

## THE GERONTOLOGIST: COUNSELOR AND COACH

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*Effective communication is the core of every helping relationship. Trained and experienced gerontology counselors bring skillful listening, the gift of reframing, the ability to suspend judgment, experience with confidentiality and ethics and the ability to seek solutions and think of possibilities to the evolving field of life coach. Therefore, whether the older client is seeking psychological counseling or a personal evolution and ways to live their life more fully, the gerontologist is the most suitable professional to address their concerns. If practitioners are to meet the rapidly increasing needs of Baby Boomers, academic programs need to train them to fill the role of both counselor and coach with clients making the determination of who is the “best fit” for their current concern.*

Abraham Maslow was largely responsible for injecting credibility and energy into the human potential movement of the 1960s. He was instrumental in giving great value and importance to the idea of personal growth and its necessity for the healthy personality. The works of Adler, Jung, Allport, May and Perls also influenced psychology's move toward a wellness perspective that laid much of the groundwork for modern coaching theory, perspective, and techniques. More recent psychological approaches that have evolved from Milton Erickson's theories and other wellness approaches are the solution-focused therapies. These approaches have been powerful influences on modern coaching practices and theory. In addition, Glasser's reality therapy, Ellis' rational emotive therapy, **Beck's cognitive therapy** and many hybrids of these lend themselves to coaching strategies. In all of these, the main focus is not pathology but behavior change through increased awareness and making choices that lead to desired future results and solutions to current “problems of living” (Williams & Davis, 2007).

Therapy has historically addressed the client's past and some form of pain or dysfunction; clients seek a counselor or therapist as a source of fixing or eliminating their problem. Coaching, by contrast, works with an individual who already is adequately functioning and helps him/her get more out of their lives or to create new possibilities in their lives. Therefore, coaching is not about fixing – coaching is about creating.

The academic preparation and training as a gerontology counselor are highly applicable and relevant to the coaching relationship. It is in this area where therapy and coaching are most similar. Gerontology counselors have many transferable skills and **they have the** appropriate preparation to address the concerns of coaching clients. Listening skills, reframing, positive regard for the client, note taking, and process skills are just a few transferable skills. How to conduct intake interviews and discuss difficult issues with clients is also part of the gerontologist's skills. In order for the trained gerontologist to become a skilled coach, he/she will need to consciously reframe **their paradigms** or drop some traditional behavior, and learn some new ones. The following table is a concise and accurate summary of how the two professional paradigms contrast. (Williams & Davis, 2007, p. 60). **GET PERMISSION FROM NORTON TO REPRODUCE**

### Therapy vs. Coaching

<b>THERAPY</b>	<b>COACHING</b>
<b>Focus</b>	
Relieve pain	Attain specific goals, desires
Restore functioning	Create personal fulfillment
History, past	Vision, future
“Why?”	“How?”
Client seeks relief from pain	Clients wants to move towards attractive goals

### Context

Medical/clinical model  
 Diagnosable illness  
 Paradigm of pathology

Educational/developmental model  
 Personal growth  
 Paradigm of possibility

### Relationship

Therapist = expert  
 Client = patient

Coach = partner

### Orientation

Orientation is process:  
 Feelings & inner world

Orientation is outcome, action:  
 inner to outer worlds; **results oriented**

### Responsibility

Therapist responsible for  
 Process, direction, outcomes

Coach responsible for process;  
 client responsible for results

### Style

Limited personal disclosure  
 Forwards work through healing,  
 Emotions, catharsis

Personal disclosure as aid  
 Forwards work through,  
**insight of potential**, action,  
 strengths, behaviors

Williams & Davis, 2007, p. 60.

Increased longevity and lower birth rates have transformed the U.S. population into an older one. Many older people will be more affluent than their forebears; some will start new and different careers or jobs when they reach “retirement age,” while others will not be financially secure even at retirement (Maples & Abney 2006). One of the venues in which these realities will be explored, defined and structured is in the workplace. For Baby Boomers struggling with finances and unable to consider retirement at this stage, age discrimination has become a concern. Many older qualified workers

have been given incentives to retire or resign while their positions are being assumed by younger, lower paid and often less qualified employees (Chesser, 2003). For this cohort of seniors it is especially galling since they pride themselves on having manned the barricades for many 20<sup>th</sup> century causes in order to help create greater equality in American life.

It is in the workplace where middle-aged employees may be grappling with problems related to aging parents; older, dependable workers are expecting retraining to enhance their technological skills; and seasoned employees are anticipating responses and guidance about pre-retirement and retirement issues. For these economic and social concerns, older adults have begun to seek professional guidance. Since the Baby Boom generation, regardless of major socio-economic undercurrents expects to live well into their **eighties**; it is incumbent that gerontology programs prepare graduates for the dual roles of counselor and coach.

The gerontologist is able to address the social and economic problems that often arise prior to and following retirement. He/she knows how to use intervention strategies with employees for resolution of retirement-related issues and knows which approach to adapt to retirement counseling that respects individual as well as couple needs as they relate to gender, ethnicity, life and work experience and personal agendas (Langer, 1997).

