CHAPTER 9

Skills, Attitudes, and Knowledge of Effective Practitioners

"A society's quality and durability can best be measured by the respect, and care given to its elder citizens."

—Arnold Toynbee

Learning Objectives

After reading this chapter, you will be able to

1. Examine the competencies and skills that are needed for counselor preparation and development
2. Analyze the strategies that counselors use when working with older clients

INTRODUCTION

As the aging population continues to grow, the need for counselors trained in gerontological counseling is essential. Older persons are an important population who can benefit from mental-health counseling. As a society, it is critical that we elevate the status of our elders and treat them with respect and dignity, rather than perpetuating negative stereotypes such as believing that they are depressed, unintelligent, neglected, and alone. Gerontological counselors are in a pivotal position to spearhead this process, as they must be appropriately trained to do so.

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Development is the common goal of clients in counseling as well as for individuals in the helping professions. Just as with our counseling clients, counselors must build an adequate foundation for future growth. As helpers, they engage in a form of education with your clients. This does not mean counselors "input" information into the clients. Rather, the client creates the information—new thoughts and ideas and new behaviors and feelings. The counselor's task is to provide an encouraging environment that encourages and allows the client to develop at his or her own pace. All individuals are learners who must face new developmental tasks. Even counselors, from beginning to advanced professionals, will always face new challenges and development tasks. These learning opportunities, whether they take the form of a new and challenging client or a complex theory or technique keep counseling alive and exciting.

COUNSELOR PREPARATION AND DEVELOPMENT

Gerontology encompasses the study of dynamic processes of aging as experienced on the social, psychological, and biological levels (Hooyman & Kiyak, 2008). Knowledge of gerontology therefore prepares professional counselors to work more effectively with older clients by facilitating understanding of their worldview. Professional counselors thus are better able to contextualize how aging itself is not the pathology, but rather the context that influences other aspects of the client's life (Mabey, 2011).

Gerontology is an interdisciplinary field (Hill & Edwards, 2004). Having the opportunity to learn information from different perspectives involved in this field will help counselors-in-training consider clients using varying viewpoints. Training within a diversity of classes also serves the student in achieving a deeper conceptualization of the issues involved in working with older adults (Karasik, Maddox, & Wallingford, 2004).

Regardless of the particular model followed, certain areas of information are essential to prepare counselors to work specifically with older persons. This section will explore professional competencies; counselor and relationship skills, attitudes, and values; multicultural issues; ethical issues; and supervision and consultation.

Professional Standards/Competencies

Gerontological competencies for counselors and human development professionals were developed to be used in developing curricula and by practitioners to determine areas of competence for conducting counseling with older persons. Gerontological counselors who specialize in counseling older adults are expected to demonstrate both generic and specialty competencies. Generic competencies are those expected of all counseling students; however, aging specialists acquire additional competencies for the older population.

Essential competencies for gerontological counselors have been identified (Myers, 2010). The competencies are consistent with CACREP (Council for Accreditation of Counseling and Related Educational Programs) standards for professional counseling orientation and ethical practice, social and cultural diversity, human growth and development, career development, counseling and helping relationships, group counseling and group work, assessment and testing, and research and program evaluation (Myers, 2010).

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Table 9.1 identifies the essential competencies for gerontological counselors. The CACREP recommends that aging concepts be instilled into existing counselor preparation curricula. According to Myers (2010), there are particular areas relevant to specialty training in gerontological counseling. These areas include normative experience of aging, older persons with impairments, needs and services for older persons, the population and special situations, counseling older persons, and ethics in gerontological counseling.

Aging concepts and gerontological competencies have been established for counselors interested in counseling older adults. Aging concepts are to be infused into existing counselor preparation programs and are closely aligned with CACREP core areas. Counseling students are expected to demonstrate these competencies prior to graduating from his or her counseling program. It must be noted that very few programs exist that offer this specialization; however, this area is viewed as an area of growth for future counselors.

Counseling and Relationship Skills

It is critical for counselors of any specialization to acquire the basic counseling and relationship skills such as empathy, genuineness, and unconditional positive regard, and for counselors who plan to work with older adults, developing a relationship of trust and mutual respect may take additional time. Counselors working with older clients must develop skills in numerous assessments (multicultural, strengths, comprehensive geriatric, cognitive, environmental, functional, career) unique to older persons.

Table 9.1 Competencies for Counseling Older Clients

1. Wellness orientation with genuine respect for the various needs of the older individual and overall aging population.
2. Sensitivity to natural changes as one ages, functional abilities and limitations and environment modifications.
3. Unique considerations in establishing a positive therapeutic relationship with older adults.
4. Knowledge of life span development, theoretical foundations of the aging experience, normative and non-normative changes and behaviors of older persons.
5. Social and cultural diversity issues that recognize the uniqueness of elders and the impact of societal attitudes on independent functioning and family systems.
6. Techniques for facilitating groups with older persons.
7. Lifestyle transitions and career development concerns of older persons.
8. Unique aspects of the appraisal process with older persons including psychological, social, and physical factors that impact the assessment process and ethical considerations.
9. Knowledge of current research regarding older adults and ethical considerations in conducting research on older adults.
10. Familiarity with the formal and informal support system for older adults and comfort in collaborating with multiple professionals in provision of services to elders.

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Counselors must also fine tune their communication skills for older adults with cognitive, hearing, visual, or physical impairments and make appropriate adaptations for older clients. They must be particularly resourceful to make appropriate referrals and to facilitate client involvement. They must be skillful with working with resistant clients whose experiences have been remarkably different from the counselor experiences. In addition to these foundational skills, counselors who plan to work with aging persons need additional training programs. Involvement in training programs can occur in a variety of settings located in the community, academic institutions, local agencies, and health care institutions. Counselors and trainees can obtain training in a vast array of topics that include normative age changes, diseases associated with aging, continuum of care, work and retirement issues, medication issues, substance use/abuse, coping with loss, health insurance, social service programs, and a host of topics. Programs can occur through university Life Long Learning Institutes, Alzheimer's Disease Association, Area Agency on Aging, Healthy Aging Institute, Association for Gerontology in Higher Education (AGHE), the Gerontological Association of America (GSA), the National Institute on Aging, and numerous other venues. These programs provide a foundation for knowledge about the older population and the issues that confront these individuals (Damron-Rodriguez, Funderburk, Lee, & Solomon, 2004).

A training program provides counselor trainees or counselors with a supportive climate in which they can explore their personal values, attitudes, and biases about aging and older adults. This exploration can occur in role-play scenarios, completing inventories on aging biases/stereotypes, conducting service-learning activities with older adults, interviewing older persons, exercises identifying older adults (photos) and listing positive and negative characteristics, volunteering with older adults, participation in community events (Alzheimer's, Breast Cancer Awareness), and conducting practicum and internship experiences. A discussion follows all of the intergenerational activities. Counselor trainees have the opportunity to increase their self-awareness and develop appropriate counseling techniques, assessments, treatment plans, and intervention activities.

