

Gerontology Counseling: Unveiling Counselors' Competency Issues

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Abstract

Counselors are essential in empowering older adult clients, and their effectiveness relies on possessing specialized competencies. This study delves into the competency issues faced by counselors in the realm of gerontology counseling. In this qualitative research phase, interviews were conducted with 15 experienced registered counselors, each with over a decade of professional practice, utilizing a semi-structured approach. The thematic analysis of the interviews indicated that counselors had deficiencies in five areas, with a notable lack of expertise in gerontology counseling-specific knowledge and skills, as well as in their ability to exhibit the necessary personality traits and sensitivity required when working with older adults. It was also clear that there weren't any specialized gerontology counseling courses available to prepare and equip counselors for their work. Therefore, there is a pressing need to develop a specialized competency model for gerontology counseling tailored to these professionals. This model is expected to serve as a pivotal tool for evaluating counselor professionalism in their service to the older adult population, addressing the identified competency issues. Importantly, this study aligns with the 2011 Malaysian National Policy for Older Persons, underscoring the critical importance of promoting active aging among the elderly and, consequently, enhancing the quality of care provided by counselors in this context.

Key words: Gerontology counseling, competency model, counseling older adults, older adults,

Introduction

The demographic makeup of Malaysia is experiencing a noticeable shift. Forecasts suggest that by 2040, individuals aged 60 and older will represent a substantial 14.5% of the overall population (Department of Statistics Malaysia, 2016). The World Health Organization (2022) has highlighted a global trend where aging is becoming a global concern, which this demographic shift reflects. Aging has consequences that extend beyond physical health, as it also plays a critical role in mental well-being, resulting in declines in both physical and mental functioning among older individuals.

Within the context of challenges related to aging, there is a growing focus on the mental health of the elderly. According to Lee et al. (2020), major issues in this field include depression, anxiety, feelings of loneliness, and social isolation. With the elderly population on the rise, there is a growing urgency to tackle these mental health issues.

The continually evolving field of counseling practices has witnessed substantial changes to meet the requirements of an aging society and changing demographics. This transformation has intensified the need for specialized counseling services designed for older adults, reflecting a growing sense of professional urgency. Simultaneously, there has been a significant increase in the utilization of mental health services within this demographic. However, this surge in demand has occurred in the absence of established guidelines or standardized competency assessments in the counseling field, as noted in research by Fullen et al. (2019) and Wagner et al. (2019).

The lack of competencies and established guidelines carries substantial consequences, reaching beyond the quality of care offered to older adults and affecting their families and society as a whole (Gatchel, Schultz & Ray, 2018). In this context, the profession of counseling plays a central role, not only in addressing the mental health needs of older adults but also in actively combating ageism. By promoting a more positive perception of the aging population, counselors can make a significant contribution to enhancing the overall well-being and quality of life of older individuals, as highlighted by Fullen (2018).

Acknowledging the complex challenges and inherent competency issues linked to counseling the elderly, this article commences an effort focused on developing a gerontology counseling competency model to address the requirements of counselors. The primary objective is to enhance the level of professionalism among counselors specializing in the care of older adults, as they encounter a wide range of challenges in their field.

Literature Review

The worldwide rise in life expectancy poses significant challenges for the development of social and healthcare systems (Bone et al., 2018). The demand for mental health services is increasing in tandem with this demographic shift, which is characterized by a rising population of older adults (Wagner et al., 2019). At the same time, age-related stigma negatively impacts the physical health, psychological well-being, and self-esteem of the elderly (Fullen, 2018). These effects also extend to affect the support systems, network providers, and community resources available to older adults (Corrigan et al., 2014). Consequently, the World Health Organization (2017) projected that 15 percent of individuals aged 60 and above will experience mental disorders.

In Malaysia, a significant portion of the elderly population, approximately 16.5 percent, is dealing with mental disorders, including geriatric depressive disorders, which underscores the critical importance of early screening and treatment, emphasizing the crucial importance of early screening and treatment (Vanoh, Shahar & Hamid, 2016). Alarming, rates of loneliness surge from 56% to a staggering 95.5%, anxiety escalates from 3.6% to 38%, and depression spans from 11% to a concerning 85.5% among older adults in long-term care settings (Ellias, 2018). These statistics emphasize the compelling need for further research aimed at identifying effective care methods for older adults.

