

Is Aging the Field for You?

101

CAREERS
in Gerontology

C. Joanne Grabinski

101 Careers *in* Gerontology

C. Joanne Grabinski, MA, MA, ABD

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Contents

<i>Author</i>	xiii
<i>Preface</i>	xv
Introduction	1
What is gerontology?	1
What created the interest in gerontology as a field of study and as a profession?	2
What is a gerontologist?	4
What types of jobs are available in gerontology?	5
Where do gerontological specialists and gerontologists work?	5
Career Position Profiles and Interviews	6
. . . And More	7
Actuary	9
Adult Day Program Coordinator	10
<i>An Interview with Patricia Lee Hall, Adult Day Program Coordinator, University-Based Hospital System</i>	12
Advocate	15
<i>An Interview with Morgan F. Gable, Assistant Director of Grassroots Advocacy, International Organization Aging & Adult Services Division Manager, County Department of Human Services</i>	17
Alzheimer's Association Chapter Program Director	21
Applied Sociologist	23
Clinical Sociologist	23
Architect	25
<i>An Interview with Andrew Lee Alden, Project Designer, Architecture Firm</i>	28
Art Therapist	31
Audiologist	33
<i>An Interview with Kathleen M. Sawhill, Audiologist</i>	35
Career and Employment Counselor	38

Certified Aging-in-Place Specialist (CAPs)	40
Certified Geriatric Pharmacist (CPG)	41
Consultant or Senior Care Pharmacist	42
Certified Senior Advisor (CSA)	44
Certified Social Worker in Gerontology (CSW-G)	45
Certified Advanced Social Worker in Gerontology (CASW-G)	45
Certified Advanced Clinical Social Worker in Gerontology (CACSW-G)	45
Clinical Geropsychologist	47
Communications Director, National Membership Organization	49
Continuing Care Retirement Community Administrator	50
Long-Term Care Facility Administrator	50
<i>An Interview with David J. Mancuso, Administrator,</i>	
<i>Continuing Care Retirement Community</i>	52
Cooperative Extension Service Specialist in Gerontology	55
County Commission on Aging (COA) Director	56
<i>An Interview with Craig Zeese, County Commission</i>	
<i>on Aging Director</i>	59
Dance/Movement Therapist (DMT)	62
Deputy Director, Area Agency on Aging	63
<i>An Interview with Robert C. Schlueter, Deputy Director &</i>	
<i>Chief Information Officer, Area Agency on Aging</i>	65
Drama Therapist/Registered Drama Therapist (RDT)	68
Driver Rehabilitation Specialist (DRS)	69
Educational Gerontologist	71
Education & Curriculum Specialist, Lifelong	
Learning Program/Institute	73
<i>An Interview with Linda Hayes Gallegos, Education &</i>	
<i>Curriculum Specialist, Public Library Lifelong Learning Institute</i>	76
Elder Advocate, Area Agency on Aging	79
<i>An Interview with Jennifer Illig, Elder Advocate,</i>	
<i>Area Agency on Aging</i>	81
Elder Law Attorney	84
Certified Elder Law Attorney	84
Elder Care Attorney	84
<i>An Interview with Roxanne J. Chang, Elder Care Attorney</i>	86
Foster Grandparent Program (FGP) Director	88
Foster Grandparent Program (FGP) Coordinator	88
<i>An Interview with Mary Ann Mooradian, Foster Grandparent</i>	
<i>& Senior Companion Program Director</i>	90
Fundraiser	92
Development Director	92
Geriatric Care Manager/Professional Geriatric	
Care Manager (PCGM)	94

Geriatric Dentist	96
Geriatric & Special Needs Population Manager, National Health-Related Professional Association	98
Geriatrician	100
Gerontological Librarian	101
Older Adult Librarian	101
<i>An Interview with Richard Bray, Librarian & Director of Older Adult Services, County Library</i>	104
Gerontological/Geriatric Optometrist	107
Low Vision Rehabilitation Specialist	107
<i>An Interview with John E. Kaminski, Optometrist/Low Vision Specialist</i>	109
Gerontological Nurse (ADN)	112
Gerontological Nurse (BSN)	112
Gerontological Nurse Practitioner (GNP)	112
Gerontological Nursing: Clinical Nurse Specialist (CNS)	112
Grant Writer	114
Home Care Agency Administrator	116
<i>An Interview with Quanhong Qui, Home Care Agency Executive Director</i>	118
Horticultural Therapist	121
Human Factors Engineer	122
Ergonomist	122
Gerontechnologist	122
In-Home Services Program Director, County Commission on Aging	124
<i>An Interview with Barbara Slack Frankenfield, In-Home Services Program Director, County Commission on Aging</i>	126
Intergenerational Specialist	129
Interior Designer-Gerontological Specialization	130
Healthcare Interior Designer	130
<i>An Interview with Jane F. Dailey, Healthcare Interior Designer</i>	133
K-12 Teacher	136
K-12 Curriculum Developer	136
K-12 Curriculum Specialist on Aging	136
Life Event Services Manager	138
Life Event Specialist	138
Marriage and Family Therapist (MFT)	140
Mediator	142
Family Mediator	142
Eldercare Mediator	142
<i>An Interview with Susan J. Butterwick, Mediator, Mediation Trainer, and Attorney</i>	144
Medical Librarian	148

Music Therapist/Music Therapist-Board Certified (MT-BC)	149
Nonprofit Community Leadership Training Program Coordinator	151
<i>An Interview with Julie M. Daly, Program Director,</i>	
<i>City Nonprofit Leadership Training Organization</i>	153
Nurse Case Manager	156
Nutrition Educator	157
Occupational Therapist (OT)	159
Occupational Therapy Assistant (OTA)	159
Older Adult System of Care Director	161
Ombudsperson	163
Physical Therapist (PT)	164
Physical Therapy Assistant (PTA)	164
Recreational Therapist	166
Certified Therapeutic Recreation Specialist (CTRS)	166
<i>An Interview with Maureen Lee Pawlak, Certified Therapeutic</i>	
<i>Recreation Specialist, Nursing Home</i>	168
Registered Dietitian (RD)	171
Dietitian Technician, Registered (DTR)	171
Registered Financial Gerontologist (RFG)	173
<i>An Interview with Rosanne Grande,</i>	
<i>Registered Financial Gerontologist (RFG)</i>	175
Researcher	178
Research Associate	178
Research Assistant	178
<i>An Interview with Abbe Linscott, Research Associate,</i>	
<i>University-Based Gerontology Center</i>	181
Senior Companion Program (SCP) Director	184
Senior Companion Program (SCP) Coordinator	184
Speech-Language Pathologist	185
State Health Insurance Counseling and Assistance	
Program (SHIP) Coordinator	187
<i>An Interview with Sarah Kusnier, MMAP (SHIP)</i>	
<i>Coordinator, County Commission on Aging</i>	189
Strategic Policy Advisor	192
Strategic Policy Analyst	192
Technical Assistance Specialist, National-Level Transportation Center	193
Volunteer Program Coordinator	195
<i>An Interview with Gretchen S. Jordan, Volunteer</i>	
<i>Resources Manager/Program Coordinator</i>	197
. . . and More	201
Accounting	201
Advertising	202

Anthropology	202
Banking	203
Clothing and Textiles	203
Creative Writing	204
Educational Gerontology	205
Elder Abuse, Neglect, and Exploitation	206
Entrepreneurial Gerontology	206
Exercise, Fitness, and Wellness	208
Family Gerontology	208
Film and Television	209
History	210
Hospitality Services and Tourism	210
Intimacy and Sexuality/Sexual Orientation/Sexual Health in Later Life	211
Journalism, Public Relations, and Communications	212
Marketing	213
Philosophy	213
Political Science/Policy and Aging	214
Religious/Spiritual Gerontology	215
Substance Abuse and Chemical Dependency	215
Theatre Arts	216
Transportation	217
<i>Glossary of Acronyms</i>	219

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Preface

As I began work on a master's degree in family relations and was trying to select the focus for my program of study, one of my professors advised me to look for the niches that were yet unfilled by academics and practitioners in the field. When I had a short list of such niches down on paper, she told me to pick one and make it mine. From that list I chose "aging," and my journey into the professional world of gerontology was off and running. Fast forward about 20 years and the director of the gerontology program at the university that is my academic "home" hired me to design another course—this time as a requirement for the undergraduate minor in gerontology. We had talked about this course for years and she felt the time was right to add it to the curriculum. The course is "Introduction to Careers in Gerontology," and I've had the privilege of teaching it for the past 6 years. About 3 years ago I was invited to write a chapter on "careers in aging" for a gerontology encyclopedia. Now, this book is a way to share with you many of the career paths and professional positions in the field of gerontology that I've learned about over the past 28 years. Some of these are well-established career options, some are just emerging, and others are possibilities just waiting for one or some of you to select as your niche in this ever expanding field of study, research, education, policy, and practice.