In addition, skills are needed to understand complex feeling states, as well as to communicate this understanding back to older clients. Counselors will need to discuss issues related to decreased functional ability and must do so in a very supportive manner, while simultaneously emphasizing clients' remaining abilities. Counselors will also need to assist clients with adjusting to an environment that is unfamiliar to them, having had to relocate from their familiar community setting. Counselors in a supportive and affirming manner will educate the client, empower the client to assert him or herself, encourage him or her to participate in activities, and to form relationships with peers. Consequently, counselors should be trained to communicate and present concepts clearly, observe verbal as well as nonverbal client messages, and remain cognizant of client impairments that may interfere with communication. They should also know how to deliver methods in concrete, simple, and understandable ways (Stevens-Roseman & Leung, 2004).

Counselors must be trained to be respectful of older individuals. This can be conveyed by requesting how the older adult wants to be addressed. For example, addressing an older adult with his or her first name only may be viewed as a sign of disrespect. In addition, addressing older persons as "dear" or "hon" can also be viewed as disrespectful and patronizing as well. More time may be required to establish rapport: consequently,

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more patience is required of counselors in building the relationship and throughout the counseling endeavors.

Counselors working with older clients are encouraged to develop skills specific to older clients. The establishment of the therapeutic relationship cannot be overstated, because this relationship is the foundation necessary for any future treatment options.

Attitudes and Values

There are basic attitudes and values that counselors should be encouraged to examine and challenge (van Zuilen, Rubert, & Silverman, 2001). Positive attitude and respect for older persons is essential. First, counselor-training programs should provide time and space for students to examine their values involving the rights of older clients to develop and work toward their own treatment goals. Valuing older persons as individuals who continue to make positive contributions in society and within their families and communities is central in the counseling process with older clients. Appreciation of a wellness orientation that emphasizes healthy lifestyle and behaviors to prevent the occurrence of a disorder or to minimize the negative impact of a disease is extremely useful when working with older clients. A strengths-oriented perspective that values the strengths brought to the counseling relationship enhances potential coping when confronted with a variety of stressful situations. Also, students need to value life span growth and development, acknowledge many ways to grow old in society, and value the heterogeneity of the older population and their experiences. This examination and challenge of attitudes and values can be accomplished through self-examination, identification of the origin of these values and beliefs (family, community association), and increased opportunities for interaction (senior centers, retirement villages, nursing homes). Second, a gerontological education should teach students that older clients do not attend counseling only to come to terms with life and death. They may have other, more pertinent concerns to be dealt with. Students need to demonstrate a positive attitude and appreciation for the lifetime of experiences. Older adults are keenly aware of their mortality, and students need to appreciate their desire for creative expression, inclusion, and need to be productive and valued in later life. Third, students should be encouraged to examine their roles as gerontological counselors. That is, counselors should learn not to play the role of the client's supportive network. Rather, they should serve as someone who helps, and provides resources to the client to develop another, more appropriate, supportive community. Providing support is important throughout the therapeutic relationship. However, a counselor needs to promote independence and to do this, providing resources and ways to access resources in the community is essential. The therapeutic relationship will be brought to closure at some point; therefore, it is incumbent upon counselors to encourage development of a supportive network in the community that will be the client's support system.

Multicultural Issues in Counseling Older Adults

Older adults represent a rapidly growing and diverse subgroup of the American population. One-fifth of older adults are currently members of racial or ethnic minority groups (8% African-American, 7% Hispanic/Latino, 3% Asian, and 1% American Indians, Native Hawaiian, or pacific Islander) (U.S. Census Bureau, 2011), and it is projected that

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40% of the older adult population will be members of racial or ethnic minority groups by 2050 (U.S. Census Bureau, 2012). In addition, older adults may be representative of sexual minorities and identified as lesbian, gay, bisexual, or transgender (LGBT) and also underrepresented in the mental health system that minimizes the exposure of professional counselors to this population. This results in the lack of general knowledge regarding older LGBT individuals and lack of preparation to provide professional services for them (Mabey, 2011). Professional counselors are urged to celebrate the diversity that exists within the heterogeneous older adult population and increase exposure to familiarize and become comfortable addressing a myriad of issues in multicultural counseling sessions. Issues of identity, discrimination, stigmatization, lack of support, sexuality, and harassment may be brought to the therapeutic encounter, which may pose a challenge to professional counselors who lack the preparation and sensitivity to address these issues.

Although the importance of multicultural competence is supported in preparatory and ethical standards, current pedagogical practices may be ineffective as graduates of counseling programs frequently report feeling unprepared to effectively work with culturally diverse clients (Bidell, 2005; McBride & Hays, 2012; Rock, Carlson, & McGeorge, 2010). Therefore, counselor educators need to consider how to more effectively meet the challenge and responsibility of cultivating cultural competence for counselor trainees by focusing on increasing skill development (Dickson & Jepsen, 2007; Hays, 2008). Counselors and counselors-in-training must continually engage in learning both in the classroom and outside of the classroom. It is impossible to know everything necessary regarding all cultures and the aging experience; therefore, continued education must occur informally and formally.

Multicultural issues that are common when counseling older adults include issues of chronological age (65–74, 75–84, 85+), ageism, workplace discrimination, double jeopardy (discrimination based on being old and female), triple jeopardy (discrimination based on being old, female, and a member of a minority group), discrimination based on sexual identity (LGBT), society's undervaluing cognitive and functional abilities based on age, socioeconomic issues (poverty, insurance status), cohort differences (Depression era, Recession era), and age gaps (younger counselors with older clients).

Counselors need to be aware of the lifetime of experiences that have shaped the worldviews of their older clients and the timeframe in which they were born. For example, persons born during the Depression grew up during a time of limited resources, a strong work ethic, and a belief in keeping matters within the family. However, the baby boom generation has grown up during a period of prosperity, traveled excessively, have limited savings, and experienced the Great Recession. Counselors must remain aware of the struggles experienced by women, minorities, and persons who do not identify themselves as heterosexuals. These groups have experienced racism, harassment, and social isolation and alienation in many sectors of society (work, education, employment, health care). Counselors must remember that chronological age is a determining factor in our society and may work against older persons. For example, older persons (65+) are encouraged to retire in spite of their ability to continue on their jobs. Older persons are negatively stereotyped as unproductive, lacking motivation, and unintelligent, which influences their interactions and relationships with others. Religious and political affiliation also influences the behavior of older clients. The identified issues are just a few of the issues counselors must be aware of in counseling older clients.

