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*The authors surveyed professional counselors (*N *= 956) to examine self-efficacy in counseling older adults, contact with older adults, and ageism as related to their interest in working with older adults. Higher self-efficacy, contact, and positive ageism predicted increased interest. These results and implications for counseling older adults are discussed.*

Keywords: self-efficacy, contact, ageism, interest, older adults

Older adults (65 years of age or older) make up 15% of the population and are the fastest growing age group in the United States (Federal Interagency Forum on Aging-Related Statistics, 2016). The number of older adults in the United States is expected to increase rapidly until 2030, at which time more than 20% of the population (over 70 million people) will be older adults (Federal Interagency Forum on Aging-Related Statistics, 2016). The surge in the older adult population coincides with a shift in the utilization of mental health services. Older adults have historically underutilized mental health services (Myers & Harper, 2004). However, the Institute of Medicine (2012) reported that older adults are expected to increase mental health service utilization. The predicted increase is due to the population boom of older adults, less stigma, and greater understanding of mental health among these older adults, along with an estimation that over 25% of older adults have a diagnosable mental health disorder (Institute of Medicine, 2012). Therefore, counselors need to be prepared and interested in *gerocounseling*, which is defined as counseling older adults.

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To address the need for trained counselors, leaders in the counseling field have tried to increase training and development of qualified gerocounselors (Myers, 1995), and the National Board for Certified Counselors developed a gerocounseling certification (Myers, Loesch, & Sweeney, 1991). However, attempts to increase the development of gerocounselors stagnated and eventually failed due to lack of interest and participation (Bobby, 2013). The lack of interest to work with older adults seems pervasive among mental health professions. The Center for Health Workforce Studies (2006) found that only 9% of social workers worked with older adults. Similarly, Koder and Helmes (2008) reported that fewer than 5% of psychologists regularly work with older adults. In another study, Foster, Kreider, and Waugh (2009) found that counseling students described limited interest in learning about aging and receiving further training on gerocounseling; likewise, they did not feel prepared to work with older adults. Regarding preparation, McBride and Hays (2012) reported that the majority of counseling students have never taken a course in gerontology. Additionally, there is no counseling research that examines practicing counselors' interest and self-efficacy in working with older adults. Therefore, we chose to address this need with the present study. We also examined positive and negative ageism toward older adults, and contact with older adults, as predictors of counselors' interest to work with older adults.

INTEREST, COUNSELING OLDER ADULT SELF-EFFICACY, AGEISM, AND CONTACT

The construct of *interest* is defined as "self-sustaining motives that lead people to engage with certain objects, activities, or ideas for their own sake" (Silvia, 2001, p. 270), and in our study, we used *interest* to refer specifically to interest in gerocounseling. Researchers examining interest have suggested that self-efficacy (Bandura, 1977), prejudices (e.g., ageism; Butler, 1975), and contact (Pettigrew & Tropp, 2006) influence interest. Bandura (1977) suggested that a person's level of interest affects his or her behavior. Therefore, those interested in working with older adults are likely to choose to work with this population. Lent, Brown, and Hackett (1994) built upon Bandura's work with the social cognitive career theory (SCCT) and suggested that self-efficacy influences level of interest in a subject area, which in turn predicts vocational choice. Similarly, other researchers (e.g., Malgwi, Howe, & Burnaby, 2005) have found that interest seems to predict vocational choice.

Bandura (1986) defined *self-efficacy* as the degree to which an individual believes that he or she is capable of performing an activity. Self-efficacy is well researched within counseling literature (e.g., Larson & Daniels, 1998; Lent et al., 1994; Mullen, Lambie, & Conley, 2014; Mullen, Uwamahoro, Blount, & Lambie, 2015). For this study, *counseling older adult self-efficacy* (COASE) is defined as a counselor's belief in his or her ability to counsel older adults.

According to Lent et al. (1994), in SCCT, self-efficacy and outcome expectations for a job predict level of interest to pursue that job. Consequently, we hypothesized that increasing students' COASE may increase their interest to pursue working with older adults. In a meta-analysis, Rottinghaus, Larson, and Borgen (2003) found a moderate-to-large effect size between interest and self-efficacy. They suggested that the connection between self-efficacy and interest may be stronger when a domain (e.g., counseling) is narrowly defined (e.g., counseling older adults). Scholars in social work (e.g., Kane, 2004; Olson, 2011) also found that self-efficacy was positively related to interest in working with older adults. These findings supported our position that self-efficacy may predict COASE among practicing counselors.