To help you explore career paths and positions in gerontology, this book intertwines career position profiles with interviews from individuals who currently hold some of these positions:

- Profiles: each profile includes the same categories of information so you can compare those you find interesting. In all, 68 profiles offer information about 100 possible career positions. Note that some profiles cover more than one position to allow you to consider variations in that position by the titles used and the certifications that create a "career ladder" within the position.
- Interviews: each of the 23 interviewees was asked the same questions, also for comparative purposes. Some of the interviewees respond from the perspective of only a year or two after earning their degrees. Others speak

from the perspective of greater career longevity within their career fields, although a few are new to the gerontological focus of their current positions. One has been in position for 20 years and another for 32 years.

In the closing section, . . . *and More*, you will find suggestions for positions in 25 different disciplines (e.g., anthropology, history, philosophy), professional fields (e.g., actuary, clothing and textiles, journalism, theatre arts), emerging subfields of gerontology (e.g., entrepreneurial gerontology, religious/spiritual gerontology), and, finally, some that are based in issues related to aging (e.g., elder abuse, neglect, and exploitation; exercise, fitness, and wellness; intimacy and sexuality; substance abuse and chemical dependency). For most of these, relevant professional organizations and Web sites are offered to allow further exploration. Overall, 142 possible career positions are suggested.

This book is written for all who are searching for a career niche that is a good fit. It is for college students trying to choose majors and minors, think about graduate school, or find their first job fresh out of college. It is for high school students thinking about what comes next and the guidance counselors (and, perhaps, parents) who are trying to help them make informed decisions about college majors and career path options. It is for persons of all ages, including older adults themselves, who want to start over in a new field after they have been downsized out of a job, experienced burnout in a current position, want to reenter the workforce after a time away, or want to work beyond retirement. Whatever your reasons for exploring career fields, this book is designed to provide you glimpses into, and information about, a broad range of options that are gerontology-specific or gerontology-related. Please note, however, that most of the positions presented in the book are “career positions,” which means that most positions require at least an associate’s or bachelor’s degree. For some positions a master’s degree is either required or preferred, and doctorates (academic or professional) are required for several positions. This allows the reader to consider entry-level jobs and to think about career paths that allow for continued growth and advancement across the course of one’s career.

Although the actual writing of this book was mine alone to do, it could not have been done without the inspiration, support, and assistance of many others. Thank you, Leslie Lieberman (now deceased), for advising me to find my niche. Thank you, Elizabeth Schuster, co-creator of the idea for the careers in gerontology course, for allowing me the opportunity to bring the course to life and to teach it to others. To the students who have taken this course over the past 6 years, it is truly you who have made this book more interesting and useful than it would have been otherwise. It is a special joy that three of my former students agreed to be interviewees for the book. Special thanks goes to colleagues from around the country who recommended interviewees, answered questions about their career fields, and guided me to relevant resources so

I could broaden the scope of this book. To Debra Sheets and Phoebe Liebig, thank you beyond words for opening the door for me to do this book, and to Sheri Sussman at Springer, who listened to their recommendations, then mentored and guided me gently, with wisdom and laughter, through the ups and downs of authoring my first book. To my husband, Roger, my love, appreciation, and gratitude for encouraging and supporting me through the twisting paths of my nontraditional career journey, including the birth of this book.

Introduction

Wanted: gerontology workers, gerontological specialists, and gerontologists for careers now and into the future. Work with, for, and on behalf of the growing population of elders (including centenarians) in a wide variety of settings. Required: training/education in appropriate field and at appropriate level for specific position; specialization in aging studies/gerontology is highly desirable. Ability to rethink one's concept of old and deconstruct myths about old people and the processes of aging is mandatory. Compensation: income varies by specific type of position held; geographic location of employing agency, facility, or organization; education and experience background of applicant; and your willingness to risk getting involved with old people [try it—you might like it!]. Benefits: learn to grow old well yourself as you help to improve the quality of life for others who are aging.

Although this want ad will rarely appear among newspaper classified ads for employment or online career centers/job postings, it does speak to the growing number of career path options available now and in the future for persons interested in working with, for, and on behalf of the fastest growing segment of the U.S. population. Through the profiles of possible career positions, interviews with professionals in some of these career positions, and the . . . **and More** closing section, it is the purpose of this book to give you a taste of the wide variety of career paths that are open for someone interested in a career in gerontology and to identify sources of further information about career positions that you find interesting.

WHAT IS GERONTOLOGY?

From an academic perspective, *gerontology* is the study of the biological, psychological, and sociological aspects of aging. Some academicians recognize gerontology as a discipline or multidisciplinary field of study that draws upon the expertise of many disciplines. Others view gerontology as an interdisciplinary

field in which two or more disciplines are intertwined to offer more complex insights and understandings about the processes of aging and the elderly population than can be gained through work in just one discipline. Regardless of one's perspective, the three base disciplines for the field are biology, psychology, and sociology, as is reflected in the design of gerontology education programs in higher education. Also, the first gerontological researchers emerged out of these disciplines. Over time, more disciplines (for example, history, anthropology, religion, political science, philosophy) have become involved in gerontology education and research. Among the more recent disciplines to step into the gerontology arena are from the humanities and arts (such as literature, language arts, communication, visual arts), which is being recognized by the establishment of a new professional journal on aging, humanities and the arts.

From a professional perspective, medicine, nursing, clinical psychology, and social work were among the first professions to develop aging-specific education and practice orientations to meet the needs of a client base with increasing numbers of older adults. Today, many other professions—law; occupational, physical, art, and music therapy; home economics/human ecology; nutrition and dietetics; interior design and architecture; business; education; technology and engineering; health administration; and public administration—are entering this realm of research, education, and practice. As the academic study of gerontology and the professional field on aging have expanded, gerontology has become the overarching “umbrella” for an ever-expanding number of sub-fields, including geriatric medicine and dentistry, gerontological social work and nursing, and clinical geropsychology. Among the newer specializations are educational gerontology, policy and aging, elder law, financial gerontology, geriatric pharmacy, family gerontology, intergenerational studies, and spiritual gerontology.

WHAT CREATED THE INTEREST IN GERONTOLOGY AS A FIELD OF STUDY AND AS A PROFESSION?

Why this increasing interest in aging research? What has influenced so many disciplinary and professional fields of study to incorporate gerontology as part of their discipline-based educational and training programs? What is behind the growth and diversity of career paths related to aging/gerontology? It appears that four factors have been of prime importance:

- Enactment of aging-specific federal legislation, beginning with the Social Security Act in 1935, and, more significantly, the Older Americans Act (OAA) in 1965 that established what is known as the “formal aging network”—a hierarchical system that includes the Administration on Aging

(AoA) at the federal level, state units on aging (such as an Office of Services to the Aging or a Department of Aging), Area Agencies on Aging (AAAs) at the regional level within states, and direct service agencies (such as county commissions, departments, and bureaus on aging) at the county level. With each OAA reauthorization, new types of programs and services are added to meet newly assessed needs of elders.