Counseling older adults demands specialized expertise, which includes a deep understanding of their life context and heightened sensitivity, distinguishing it from counseling the general population (Blando, 2014). Given the complex and diverse mental health challenges that older adults encounter, it is clear that counselors working with this demographic must possess distinct competencies. These competencies are crucial for effectively addressing the multifaceted mental health needs of older individuals.

Even with the increasing attention paid to the mental health of older adults, according to Beiring (2019), there remains a significant knowledge gap when it comes to developing effective treatment approaches and care models tailored to this demographic. Hence, it is crucial to tailor therapy to target specific symptoms while carefully taking into account the potential advantages and drawbacks of the therapy, as well as any pre-existing medical conditions that older adults might have, as highlighted by Marshall and Hayslett (2021).

Moreover, it is essential to underline that, despite the significant presence of older adults in the global population, only a small fraction of the healthcare and mental health workforce possesses the specialized skills and training necessary to adequately address their unique needs (Hinrichsen et al., 2018). The growing demand for competency assessments, combined with a lack of clear guidelines, can have adverse effects on the elderly, their family members, and the general public (Gatchel et al., 2018). Therefore, there is a mounting need to develop a specialized gerontology counseling competency model

tailored for counselors working with older adults. This model would not only assist counselors in effectively addressing the mental health requirements of older individuals but also assume a pivotal role in mitigating the negative effects of ageism by promoting a more positive perception of the aging population, as suggested by Fullen in 2018.

Research Methodology

The Method

The journey of this study began with an extensive needs analysis, utilizing a fully qualitative method in its initial phase. During this phase, the primary focus was to investigate the issues faced by counselors in terms of competencies when working with elderly clients, thereby affirming the necessity for the development of a competency model customized for this context.

To initiate the needs analysis process, experts in the field of counseling were identified, each possessing over a decade of professional experience as senior lecturers. They were actively engaged, selecting one from each of three distinct public universities with the aim of obtaining their insights. Their role was pivotal in reviewing the research questions and evaluating the face and content validity of the interview protocol. The final scores of the content validity index (CVI) evaluation on instrument development are presented in Table 1.

Table 1: Result of Interview Protocol CVI

Total number of item = 19	Expert 1	Expert 2	Expert 3	Expert in agreement	i-CVI	UA	S- CVI/Ave	S- CVI/UA
Proportion relevance	1.0	1.0	1.0	3	1.0	1.0	1.0	1.0

Note :

i-CVI = the expert in agreement divided by the number of experts.

UA = UA (universal agreement) score 1.0 is assigned to the item that achieved 100% expert agreement.

S-CVI/Ave = (sum of proportion relevance rating) / (number of experts)

S-CVI/UA = (sum of UA scores / number of items)

Every expert unanimously agreed on each item within the interview protocol, resulting in its adoption. According to Polit & Beck (2006) and Polit et al. (2007), achieving CVI values of 1.0 is advisable when seeking consensus among a panel of three to five experts. Table 1 confirms that all assessed items have achieved scores meeting or exceeding the 1.0 threshold, signifying unanimous agreement among the experts and confirming their acceptance. Consequently, both the S-CVI/Ave and S-CVI/UA, both of which achieved perfect scores of 1.0, meet the requisite standard for content validity. As a result, all items assessed in Phase 1 of the study can be confidently utilized. These findings underscore the notably high levels of content validity within the study, affirming the appropriateness and suitability of all items for the forthcoming research.

Prior to commencing the actual interview phase, a pilot study was conducted involving three registered counselors actively engaged in counseling older adults. These counselors were selected from different states, specifically Sabah, Selangor, and Trengganu. The interviews were conducted using online platforms, specifically Google Meet. The primary objective of this pilot study was to meticulously evaluate both the procedures and outcomes, identifying potential weaknesses and striving to enhance the overall quality of the research. This approach aligns with the recommendations set forth by Malmqvist et al. (2019) and underscores the importance of refining the research process. It is crucial to note that all participants in the pilot study met the pre-established criteria. The pilot study aimed to assess the appropriateness of the interview questions and provide initial insights into the feasibility of the research. Furthermore, it afforded the researcher valuable experience in conducting in-depth, semi-structured interviews and establishing rapport with the participants (Chin et al., 2023).

