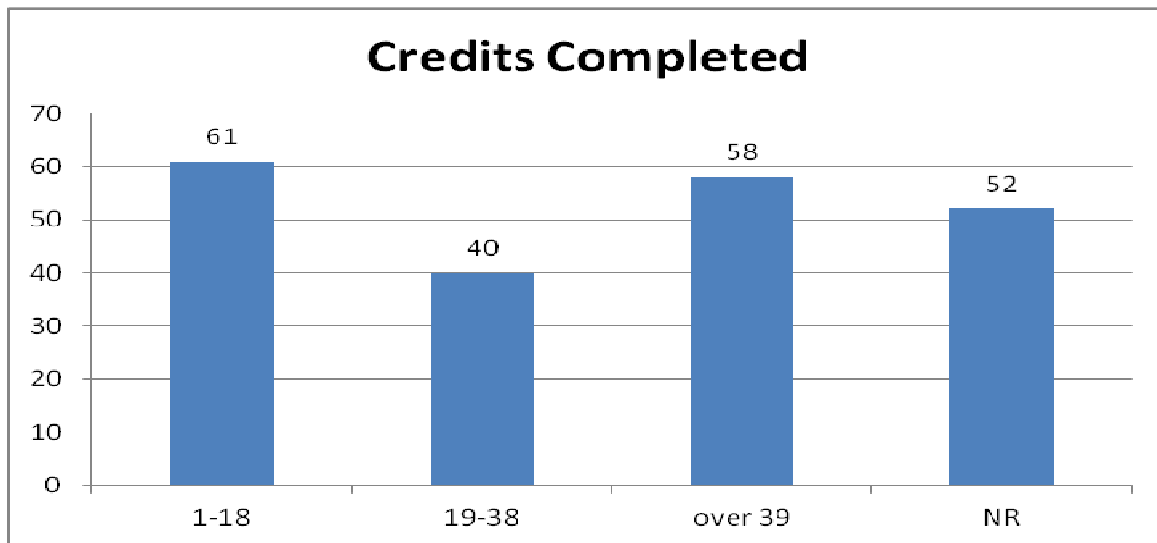


Figure 5.6. Distribution of Student Credits Completed

Participants completed Part One of the survey but did not necessarily complete the demographic questions in Part Two of the survey which was a limitation not relevant to the

Foster et al. (2009) survey since they had done their survey face-to-face. Another limitation was allowing participants to continue the survey while not responding to all questions. However, Foster et al. had a similar limitation even though they did their survey face-to-face.

Analysis

Descriptive statistics were used to answer the research question. Specifically, frequency data was used to show students' responses for each item on the survey. Data were analyzed using Mini-tab 16 (State College, PA). Additionally, logistic regression analyses were computed to predict graduate counseling students' feelings of preparation in grief counseling and how this was affected by their age, their program accreditation, and the number of credits they had completed in their graduate counseling program.

Summary of Survey Response

The research results for this study found that the responses of the graduate counseling students were skewed by interest, feelings of preparation and importance of preparation, and by respondents' age. The results for the interest in grief counseling are provided in *Figure 7*. The results showed that 71% of the counseling students were interested to some extent in grief counseling and 21% were disinterested to some extent. A relatively smaller group was not sure of their interest level in grief counseling.

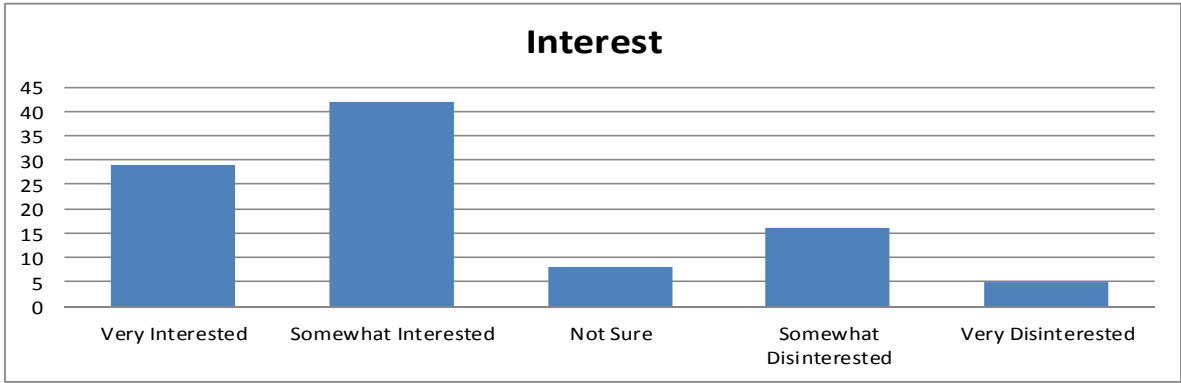


Figure 5.7. Distribution of Student Interest in Grief Counseling (in percentages)

Counseling students were asked whether they thought it was important for counselors who work exclusively with older adults to possess a specialized knowledge about gerocounseling. Most counseling students (88%) thought it was very or somewhat important for counselors who work with older adults to have this specialized knowledge in grief counseling whereas 9% thought it was unimportant. Refer to Figure 5.8 for a detail of the data.