- Growth in the actual numbers of persons who are 65 years of age and older and in the proportion of the total U.S. population that consists of older adults.
- Development of gerontology and geriatrics education programs at institutions of higher education. At the present time, more than 500 institutions of higher education (community colleges, colleges, universities, professional schools) offer degree components (concentrations, specializations, minors, cognates, certificates) or majors and degrees in gerontology. Further information about these programs is available in two resources of the Association for Gerontology in Higher Education (AGHE): the *Directory of Educational Programs in Gerontology and Geriatrics* (Stepp, 2007) and a computer search service of its *Database of Educational Programs in Gerontology and Geriatrics*.^{*} AGHE developed curriculum standards and guidelines for gerontology programs at each academic level and for each type of credential. Programs that fulfill the standards are eligible to apply for “Program of Merit” status. Four core courses (Introduction to Gerontology/Social Gerontology, Biology/Physiology/Health Aspects of Aging, Psychology of Aging, and Sociology of Aging) and a practicum or field experience are commonly required in formal gerontology education programs. Students also have an opportunity to select gerontology elective courses (e.g., on policy, family relationships, nutrition, religion/spirituality, gender, economics, sexuality, recreation, interior design, humanities and the arts, death and dying) that fit the student’s professional and personal interests. These standards and guidelines, however, are voluntary and intentionally flexible to allow administrators and faculty on each campus to tailor their programs to fit the unique needs, style, and environment at each institution.
- Creation of gerontology professional organizations, including the Gerontological Society of America (GSA), the Association for Gerontology in Higher Education (AGHE), the American Society on Aging (ASA), and the National Council on Aging (NCOA). In addition to these national level organizations, a number of regional and state professional organizations have been formed. Many other professional organizations have member sections specific to aging/gerontology (such as the American Psychological Association’s Division 20 on Adult Development and Aging or the American Sociological Association’s Aging and the Life Course section).

WHAT IS A GERONTOLOGIST?

Until recently that has been a difficult question to answer. A proposed schema, however, now makes it possible to organize those who work with and/or on behalf of elders into three categories:

- *Gerontology workers* have no formal gerontology education or training even though they work directly with or on behalf of elderly clients or in an aging-specific organization or facility. They may work in paraprofessional roles (such as certified nurse assistants in a nursing home or a receptionist for a county commission on aging) or as professionals who are fully credentialed in fields other than gerontology (such as social workers who are discharge planners in a hospital or a family practice physician whose practice in a rural medical clinic includes many elderly patients).
- *Gerontological specialists* have completed at least one degree in a discipline or professional field that is not gerontology-specific, but included a formal gerontology degree component (e.g., minor, certificate, cognate, or specialization in gerontology), or they obtained specialized postgraduate gerontology training (perhaps through a freestanding credit or noncredit certificate program in gerontology; a profession-specific certification or registration process; continuing education coursework, workshops, or other training programs; or a postdoctoral fellowship) that complements or enhances the field of study in which they received their degree(s). For example, an interior designer-gerontological specialization holds a degree with a major in interior design and a minor or cognate in gerontology; a director of an older adult library program has a degree in library science to which gerontology expertise has been added through participation in a summer institute on lifelong libraries and completion of an online certificate in gerontology; and a recreational, occupational, or physical therapist obtains gerontology/geriatric certification according to standards set by relevant professional organizations and/or their accrediting bodies.
- *Gerontologists* have earned degrees for which gerontology was the primary, not secondary, field of study. This relatively new category of gerontology professionals is the result of an increasing number of degree programs in gerontology, aging studies, or a similarly titled degree label. By 2005 approximately 126 gerontology-specific degree programs were in existence (18 associate, 41 bachelor's, 58 master's, and 9 doctoral).

Currently, it appears that the majority of gerontology-specific and -related paraprofessional and professional positions are held by persons who are either gerontology workers or gerontology specialists. This is changing as more persons complete formal

gerontology education, so for the purposes of this book, the career position profiles and interviews focus on professionals who are gerontological specialists and/or gerontologists. While this delineation of three types of career positions in gerontology is helpful in thinking about where you might fit in this growing professional field, please keep in mind that this schema is not yet commonly used by either educators or employers.

WHAT TYPES OF JOBS ARE AVAILABLE IN GERONTOLOGY?

According to Peterson, Douglass, and Lobenstine Whittington (2004), seven types of job roles exist for gerontological specialists and this role delineation also works well for gerontologists:

- Advocate
- Direct service provider
- Educator/trainer
- Manager/administrator
- Marketer and product developer
- Program planner and evaluator
- Researcher

Each of these roles is represented among the career position profiles and interviews in this book. Although this listing is not intended to be hierarchical, you may find it useful in prioritizing the type of job roles that do or do not interest you. Keep in mind also that many professionals carry out two or more of these roles, with equal or equitable attention to each, as they fulfill their job responsibilities. Finally, some job roles, such as recruiter and counselor/advisor, are not visible in this listing, so it should not be seen as exhaustive of all job roles that exist or are possible.

WHERE DO GERONTOLOGICAL SPECIALISTS AND GERONTOLOGISTS WORK?

The array of specific places where gerontological specialists and gerontologists are employed is too extensive to list here, although it is possible to suggest what the most common types of work settings are:

- Educational settings (public and private): community and junior colleges, 4-year colleges, universities, technical/vocational and professional schools,

- seminaries; community and professional organizations, programs, and foundations that focus on aging and provide educational programs and services for older adults; adult education and older learner programs; libraries and information centers; employee training/education divisions in industry and corporate settings; patient education services in medical centers/clinics; and community-based agencies related to physical and mental health
- Organizations: professional organization conference management and training programs; chronic disease/disorders organizations, associations, and foundations; race/ethnicity-specific councils on aging; gender-specific organizations and initiatives; membership organizations for older persons
 - Medical care, rehabilitation and residential settings: long-term care and assisted living centers; hospitals/medical centers; mental health facilities; VA hospitals; private practice; rehabilitation centers; in-home care agencies and services; private practice
 - Residential communities and facilities: retirement communities, senior living residences; kinship care housing centers; corrections facilities; co-housing for elders
 - Religious and spiritual settings: churches, synagogues, mosques; religious retreat centers; interfaith/interdenominational organizations; faith-based outreach programs
 - Governmental agencies: county commissions, divisions, or bureaus on aging; Area Agencies on Aging; state aging services offices and departments; federal Administration on Aging; Social Security Administration offices; Medicare and Medicaid service centers and assistance programs; prescription assistance and counseling programs; public health departments; National Institutes of Health, including National Institute on Aging
 - Corporate, industry, and business settings: banks, financial planning firms and services; investment firms and brokerages; law firms and legal assistance services; insurance industry; retail stores and chains; restaurant and hotel chains; trade associations and unions; manufacturing firms
 - Self-employment

As with the listing of job roles, this listing is not exhaustive. Please note that each career position profile includes a listing of common and potential workplace(s).

CAREER POSITION PROFILES AND INTERVIEWS

The array of career paths and professional positions open to gerontological specialists and gerontologists is almost limitless. While some positions are well-established in traditional fields (such as social work, nursing, occupational and physical therapy, dietetics, audiology, speech-language pathology,

recreational therapy), other positions are in traditional fields with a relatively recent focus on gerontology (such as elder law, clinical geropsychology, geriatric medicine, architecture, gerontological/geriatric optometry, interior design-gerontology specialization and healthcare interior design, geriatric and senior care pharmacy). Gerontology is also a “growth industry” as many new career paths and position opportunities emerge from new sub-fields of gerontology (like financial gerontology, family gerontology, and religious/spiritual gerontology); as new positions evolve within disciplines and professions that already integrate gerontology into their educational and training programs; and as more disciplines and professions forge new linkages with gerontology. The profiles and interviews presented in this book are intended to give you a “taste” from each of these three perspectives. By presenting the same type of information in each profile and asking the same questions of each interviewee, you will be able to do some “comparison shopping.” At the end of each profile is a brief listing of key professional organizations and Web sites to help you explore further those positions that intrigue you.

. . . AND MORE

In this section of the book, you will find additional listings of even more career paths and positions that can be linked to gerontology, although the linkages may be so newly forged that there is little or no information available about them or the linkages are not yet clearly visible. They are listed, however, to tweak your interest, spur your imagination, and help you identify a broader spectrum of career possibilities that might be a good fit for you. When possible, a relevant professional organization, Web site, or other information is provided. Welcome to the exciting, dynamic, and ever-expanding professional world of gerontology!

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*For further information about use of the AGHE *Database of Educational Programs in Gerontology and Geriatrics*, contact AGHE at info@aghe.org.

Actuary

Basic Description: Actuary is all about “risk”—the possibility that something undesirable will occur. Actuaries assess the likelihood that risk will occur in the future, design strategies to avoid or prevent risk, measure incidents of and factors related to the occurrence of undesirable events, attempt to reduce the potential for risk, and work to reduce the impact of the undesirable events that do occur. They are key players in the design of programs and products that control and manage risk through their work in one of the four major actuarial areas: life insurance, property and casualty insurance, pensions, and health. Actuary was identified as one of the 25 best careers for 2007 by *U.S. News and World Report*.