Retirement-related problems such as job discrimination, marital issues, grief as a result of cumulative age-related losses, care giving demands and age-related anxiety, depression and even suicide are not often addressed in employee pre-retirement programs (Takamura & Kimora, 1989). Persons who retire from productive employment are faced with several important adjustments: the loss of the job itself, the loss of the work role in

society, the loss of their personal and social associations that work provided and the loss of income. **It may be especially poignant to the male, who stereotypically has a significant amount of his self esteem tied to the workplace.** If events such as declining health or the loss of a spouse closely coincide with retirement, adjustment to retirement can be stressful and difficult, and for some, even impossible. Therefore, the gerontologist is the most suitable professional provider to counsel or coach the older client at this time. The gerontologist has mastered listening and interviewing and assessment skills using psychological, social, cultural and spiritual models. In addition, he/she has learned to respect issues of autonomy and competence as the foundation for communication and service to an older population. Gerontologist counselors/coaches are knowledgeable about retirement problems and inequities, understand the unique problems of individual retirees, and are sensitive to clients' diverse life experiences (Richardson, 1993).

#### **WHEN DOES THE GERONTOLOGIST COACH? WHEN DOES HE COUNSEL?**

Life coaches see clients as whole, with nothing wrong, broken, missing, or in need of repair. **Life coaches tend to see a client in light of potential, although they may also work with a client to identify shortcomings and areas that need improvement.** In this capacity, the gerontologist as a coach to prospective retirees encourages them to examine what they really want and to explore possible ways they might start moving forward to achieve their goals. As a retirement coach, he/she helps the client move into the future to create multiple pathways to reach their goals. The power in the coaching relationship is in the relationship itself (Ellis, 1998). Contrasted with counseling therapy, where the counselor is seen as the expert, the client sets the tempo in the coaching relationship and the coach collaborates with the client on goals. **However, the life coach is often much**

more active in the relationship than a mental health counselor might be. Kottler and Shepard noted that “rather than waiting on the sidelines for the weekly reports, the coach follows up progress via the telephone, Internet, and personal visits” (2008, p. 340). In addition, according to Kottler and Shepard, often coaching sessions are often done in non-traditional settings, like a client’s work place or home.

Older clients seek a counselor as a source of fixing or eliminating their problems; older clients seek a coach to help them get more out of their lives or to create new possibilities in their lives. Clients generally come to counseling when they are struggling emotionally with an issue. Obstacles can be practical, external factors, like time and money; or, internal barriers such as fears, beliefs or needs. The gerontologist as counselor is a highly trained professional employing interventions from psychology, mental health counseling and social work to implement a treatment plan. The gerontologist as coach is a generalist who relies less on expertise and more on trust in the inherent capacity of clients to solve their own problems; the locus of control rests completely with the client.

Counseling clients often see the professional as an expert who holds the answers and techniques to address and fix their problems. Counseling tends to look at the past, processing feelings, and attempting to understand why the client is having difficulty. Older clients seek out the gerontologist coach when they need clarity, direction, or accountability. The emphasis in coaching is to look more to the future and what the client would like to see changed. These people do not need psychological counseling; life coaching is a more accurate paradigm for the improved outcomes or achievements they seek (Williams & Davis, 2007).

Counseling will continue to offer help primarily to those who need clinical services, i.e., for those who may need to uncover and recover from problems and losses. Coaching helps clients set manageable goals. **In the realm of work, life coaches may “outline practical steps most individuals...can follow to define personal values and successfully complete career-seeking tasks” (Gladding, 2009, p. 353).** Coaches work with healthy clients who are striving to improve their circumstances while counselors work with persons to identify the source of their dysfunction or trauma to heal and resolve their issues (Patterson, 2008).

Many health professionals ask new clients to provide a personal guide either verbally or in a written account. The client responses to the profile questions help the gerontologist assess if he/she will be assuming the counselor or coach role. A sample intake profile follows:

1. What is most important to you in life?
2. What are the problems or challenges you most want to overcome right now?
3. What is best about you? List 5 things you love about yourself; list 3 weaknesses that you recognize in yourself...
4. What major changes have taken place in your life in the recent past?
5. The things that sap your energy that you most want to remove from your life are...
6. What do you want to achieve from the professional sessions? What will be different when you have reached your goal?

For the most part it has been Baby Boomers who have hired personal coaches at different stages of their lives, **but it is becoming more common in other generations as well**; it has also been the Baby Boom generation that broke the taboo against consulting

with an appropriate psychological counselor when under duress. Therefore, it makes sense that retirement coaching/counseling will become an area of expertise for the gerontologist. The very issues of living longer tend to reinforce the need for training gerontology students in both subspecialties. With nearly 80 million Baby Boomers marching towards Golden Pond, there is an urgent need for gerontologists to meet the ever-changing *needs* and *wants* of this cohort.

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