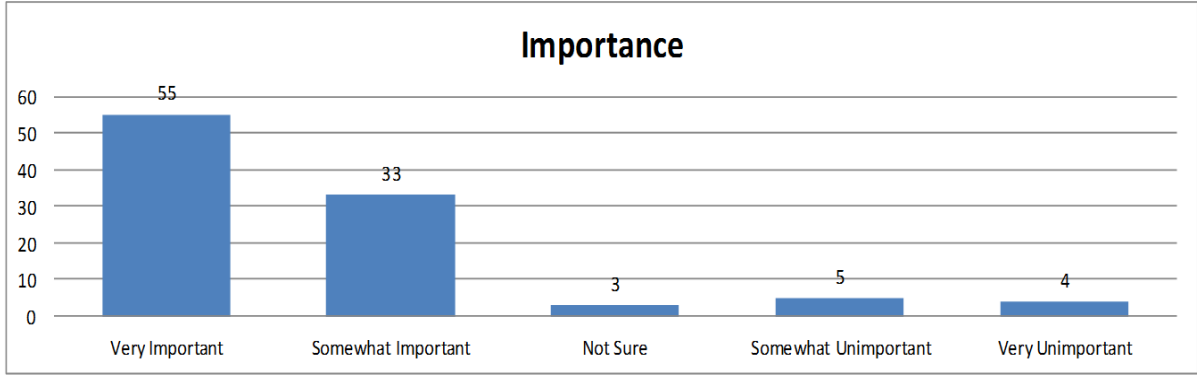


Figure 5.8. Distribution of Student Thoughts of Importance to Possess Specialized Knowledge in the Specific Areas when Working with Older Adults (in percentages)

When counseling students were asked how prepared they felt to work with older adults, 64 % felt prepared to counsel older adults on the topic of grief and 21% felt unprepared. Refer to Figure 5.9 for a detailed description of the results.

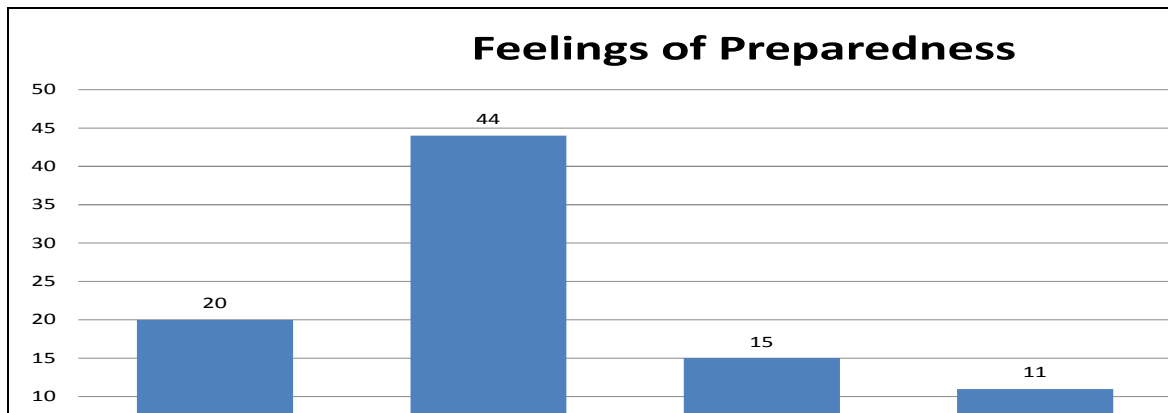


Figure 5.9. Distribution of Student Feelings of Preparation to Work with Older Adults (in percentages)

When comparing the counseling students' interest to grief counseling and the age demographic, 60% (n= 9) of the counseling students over the age of 50 indicated to be very interested in grief counseling. Sixty-eight percent (n=13) of the counseling students between the ages of 28-30 indicated they were somewhat interested and 50% of the counseling students ages 20-23 (n=10) and 34-38 (n=9) indicated somewhat interested in grief counseling. Counseling students in the age group 45-50 had the highest percentage of very disinterested at 13% (n=2). Fifty-three students did not respond. Refer to Figure 5.10 for further results.