Participants for the actual study were selected using purposive sampling, considering their willingness to take part in the research. The interviews, averaging 40 minutes in duration, were carried out through the Google Meet platform, using Bahasa Malaysia as the language of communication. These interviews followed a semi-structured format and involved a total of 15 participants, all of whom were registered counselors and met the predetermined criteria for the study.

Following the interviews, the collected data underwent a comprehensive analysis process. Initially, all interview recordings were transcribed verbatim to ensure accuracy. These transcripts were then imported into the Atlas.ti software, which facilitated systematic data management and analysis. The analytical process involved a combination of thematic analysis and coding techniques. Within the data, themes and patterns were identified and organized, and relevant segments were coded accordingly. This rigorous analytical approach provided a deep understanding of the participants' insights and experiences, ultimately enhancing the study's findings and conclusions.

Research Participants

Fifteen research participants were carefully chosen to take part in the semi-structured interviews. Each of these individuals possesses significant expertise, contributing to the study with more than a decade of valuable work experience in the counseling field, especially in their work with older adults. To ensure the highest level of professionalism and credibility in our research, all participants not only hold a Master's degree in counseling but also carry the designation of a registered counselor, along with certificates of practice. These additional qualifications strengthen the reliability and authenticity of the insights gathered during our interviews, forming a robust foundation for the research findings.

According to the established criteria, all of these participants can be considered experts. The number of participants aligns with Adler and Ziglo's (1996) recommended range of 10 to 15 individuals, particularly when there is a high level of uniformity among those selected. It's worth highlighting that all 15 participants hold a master's degree in counseling, meeting the expertise criteria of having more

than 5 years of experience in their current roles, as defined by Sekaran (2016) and Cohen, Manion and Morrison (2018). From this perspective, selecting 15 participants is sufficient for this phase of the analysis study.

Demographic information for the participants involved is shown in Table 2.

Table 2: Demographic Information of Participants

Demographic	Characteristics	Frequency (f)	Percent (%)
Gender	Male	8	53.0
	Female	7	47.0
Age	31-40 years old	2	13.3
	41-50 years old	4	26.6
	51-60 years old	6	33.3
	Over 60 years old	4	26.6
Highest Qualification	Master Degree In Counseling	15	100
Work Experience	11-15 years	2	12.5
	16-20 years	3	20.0
	21-25 years	2	12.5
	Over 25 years	8	53.0
Institution	Hospital / Ministry of Health	3	20.0
	Ministry Of education	2	12.5
	GLC / state own	4	25.0
	IPTS - 2	2	12.5
	Private Practice /Free lance	4	25.0
Current Work place Practice	Selangor	3	20.0
	Negeri Sembilan	2	12.5
	Putra Jaya	1	6.7
	Kuala Lumpur	8	53.0
	Pahang	1	6.7

Note: n=15

Based on the data provided in Table 2, there are 8 male participants, representing 53% of the total, and 7 female participants, accounting for 47% of the 15 participants in the study. The largest group of participants falls within the age range of 51 to 60 years, comprising a total of 6 individuals. There are then 2 people in the age range of 31 to 40 years, followed by 4 people in each of the age groups of 41 to 50 years and over 60 years.

In terms of work experience, eight individuals possess substantial counseling-related work experience, comprising 53% of the participants, with their professional backgrounds spanning over 25 years. The remaining participants have accumulated over 10 years of work experience.

Research Results and Discussion

Each of the interviewed participants expressed a strong emphasis on the necessity of developing a gerontology counseling competency model. Their unanimous agreement is a direct response to the competency issues they face when working with elderly individuals, as evident from the perspectives

of the 15 interviewed participants. The results and discussions will be structured around the following themes:

i. Knowledge in Gerontology Counseling

For Participant P3, knowledge in gerontology counseling is a crucial factor and a competency issue when dealing with elderly clients.