Education and Experience Requirements: A bachelor’s degree in business, math, finance, actuarial science, economics, liberal arts, or related fields, and a strong math background is essential. Coursework in communications (e.g., writing, technical writing, speech, drama), literature, history, art, political science, the humanities, and other social sciences is recommended. Beyond the bachelor’s degree, becoming an actuary is based on earning one or more of three professional designations (Associate, Fellow, Enrolled Actuary) acquired through an actuarial organization, and gaining status through the professional examination system. Designation candidates must pass a series of tests at each level.

Certification, Licensure, and Continuing Education Requirements: Licensure to become an Enrolled Actuary is granted by a joint board of the Department of Treasury and the Department of Labor. Licensure is mandatory in order to perform actuarial tasks required for pension plans.

Core Competencies and Skills Needed:

- Specialized math knowledge (calculus, linear algebra, statistics, probability)
- Keen analytical, project management, and problem-solving skills
- Good business sense regarding finance, accounting, marketing, and economics
- Solid oral and written communication skills
- Strong computer skills, including word-processing programs, spreadsheets, statistical analysis programs, database manipulation, and programming languages

- A joy of learning; interested in a variety of historical, social, legislative, and political issues
- Ambition; self-motivation
- Creativity

Compensation: This varies by one's status in the national examination system, designation level, licensure, type of professional specialty, and nature of the employment setting.

Workplace(s): These include the financial services sector (such as insurance companies, commercial banks, investment banks and firms, retirement fund companies), corporations, state and federal government agencies, consulting firms, and self-employed private practice.

Employment Outlook: Good.

Related Professional Organizations and Web Sites:

- Be An Actuary: www.beanactuary.org
- American Academy of Actuaries (AAA): www.actuary.org
- American Society of Pension Actuaries (ASPA): www.aspa.org
- Casualty Actuarial Society (CAS): www.casact.org
- Conference of Consulting Actuaries (CCA): www.ccactuaries.org
- Society of Actuaries (SOA): www.soa.org

Adult Day Program Coordinator

Basic Description: Adult day program coordinators plan for and provide daily care at an adult day program center for adults over the age of 60 who are experiencing temporary or progressive memory loss due to dementia or other causes. Adult day program coordinators plan and supervise activities that are appropriate to the age, physical health, and mental health status of program attendees. They conduct home visits to assess the needs of clients and caregivers, develop follow-up plans for caregivers, and facilitate educational programs and support groups. As coordinators, they schedule and supervise day care staff. They also recruit, train, and schedule volunteers, then coordinate and supervise volunteer interaction with program clients.

Advocate

Basic Description: Advocates inform target audiences, including elders, about relevant issues of concern. They also actively work with and/or on behalf of elders to raise awareness about needs and appropriate responses to those needs and to create policy that responds to identified needs. They may participate directly or indirectly in the enactment of public and/or private policy. In some cases they represent their older adult constituency; in others, they assist and support older adults to speak and act for themselves. They fulfill their job responsibilities through a variety of roles, such as educator, facilitator, spokesperson, policy watcher, policy analyst, policy developer, and policy opponent or proponent.

Education and Experience Requirements: A bachelor's degree or higher in public administration, sociology, applied sociology, social work or a graduate degree in public policy, law, or policy and aging is preferred. Gerontology coursework or a degree component is strongly recommended.

Certification, Licensure, and Continuing Education Requirements: Advocates must meet requirements related to practice in a specific professional field, state or governmental jurisdiction, or employing agency.

Core Competencies and Skills Needed:

- Policy analysis and policy development skills
- Advocacy skills
- Competence at building and maintain networks
- Public speaking skills
- Excellent written and oral communication skills
- Working knowledge of coalition-building processes and techniques
- Working knowledge of grassroots organizational process and techniques
- Ability to multitask
- Diplomacy; willingness and ability to work successfully within governmental protocol

Compensation: This varies by one's education, experience, the nature of the employing organization/agency, the type and level of the position within the organizational hierarchy, and the geographic location.

Workplace(s): These include national and international advocacy organizations; federal, state, or local level grassroots organizations; lobbying groups; and an independent or consulting practice as an advocate, organizer, or lobbyist.

Employment Outlook: Good—especially with the anticipated growth of the older adult population over the next few decades.

Related Professional Organizations and Web Sites:

- AARP National Legal Training Project (NTLP): <http://aarpltp.grovesite.com>
- Center for Medicare Advocacy: www.medicareadvocacy.org and www.fairmedicare.org
- National Senior Citizens Law Center (NSCLC): www.nsclc.org

An Interview with Morgan F. Gable, Assistant Director of Grassroots Advocacy, International Organization

What is your educational background in gerontology and other disciplines or professional fields? What formal credentials (e.g., completed degrees, certification) do you hold in these fields?

I spent most of my time in higher education studying how to work with older adults. While receiving my Bachelor of Social Work (BSW) degree, I did obtain generalist social work skills, but I chose to specialize with older adults very early in my career. I also earned a Certificate in Gerontology. In the graduate work for my Master's in Social Work (MSW) degree, I again specialized in working with older adults. I was trained in Community Organizing, with a minor in Human Services Management for Aging/Older Adults, and certified as a Specialist in Aging. Also, I was awarded designation as a McGregor Geriatric Social Work Fellow. After earning my master's degree, I was selected to be an Association for Gerontology in Higher Education (AGHE) intern for one semester.

Briefly describe your gerontology-related career path.

I first became interested in working with older adults when my grandmother first began to develop signs of Parkinson's disease. She and I had always been incredibly close, but when my mother and I took care of her for the last five years of her life, after she was no longer able to live alone, was when I officially decided that the world of gerontology was the field for me. The wisdom and experiences

that I gained from those five years truly helped mold my future career path and I thank her for that everyday!

How did you first become interested in your current professional position?

I always wanted to work with older adults, but from a macro level. I never wanted to work in a clinical situation where I would have a caseload. Instead, I wanted to work on issues that affect older adults in terms of federal legislation and advocacy efforts. My current position is great because I am able to track—and advocate for changes to—federal legislation (e.g., Medicare Part D and Social Security issues) that has a direct impact on older adults in the United States. Working with a membership organization like this, however, has also given me the chance to work directly with some older adults. For example, I get to interact from a macro perspective in planning our programming across the country, but also from a micro perspective when I travel to these areas and get the chance to talk with (and learn from!) our many older adult attendees!

What are the most rewarding aspects of your career?

The most rewarding aspect of my career is knowing that I am (in some small way) bettering the lives of older adults. While I rarely get to witness firsthand the impact of the work that I do on behalf of older people, I am able to realize the tremendous effect that policy work has on the lives of all people. When I am able to act as an effective advocate (for example when we are successful in obtaining additional funding for Older Americans Act programs), I know that somewhere, someone will have a better life as a result of our efforts.

What are the most challenging aspects of your career?

The most challenging aspect of my job involves the “politics” and bureaucracy that I encounter when working with other coalitions and when working with the federal government. Sometimes I get frustrated about the “red tape” and the “political correctness” that one must deal with when engaging in advocacy work that seeks to change federal legislation. For example, it is hard for me to understand why the funding of stem cell research is such a controversial debate when I speak to our members who could someday benefit greatly from this innovative form of research.

Describe a typical workday in your current professional position.

As most in this field would say, there is no “typical” day. Most days, I research pending legislation and track the congressional votes (e.g., how each congressperson is

voting). I also try to engage our members and supporters in our efforts by showing them how federal legislation has an impact on their daily lives and how they play a key role in producing change at every level of the government. Recently, I have been involved in coordinating programs across that country that seek to educate older adults about the multitude of services that are available in the United States.

How do you balance career and other aspects of your life?

Since it is early on in my career, I have really tried to “throw” myself into my career right now, although I also try to keep a clear perspective about my priorities in life. My family and friends are incredibly important and, while they realize that I really value my career, they help me balance them both by being both supportive and understanding.

What advice do you have for someone contemplating a career in gerontology? In a professional position similar to your current position?