Another construct relevant to interest in counseling older adults is ageism (Kastenbaum, 1964; Palmore, 1999). Ageism is discrimination or prejudice based on age—whether young or old (Palmore, 1999)—and typically consists of attitudes, beliefs, and behaviors about people based on their age (Butler, 1975). Researchers (e.g., Butler, 1975; Kastenbaum, 1964) have suggested that counselors' beliefs about working with older adults (e.g., focus on death, clients' lack of ability to change, ageist beliefs) affect their desire to work with older adults. Packer and Chasteen (2006) documented how ageism influences counselors' level of comfort in counseling older adults; thus, counselors may avoid working with older adults due to attitudes held about the population. Cherry and Palmore (2008) suggested considering positive and negative forms of ageism. Specifically, *positive ageism* refers to bias in favor older people, whereas *negative ageism* refers to behaviors and attitudes that imply that aging is a bad thing. Counselors who work with older adults and hold positive ageist beliefs may be more enabling, while simultaneously perpetrating perceptions of older adults as frail and incapable (Cherry & Palmore, 2008). On the other hand, counselors who work with older adults and have negative ageist attitudes may provide a lower quality of care (Kane, 2004). Extant literature exploring the relationship between ageism and interest is mixed, with some findings supporting an inverse relationship between ageism and interest, where higher levels of ageism are related to lower levels of interest (e.g., Bergman, Erickson, & Simons, 2014). Other studies have found no relationship between these variables (e.g., Chonody & Wang, 2014; Ferguson, 2015). Therefore, more research in this area is merited.

A final construct important to counselors' interest in counseling older adults is contact. The term *contact* is defined as the interaction between an individual of one group with an individual of a different group (McKeown & Dixon, 2016). Increased positive contact with a person from an outside group (e.g., a young adult with an older adult) tends to lead to decreased levels of discrimination and prejudice (Pettigrew & Tropp, 2006). For example, Cummings and Galambos (2002) found that increased contact between younger

mental health professionals and older adults was related to higher numbers of rewarding interactions and increased self-reported interest levels in working with older adults. Other researchers (e.g., Bergman et al., 2014; Chippendale, 2015) have found similar results, giving credence to the importance of contact when considering counselors' interest.

THE CURRENT STUDY

There is a need to increase the number of counselors interested in working with older adults due to an expected increase in the demand for services with this age group (Institute of Medicine, 2012; Maples & Abney, 2006). Past efforts to increase qualified gerocounselors have shown potential but were ultimately unsuccessful (e.g., Bobby, 2013; Myers, 1995). Previous attempts focused on counselor training without considering counselors' perceptions of working with older adults, given that studies examining practicing counselors' interest in counseling older adults are nonexistent. Also, current counseling literature on interest in working with older adults does not consider relevant constructs such as COASE, ageism, and contact. Therefore, the following research questions guided this study: (a) What are the relationships between counselors' demographic variables and their interest in working with older adults, COASE, positive and negative ageism, and contact? and (b) Do counselors' COASE, positive and negative ageism, and contact with older adults predict interest in working with older adults?

METHOD

Procedure and Participants

Before data collection, we received approval from the institutional review board at the College of William & Mary. In this quantitative cross-sectional research investigation, we used email-based survey methodology to collect data from practicing counselors. We invited 10,000 counselors from two states in the southern United States to participate. Participants' information was retrieved from the state counseling association or licensure board directories for the respective states. We sent a series of emails inviting participants to complete this study using an online Qualtrics survey. All emails and survey materials were developed using the tailored design method (Dillman, Smyth, & Christian, 2014), and we did not use an incentive for participation. Of the 10,000 counselors we contacted, 594 had email addresses that did not work, and 30 individuals indicated they did not work in the mental health field at the time of this study. Thus, the sample size was 9,376, with a total of 956 individuals who completed the survey (10% response rate).