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Counselors are faced with an increased challenge to find ways to relate to diverse clients and build strong therapeutic alliances (Owen, Tao, Leach, & Rodolfa, 2011). While it is not feasible for counselors to understand the idiosyncrasies of every culture, it is possible to increase attention to cultural and contextual factors when building the therapeutic alliance (Vasquez, 2007). Successful counseling must include empathic relationships that are culturally sensitive in nature and that employ techniques grounded in mutual empathy (Duffey & Somody, 2011).

Counselors need to address the significance of contextual factors (e.g., socioeconomic status, education, literacy) that may be related to client distress (Comstock et al., 2008). When these factors are overlooked, the counselor and client are at increased risk for perpetuating cultural misunderstandings and negative attitudes toward counseling (Harting, Rosen, Walker, & Jordan, 2004). Failing to attend to contextual factors may lead to disconnection, feelings of being misunderstood, and potential for weakening the therapeutic alliance, which increases the likelihood for treatment withdrawal (Duffey & Somody, 2011). By encouraging counselors and counselors-in-training to pay increased attention to contextual factors and relationships that may be impacting the client, counselors and trainees may gain more insight and ability to empathize with their clients (Comstock, 2005; West, 2005). Acknowledging external relationships and contextual factors may encourage clients to be more engaged in the counseling process, which helps to reinforce the therapeutic alliance (West, 2005).

Counselors and trainees need to increase their knowledge of the cultural and environmental histories of their clients, which gives them an informed view of their older client. Understanding their worldview can be achieved through focused, open-ended questioning combined with significant relationships and power structures (Rodriguez & Walls, 2000). It is also important for practitioners to understand how their multicultural makeup (e.g., race, gender, age) may have a bearing on the counseling relationship due to the client's experiences with these factors outside of counseling, as cultural mistrust has been identified as a barrier to treatment in minority clients (Duncan & Johnson, 2007). Counselors need to pay attention to culturally relevant systemic issues that may affect client functioning, creating constant disconnection due to an effort to assimilate into majority culture (Jordan, 2008). It is important for counselors to be aware of how their role as the counselor and the hierarchal nature of the counselor–client relationship may affect the therapeutic alliance. Through the development of the relationship, clients and counselors work to decrease the hierarchal nature of the relationship.

Counselors must develop mutual empathy, which requires the counselor to allow themselves to be affected by the client because detachment may interfere with therapeutic healing (Duffey & Somody, 2011). Mutual empathy is demonstrated by continuing checking in with the client through empathic exchange, enabling the counselor to better understand the client's worldviews and inviting the client to react to the mutual exchange. The act of mutual empathy can create a more meaningful relationship by encouraging both client and counselor to fully participate in the exchange and feel the impact that each participant has on the other (Freedburg, 2007).

Counselors and counselors-in-training must engage in continued education regarding multicultural issues that impact their older clients. They must obtain the necessary cultural knowledge of the population they are assisting, increase awareness and examine their

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personal biases and the biases held by their older clients, and appreciate the appropriateness of referral to more culturally competent and experienced practitioners. Counselors must also access experiences to increase their knowledge of multicultural issues through engagement in a mentoring program, involvement in minority and aging sponsored events, attending training sessions on multicultural development, and attendance at conferences focusing on multicultural issues.

Race, ethnicity, gender, and socioeconomic class are determining factors in every segment of American life, including how we age. For example, the aging poor find themselves at a disadvantage with regard to health care and housing. The elderly, as a group, encounter barriers to receiving counseling services. Not surprisingly, there is a correlation between having insurance and using mental health services (Myers & Harper, 2004). An age gap may exist between older clients and younger counselors, which may impede the development of a therapeutic relationship. Older clients may not feel the counselor has the ability to appreciate their long-lived experiences. Additionally, while race should not be a factor that influences the therapeutic relationship, it will have an impact if the client is a member of a minority group (persons of color, women, LGBT). Persons in the minority group may feel a disconnect due to the fact that the counselor may not be able to relate to their experiences of harassment, discrimination, and exclusion. Being old is also a culture of its own. Within that culture, people who are old and healthy live in a different world than those who are old and have a disability. It is helpful to distinguish between two broad categories: the young-old and the old-old, who are different from each other not so much by chronology as by health and self-sufficiency. Counselors need to have a working knowledge of the chronic illnesses and disabilities to which the old-old are especially subject.

Guided Practice Exercise 9.1 engages the future counselor in an examination of characteristics of a culturally competent counselor and self-examination to improve counseling skills in working with multicultural groups.

Guided Practice Exercise 9.1

List the characteristics of a culturally skilled counselor. Now, conduct research on a culturally competent counselor. Compare your list of characteristics to the information obtained from your research. Which characteristics do you possess? What areas do you need to work on to become a more skilled multicultural counselor? What strategies or experiences do you need to increase your skills in this area of counseling? Share your findings with your peers and/or supervisors.

Ethical Issues and Older Persons

It is important to realize that no set of ethical standards can cover every situation that may arise. If counselors are to make appropriate ethical decisions regarding the treatment of older adults, it is important for them to be familiar with models for ethical decision making, specifically, principle ethics and virtue ethics.

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Principle Ethics

Principle ethics guide decision making and include fidelity, autonomy, and beneficence. Fidelity is the ethical principle that addresses the quality of the relationship between the counselor and the client. It implies that essential elements of the counseling relationship include trust and loyalty. The second principle, autonomy, refers to the right of older adults to make their own choices and decisions regarding matters that affect their lives. This principle implies that counselors must respect their clients' choices and not attempt to force their own values on the client. It further implies that counselors should always seek input on decisions that affect the client, even when the client may have impairment (Myers & Schwiebert, 1996).

Finally, the concept of beneficence dictates that the counselors prevent harm and work toward positive outcomes for the client. Although it is often difficult to ascertain which solution is ultimately most likely to benefit the client, it is incumbent on the counselor to continually strive to keep the client's best interest in the forefront as decisions are evaluated (Myers & Schwiebert, 1996). An example of principle ethics in working with older clients would be for the counselor to encourage independent decision making when the older client must relocate to a new environment. The counselor may present resources and examine the appropriateness of the different environments; however, encourage the client to arrive at his or her decision with minimal counselor input.

Guided Practice Exercise 9.2 demonstrates principle ethics of fidelity, autonomy, and beneficence, which if not handled appropriately, may be considered violations of ethical code.

Guided Practice Exercise 9.2

Imagine a group in interaction consisting of the counselor, older adult, and family members. The family has raised the issue that they do not feel their mother should remain in her home because her neighborhood has declined in recent years. As the counselor, is it your obligation to the older client or to the family members? Do you agree or disagree with the family's decision? What additional information do you need to position yourself to make a decision? Is your role to advocate for your older client (who wants to remain independent) or succumb to the desires of the adult children? How would you handle this situation? What ethical principles are you confronted with?