"As counselors, we have to handle everything with the knowledge we have, what we've learned, and as I mentioned earlier, we need to think outside the box. Maybe, we need to combine two or three theories, engage with three or four theories, to figure out how we can apply them or help the client overcome the challenges they're facing." (P3)

The knowledge or information required is not limited to counseling theories alone but also extends to counselors having basic knowledge about physical illnesses in the elderly. This is due to the fact that Participant P5 mentioned how physical illnesses in the elderly can affect their emotions and interfere with counseling sessions.

"From my experience, I feel it's important that we need to know the background of these elderly individuals, whether they have physical illnesses, their medications to some extent, and then what issues are involved, what triggers their emotions, and we also need to understand their current personality traits. Is that part of the illness they are currently facing or is it their demeanor from before, so that we can interact with them more effectively." (P5)

With regards to knowledge, Participant (P2) stated that counselors need to be competent when dealing with clients who have cognitive issues such as dementia.

"Elderly individuals, those who are not experiencing cognitive decline are okay because they are still coherent. But when it comes to those with cognitive issues, it can be challenging because sometimes they forget things. Moreover, it's difficult to determine whether what they say is accurate or not. Right? The issue is with their memory; they change their statements, today they say one thing, and tomorrow they say something else." (P2)

Participant P13 emphasized that not all counselors have the knowledge, exposure, or training related to the elderly population.

"Not all counselors study gerontology... When it comes to competence, when elderly individuals come without a diagnosis, it's an issue, and when there are issues related to illness, especially involving the elderly. Diseases like dementia, how to deal with multiple diseases, more than one, more than two, more than three." (P13)

As Participant P9 pointed out, counselors should know who the elderly are themselves. The intellectual knowledge required by counselors can be obtained through reading, or it can be an advantage if the counselors themselves have reached an elderly age.

"They should know what elderly individuals are like. For us, the elderly, we have 50% of the knowledge because we have experienced it ourselves. But for younger counselors who haven't reached that stage of being elderly yet, they should acquire the knowledge first, truly look it up in terms of intellectual knowledge, read extensively, attend conferences or whatever it takes, they need to brush up a lot." (P9)

ii. Skills in Gerontology Counseling

Participant P12 expressed the opinion that skills are indeed a concern for counselors working with the elderly.

"I find that when talking with our colleagues, we, as counselors, actually lack the skills to handle the elderly... The counseling skills we learn may be suitable for adults, but when it comes to the elderly, we need to reconsider whether those skills are appropriate or not." (P12)

Additionally, Participant P15 emphasizes the aspect of "referral" skills, which is an essential element in a counselor's competence. Without these referral skills, it doesn't make someone effective at assisting clients.

"Counselors also need to know the framework of where to refer, the solutions for our clients. For example, when we get clients who don't have family and so on, where do we refer them? This is a knowledge or model and skill that is needed so that we can quickly help the client." (P15)

In addition, according to Participants P10, counselors also need to possess specific skills such as communication skills when dealing with elderly clients.

"Communication skills have to be solid..... we need to know how to handle elderly clients related to mental health" (P10)

iii. Counselors' Personality Traits

Participant P6 views competence from the perspective of the counselor's own personality traits. If a counselor is not interested in elderly clients, it can affect the quality of the service provided.

"When we talk about counselor competence, it involves the counselor's personality qualities. Because someone naturally inclined towards this field, they have an interest, they enjoy it, they're obsessed with it, they don't feel burdened by it, they enjoy it, just like someone who enjoys working, going to work, coming back from work, going to work again. So, we can say that it must come from the counselor's

own personality inclination. Actually, when we have that inclination, we already have the interest."
(P6)

Participant P4 argues that counselors must always attend to elderly clients.

"....counselors must always attend, always be aware of issues related to the elderly. Counselors must have values and provide assistance because we are not just in counseling sessions, Mr. Nik, we must also guide, at their level." (P4)

Participant P14 also agrees with this perspective. The development of a counselor's personality can be linked to competence issues, as stated.