The sample of participants (N = 956) was mostly female (n = 766, 80.1%), with 167 male respondents (17.5%) and one person (0.1%) who

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identified as other. Twenty-two participants (2.3%) did not report their gender identity. The mean age for this sample was 48.96 years (*SD* = 13.66, *Mdn* = 49), with a mean of 11.91 years of experience as a counselor (*SD* = 10.25, *Mdn* = 9). For race/ethnicity, White/Caucasian participants made up 70.5% (*n* = 674) of the sample, followed by Hispanic/Latino participants (*n* = 111, 11.6%), Black/African American participants (*n* = 101, 10.6%), multiracial participants (*n* = 21, 2.2%), and 27 participants (2.8%) who indicated some other racial/ethnic identity. Twenty-two participants (2.3%) did not report their race/ethnicity. Regarding participants' counseling disciplines, most participants identified as mental health counselors or professional counselors (*n* = 771, 80.6%), followed by school counselors (*n* = 51, 5.3%), marriage and family therapists (*n* = 49, 5.1%), clinical psychologists (*n* = 17, 1.8%), and social workers (*n* = 10, 1.0%). There were 53 participants (5.5%) who selected the *other* category, and five participants (0.5%) who did not respond. Fully licensed practitioners made up the majority of participants (*n* = 657, 68.7%), followed by registered interns or provisionally licensed practitioners (*n* = 214, 22.4%) and those who selected the *other* category (e.g., inactive license, retired; *n* = 74, 7.7%), with 11 (1.2%) who did not respond. Regarding setting, most participants worked in private practice (*n* = 359, 37.6%), followed by outpatient (*n* = 168, 17.6%), school counseling (*n* = 56, 5.9%), residential (*n* = 42, 4.4%), college counseling center (*n* = 35, 3.7%), acute psychiatric (*n* = 25, 2.6%), university faculty (*n* = 25, 2.6%), and intensive in-home (*n* = 15, 1.6%). The *other* category was the second largest category (*n* = 224, 23.4%), and seven (0.7%) participants did not complete this item. Percentages may not total 100 because of rounding.

Measures

We used several measures, including (a) the Relating to Older People Evaluation (ROPE; Cherry & Palmore, 2008), (b) the Gerontological Counseling Competencies Scale (GCCS; O'Connor Thomas, 2012), and (c) the Interest in Gerocounseling Scale (IGS; Foster et al., 2009). We also created a four-question contact scale based on Cummings, Adler, and DeCoster's (2005) study that asked questions related to frequency and quality of contact with older adults. In addition, we created a demographics form to capture participants' qualities.

Ageism. The ROPE was created by Cherry and Palmore (2008) to measure an individual's positive and negative ageist behaviors. The ROPE is a 20-item self-report measure that consists of two subscales; six items measure positive ageism, and 14 items measure negative ageism. Sample statements include "Offer to help an old person across the street because of their age" (Positive subscale) and "Ignore old people because of their age" (Negative

subscale). Response choices for each item range from 0 (*never*) to 2 (*always*). Scores are calculated by summing the values associated with each subscale and dividing by the number of statements to create a scale mean. In our study, the ROPE had an adequate Cronbach's alpha of .77, which is consistent with previous research (e.g., $\alpha = .70$; Cherry & Palmore, 2008).

COASE. Within the field of counseling, there are no instruments specific to the self-efficacy of counselors for working with older adults. Thus, we used O'Connor Thomas's (2012) GCCS, which is a self-report instrument designed to measure counselors' perceived competence in working with older adults. Considering the level of similarity between self-reported perceived competence and Bandura's (1986) definition of self-efficacy, we used the GCCS as a proxy measure for COASE. We also created a five-item self-efficacy scale based on Bandura's (1986) theory to measure self-efficacy for working with older adults. This scale had strong evidence for convergent validity with the GCCS ($r = .74$, $p < .001$), which supported the GCCS as a proxy measure for COASE. The GCCS consists of 21 items (e.g., "I know about evidenced-based interventions with older adults"). Items are rated on a 5-point Likert-type scale (1 = *does not describe me at all*, 5 = *describes me well*), and scores are summed and averaged to create a mean total score. O'Connor Thomas reported evidence for reliability with a Cronbach's alpha of .91. In the current study, the Cronbach's alpha was .95.