Virtue Ethics

In addition to models of principle ethics, virtue ethics must be considered. Virtue ethics complement models of principle ethics and focus on character traits and nonobligatory ideals that facilitate the development of ethical individuals. Virtue ethics address how an individual chooses which issue principles to apply to a situation and which principles to follow when two or more principles are in conflict. Virtue ethics address the process by which the individual makes this choice based on his or her own morals and values (Meara, Schmidt, & Day, 1996).

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Many older persons are particularly concerned with protecting their rights to privacy. Many are not used to openly discussing sexual behavior, financial problems, and personal inadequacies. In fact, they may consider such talk as inappropriate and embarrassing. Counselors should be trained to work delicately with older persons on such issues, while encouraging the client to talk freely in an environment that is understood to be confidential (Pangman & Sequire, 2000). Having the skills to discuss with the client, values, needs, and fears associated with delicate issues might also be appropriate.

Counselors must also receive training in working with older persons, but also with their family members because they live within a family system. Ethical issues that may arise with older clients might include the decision to place an older client into a nursing home, need to involuntarily commit an older family member into an acute psychiatric facility, obtaining guardianship over their older family member, and many other areas. Counselors working with their older clients and family members will be challenged to provide sensitivity and objectivity simultaneously while remaining focused on what is viewed appropriate for their client. There may exist times when the counselor working with their older client must advocate on behalf of their client, which may produce tension with other family members.

Principle ethics of fidelity, autonomy, and beneficence and virtue ethics guide ethical decision making in the counseling of older adults. Counselors are to be aware of ethical principles and work diligently to adhere to them to avoid violations.

Supervision and Consultation

After obtaining the competencies needed to work with older adults, it is beneficial to professionals to continue growing and learning in their practice. This can be accomplished using supervision and consultation. Supervision is the process of helping both beginning and experienced therapists examine their own clinical and counseling work. Supervision is also a teaching process that is critical to the counselor and therapist development. By consulting with a supervisor or peers, counselors can learn about what they are doing right in work with clients, their developmental blind spots, and their options for further growth and development.

Therapists or counselors who are just starting out will benefit from supervision by professionals in their practice setting and in their college practicum. Those who are advanced in the profession can benefit from peer consultation and supervision from a master therapist or from someone with a different perspective. This process allows all members of the helping professions to learn about the complexities of helping. The most proficient and forward-looking counseling centers, clinics, and agencies incorporate supervision and feedback on clinical interviewing as a matter of course. If students are in agencies which do not provide supervision, then students need to obtain supervision from knowledgeable practitioners in the field, consult with former professors, and attend supervision training sessions within counseling associations. Those counselors or institutions not actively seeking such growth experiences inevitably limit their range as helpers.

Beginning therapists and counselors are motivated to seek out consultation with peers, often forming peer supervision groups on their own. There exists a small, but growing number of helping professionals interested in working with older adults. While they are more numerous in different fields (social work, physical therapy, occupational therapy),

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they are a small group in the counseling field. Therefore, it may be challenging to locate peers to engage in peer supervision. Some counselors working with a different population (i.e., adult) may choose to access courses to familiarize themselves. They learn through their clients as they age. The Mental Health Counseling Association, American Counseling Association and American Psychological Association are resources, as well as gerontological organizations. One of the most important benefits of a training program is such peer learning. After training, counselors in the work setting often find themselves supervising the work of colleagues and training community volunteers and new students.

Guided Practice Exercise 9.3 gives the counselor-in-training the opportunity to gain feedback from supervisory personnel to improve effectiveness with their older client.

Guided Practice Exercise 9.3

Conduct a 30-minute interviewing session with an older person. Obtain permission to record audio and/or video of this practice session. The goal of this session is to give your client the opportunity to discuss major life transitions while demonstrating attending, active listening, summarizing, and time management skills. Once completed, playback the recording and obtain feedback from your supervisor.

Consultation on a variety of issues related to older clients may occur in a variety of ways. Counselors working with older clients may be working with healthy older clients experiencing a crisis or unanticipated transition or working with older clients who are experiencing chronic mental health issues. These clients may reside at home, in retirement communities, assisted living facilities, or nursing homes or reside with family members. Older clients may be gainfully employed in careers that are rewarding and satisfying or in employment situations where they are facing discrimination due to their age. Therefore, based on the circumstances which the older client may be experiencing, the consultation services will vary. For example, the professional counselor may be contacted to provide group programming for older clients in a nursing home. The counselor may be called upon to provide a psychoeducational lecture series on a mental health topic. The counselor may be consulted by an employer to provide strategies to retain and increase their older adult workforce. A counselor may be called upon to participate in treatment planning meetings (with the consent of their older client) to provide input to better prepare their older client to transition from one environment to another (i.e., from nursing home to assisted living environment).

STRATEGIES TO USE IN COUNSELING OLDER ADULTS

The following section will examine the needs and services for older persons, client empowerment, impairment and adaptations, living arrangements, developmental crises or transitions,

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and resources. An examination of these areas that affect older adults is very important in preparing clients to work effectively with this population.

Needs and Services for Older Persons

Before discussing the strategies that are typically used in counseling older adults, it is necessary to understand the resources and services that are made available to this group. Many community-based services were established with the Older Americans Act, which was passed in 1965 and amended in 2000.

The act provides for an adequate income in retirement in accordance with the American standard of living and the best possible physical and mental health that science can make available, without regard to economic status. It also places priority on obtaining and maintaining suitable housing that is independently selected, designed, and located with reference to special needs and available at costs that older citizens can afford. The act emphasizes a full array of restorative services for those who require institutional care and a comprehensive selection of community-based, long-term-care services adequate to appropriately sustain older people in their communities and in their homes, including supporting family members and other persons providing voluntary care to older individuals needing long-term-care services (U.S. Code, 2003).

The Older Americans Act also outlines the significance of the opportunity for employment with no discriminatory personnel practices because of age; retirement in health, honor, and dignity; and participation in and contribution to meaningful activity within the widest range of civic, cultural, education and training, and recreational opportunities. Priority is given to efficient community services, including access to low-cost transportation, which provide choices in supported living arrangements and social assistance that are readily available when needed, with an emphasis on maintaining a continuum of care for vulnerable older individuals. Immediate benefit from proven research that can sustain and improve health and happiness is also a component of the act. Finally, the Older Americans Act addresses freedom, independence, and the free exercise of individual initiative in planning and managing his or her own life; full participation in the planning and operation of community-based services and programs provided for his or her benefit; and protection against abuse, neglect, and exploitation (U.S. Code, 2003).

Numerous services are available as resources for older adults. These resources allow clients to maintain their independence within their local communities and enhances their quality of life.

Client Empowerment

Counselors need to believe that older adults are capable of growth and change as they encounter the challenges associated with aging and in life. Counselors must also believe that clients want and need to be active participants in decision making in all aspects of their care.