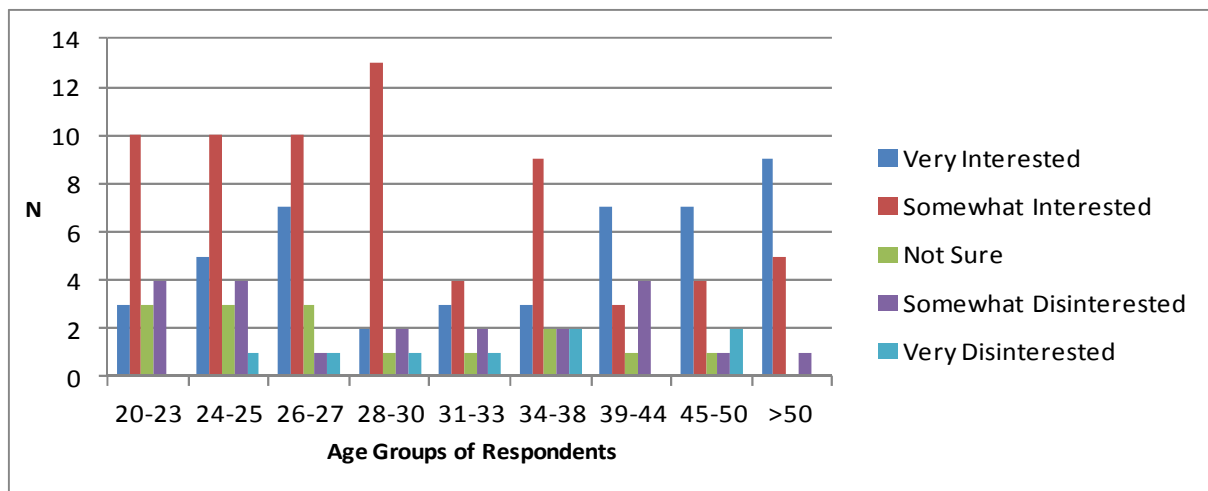


Figure 5.10. Interest in Grief Counseling by Students' Age

When students were asked how prepared they felt they were to work with older adults in grief counseling, 72% (n=13) of the students in the 28-30 age group indicated they felt somewhat prepared while 20% (n=3) in the 39-44 age group felt somewhat prepared. Sixteen percent (n=3) of the students ages 28-30 felt very unprepared. Fifty-eight students did not respond. Refer to Figure 5.11 for further results.

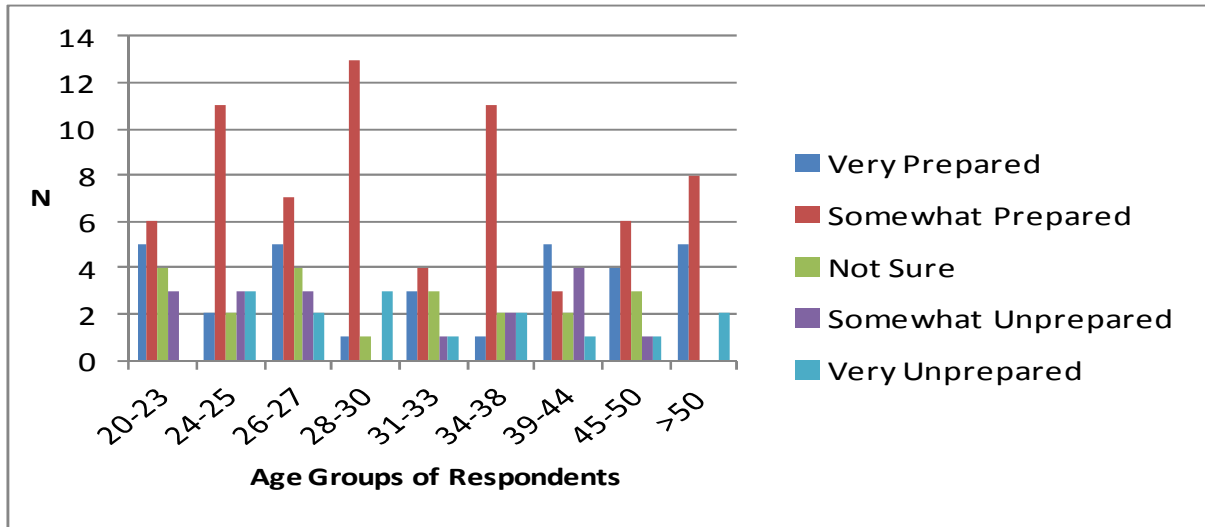


Figure 5.11. Feelings of Preparedness for Grief Counseling by Students' Age

When asked their perception of importance of grief counseling, 80% (n=12) of the counseling students in the over 50 age group indicated they felt it was important and 16% (n=3) of the counseling students in the 28-30 age group that that it was very unimportant. Sixty-one counseling students did not respond. Refer to Figure 5.12 for further results.