The key to obtaining a position similar to mine is networking! The “aging” professional world is incredibly small and the “aging” policy/advocacy world is even smaller. It’s a great group of people, but getting a position within the group is competitive, especially coming right out of school. The key for me was to first get my foot in the door by obtaining an internship. Through this internship, I was able to work my way into this group. I attended key coalition meetings where the many leaders of the policy and advocacy world came together. By learning and observing how they operated and what issues they were working on, I was able to gain an advantage over other applicants looking for a policy/advocacy position working on behalf of older adults. This also gave me the opportunity to receive job postings and “inside” information about upcoming openings for positions. Without my internship, I doubt that I would have been able to ever break into the policy/advocacy world in the field of aging.

Aging & Adult Services Division Manager, County Department of Human Services

Basic Description: A division manager is a position located between case-workers/case supervisors and division directors in county departments of human services; it is the first step into an administrative position within the agency. The line of report is to the aging and adult services division director in larger counties or directly to the top agency administrator in smaller counties. Division managers plan, organize, train, and review the work of division supervisors and/or case-workers, clerical and support staff, and other agency staff members responsible for some aspect of aging and adult services. They also advise their staff members on agency policies, procedures, fiscal matters, and program development or changes. It is their responsibility to ensure that agency standards, criteria, and other county, state, and federal regulations are maintained.

Educational and Experience Requirements: A master's degree in social work, gerontology, or a closely related field from an accredited institution of higher education required and additional coursework or a degree component in gerontology is strongly recommended (if the master's degree major is not gerontology-specific). Coursework and training in organizational management and personnel administration is encouraged. Also, a candidate for this position needs a minimum of four years full-time (of which two years must have been at the supervisory or management level for adult programs) social casework experience with elders and/or a vulnerable adult population in a public or private social welfare agency.

Certification, Licensure, and Continuing Education Requirements: Aging & adult services division managers must meet licensure requirements in the state where the practice occurs, along with the continuing education requirements of the employing agency.

Core Competencies and Skills Needed:

- Working knowledge of human service and aging-related service regulations at the county, state, and federal level

- Working knowledge of services and program development processes
- Commitment to the mission of the agency and the division
- Staff development and personnel administration skills
- Excellent written and oral communication skills
- Ability to work collaboratively with administrators in other divisions of the agency
- Commitment to legal and ethical professional practice

Compensation: This varies by one's education, experience, the level of the position within agency, and geographical location.

Workplace(s): This is specifically the county department of human services.

Employment Outlook: Fair—but improving as larger county departments of human services experience increased demands for adult/aging services as the population of elders grows rapidly over the next 2 decades. Opportunities for promotion to division director are limited (positions usually become open when current division directors retire), and are based on competitive examination results and other promotion criteria.

Related Professional Organizations and Web Sites:

None have yet been identified.

Alzheimer's Association Chapter Program Director

Basic Description: A program director for an Alzheimer's Association chapter at the state, regional, or local level is responsible for oversight of programs and services to educate and support families of persons with Alzheimer's disease and related conditions in the service area of the chapter for which they work. Program directors oversee chapter staff members and volunteers in the delivery of quality programs and services that meet chapter standards and are consistent with the mission of the Alzheimer's Association. Although the particular mix of job functions and the percentage of time devoted to each function will vary from one chapter to another, the following is a composite sample of responsibilities based on several job postings for this position:

- Program delivery (35%): oversee of Helpline and Care Consultation programs and services, including recruitment, training, and supervision of Helpline volunteers; provide direct education and support services for families and family caregivers (including information about resources, educational programs, care consultation, and support group referrals); oversee, expand, and evaluate support group programming; supervise, train, and nurture program volunteers; build a strong volunteer base; collect quantitative and qualitative data for program evaluation and reporting purposes; develop and expand the chapter's library and resource center
- Education programs (30%): plan and implement training programs (including packaged Alzheimer's Association programs such as Understanding Memory Loss, Savvy Caregiver, and Training for Dignity); deliver presentations at conferences, seminars and workshops for families, professionals, and related audiences; assist chapter director in the development of an annual educational conference for professionals in the chapter service area; coordinate volunteers for the chapter's Speaker's Bureau
- Public awareness (20%): establish new linkages and expand existing partnerships with local, regional, or state health/mental health agencies, relevant community-based organizations, and appropriate government entities; assist the chapter director in expanding revenues, increasing public awareness of chapter/association fundraising events and other activities; direct work with newsletter editor to develop educational themes and caregiver information for the chapter newsletter
- Multicultural outreach (10%): assist the chapter director and other staff to meet strategic goals related to outreach and service to diverse cultural and ethnic communities within the chapter's service area
- Administration (5%): assist chapter director to assure adequate staff and office coverage for chapter programs and services, and provision of oversight for office administration, including office staff and volunteers

Education and Experience Requirements: A bachelor's degree or higher in a health-related field is required; a master's degree is preferred for state-level positions. At least 3–5 years of relevant work experience in an Alzheimer's-specific setting (especially in counseling Alzheimer's patients and their families) is required and should include evidence of working in the community to conduct outreach, cultivate contacts, and establish collaborative relationships. An educational background in gerontology with a focus on dementia is desirable.

Certification, Licensure, and Continuing Education Requirements: Chapter program directors must meet relevant state licensure mandates and employing agency requirements for certification. Participation in continuing education programs, including attendance at the national Alzheimer's Association educational conference, is encouraged.

Core Competencies and Skills Needed:

- Ability to work with caregiving families to meet their needs (such as dealing with caregiver stress or coping with difficult behaviors)
- Demonstrated management skills, including personnel supervision
- Strong public speaking and presentation skills
- Excellent organizational and project management skills
- Knowledge of community and external services, programs, organizations, and other resources that support persons with dementia and their families
- Computer skills related to word processing, database, and graphics software
- Bilingual skills desirable in some locations
- Self-starter; willing to take initiative and work without supervision
- Available for and willing to work evenings, weekends, and holidays
- Ability and willingness to travel throughout region or state, as needed, for work-related purposes
- Ability to handle problems in a direct, firm, and caring manner

Compensation: This depends on one’s education and experience. It may vary by geographical location and whether the position is at the state or regional level.

Workplace(s): These are the state and regional Alzheimer’s Association chapter offices (some chapters have multiple local offices).

Employment Outlook: Good.

Related Professional Organizations and Web Sites:

Alzheimer’s Association: www.alz.org [see job postings on chapter Web sites]

Applied Sociologist Clinical Sociologist

Basic Description: Sociology is concerned with the understanding of groups or populations, such as the older adult population or its subgroups. Applied Sociologists use sociological knowledge to understand current

problems or issues and their solutions for populations. When the population of interest is the elderly population, applied sociologists use their knowledge to make informed policy decisions and effectively manage or administer the programs for which they are responsible. Although they may help shape research efforts, they are more often consumers, rather than conductors, of research. Problems and issues they address might include law enforcement, housing, homelessness, transportation, community relations, corporate hiring strategies, health care, education, or other societal problems directly related to their focus on elders. **Clinical Sociologists**, by contrast, apply sociological knowledge through actual intervention; they use sociological techniques to guide the process of change in a wide variety of social settings. While they sometimes intervene with or on behalf of an individual, they are more likely to work with or through groups such as elders and their families, support networks or agencies, organizations, and corporations at the community, state, federal, and international level. Their “toolkit” of expertise includes skills related to counseling, mediation and conflict resolution, assessment, evaluation, and facilitation.

Education and Experience Requirements: A bachelor’s degree in sociology or applied sociology is a minimum requirement; a graduate degree in sociology, applied sociology, demography, criminology, social gerontology, or another subfield of sociology is required for many clinical or applied practice positions (e.g., therapists, counselors, agency directors, researchers, statisticians). Gerontology coursework or a degree component is also strongly recommended.

Certification, Licensure, and Continuing Education Requirements: Clinical sociologists must meet state licensure requirements, if any, in order to conduct a clinical practice.

Core Competencies and Skills Needed:

- Good working knowledge of the processes and tools used in research, assessment, evaluation, problem-solving, conflict resolution, and policy analysis, development, and enactment
- Excellent written and oral communication skills
- Ability to think through problems, issues, and concerns at the societal level
- Good working knowledge of organization structure and function
- Familiarity with market analysis and focus group techniques

Compensation: This varies by education, experience, the nature of the employment setting, the level of responsibility, and geographical location.