Client empowerment involves several dimensions: active participation, problem solving, acceptance and responsibility for self-care, informed change, client competency, and perceived control over their health and life. Active participation is essential to client empowerment, and the client must be willing to assume responsibility and participate in

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goal setting and decision making (Tveiten & Meyer, 2009). Empowerment also involves the client in problem formulation, decision making, and action (Tengland, 2007). Critical thinking and informed decision making about self-care and his or her health is related to empowerment (Anderson & Funnell, 2010). The outcome of empowerment is change in client's performance (Hsueh & Yeh, 2006). Client empowerment is associated with awareness of one's developmental strengths and abilities, evidenced by asserting personal control, feeling more powerful, increased self-esteem and self-worth, inner confidence, enhanced well-being and self-capacity (Shearer, 2007). Finally, client empowerment is a process that enables clients to gain more control over the diverse aspects of his or her life (Lord & Hutchison, 1993).

"Clients create change, not helpers" (Glicken, 2004, p. 5). The role of the counselor is to facilitate the client empowerment process using a strengths-oriented perspective; counselors will assist clients in identifying his or her strengths, resources, and goals. Counselsors will also connect clients with personal and community resources to achieve his or her goals. Counselors will also coordinate this process, if necessary.

Examples of client empowerment are assisting clients secure support from family and friends when they have difficult decisions to make (i.e., retirement, relocation to supervised setting). Counselors can also support clients in overcoming their dependence on alcohol, drugs, and/or medications by drawing on their inner strength, faith, and previous coping abilities used in different situations. Clients have overcome numerous challenges in their lives and counselors will draw upon previous coping mechanisms and problem-solving skills to facilitate client empowerment.

Empowering clients to take responsibility for their behavior and involvement in changing maladaptive behaviors is an enlightening process of exploration. Client empowerment is a process that ultimately changes client behavior, which enables the client to engage more fully in all aspects of life.

Empowerment is an important strategy that professionals may need to implement with their clients. Fighting the negative attitudes of society toward the aging process may take a toll on older adults. Such negativity may affect not only elders' feelings of self-worth, but also their lifestyles. Counselors may find it necessary to help some older clients distinguish between the myths or stereotypes and the actual realities of aging. Counselors should develop sensitivity to their own needs and aging process. Consequently, a process around deconstructing such myths should take place within counselor education.

Guided Practice Exercise 9.4 provides a role play that illustrates negative perceptions of aging and how to empower clients to refute negative societal messages.

Guided Practice Exercise 9.4

Engage in a role-play scenario. Person A plays the older client and Person B plays the counselor interviewing the client. The older client expresses disgust with the negative perceptions, ageism, and negative comments made to him or her on a regular basis. The counselor is to convince the client of the positive aspects of aging and empower him or her to be assertive when confronted with negative interactions.

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Impairment and Adaptations

There is considerable variation in the aging process, and individual differences must be understood and respected (Serby & Yu, 2003). That is, there are differences between counseling the young and the old. To varying degrees, aging may bring on significant physical changes such as sight, hearing, and memory loss. In such cases, students should be trained to face the client directly, sit close, and speak especially clearly. The counselor should observe how well the older persons can process and digest information. In addition, slower, more distinct, and briefer comments may be necessary. Furthermore, counselors should be trained to note differences between sensory impairments and cognitive deficits (Knight, 2004).

Guided Practice Exercise 9.5 provides the opportunity to conduct a gerontological assessment and modify its use for older clients, while attending to the changes due to aging. The gerontological assessment is a comprehensive assessment of client functioning. There exists specific assessments normed for older adults, and these assessments are administered early in the counseling process. An extensive listing of various assessments is illustrated in Chapter 10. Due to client cognitive and/or physical abilities, modifications may be required.

Guided Practice Exercise 9.5

A comprehensive gerontological assessment provides valuable information that help you better understand and work therapeutically with an older client. This type of assessment is time-consuming and may be exhausting for some older clients. What modifications would you make to complete this assessment with your older clients?

Counselors who choose to work with the elderly population will likely be presented with a plethora of issues outside of that which brought the client initially into treatment. Due to the age of the client, the counselor will need to be aware not only of mental and emotional conditions, but also those which may be of physical concern. Additionally, issues related to cognition may make the therapeutic process more challenging.

There are two main forms of cognition: crystallized and fluid intelligence. Crystallized intelligence is one area of cognition that is often found to increase with age and is defined as the ability to use knowledge that was once acquired earlier in life on later occasions (Vander Zanden, Crandell, & Crandell, 2007). Also one's knowledge base not only remains intact but also continues to grow throughout most of adulthood, only to start declining after age 65 (Cavanaugh & Blanchard-Fields, 2006). A second area of cognition is classified as fluid intelligence and is defined as reasoning ability and a skill not dependent on experience and this tends to peak in young adulthood, only beginning to decline if not regularly used and practiced (Cavanaugh & Blanchard-Fields, 2006). The older client may have difficulty processing new concepts, and as a result, the counselor will have to exhibit more patience and understanding when counseling this population.

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The slowing of cognitive processes that occurs with normal aging is noticeable. The impact of slowing in therapy is that conversational flow of each session is usually slower than with younger adults in both the pacing of sentences and the latency between client speech and therapist speech. Speaking quickly leads to communication inaccuracy and the need to repeat information. The therapist working with older clients must be more aware of pacing within sessions and may need to actively resist any internal tendency to speak quickly in response to time pressure, anxiety, or excitement (Knight, 2004).

Changes in the capacity of working memory in later life may require some modification of communication style in the counseling session. Working memory is the active processing capacity of memory, the amount of information that can be actively held in memory and worked on at one time. This limited capacity store may be slightly reduced in later life. If so, it may account for changes in comprehension of speech and in problem-solving abilities. Both of these changes could be compensated for by slowing the pace of speech, simplifying sentence structure, and by presenting problems in smaller pieces. The counselor who tends to use a lot of jargon and make longer and complex interpretations or recommendations will need to modify this style when working with older adults, especially when working the old-old (Knight, 2004).

Life experience is an asset when working with older adults. Older clients often have expertise relevant to the problem that was brought to therapy. Their accumulated knowledge of people and relationships can be brought to bear on current relationship problems. Taking advantage of this expertise can be an adaption for the therapist in a few ways. First, therapists working with younger adults may be more accustomed to encouraging people to explore themselves to discover untapped strengths. Changing that mindset to helping people recall and use already existing strengths is not more difficult, but it is different. Second, working with clients who have more life experience and expertise is also a change of perspective for the therapist. It can be quite exciting for therapists who are open to learning from clients. It may be anxiety-arousing for therapists who are uncertain of their own abilities (Knight, 2004). Guided Practice Exercise 9.6 provides the opportunity to utilize the strengths of an older client to use as a resource within the counseling session.