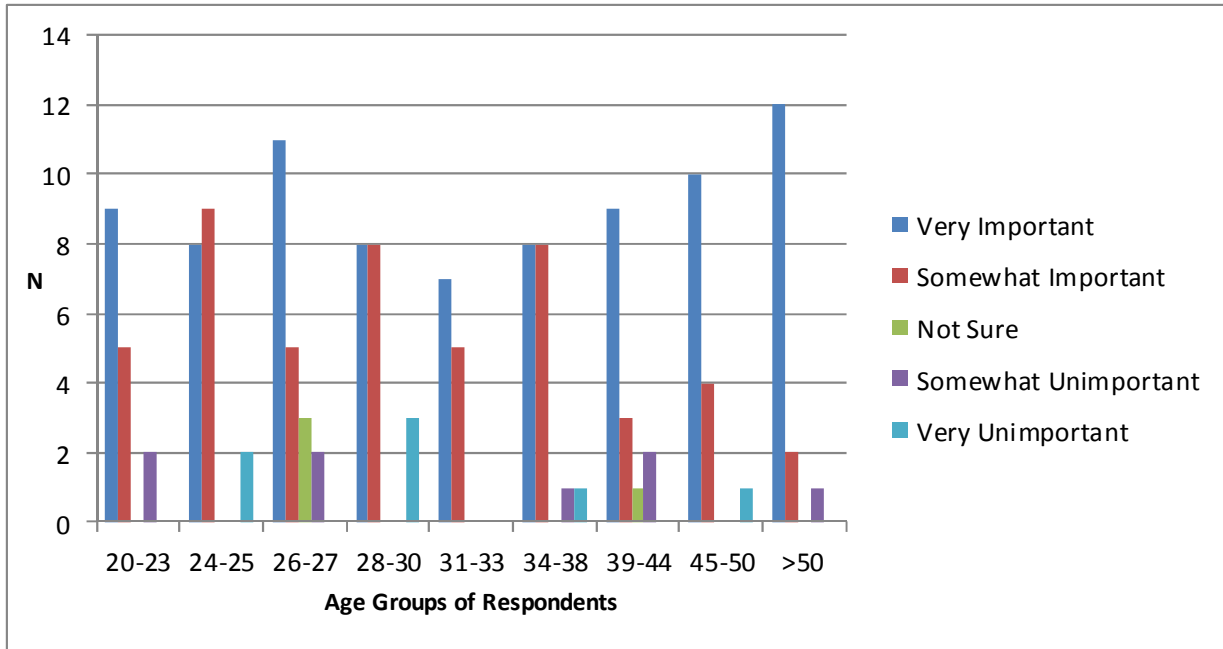


Figure 5.12. Perceptions of Importance of Grief Counseling by Students' Age

This researcher also attempted to prove that the participants' feelings of preparation in grief counseling would be affected by their perceived important of such training, their age, program accreditation, and the number of credits they had taken in their graduate counseling program.

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	158.799			
General	151.412 ^b	7.387 ^c	8	.495

Figure 5.13. Logistic Regression Test of Parallel Lines

It was found that the variables of feelings of preparation, age, program accreditation, and the number of credits taken in the students' graduate counseling program are not useful in determining the participants' interest in grief counseling. For the logistic regression analyses, all *not sure* responses were excluded.

Discussion

Counseling may be defined as the process through which a trained counselor helps an individual or group to make responsible decisions concerning personal, educational, social, or vocational development (Myers & Harper, 2004). This definition makes the important point that counseling is a process involving a relationship, one or more decisions on the part of the client, and positive action that can result in the client's further development. Maples and Abney (2006) defined gerocounseling as helping older clients to overcome loss, to age successfully, to deal with family issues, retirement or start a new career, as well as embrace the concept that living is limited in quantity but not quality. Considering older adults as possible clients opens a new area of opportunity for helping professionals as well as an added responsibility to be prepared for the needs of these older adults which may differ from other age groups.

Counselors who plan to counsel older adults need programs that develop skill sets and provide a foundation for knowledge about aging adults and the issues that confront them (Stickle & Onedero, 2006). Training programs should provide students with a supportive climate in which they can evaluate their personal biases, increase their awareness, and develop appropriate counseling techniques, assessments, treatment plans, and intervention activities (Stickle & Onedera, 2006). This may be especially true in the area of grief counseling when personal experiences of counseling students may have shaped their attitudes and opinions. An effective counselor must be able to set aside their personal beliefs when assisting clients in a professional setting.

Losing a spouse is a devastating experience that many older people face. About 40 percent of women and 13% of men who are 65 and older are widowed (United States Bureau of Population Statistics, 2011). This experience can lead to stress, depression, health behavior

changes, and self-neglect (Bennett, Smith, & Hughes, 2005). A widowed person's quality of life can change when their spouse dies. The loss of social circles and access to others is an important issue in maintaining mental health (Brittis, 2011). Therefore, it is imperative that counselors have the skills to assist their older clients in coping with life change and these coping strategies may not be the same as strategies used with younger clients.

Harvey (2002) defined loss as a fundamental human experience, from which we can grow and learn to understand others, help others, and develop our own courage to live with pain. Yet, dying is one of the most denied experiences that we all will encounter (Rotter, 2000). Maples and Abbey (2006) anticipated aging baby boomers' requests for grief counseling to rise as they experience successive losses. Despite the anticipated increase of demands for grief counseling and the cause of grief, there is evidence that not all counselors are adequately trained or completely comfortable providing grief counseling (CACREP, 2009). In recent years, the efficacy of grief interventions, especially in counseling, has been questioned (Breen, 2011). Many counselor education programs embraced teaching their students the traditional grief stages such as those identified by Kubler-Ross in 1969. Kubler-Ross (1969) identified several phases (denial, bargaining, despair, resignation, and acceptance) that people with terminal illnesses undergo. Although Kubler-Ross intended these phases for dying persons, many mental health professionals have applied her model to bereaved persons. Experts have become skeptical about stage models of grief and they propose that people's grief reactions vary depending on the circumstances of the death, the cultural, social and economic context, the survivor's attachment style, and the quality of the relationship (Richardson, 2007). There appears to be a shift from the traditional models of bereavement (e.g., Kubler-Ross) to more contemporary models of bereavement such as the stress paradigm, the attachment model, and the dual process model

(Richardson, 2007). However, the scarcity of training in grief counseling in counselor education programs is discouraging because studies have found that training on this topic can improve problem recognition by the client and treatment planning skills by the counselor (Ober et al., 2012).

In the current study, there appears to be a skewed student interest and perceived importance as well as their feelings of preparation to counsel older adults about grief. This is consistent with the results of Foster et al. (2009). However, there were significant differences in the Foster et al. study and the current study. In the study by Foster et al., students were less likely to feel very prepared and more likely to feel unprepared. Foster et al. (2009) did not run a logistic regression model as did the current study. Therefore, there aren't any other comparisons between the two studies that are available.