"Issues related to personality development... Attitude, patience, those are crucial when dealing with the elderly. If a counselor lacks patience, it can also become an issue when working with the elderly. Those are some of the areas that I see need improvement." (P14)

iv. Counselors' Sensitivity

Participant P11 argues that the counselor's age can affect their ability to comprehend the thoughts and feelings of elderly clients, which lends support to this. It is related to competence, especially for new counselors who may not know what is sensitive regarding the elderly.

"In my view, perhaps some newcomers in the field or those who are younger may have issues in handling older people, people who are retired. Like me, because I'm older, I'm 56 this year. So we understand their emotions and feelings better. We know more about what is sensitive and what is not sensitive." (P11)

For Participant P7, the lack of consistency in interventions among counselors points to competence issues. This is reflected in the excerpt below.

"It becomes an issue when Counselor A and Counselor B have different implementations. For example, Counselor A bases their approach on what they have planned, and they will provide interventions based on their plan and their own experience. So when a new counselor comes in, it might be challenging for them, and it could potentially create anxiety about how to deal with the elderly." (P7)

Counseling the elderly is not the same as counseling other population groups, especially when a counselor has not received much exposure to gerontology counseling and lacks experience. According to Participant P8, this can make it challenging for them to handle elderly clients, which raises a competency issue.

"Competence-related issues arise when counselors, as I mentioned earlier, don't understand the emotions of the elderly. Dealing with the elderly is not the same as dealing with children or teenagers."

The elderly can be quite sensitive. Failure to understand their emotions will have an impact on us as counselors, affecting our competence when working with clients of this age group." (P8)

v. *The absence of Gerontology Counseling course*

The absence of specialized courses related to gerontology counseling during undergraduate studies is indeed a competence issue. This is what Participant P1 said.

"...because usually, when we pursue a counseling degree, it's quite general and basic. There's no specific focus on gerontology or geriatrics. When we go for our master's, we might have courses on family counseling and such, but even those don't directly address the elderly, despite the family being related to it. So, actually, we see subject matter expertise as a challenge for counselors in terms of this particular knowledge." (P1)

Based on the insights gathered from these interviews, a unanimous consensus among all research participants is evident. They collectively agree that there are indeed competency-related issues concerning counselors when it comes to conducting counseling with older adults. This conclusion is drawn from their extensive experiences in the counseling profession and their direct engagement with elderly clients.

The interviews have unveiled valuable revelations about the intricacies of counseling older adults and the specific competency-related challenges confronting counselors in this specialized area. These challenges are multifaceted, spanning both positive and negative situations that demand substantial effort and skill. Meanwhile, the issues encountered tend to be more intricate, necessitating dedicated attention and resolution. These matters often carry a negative or problematic connotation and underscore the complexities inherent in counseling older individuals.

These findings point to a consensus among all study participants who expressed their view on the need to develop a gerontology competency model that would serve as a guide for counselors in enhancing their profession in the field of elderly counseling. These participant perspectives concur with Nik Jaafar, Pau Kee, and Aslina's (2023) point of view, which emphasizes the significance of counselors arming themselves with specialized knowledge and skills to improve the general well-being and quality of life for elderly people within their practice.

To summarize, this research highlights the distinct competency-related issues that counselors face when engaging with the elderly population, underscoring the crucial need for targeted professional development in this field. The five identified interview-derived themes include the lack of knowledge, skills, necessary personality traits, and sensitivity among counselors, as well as the absence of available gerontology courses to adequately equip them in their practice.

Conclusion

The primary objective of this study was to delve into the competency-related issues counselors encounter when working with elderly clients. The study's findings serve to confirm the imperative need for a specialized model developed for counselors in this context. This model is intended to promote the active, healthy, and engaged participation of older individuals in society by addressing their physical and mental well-being. It is anticipated that this envisioned model will significantly elevate the professionalism of counselors in their interactions with the elderly, further emphasizing the growing importance of counselors in actively enhancing the well-being of older adults. This alignment with the principles outlined in the 2011 National Policy for Older Persons underscores its relevance and significance.

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