Guided Practice Exercise 9.6

All clients have something to offer in any therapeutic encounter. Older clients have untapped resources and potentials yet to be discovered. Identify positive resources in your older client and in his or her environment. Identify what your client does extremely well: the positive assets he or she has developed. Once identified, have your older client identify a challenging situation, dilemma, or life transition (widowhood, divorce, relocation, retirement) and how he or she used their strengths and resources to manage or address the situation. End your interaction with strengths identified by your older client. This positive basis can facilitate the treatment planning process.

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To establish a relationship conducive to effective counseling, the professional should be skilled in various ways. First, counselors must be able to convey respect for dignity and worth of the older individual. Because some older persons may be reserved and less confident, more time may be needed to establish rapport with them. Asking the client how he or she chooses to be addressed is a sign of respect. In addition, counselors should be trained or have experience employing counseling treatment in flexible settings. For example, some older persons may respond better if served in their homes. Finally, the 50-minute time slot may not be conducive to the client's stamina.

Living Arrangements

Numerous non-institutional living arrangements exist for older persons. They may live with a spouse, alone, with relatives or with persons they are not related to, in homes, condominiums, or apartments that they own or rent. They may also live in subsidized housing, due to low income. They may live in personal care homes, assisted living facilities or in retirement villages. Older persons prefer to reside in their communities and use services to enhance their ability to remain there.

Older persons will also reside in institutional facilities, such as a nursing home. Nursing homes are for those older persons who have difficulty with their activities of daily living and who have medical problems that require supervision and care by nursing personnel. Despite the fact that rehabilitation is a component of their care, most elders view nursing homes as the last resort and would prefer not to be admitted to one.

Guided Practice Exercise 9.7 gives the counselor-in-training the opportunity to conduct research to increase his or her knowledge regarding living environments of various stages of an older clients' life. Knowledge of these resources is essential for a counselor who plans to work with older clients.

Guided Practice Exercise 9.7

As a future counselor who wishes to work effectively with older clients, you must be knowledgeable regarding the continuum of care. Different living environments are required for older persons at different points in their lives based upon a variety of factors. Conduct research on the continuum of care for older persons to understand their structure, eligibility requirements, costs, and locations. Now identify which environments would be acceptable for older adults who are independent and highly functional, those who require some minimal assistance with activities of daily living, and those who have numerous medical problems and require daily supervision. Now identify resources for the older client who has a diagnosis of dementia in the later stages.

Professional counselors are required to understand the types of living arrangements and the impact and interaction between the environment and their older clients. When a fit/congruence does not exist between the older person and his or her environment, it is

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problematic to the older person and his or her achievement of certain positive outcomes. If there exists an incongruence between the environment and the older adult, then modifications can be made to the environment (rails, better lighting, alarms, walk-in bathtubs), or a referral to a supervised setting may be required, if the elder is unable or unwilling to move in the with residents. For example, continuing to live in one's home with numerous steps in the front and back of the house is incongruent for an elderly person with mobility issues, who has diabetic neuropathy in the lower extremities, or who recently experienced a fall. The professional counselor needs to understand the various environmental arrangements and view this in the context of the needs of their older clients. Better care will be provided if attention is paid to environmental considerations.

Developmental Crises/Transitions

As with individuals of all age groups, older adults often experience developmental crises or transitions. Unlike other age groups, however, the elderly face developmental transitions that frequently require adjustment to loss. While these crises are not experienced by all older persons, nor are they exclusive to the elderly population, they must be faced by many older persons. Consequently, training in working with adjustment issues in general—as well as specific to the elderly population—is imperative.

Guided Practice Exercise 9.8 provides the opportunity to become familiar with the stages of the dying process and its application for dying persons.

Guided Practice Exercise 9.8

Elisabeth Kübler-Ross (1969) identified five stages individuals work through when they face death and dying. The stages are denial, anger, bargaining, depression, and acceptance. Relate how these stages can help you (the counselor) in working with your terminally ill older client and his or her family. What do you view as your role in this situation? Identify issues that arise in each of these stages and ways to address them.

Counselors who choose to work with the elderly population must have significant knowledge of their specific issues, experiences, and concerns that will assist in managing crises/transitions. Oftentimes, when the elderly are referred to a professional in the human service field, they are struggling with emotional, psychological, or physical issues. Depression is a major concern among this age group. Community studies have shown that 25% of elderly persons report having depressive symptoms (Raj, 2004), additionally confirmed by Shirmbeck (2006), with high rates of occurrence (36% to 46%) among those hospitalized (Teresi & Abrams, 2001). According to Erik Erikson's seven stages of human development, elderly individuals would find themselves dealing with the psychosocial crisis of ego integrity versus despair. It is during this stage that the individual evaluates his or her life, accomplishments, and fears. Individuals who fear their own death, feel abandoned

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or lost due to the loss of loved ones, are experiencing chronic or terminal illness, or feel they have lost the ability to be self-sufficient can find themselves engulfed in a state of despair (Krebs-Carter, 2007; Lewis, 2001). Counselors can help clients examine these crises and develop strategies to address them.

Pervin, Cervone, and Oliver (2005) find that through the progression of Erikson's stages, some individuals are capable of developing a sense of intimacy, an acceptance of life's successes and disappointments, and a sense of continuity throughout the life cycle, a progression that leads to integrity stage in later life. However, other people remain isolated from family and friends, appear to survive on a fixed daily routine, focus on both past disappointments and future death, and are likely to find themselves rooted in despair (Pervin et al., 2005). Counselors will equip clients with the modality necessary to manage this phase.

Older adults are similar to any other population, and they also have certain needs that are often specific for them. Change is a major part of late adulthood, whether it's divorce, retirement, or some other type of change. Older adults are dealing with new experiences and life changes. Regardless of the type of change or time in which it occurs in life, large changes can lead to emotional concerns, like depression or anxiety (Kampfe, 2015).

Despite the fact that many older adults share some concerns with the general population (i.e., divorce, depression, anxiety), there are areas that tend to be more common in late adulthood. For example, many older adults have financial concerns due to being retired, unable to work, or on a fixed income. They might struggle to meet their daily expenses. Increasing health care costs might add to financial troubles older persons face (Kampfe, 2015). Financial issues can lead to many other issues as well. Malnutrition, health care problems, depression, and anxiety are just a few of the concerns older persons face. A counselor working with older adults must pay particular attention to these issues and be prepared to face other issues that result from inadequate finances (Kampfe, 2015). Counselors may need to assist clients with adjusting on a limited budget, explore additional sources of income, and examine the possibility of employment.

Older adults face many problems, and widowhood is more common in late adulthood. As people age, they are more likely to lose their spouse, which can lead to depression and other emotional issues. While widowhood is experienced by both men and women, it is more prevalent among women because they live longer than men. Also, some women have centered their identity on their family, and when children have moved on and their spouse is gone, some women experience a crisis of personality and question their identity. Counselors working with older clients are to pay particular attention to these issues and be prepared to engage in grief counseling with older adults (Kampfe, 2015).