According to Maples and Abney (2006), counselors who have begun to provide guidance to older adults, are finding that some of the techniques they most often use may be different from counseling with any other population. Being cognizant of all life stages and respectful of older adults' previous life experiences is a must for any counselor to be effective in their counseling role. Foster et al. (2009) indicated that it was uncertain whether professional counselors would be prepared to counsel an aging population due to the lack of gerocounseling training programs within counselor education.

Counselors may find that some of the techniques they use with older adults may be different than working with other populations. Moreover, graduate counseling students appear to be interested in learning more about gerocounseling. While one can understand budget constraints and the limitations of some counselor education programs to provide for a gerocounseling track, the disturbing factor is the disinterest by some counselor education

programs in providing the necessary curriculum in either core or elective classes. Are counselor education programs imbedding units focused on an aging population in their core courses, such as grief counseling, and are graduate counseling students, in reality, prepared to counsel older clients? CACREP (2009) indicated that there was a general concern that graduate counseling students were not prepared to do grief counseling. With the change from the traditional grief stage models to more contemporary models of bereavement, students may not get the appropriate training needed to provide grief counseling based upon the needs of a modern aging population.

Limitations

One limitation of the current study is that not all questions, particularly demographic information were completed. Another limitation was allowing participants to continue the survey even though the participants did not respond to all questions.

The limitations for the current study mirrored those found of Foster et al. (2009) in that the only specialty that was examined was gerocounseling. Neither study examined counselor student interest in other specialty areas such as play therapy, sex therapy, and administration. The current study was limited to findings of only students currently enrolled in graduate counseling programs. Another limitation is that the focus was on current perceptions of the graduate counseling students. As these students gain more knowledge participating in field experiences and internships, there is a likelihood that their perceptions could change.

Conclusion

Graduate counseling students in this study reported a substantial interest in grief counseling and feelings of preparedness in the area of grief counseling. However, given the research, it appears that those who are practicing counselors and those who are counselor educators are not convinced that new counselors are coming into the field knowing the difference

between contemporary grief research and grief counseling practices (Breen, 2011). Therefore, counseling students may be graduating from their programs with a false sense of security regarding their preparation and skill set to work with older adults. It cannot be assumed counseling students will enroll if counseling faculty offer courses focusing on grief counseling since the study indicates that most students feel prepared from the courses they have already taken. However, what is concerning is that there appears to be overwhelming research that this is not the case and that despite the interest in grief interventions, there is a misalignment between contemporary grief research and grief counseling practices that may limit intervention effectiveness (Breen, 2011). Therefore, since grief counseling education is supported by the Council for Accreditation of Counseling and Related Educational Programs (2009), then making such coursework part of the core coursework for graduate counseling students is important. The issue then becomes one of whether counseling students are going to be enticed to take additional coursework and perhaps prolong their program and delay graduation or look at other graduate programs outside of counselor education.

With more people living longer lives and out living not only partners but children and, in some cases, grandchildren, it is essential that all counselors know the counseling needs of older adults and improve counseling techniques for use with older adults. Learning counseling techniques that focus on the aging adult is imperative if counselors are going to meet the needs of an aging population (Riker & Myers, 1990). Therefore, counselor education programs have a responsibility to train graduate counseling students in specific topics, such as grief counseling, that affect an aging population. However, it is not clear that graduate counseling students are currently well prepared for this role. Their responses indicate that they think they are prepared but these students have yet to do their internships that may be the true test to their preparation to

counsel aging adults. Counselor education programs need to respond to this interest in gerocounseling and offer courses, such as grief counseling, that will prepare graduate counseling students to professionally address the mental health issues of the aging client, as well as offer these students internships and field experiences that will complement their classroom preparation.

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CHAPTER 6: GENERAL CONCLUSIONS

The purpose of this research was to assess graduate counselor education students willingness to participate in gerocounseling training and to identify specific gerocounseling topics that the students would most be interested. The impetus of this research came from two factors. First, the number of older adults is increasing rapidly. As the number of older adults continues to increase, their needs for both preventive and remedial mental health interventions are becoming increasingly apparent (Maples & Abney, 2006). Secondly, considering older adults as possible clients opens a new area of opportunity for helping professionals as well as an added responsibility to be prepared for the needs of these older adults that may differ from other age groups (Dychtwald & Kadlec, 2009). Thus, it is imperative that all counselors are familiar with the concerns of later life and strategies for helping older adults. The three questions this study sought to answer were:

1. Are there significant similarities and differences in the research conducted by Foster et al. (2009) and the current study conducted in 2011 when surveying graduate counseling students' interest in gerocounseling?
2. Given older adults and specifically the Baby Boomer Generation's potential need for retirement counseling, what interest did the graduate counseling students have in retirement counseling, their feelings of preparedness, and their feelings of importance for coursework that focused on retirement counseling for older adults?
3. Given that grief is a common life experience, what interest did the graduate counseling students have in grief counseling for older adults, what are their feelings of preparedness, and what were their feelings of importance for coursework that

focused on grief counseling older adults, and were their interests and feelings different depending on their identified age group?