Workplace(s): These include social service agencies and corporate, nonprofit, and governmental settings.

Employment Outlook: Promising—but difficult to track since relevant positions may be filled by professionals from other applied and clinical fields (such as clinical psychology and social work).

Related Professional Organizations and Web Sites:

- American Sociological Association (ASA): www.asanet.org [see ASA Sociological Practice Section for further information]

Architect

Basic Description: A growing sector of the professional field of architecture is devoted to designing home environments that support and aid normal changes in human and family function that occur with aging (including original design, renovation, remodeling, aging-in-place planning, consumer-created cooperatives, and co-housing projects); residential and long-term care facilities that adapt to the changing needs of elders who are physically and/or mentally frail, (e.g., continuing care residential communities, assisted living and skilled nursing facilities, adult day program centers, and memory care and dementia care settings); and community-based activity centers that serve older adults (e.g., senior centers, wellness therapy, and fitness centers). Tasks for which architects are responsible include site analysis; interviews and questionnaires with intended residents and, for facilities, also with staff members; architectural design and documentation; interior architectural planning and design; structural, mechanical, and electrical engineering (along with consultants); construction administration and oversight; and post-occupancy evaluation. For multiunit projects and multiperson residential and care facilities, additional tasks include project architectural research, strategic master planning, strategic program and environment redefinition, project conception and pro forma development (along with consultants), project development, and capital campaign collateral development.

Education and Experience requirements: A minimum of a Bachelor of Architecture (BArch) degree, which is a 5 year first professional degree, is required. A Master of Architecture (MArch) degree is strongly recommended, and may be earned by completing one of two optional paths: (1) a 4 year

preprofessional degree (BA or BS) plus a 2 year professional architecture degree program or (2) a 4 year nonarchitecture degree (BA or BS in another field) plus a 3–4 year Master of Architecture (MArch) degree. Gerontology coursework or a degree component is recommended.

Certification, Licensure, and Continuing Education Requirements:

Architects must comply with the licensure and registration requirements in the state where the practice occurs. Most states require a postgraduate training period (usually 3 years) under the direct supervision of a licensed architect in order to become eligible to take the Architect Registration Exam. Registered architects are eligible for certification by the National Council of Architectural Registration Boards (NCARB). Certification requires a professional architecture degree earned from a National Architectural Accrediting Board (NAAB)-accredited program, satisfactory completion of the Intern Development Program (IDP) training requirements, passing scores on the nine divisions of the Architect Registration Examination (ARE), application for and receipt of a license to practice from one of NCARB's member registration boards, and application for the NCARB Certificate. Continuing education requirements for registration renewal are set by the state(s) in which the architect is registered and practices.

Core Competencies and Skills Needed:

- Ability to visualize completed structures
- Competence in computer-aided design technology
- Knowledge of person-environment fit conceptual frameworks

Compensation: This varies by the type of practice and position within an architectural firm, the level of professional education and experience, and the geographical location of the practice.

Workplace(s): These include independent consultancies, sole proprietor practices, architectural firms, corporate architecture departments, and long-term care facilities.

Employment Outlook: Moderate—with excellent potential for expanding opportunities due to an increase in the number and variety of independent living communities, continuum of care residential communities and centers for elders, long-term care facilities (including demential care units) for frail and at-risk older adults, and free-standing hospice facilities.

Related Professional Organizations and Web Sites:

- The American Institute of Architects: www.aia.org
- American Institute of Architect Students: www.aias.org
- National Architectural Accrediting Board, Inc.: www.naab.org
- National Council of Architectural Registration Boards: www.ncarb.org

- The Association of Collegiate Schools of Architecture (ACSA): www.acsa-arch.org
- Society for the Advancement of Gerontological Environments (SAGE): www.sagefederation.org
- Environment and Gerontology Network (edra): www.edra.org
- Institute on Aging and Environment: www.uwm.edu/Dept/IAE

Art Therapist

Basic Description: Art therapy is used predominantly in mental health, human service, educational, medical, and social settings to help clients achieve positive outcomes, such as greater self-awareness and self-esteem, resolution of intra- and inter-personal conflicts, development of new social and coping skills, reduction of anxiety, improvement in how problems are handled, appropriate changes in reality orientation, and acquisition of helpful personal insights. Psychology and human development, especially adult development and aging, provide the theoretical foundation for art therapy. Art therapists draw on this interdisciplinary background for assessment and treatment models, tools, and strategies from cognitive, educational, psychodynamic, transpersonal, and other perspectives. They involve patients and clients in creative art processes (e.g., painting, drawing, creating fiber art, or pottery) to encourage self-expression through creation of their own artworks. They also observe their clients' reactions to already produced art objects (e.g., sculpture, pottery, paintings) as a means to understanding their individual developmental level, personality, interests, abilities, concerns, problems and conflicts, and potential for growth. The professional tasks of art therapists include selection of appropriate materials and interventions; determination of goals and objectives for clients to achieve maintenance of relevant case records; preparation of periodic reports; consultation with clients, family members, caregivers, and professional colleagues; participation in staff meetings and multidisciplinary healthcare teams; and involvement with professional organizations and conferences. In addition to their direct practice with patients, art therapists may serve as unit supervisors, agency administrators, and expert witnesses in court cases involving their clients.

Education and Experience Requirements: A minimum of a master's degree in art therapy is required for licensure and practice. Acceptance to a graduate degree program in this field requires a bachelor's degree from an accredited college/university, documentation of 15 semester hours in studio art and 12 semester hours in psychology prior to application, and the submission of a portfolio of original art.

Certification, Licensure, and Continuing Education Requirements:

The Art Therapy Credentials Board Inc. (ATCB) is the credentialing body. Attaining the Art Therapist Registered (ATR) designation requires documentation that the candidate has completed the proper master's degree and the required postgraduate experience. ATRs who pass the ATCB written examination are qualified as Board Certified (ATR-BC). Continuing education is required for recertification every 5 years.

Core Competencies and Skills Needed:

- Familiarity with and skill in the use of an array of art media
- Sensitivity to an array of older adult needs and interests
- Capacity for insight into the psychological processes of older adults
- Attentive listener
- Keen observer
- Emotional stability
- Patience
- Strong interpersonal skills; ability to develop rapport with older clients
- Ability to work effectively with a wide range of mental, emotional, physical, and social healthcare needs
- Ability to work effectively in a variety of settings
- Flexibility; ability to adapt
- Sense of humor

Compensation: This varies by one's education, experience, licensure, type of practice, nature of the practice setting, and the geographical location.

Workplace(s): These include hospitals and clinics (medical and psychiatric), hospice, wellness centers, social services agencies, outpatient mental health agencies and day treatment programs, educational programs and services, long-term care and assisted living facilities, senior centers and other community-based programs that serve elders, adult and intergenerational day care programs and centers, substance abuse and chemical dependency programs and agencies, rehabilitation and residential treatment centers, domestic violence and homeless shelters, community agencies and nonprofit organizations, correctional facilities, and independent private practices or consultancies.

Employment Outlook: Good—with an increasing potential for practice as the population grows older and as older persons become more comfortable with mental health therapies and human service interventions.

Related Professional Organizations and Web Sites:

- American Art Therapy Association, Inc. (AATA): www.arttherapy.org
- Art Therapy Credentials Board (ATCB): www.atcb.org
- National Coalition of Creative Arts Therapies Associations (NCCATA): www.nccata.org

Career and Employment Counselor

Basic Description: Career and employment counselors (sometimes titled “career counselors” or “employment counselors”) assist individuals who are seeking employment or assistance with employment or career reentry, career development and transition, and work-to-retirement transitions. Although their clients traditionally have been adolescents and young or middle-aged adults, they now find older adults among their clientele. Using the tools of the professional field in which they were trained, career and employment counselors assess their clients’ work-related skills, abilities, and interests and then assist their clients with work-related training or retraining, career development, job search, and job entry. While they use similar processes with clients of all ages, career and employment counselors who specialize in working with older adults must be sensitive to the factors that shape an older person’s need or desire for employment, regardless of whether that need is related to remaining in the workforce rather than retiring, entering the workforce for the first time in later life, reentering the workforce after an extended time out of it, making a work-to-retirement transition, or returning to full- or part-time employment after an earlier retirement. Some career/employment professionals (such as personnel administrators or human resources managers) hold positions in corporate settings where they are responsible for recruitment, hiring, and supervision of older workers, oversight of laws and regulations specific to older workers, and work-to-retirement transitions. Others work with government needs-based employment programs (such as Foster Grandparents Program, Senior Companion Program, and Green Thumb) for older persons.