Finally, counselors working with older clients must remember that many older clients face health issues. Even among the healthiest elderly, eyesight, hearing, smell, taste, and mobility decline. Previously identified health conditions of hypertension, stroke, dementia, osteoporosis, arthritis are common concerns for elderly clients, and mental health practitioners must address the emotional, psychological, physical, and social implications of these conditions with older clients. Additionally, older clients may be without a disability; however they may be caring for someone who has a disability. The stress associated with the caregiving role must be addressed by the counselor and teaching stress reduction techniques and other ways to relax may prove valuable in working with older clients (Kampfe, 2015). Assisting clients in securing resources will be helpful during this process.

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Resources

One final strategy to help older adults is to enable them to help themselves. Knowledge of formal and informal resources is critical when counseling older clients. Professionals will need to be familiar with the informal support system, which may consist of family, friends, and neighbors and the formal support system, which include private and public organizations, for-profit and not-for-profit systems, continuum of care for living environments, medical, mental health and rehabilitation facilities, social service agencies and programs, plethora of health and mental health professionals. Counselors assisting older clients will serve as referral agents and teach older clients to be resourceful. They will also be required to familiarize themselves with resources specific to the cultural group to whom services are being delivered (i.e., Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders [SAGE]). Collaborating with a variety of professionals in multiple settings will increase the likelihood that older clients will receive the services they need.

Myers (1990) reported that the popularity and availability of self-help resources have encouraged younger persons to become more knowledgeable and open to their own feelings and stress responses. On the contrary, older persons may have a limited familiarity with such materials. This contributes to their lack of relevant vocabulary, a smaller array of coping mechanisms, and diminished acceptance and awareness of stress-related concerns and/or symptoms. In such cases, students should become knowledgeable about potential resources that older persons might be inclined to use outside of the counseling office.

Older adults are inclined to use their local senior citizen centers, local aging agencies, local physicians, and health care facilities. Clients in the baby boom generation are more familiar with technology and may choose to browse the Internet for health and mental health resources. Print material may be preferred by older clients who are unfamiliar with technology and/or uncomfortable with its use. Numerous resources are available in local libraries, in academic libraries, local bookstores, and on the Internet. Counselors can encourage older clients to access these resources and teach clients that all information on the Internet is not reliable nor valid. They can obtain resources from the local, state, and government websites as appropriate sites to access health-related information.

There exist extensive resources available in multiple formats for older clients to access. Counselors working with his or her clients will encourage clients to be resourceful in accessing these resources in the community and to become knowledgeable and informed consumers.

KEYSTONES

- Older persons continue to be underrepresented in the mental health system and can benefit from mental health counseling.
- The older population continues to expand and the need for qualified gerontological counselors will continue to rise.

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- The American Counseling Association (ACA) has established core competencies for a gerontological counselor.
- Counselor education programs must provide basic counseling preparation and enhance the education with areas that pertain specifically to older adults in an interdisciplinary manner.
- Counselors and counselors-in-training should be prepared to examine their attitudes and values and address multicultural and ethical issues in their work with older adults.
- Supervision and consultation and teaching processes are critical to counselor and therapist development.
- The Older Americans Act, which was passed in 1965 and amended in 2000, established many community-based services that provide for such resources as income in retirement, suitable housing, and long-term health care.
- Strategies that counselors should utilize when working with older adults include client empowerment, being aware of and adapting to physical and cognitive impairments, ensuring that living arrangements align with an older person's capabilities, and training in adjustment issues.
- It is important for counselors to learn about and suggest resources to older persons for use outside of the counseling office.

ADDITIONAL RESOURCES

Print Based

Erford, B. T. (2013). *Assessment for counselors* (2nd ed.). Belmont, CA: Brooks/Cole.

Fuertes, J. N., Spokane, A., & Holloway, E. (2013). *Specialty competencies in counseling psychology*. New York, NY: Oxford University Press.

Geldard, K., & Geldard, D. (2012). *Personal counseling skills: An integrative approach* (Rev. ed.). Springfield, IL: Charles C Thomas.

Giordano, J. A. (2000). Effective communication and counseling with older adults. *International Journal of Aging and Human Development, 51*, 315–324.

Gladding, S. T. (2013). *Counseling: A comprehensive profession* (7th ed.). Boston, MA: Pearson.

Hays, D. G., & Erford, B. T. (Eds.). (2014). *Developing multicultural counseling competence: A systems approach* (2nd ed.). Boston, MA: Pearson.

Huber, R., Nelson, W. H., Netting, F. E., & Borders, K. W. (2008). *Elder advocacy: Essential knowledge and skills across settings*. Belmont, CA: Thomson Brooks/Cole.

Johns, H. (2012). *Personal development in counselor training* (2nd ed.). Thousand Oaks, CA: Sage.

Okun, B. F., & Suyemoto, K. L. (2013). *Conceptualization and treatment planning for effective helping*. Belmont, CA: Brooks/Cole.

Parsons, R. D., & Zhang, N. (2014). *Becoming a skilled counselor*. Thousand Oaks, CA: Sage.

Schwiebert, V., Meyers, J., & Dice, C. (2000). Ethical guidelines for counselors working with older adults. *Journal of Counseling and Development, 78,* 123–129.

Walsh-Burke, K. (2005). *Grief and loss: Theories and skills for helping professionals.* Boston, MA: Allyn & Bacon.

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Web Based

www.nhcoa.org/hispanic-aging-network/
www.asaging.org
www.forge-forward.org/aging/
www.cms.hhs.gov
www.ncoa.org
www.dol.gov
www.siecus.org
www.census.gov
www.aoa.gov
www.nimh.nih.gov
www.afar.org
www.aarp.org
www.aghe.org
www.geron.org

REFERENCES

Anderson, R., & Funnell, M. (2010). Patient empowerment: Myths and misconceptions. *Patient Education and Counseling, 79*(3), 277–282.

Bidell, M. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision, 44*(4), 267–279.

Cavanaugh, J., & Blanchard-Fields, F. (2006). *Adult development and aging* (5th ed.). Belmont, CA: Wadsworth/Thomson Learning.

Comstock, D. (Ed.). (2005). *Diversity and development: Critical contexts that shape our lives and relationships*. Belmont, CA: Thomson Brooks/Cole.

Comstock, D., Hammer, T., Strentzsch, J., Cannon, K., Parsons, J., & Salazar II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86,* 279–287.

Damron-Rodriguez, J., Funderburk, B., Lee, M., & Solomon, S. H. (2004). Undergraduate knowledge of aging: A comparative study of biopsychosocial content. *Gerontology & Geriatrics, 25*(1), 53–71.

Dickson, G., & Jepsen, D. (2007). Multicultural training experiences as predictors of multicultural competencies: Student perspectives. *Counselor Education and Supervision, 47*(2), 76–95.

Duffey, T., & Somody, C. (2011). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling, 33,* 223–242.