The study answered the questions. The data results showed that:

1. There were significant similarities and differences in the current study and the study conducted by Foster et al. (2009).
2. Graduate counseling students showed an interest in retirement counseling for older adults, feelings of being prepared to assist older adults with retirement counseling, and an understanding of the importance in this type of training.
3. Graduate counseling students showed an interest in grief counseling, their perceptions of being prepared, and the importance of additional training in this topic as it pertains to older adults.

Findings related to the similarities and differences in the current study and the study conducted by Foster et al. (2009) were discussed in Chapter 3. These findings were presented in article form and will be submitted to professional journals. Chapter 4 reflected graduate counseling students' interest, the students' feelings of preparedness to assist older adults, and the students' perception of the importance of retirement counseling training for older adults. This chapter will be submitted to the *Journal of Educational Gerontology*. Chapter 5 reflected graduate counseling students' interest, the students' feelings of preparedness to assist older adults, and the students' perception of the importance of grief counseling training for older adults. This chapter will be submitted to the *Journal of Geriatric and Gerontology Education*.

Key Findings

Chapter 3 indicated that graduate counseling students are interested in assisting older adults with mental health issues. The students appeared to acknowledge that counseling older

adults may differ from counseling younger clients and that there is an importance in gerocounseling training. However, both the current study and the study by Foster et al. (2009) revealed that graduate counseling students were unwilling to specialize in gerocounseling if it meant prolonging their educational program and, thereby, delaying graduation. This issue becomes more complicated with the number of credits required of graduate counseling students who are enrolled in a CACREP accredited graduate program of counselor education when students can enroll in other graduate programs requiring fewer credits to graduate. However, students indicated a willingness to attend workshops and conferences to enhance their understanding and training in gerocounseling. While attending workshops and conferences to enhance an understanding of a specific field of counseling may not be optimum, it could generate a desire for formal training in the field of gerocounseling as being beneficial, especially if the practicing counselor experiences a shift in their clientele from younger to older adults.

Chapter 4 addressed the need for counselors to be trained in assisting older adults, specifically the Baby Boomer Generation, with retirement counseling. Again, students indicated they were not interested in delaying graduation by taking additional coursework specific to older adults; however, they would attend workshops and conferences to enhance their knowledge of the differences between retirement counseling of younger adults and older adults. It is this researcher's opinion that while attending workshops and conferences is helpful for professional development, this should not be a substitute for the in depth formal training a student receives when taking college coursework and receiving college credit at a higher education institution. Since CACREP does not require career counseling to specifically address retirement counseling for older adults, counselor educators may use academic freedom in creating their career counseling curriculum and that curriculum may or may not embed retirement counseling for

older adults into the coursework. Therefore, it is a possibility that graduate counseling students are graduating and going into practice with little, if any, knowledge of retirement counseling for older adults. This will be a significant loss to the counselor in the use of counseling techniques specific to the older client, not to mention the injustice to the client who is expecting guidance relative to their specific needs as an older adult.

Chapter 5 addressed the topic of grief counseling specific to older adults. As in the previous two chapters of this discourse, students indicated an interest in this topic but were not willing to delay graduation to take additional coursework. Despite the anticipated increase in demands for grief counseling and the causes of grief, there is evidence that not all counselors are adequately trained with a specific skill set or completely comfortable providing grief counseling (CACREP, 2009). In 2008, CACREP eliminated the gerocounseling track. However, in 2009, CACREP published an article indicating that the counseling accrediting body is concerned counselors are not adequately prepared or perhaps not comfortable providing grief counseling. Grief counseling is not a required course within the core classes of a CACREP accredited counselor education program. Therefore, it is conceivable that graduate counseling students can graduate from their program without any formal training or skill set specific to grief counseling, regardless of their clients' ages. If graduate counseling programs were to add a grief counseling course to their core classes, this would be an additional class that could, again, delay graduation. Adding a grief counseling course to the electives would not guarantee that students would choose this as one of their electives towards graduation.

Strengths of the Study

This study provided an exploratory look at the need for graduate counselor programs to focus on the specific needs of an aging population and how those needs must be met within those

programs to ensure counselors are being adequately trained to meet the needs of all their clients. In comparing this study with that of Foster et al. (2009), one may think that graduate counseling programs are beginning to meet some of the needs of an aging population within their curriculum, especially when comparing the percentage of students in both studies who indicated they felt prepared to counsel older adults. However, this researcher is concerned that graduate counseling students may be graduating with a false sense of preparedness which will become apparent as they are in the field of practice. The concern then becomes how effective these counselors will be in counseling aging adults.

Limitations of the Study

It is important to note the limitations of the study. This study, as with Foster et al. (2009), did not provide any follow-up contact with graduate counseling student participants after their graduation and after becoming a practicing counselor. The participants in both studies were not required to submit any identifiers that would have been beneficial for a follow-up study. Also, responses from counseling students enrolled in clinical psychology and counseling psychology programs were not used for either study. In the current study, participants completed Part One of the questionnaire but did not necessarily complete the demographic questions in Part Two. This was not relevant to the Foster et al. (2009) questionnaire since their questionnaire had been completed face-to-face. Another limitation of the current study was allowing participants to continue the survey while not responding to all questions. However, Foster et al. had a similar limitation even though they had their questionnaire completed face-to-face with students.