Education and Experience Requirements: A bachelor’s degree or higher in counseling and guidance, personnel administration, adult education, or closely related field is required. A master’s degree is preferred or required by some professions and employing agencies. Gerontology coursework or a degree component is strongly recommended.

Certification, Licensure, and Continuing Education Requirements: Career and employment counselors must meet the licensure or certification requirements in the state where the professional practice occurs. Continuing

education or post-degree supervised clinical training may be required for some professions or employing agencies.

Core Competencies and Skills Needed:

- Good understanding of the factors related to older adults' needs and/or desires to work
- Good working knowledge of laws and regulations related to older workers and age discrimination in the workplace
- Respect for the talents and skills of older adults in regard to career
- Ability to establish trusting, open, and useful relationships with older clients
- Commitment to a client-centered practice
- Ability to facilitate decisionmaking and goalsetting
- Computer literacy on relevant software and databases
- Excellent verbal and written communication skills
- Attentive listening skills
- Ability to maintain confidentiality
- Good organizational skills

Compensation: This varies by one's education, experience, type of position, level of responsibility, and the nature of employment setting.

Workplace(s): These include community-based career counseling centers and adult education programs; corporate human resources departments; community college, college and university career counseling centers; centers and agencies that serve elders; and Senior Community Service Employment Programs (SCSEP).

Employment Outlook: Limited at current time—but is nevertheless promising due to an increase in the size of the older adult population and an increase in the number of older adults who are interested in employment and career development opportunities.

Related Professional Organizations and Web Sites:

- American Counseling Association (ACA): www.counseling.org
- National Employment Counseling Association (NECA): www.employmentcounseling.org/neca.html
- Maturity Works Alliance (MWA), National Council on Aging (NCOA): www.ncoa.org
- National Older Worker Career Center (NOWCC): www.nowcc.org
- Senior Community Service Employment Program (SCSEP): www.doleta.gov/seniors
- National Career Development Association (NCDA): www.ncda.org
- National Board for Certified Counselors (NBCC): www.nbcc.org
- Center on Adult, Career, & Vocational Education (ACVE), Ohio State University: www.cete.org/acve

Certified Aging-in-Place Specialist (CAPS)

Basic Description: Certified Aging-in-Place Specialists (CAPS) assist people of all ages to continue living independently, safely, and comfortably in their own homes, regardless of their income, health status, and functional level. Professionals with the CAPS designation include building contractors and remodelers, architects, interior designers, reverse mortgage specialists, environmental gerontologists, certified senior advisors, occupational and physical therapists, and aging consultants.

Education and Experience Requirements: Educational requirements include completion of an appropriate degree or training program for the base profession, completion of the CAPS educational program (courses on working with and marketing to older adults, home modifications, and introduction to business management); and submission of a graduation application to the National Association of Home Builders University of Housing (NAHB).

Certification, Licensure, and Continuing Education Requirements: Additional continuing education and/or participation in community service is required every three years.

Core Competencies and Skills Needed:

- Understand the meaning of *home* to each specific client
- Know and stay updated on relevant building codes, standards, and materials
- Practice excellent interpersonal communication skills
- Recognize impact of physical, mental, and social health on housing needs of aging persons
- Meet requirements for practice in their primary profession

Compensation: This varies by type of career position, nature of the employment setting, educational background, experience, part- or full-time position, and geographical location.

Workplace(s): These include building and remodeling contract firms, banks, interior design studios, private consulting firms, agencies that serve elders, and community and human service agencies.

Employment Outlook: High—but varies by type of profession; actual demand is not yet established for professionals with this relatively new certification.

Related Professional Organizations and Web Sites:

- National Association of Home Builders (NAHB): www.nahb.org
- National Aging in Place Council (NAIPC): www.naipc.org

Certified Geriatric Pharmacist (CPG)

Basic Description: Certified Geriatric Pharmacists (CPGs; see Consultant Pharmacist or Senior Care Pharmacist) have earned the CGP designation by meeting three criteria: they hold a valid pharmacy license, they have 2 or more years of experience in pharmacy practice, and they have successfully passed the 150-item, multiple-choice certification examination in geriatric pharmacy that tests candidates' knowledge in three areas of practice: patient-specific activities (34% of exam), disease-specific activities (56% of exam), and quality improvement/utilization management activities (10% of exam).

Education and Experience Requirements: CGPs require a Doctor of Pharmacy (PharmD) degree from an American Council for Pharmacy Education (APCE)-accredited school of pharmacy.

Certification, Licensure, and Continuing Education Requirements: Recertification is required every 5 years and can be obtained by either passing a multiple-choice 150-question examination administered by the Commission for Certification of Geriatric Pharmacists (CCGP) or by earning 75 continuing education hours through the recently approved American Society of Consultant Pharmacists (ASCP) professional development program for CGPs.

Core Competencies and Skills Needed:

- Competence in patient-centered practice with older adults and geriatric patients
- Research-based understanding of the aging process and factors that affect the physical, mental, and social health of elders
- Excellent understanding of geriatric pharmacotherapy specific to disease-specific conditions of patients

- Excellent communication and interpersonal skills
- Ability to educate patients about the proper and safe use of medications and other pharmacy-related therapies
- Commitment to prevention of misuse and abuse of medications and over-the-counter drugs
- Commitment to ethical practice with elderly and frail clients

Compensation: This varies by the type of practice, education, experience, place of employment, level of position held, and geographical location.

Workplace(s): These include community-based pharmacies, hospital and medical care center pharmacies, nursing facilities, subacute care and assisted living facilities, psychiatric hospitals, hospice programs, and home and community-based care organizations.

Employment Outlook: Excellent.

Related Professional Organizations and Web Sites:

- American Society of Consultant Pharmacists (ASCP): www.ascp.com
- Commission for Certification in Geriatric Pharmacy (CCGP): www.ccgp.org
- American Council for Pharmacy Education (ACPE): www.acpe-accredit.org

Consultant or Senior Care Pharmacist

Basic Description: Consultant pharmacists and senior care pharmacists practice patient-centered pharmacotherapy that recognizes the complexity of interrelationships between disease states, injury statuses, nutrition, medications, and other variables. They commonly work as a member of a health care team. In working with and on behalf of patients, they provide information and recommendations to subscribers and caregivers; review patients' drug regimens; educate and counsel patients about appropriate and safe use of medications; present in-service educational and training programs for facility staff members, family caregivers, and the lay public; oversee medication distribution services in the facility; provide related services such as pain management counseling, pharmacokinetic

dosing services, intravenous therapy, nutrition assessment and support, and durable medical equipment; and identify, resolve, and prevent medication-related problems.

Education and Experience Requirements: This position requires a minimum of a BS or MS in pharmacy. A PharmD degree is strongly recommended and is required by some employing agencies and consultation settings.

Certification, Licensure, and Continuing Education Requirements: Consultant pharmacists and senior care pharmacists must have a valid pharmacy license in the state(s) where the practice occurs; stay current with changing laws and regulations about medications and the settings in which they practice; and maintain or improve their level of knowledge and practice competence through post-graduate residencies, experiential traineeships, and continuing pharmaceutical education.

Core Competencies and Skills Needed:

- Knowledge and skills in geriatric pharmacotherapy and the unique medication-related needs of elders and long-term care residents
- Expertise in long-term care settings for frail and at-risk elders
- Patient-centered advocacy skills
- Current knowledge of state and federal pharmacy laws applicable to practice setting(s)
- Ability to work collaboratively as a member of an interdisciplinary health care team
- Good organizational skills
- Good written and oral communication skills

Compensation: This varies by education, experience, practice setting, type and level of professional position, and geographical location.

Workplace(s): These include hospitals, medical centers and clinics, long-term care and nursing facilities, subacute care and assisted living facilities, psychiatric hospitals, hospice, and home- and community-based care programs.

Employment Outlook: Excellent.