Duncan, L., & Johnson, D. (2007). Black undergraduate students' attitude toward counseling and counselor preference. *College Student Journal, 41,* 696–719.

Freedburg, S. (2007). Re-examining empathy: A relational-feminist point of view. *Social Work, 52,* 251–259.

Glicken, M. (2004). *Using the strengths perspective in social work practice*. Boston, MA: Pearson.

Harting, L., Rosen, W., Walker, M., & Jordan, J. (2004). Shame and humiliation: From isolation to relational transformation. In J. V. Jordan, M. Walker, & L. M. Harting (Eds.), *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute* (pp. 103–128). New York, NY: Guilford.

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Hays, P. (2008). *Achieving cultural complexities in practice: Assessment, diagnosis and therapy*. Washington, DC. American Psychological Association.
Hill, H., & Edwards, N. (2004). Interdisciplinary gerontology education online: A developmental process model. *Gerontology & Geriatrics Education, 24*(4), 23–44.
Hooyman, N., & Kiyak, H. (2008). *Social gerontology: A multidisciplinary perspective* (8th ed.). Boston, MA: Pearson.
Hsueh, M., & Yeh, M. (2006). A conceptual analysis of the process of empowering the elderly at the community level. *Hulizazhi, 53*(2), 5–10.
Jordan, J. (2008). Recent developments in relational-cultural theory. *Women & Therapy*, *31,* 1–4.
Kampfe, C. (2015). *Counseling older people: Opportunities and challenges*. Alexandria, VA: American Counseling Association.
Karasik, R. J., Maddox, M., & Wallingford, M. (2004). Intergenerational service-learning across levels and disciplines: One size (does not) fit all. *Gerontology & Geriatrics Education, 25*(1), 1–17.
Knight, B. G. (2004). *Psychotherapy with older adults* (3rd ed.). Thousand Oaks; CA: Sage.
Kübler-Ross, E. (1969). *On death and dying*. New York, NY: The Macmillan Company.
Krebs-Carter, M. (2007). *Ages in stages: An exploration of the life cycle based on Erik Erickson's eight stages of human development*. New Haven, CT: Yale-New Haven Teachers Institute. Retrieved from http://www.yale.edu/ynhti/curriculum/units/1980/1/80.01.04.x.html#d
Lewis, M. (2001). Spirituality, counseling, and elderly: An introduction to the spiritual life review. *Journal of Adult Development, 8*(4), 231–240.
Lord, J., & Hutchison, P. (1993). The process of empowerment: Implications for theory and practice. *Canadian Journal of Community Mental Health, 12*(1), 5–22.
Mabey, J. (2011). Counseling older adults in LGBT communities. *The Professional Counselor: Research and Practice, 1*(1), 57–62.
McBride, R., & Hays, D. (2012). Counselor demographics, ageist attitudes, and multicultural counseling competence among counselors and counselor trainees. *Adultspan Journal, 11*(2), 77–88.
Meara, N., Schmidt, L., & Day, J. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *Counseling Psychologist, 24*, 4–74.
Myers, J. (2010). The older persons counseling needs survey. Palo Alto, CA: Mindgarden.
Myers, J. E., & Harper, M. C. (2004). Evidence-based effective practices with older adults. *Journal of Counseling & Development, 82*, 207–218.
Myers, J., & Schwiebert, V. (1996). *Competencies for gerontological counselors*. Alexandria, VA: American Counseling Association.
Owen, J., Tao, K., Leach, M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48*(3), 254–262.
Pangman, V. V., & Sequire, M. (2000). Seuxality and the chronically ill older adult. A social justice issue. *Sexuality and Disability, 18*(1), 49–59.
Pervin, L., Cervone, D., & Oliver, J. (2005). *Theories of personality* (9th ed.) New Jersey, NJ: John Wiley & Sons.
Raj, A. (2004). Depression in the elderly: Tailoring medical therapy to their special needs. *Postgraduate Medicine Online, 115*(6), 26–42.
Rock, M., Carlson, T., & McGeorge, C. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital and Family Therapy, 36*(2), 171–184.
Rodriguez, R., & Walls, E. (2000). Culturally educated questioning: Toward a skills-based approach in multicultural counseling training. *Applied and Preventive Psychology, 9*(2), 89–99.
Serby, M., & Yu, M. (2003). Overview: Depression in the elderly. *Mount Sinai Journal of Medicine, 70*(1), 38–44.
Shearer, N. (2007). Toward a nursing theory of health empowerment in homebound older women. *Journal of Gerontological Nursing, 33*(12), 38–45.

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Shirmbeck, P. (2006). Elder issues. [Podcast Recording No. CAS038]. Kent, OH: CounselorAudioSource.net. Retrieved from http://www.counseloraudiosource.net/feeds/cas038.mp3

Stevens-Roseman, E. S., & Leung, P. (2004). Enhancing attitudes, knowledge, and skills of paraprofessional service providers in older care settings. *Gerontology & Geriatrics Education, 25*(1), 73–88.

Tengland, P. (2007). Empowerment: A goal or a means for health promotion? *Medicine, Health Care and Philosophy, 10*(2), 197–207.

Teresi, J., & Abrams, R. (2001). Prevalence of depression and depression recognition in nursing homes. *Social Psychiatry, 36*(12), 613–620.

Tveiten, S., & Meyer, I. (2009). Easier said than done: Empowering dialogues with patients at the pain clinic: The health professional's perspective. *Journal of Nursing Management, 17*(7), 804–812.

U.S. Census Bureau. (2011). 2010 Census Summary File 1: U.S. Census Bureau Projections of the population by race, sex, and Hispanic origin in the United States: 2010–2050 (NP2008-14). Retrieved from http://www.agingstats.gov/main_site/data/2012_Documents/Population.aspx

U.S. Census Bureau. (2012). U.S. Census State and County Quick Facts. Retrieved http://quickfacts.census.gov/qfd/states/00000.html

U.S. Code Online via GPO Access,wais.access.gpo.gov. Laws in effect as of January 7, 2003. Retrieved from http://frwebgate.access.gpc.gov/cgi-bin/getdoc.cgi?dbname = browse_usc&doc.cgi?dbname = browse_usc&docid = Cite:+42USC3001.

van Zuilen, M. H., Rubert, M. P., & Silverman, M. (2001). Medical students' positive and negative misconceptions about the elderly. The impact of training in geriatrics. *Gerontology & Geriatrics Education, 21*(3), 31–40.

Vander Zanden, J., Crandell, T., & Crandell, C. (2007). *Human development: A life-span view* (10th ed.). Boston, MA: McGraw-Hill Education.

Vasquez, M. (2007). Cultural difference and the therapeutic alliance: An evidence-based analysis. *American Psychologist, 62,* 878–885.

West, C. (2005). The map of relational-cultural theory. *Women & Therapy, 28*(3/4), 93–110.

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