Future Research

Three significant implications for future research were identified as a result of this study:

1. Research must continue so that counselor education programs have faculty who identify themselves as gerontology specialists and who will provide training in specific skill sets for their students that focuses on the needs of an aging population.
2. Research must continue in retirement counseling so as to meet the needs of an aging population.
3. Additional research on grief counseling is needed to meet the changing needs of older adults.

Professional counseling continues to emphasize healthy development over the life span.

By continuing research that addresses the needs of an aging population, counselors will be better positioned to assist their older clients in aging successfully.

Summary

Counselor education programs must keep up with a changing population, a population that is aging and, therefore, requiring the use of different techniques or at the very least techniques that are expanded to meet the needs of this specific group of adults. Counselor educators have an obligation to train graduate counseling students to meet the needs of all their clients and this includes aging adults who have life experiences far different than previous generations. These different life experiences may include multiple careers that bring multiple retirements, grandparents raising grandchildren, life longevity that may include multiple marriages and step-families, as well as out-living loved ones and friends. With each of these life experiences comes an extended set of emotional needs that must be addressed in a healthy manner if older adults are going to age successfully. Therefore, there is a need for counselors to

be trained with specific skill sets to meet the needs of an adding population. This training must to be addressed by counselor education programs and their accrediting agencies.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

NDSU

NORTH DAKOTA STATE UNIVERSITY

Institutional Review Board

*Office of the Vice President for Research, Creative Activities and Technology Transfer
NDSU Dept. 4509
1735 NDSU Research Park Drive
Research 1, Box 5059
Fargo, ND 58108-6059*

701.231.6925
Fax: 701.231.8098

*Registration Number: 01021002435
Expires April 28, 2011*

Tuesday, October 12, 2010

Dr. Ardith Brunt
HNES
EML 351

Re: IRB Certification of Human Research Project:

"Graduate Counseling Students' Interest in Gerocounseling"
Protocol #HE11073

Co-investigator(s) and research team: **Twyla Nielsen**

Study site(s): **varied** Funding: **n/a**

It has been determined that this human subjects research project qualifies for exempt status (category # 2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, *Protection of Human Subjects*). This determination is based on the protocol form received 10/12/2010 and consent/information sheet received 10/8/2010.

Please also note the following:

- This determination of exemption expires 3 years from this date. If you wish to continue the research after 10/11/2013, the IRB must re-certify the protocol prior to this date.
- The project must be conducted as described in the approved protocol. If you wish to make changes, pre-approval is to be obtained from the IRB, unless the changes are necessary to eliminate an apparent immediate hazard to subjects. A *Protocol Amendment Request Form* is available on the IRB website.
- Prompt, written notification must be made to the IRB of any adverse events, complaints, or unanticipated problems involving risks to subjects or others related to this project.
- Any significant new findings that may affect the risks and benefits to participation will be reported in writing to the participants and the IRB.
- Research records may be subject to a random or directed audit at any time to verify compliance with IRB policies.

Thank you for complying with NDSU IRB procedures; best wishes for success with your project.

Sincerely,



Kristy Shirley, CIP
Research Compliance Administrator

NDSU is an equal opportunity institution.

APPENDIX B. LETTER TO GRADUATE COUNSELOR EDUCATION PROGRAM

DEPARTMENT CHAIR

North Dakota State University
NDSU Dept 2650
PO Box 6050
Fargo, ND 58108-6050

Hello, my name is Twyla Nielsen and I am a PhD Candidate in Applied Gerontology and Research at North Dakota State University. I am conducting research to determine counseling students' interest levels in the specialty area of gerocounseling. It is important to find the extent to which current counseling students are interested in working with the aging population and how willing students would be in specializing in gerocounseling if given the opportunity.

The online survey takes approximately 10 minutes to finish. The questions focus on topics concerning graduate counseling students' professional interests and opinions about gerocounseling. A demographic section is also included.

Please forward the following link for the survey to your students:

<https://www.surveymonkey.com/s/XTSPK9S>

I have also attached the letter that will appear on the link for students' wishing to complete the survey.

If you have any questions or comments concerning this study please contact Twyla A. Nielsen at 701-361-4008 or my advisor, Dr. Ardith Brunt, at EML 351E, North Dakota State University at 701-231-7475.

Thank you for your assistance with my research.

Sincerely,

Twyla Nielsen
PhD Candidate
Applied Gerontology and Research
North Dakota State University

APPENDIX C. PARTICIPANT RECRUITMENT LETTER

North Dakota State University

NDSU Dept. 2650

PO Box 6050

Fargo, ND 58108-6050

Hello, my name is Twyla Nielsen and I am a PhD Candidate in Applied Gerontology and Research at North Dakota State University. I am conducting research to determine counseling students' interest levels in the specialty area of gerocounseling. It is important to find the extent to which current counseling students are interested in working with the aging population and how willing students would be in specializing in gerocounseling if given the opportunity.

The online survey takes approximately 10 minutes to finish. The questions focus on topics concerning your professional interests and opinions about gerocounseling. A demographic section is also included.

This study is anonymous. That means that no one, not even members of the research team, will know that the information you give comes from you. Your participation in this survey is completely voluntary. You may refuse to participate and/or change your mind at any time with no penalty. Data will be kept at North Dakota State University's College of Human Development and Education.

Benefits which may result from the study include helping to shape the future direction of professional counseling. By understanding where counseling students' clinical interests lie; it is my hope that accrediting bodies can do a better job of constructing specialization areas within professional counseling that match these student interests and client needs.