Related Professional Organizations and Web Sites:

- American Society of Consultant Pharmacists (ASCP): www.ascp.com (profiles of several consulting pharmacists and senior care pharmacists are available at this Web site)
- American Pharmacists Association (APhA): www.aphanet.org
- Accreditation Council for Pharmacy Education (ACPE): www.acpe-accredit.org
- National Association of Boards of Pharmacy (NABP): www.nabp.net

Certified Senior Advisor (CSA)

Basic Description: Certified Senior Advisors (CSAs) are professionals from a wide variety of fields (e.g., accounting, law, business, clergy, medicine, nursing, pharmacy, financial planning, funeral services, geriatric care, home health care, insurance, realty, mortgage lending, housing, social work) who have earned the CSA designation to add to the credentials they hold in their primary professional field(s). The CSA education program integrates the social, health, and financial aspects of aging to help professionals focus on people rather than products. By having a better understanding of their aging and elderly clients, CSAs fit their products and services to the needs and interests of the clients.

Education and Experience Requirements: Applicants for CSA training must hold valid credentials in their field(s) of practice, complete CSA program requirements, and pass the CSA Designation Exam.

Certification, Licensure, and Continuing Education Requirements: CSAs must complete an annual renewal statement, pay annual renewal dues, and complete 128 CSA continuing education credits every 3 years.

Core Competencies and Skills Needed:

- Good written and communication skills
- Attentive listener
- Good interpersonal skills
- Good organizational skills
- Commitment to client-centered practice
- Ethical conduct of business/professional practice
- Competencies specific to primary professional field(s) and practice standards

Compensation: This varies by the type of professional practice, educational background, experience, and geographical location.

Workplace(s): This varies by the type of professional practice.

Employment Outlook: Moderate to high—depending on the type of professional practice.

Related Professional Organizations and Web Sites:

- Society of Certified Senior Advisors: www.society-csa.com

Certified Social Worker in Gerontology (CSW-G) Certified Advanced Social Worker in Gerontology (CASW-G) Certified Advanced Clinical Social Worker in Gerontology (CACSW-G)

Basic Description: According to the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE), a “professional social worker” is a graduate of a CWSE-accredited social work program at the bachelor’s (BSW), master’s (MSW), or doctoral (DSW) level. Social workers with BSW and MSW degrees assess the needs of older adults, their families, caregivers, and social support network; provide information about and referrals to programs and services to meet these needs; and evaluate the outcomes of the services provided. At times the social workers provide the services needed (such as care and case management, counseling, or education). The primary goals of social workers in direct practice with older adults include maintaining independence and self-determination, assuring adequate financial resources through income assistance programs, promoting and maintaining the well-being of elders and their families, and improving the quality of life for their elderly clients. While the majority of social workers are in direct practice roles and positions, some work on behalf of elders through advocacy, policy development, and policy enactment. Recently, NASW added three levels of certification for gerontological social workers (see *Certification* below). Another initiative to improve social work practice with elders is the Masters Advanced Curriculum (MAC) Project, which is designed to infuse gerontological competencies into three MSW specialty practice areas: mental health, substance abuse, and health.

Education and Experience Requirements: A minimum of a BSW degree is required for entry-level direct service positions in human service agencies. A MSW degree is preferred for many entry-level positions and is required for clinical social work and most positions involving supervisory, administrative, planning and policy responsibilities. A Doctor of Social Work (DSW) degree is required for most academic teaching and research positions.

Certification, Licensure, and Continuing Education Requirements: Licensure is required in the state where the professional practice occurs, and may require passing an examination. A specified amount of continuing education and full-time or equivalent practice are required for license renewal. The NASW now has three levels of certification for gerontological social workers: Certified Social Worker in Gerontology (CSW-G), Certified Advanced Social Worker in Gerontology (CASW-G), and Certified Advanced Clinical Social Worker in Gerontology (CACSW-G). Certification is earned through a combination of a BSW or MSW degree, years or equivalent hours of experience working with older adults under social work supervision, continuing education, exam-based licensure, and adherence to NASW codes of ethics and standards.

Core Competencies and Skills Needed:

- Commitment to culturally sensitive professional practice
- Good communication (oral, written, and listening) skills
- Good interpersonal skills
- Patience, persistence, perseverance
- Good organizational skills
- Good working knowledge of programs, services, and facilities for older adults
- Good working knowledge of regulations and legislation related to provision of services to older adults

Compensation: This varies by education, experience, licensure, certification level, type of position, nature of employment setting, and geographical location.

Workplace(s): These include adult day care centers and programs, public social service agencies, adult protective services, county units (e.g., commissions, departments, bureaus) on aging, Area Agencies on Aging (AAAs), information and referral agencies, alcohol and substance abuse services, hospitals and medical centers, outpatient primary care settings (e.g., group medical and dental practices), assisted living facilities, long-term care facilities, rehabilitation centers, hospice and bereavement service programs, respite programs, elder abuse & neglect centers/programs, faith-based organizations, home health care, family services agencies, life care communities, mental health agencies/centers, ombudsperson and advocacy programs, senior centers, senior housing centers and retirement communities, research centers/institutes, veterans'

services, corporate eldercare programs and firms, courts and legal/paralegal services and firms, managed care organizations, Social Security Administration offices (Medicare, Medicaid, and SSI), federal and state offices and programs for older adults (e.g., Senior Health Counseling and Assistance Program, Senior Companion, Foster Grandparent, and RSVP), banks and investment firms, and insurance companies.

Employment Outlook: Excellent—demand currently exceeds supply, especially at MSW and DSW degree levels.

Related Professional Organizations and Web Sites:

- National Association of Social Workers (NASW): www.socialworkers.org
- Council on Social Work Education (CSWE): www.cswe.org
- CSWE Gero-Ed Center: <http://depts.washington.edu/geroctr>

Clinical Geropsychologist

Basic Description: Clinical Geropsychology was first recognized as a Proficiency by the American Psychological Association (APA) in 1998 (recognition renewal will be required in 2008). Clinical geropsychologists work with older adults, their families and/or caregivers to maintain well-being both of the older adult and within the family system; stabilize or overcome mental, emotional, and behavioral problems; and optimize the potential and quality of life for the elders they treat. They assess, consult, and provide intervention services related to psychological adaptations in later life, psychopathology, behavioral problems, problems in daily living, medical and legal decision-making capacity, independent living arrangements, behavioral competencies, and sociocultural/socioeconomic factors that influence the experience and expression of psychological problems. Clinical geropsychologists use several types of intervention that are unique to work with an older clientele; these interventions include reminiscence, memory enhancement, life review, grief work, and other expressive therapies. They also offer psychoeducational programs and support groups for family caregivers. Some geropsychologists serve as interdisciplinary health care team members that do comprehensive geriatric assessments.

Education and Experience Requirements: A Doctor of Philosophy (PhD) or Doctor of Psychology (PsyD) in clinical psychology is required. Coursework or a degree component/emphasis in gerontology is strongly recommended. Postdoctoral fellowships are encouraged, especially for those with research interests.

Certification, Licensure, and Continuing Education Requirements: Clinical geropsychologists must meet licensure requirements in the state where the professional practice occurs. Continuing education may be required for license renewal or by an employing agency.

Core Competencies and Skills Needed:

- Competencies and skills are outlined for the following aspects of geropsychology practice: attitudes; general knowledge about adult development, aging, and older adults; clinical issues; assessment; intervention, consultation, and other service provision; education (see further information on APA Web site)
- Good listener
- Good interpersonal skills
- Good communication skills
- Patience and calm demeanor

Compensation: This varies by education, experience, specific type of practice, and the nature of the employing agency, organization, or facility.

Workplace(s): These include medical centers, in-patient medical or psychiatric hospital units, geropsychology clinics and institutes, long-term care facilities, health care management corporations, community mental health agencies, community substance abuse programs and agencies, organizations specific to mental health disorders (e.g., Alzheimer's disease, depression, Parkinson's disease), independent or group private practice, outpatient settings, day care programs, and home care agencies.

Employment Outlook: Good—with the potential for increased demand due to rapid growth in the elderly population over the next few decades.

Related Professional Organizations and Web Sites:

- American Psychological Association (APA): www.apa.org
- Formal Interest Group on Mental Health Practice and Aging, Gerontological Society of America (GSA): www.geron.org
- Informal Interest Group on Emotion and Aging, Gerontological Society of America (GSA): www.geron.org
- Mental Health and Aging Network (MHAN), American Society on Aging (ASA): www.asaging.org