If you have any questions or comments concerning this study, please contact Twyla A. Nielsen at 701-361-4008 or my advisor, Dr. Ardith Brunt, at EML 351E, North Dakota State University at 701-231-7475.

APPENDIX D. SURVEY

START HERE

1. **The following is a list of topics that are more specific to working with older adults in a counseling setting. Please circle below which answer best describes your interest in counseling older individuals in the following topic areas. Select one answer for each topic area.**

Extent of Interest in Topic Areas for Older Adults

Grief Counseling	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Retirement counseling focusing on psychosocial issues	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Family counseling with aging parents and older children	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Counseling caregivers of older adults	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested



GO TO THE NEXT PAGE

2. **The following is a list of work environments in which counselors may work with older adults. Please circle below which answer best describes your interest in working with individuals in the following work environments. Select one answer for each topic area.**

Extent of Interest in Work Settings for Older Adults

Hospice Care	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Geriatric Unit Of Hospital	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Nursing Home	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Private Practice Working Primarily with Older Adults	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested
Community Agency Primarily Working with Older Adults	Very Interested	Somewhat Interested	Not Sure	Somewhat Disinterested	Very Disinterested



3. **The following is a list of topics that are more specific to working with older adults in a counseling setting. To what extent do you feel prepared to work with older adults in the following areas due to your counseling training? Select one answer for each topic area.**

Extent of Preparation to Work within These Areas

Assessment Procedures	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared
Counseling and Psychotherapy	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared
Health Issues in Aging	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared
Grief Work	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared
Knowledge of Community Services	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared
Retirement Counseling	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared



4. **The following is a list of options by which graduate students can obtain gerontological training. Please circle below which answer best describes your willingness to participate in the following training areas for gerontological training. Select one answer for each training area.**

Extent of Willingness to Seek Gerontological Training

Coursework	Very Willing	Somewhat Willing	Not Sure	Somewhat Unwilling	Very Unwilling
Workshop	Very Willing	Somewhat Willing	Not Sure	Somewhat Unwilling	Very Unwilling
Self-Study	Very Willing	Somewhat Willing	Not Sure	Somewhat Unwilling	Very Unwilling
Conference Attendance	Very Willing	Somewhat Willing	Not Sure	Somewhat Unwilling	Very Unwilling
Getting Supervision from a Supervisor	Very Willing	Somewhat Willing	Not Sure	Somewhat Unwilling	Very Unwilling
Retirement Counseling	Very Prepared	Somewhat Prepared	Not Sure	Somewhat Unprepared	Very Unprepared



5. **The following is a list of topics that are more specific to working with older adults in a counseling setting. How important do you think it is for counselors to be knowledgeable of each of these topics if they are working with older adults? Select one answer for each topic area.**

Extent of Importance of Being Knowledgeable of These Areas



Assessments Specific to Older Adults	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Counseling Strategies Specific to Older Adults	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Grief Work	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Retirement Counseling	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Physical Health Related to Aging	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Aging and Cultural Issues	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant
Hospice Care	Very Important	Somewhat Important	Not Sure	Somewhat Unimportant	Very Unimportant



6. Do you think that specialized training in gerocounseling is needed for counselors who want to work exclusively with older adults? (Please check one.)

- Yes
- No

7. If your counseling program offered a specialization in gerocounseling, would you complete the requirements for this specialization? (Please check one.)

- No (If no, go to the next page) 
- Yes (If yes, go to the next question) 

8. (If Yes) To specialize in gerocounseling, how many classes would you be willing to complete beyond the minimum classes required by your masters/doctoral program?

- No Additional Coursework
- 1-2 Classes
- 3-4 Classes
- 5-6 Classes



CONTINUE HERE

How old are you?

- 20-23
- 24-25
- 26-27
- 28-30
- 31-33
- 34-38
- 39-44
- 45-50
- >50

What gender are you?

- Female
- Male

What race are you?

- African American
- American Indian
- Asian American
- Caucasian
- Hispanic American
- Pacific Islander
- Other (please specify) _____

In what level counseling program are you currently enrolled?

- Masters
- Doctoral
- Other (please specify) _____

In what type of counseling program are you currently enrolled?

- Career Counseling
- Community Counseling
- Counselor Education and Supervision
- Marriage and Family Counseling
- Mental Health Counseling
- Pastoral Counseling
- Rehabilitation Counseling
- School Counseling
- Other (please specify) _____



**In what setting(s) do you see yourself working once you have obtained your counseling degree?
(Check all that apply)**

- Clinical
- Research
- Teaching
- Consultation
- Administration
- Other (please specify) _____

How many credit hours have you completed in counseling at this time?

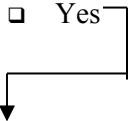
- 1-9
- 10-18
- 19-28
- 29-38
- >38

Is the counseling program in which you are currently enrolled CACREP-accredited?

- Yes
- No
- Not Sure

Does the counseling program in which you are currently enrolled offer an elective course specifically related to aging?

- No (Skip to the End)
- Not Sure (Skip to the End)
- Yes



(If Yes) Are you planning to (or already have) take a course on aging as part of your elective requirement?

- Yes
- No
- Not Sure