Interest in counseling older adults. The IGS was used to measure participants' interest in counseling older adults. Foster et al. (2009) developed the IGS as a self-report measure of master's-level counseling students' interest in gerocounseling. We used a nine-item subscale of the original 28-item IGS that examines interest specifically (Foster, Evans, & Chew, 2014). Respondents rate each item on a 5-point Likert-type scale (1 = *very disinterested*, 5 = *very interested*) by selecting the response that matches their level of interest in different areas of counseling with older adults (e.g., grief work) or environments (e.g., hospice care). A mean score is calculated. The internal consistency reliability for the IGS was not reported in earlier studies; however, in our study, the nine-item subscale of the IGS yielded a Cronbach's alpha of .93.

Contact. Similar to previous researchers (e.g., Cummings et al., 2005), we created four items to examine participants' frequency and perceived quality of contact with older adults. The items were "How much have you worked with older adults in job or volunteer settings?" (*almost never* to *a lot*), "I have had and/or currently have quality relationships with older adults who are not related to me" (*strongly disagree* to *strongly agree*), "I have had and/or currently have quality relationships with older relatives" (*strongly disagree* to *strongly agree*), and "How frequently do you have contact with someone over the age of 65?" (*never* to *very often*). Participants responded to each item on a 7-point Likert-type scale. Mean scores were created with a possible range from 1 to 7. A higher mean score indicated more frequent and positively experienced

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contact. Unfortunately, Cummings et al. (2005) did not formally develop their questions as a scale and did not report internal consistency reliability. In this study, the internal consistency was low with a Cronbach's alpha of .63. Although low, this internal consistency may be acceptable in an instrument with few items (Hair, Black, Babin, & Anderson, 2010).

Data Analysis

Upon completion of data collection activities, we transferred the data into SPSS (Version 23) to perform the analyses. We examined the statistical assumptions related to our data analyses (e.g., independence of cases, normality, homoscedasticity; Tabachnick & Fidell, 2007). Participants' years of experience and contact were found to have a nonnormal distribution. Next, we examined the data using descriptive statistics, independent-samples *t* tests, Pearson correlations, and one-way analyses of variance (ANOVAs) for the first research question, and hierarchical regression analyses for the second. Also, because of the inclusion of nonparametric data, we employed Spearman's rho (ρ) and Kruskal–Wallis tests when respondents' years of experience and contact were used as variables. We used the Tukey and Mann–Whitney *U* to examine the results of ANOVAs and Kruskal–Wallis tests, respectively.

RESULTS

Our first research question examined the relationship between participants' demographic qualities, COASE, ageism, contact with older adults, and interest. The findings in the following sections address each of these variables as they relate to demographic variables. Table 1 presents the findings.

Findings Related to COASE

Respondents reported a mean score of 3.49 (SD = 0.78) on the GCCS, and their scores on the GCCS had a positive relationship with years of counseling experience (r = .13, p < .001) and counselor age (r = .21, p < .001), but did not differ based on gender, professional discipline, or licensure status. Additionally, a one-way ANOVA (see Table 1) identified a statistically significant difference in GCCS scores based on participants' race/ethnicity, $F(4, 928) = 3.81$, $p < .01$, $\eta^2 = .02$. Specifically, Hispanic/Latino respondents' scores on the GCCS (M = 3.28, SD = 0.77) were significantly lower than those of White/Caucasian (M = 3.50, SD = 0.78) and multiracial (M = 3.88, SD = 0.73) respondents.

Findings Related to Ageism

Participants completed both the Positive and Negative subscales of the ROPE, with a mean of 1.15 (SD = 0.37) and 0.33 (SD = 0.23), respectively. Positive ageism did not differ within this sample based on gender, licensure status, or professional discipline, and it did not have a statistically significant relationship

TABLE 1

Analyses of Demographic and Predictive Variables

	IGS			GCCS			PA			NA			Contact	
Variable	***M***	***SD***	***F***	***M***	***SD***	***F***	***M***	***SD***	***F***	***M***	***SD***	***F***	M_{Rank}	χ^2
Race			5.16***			3.81**			4.30**			1.12		25.88**
Black/AA	3.54	0.82		3.49	0.77		1.25	0.44		0.35	0.26		470.98	
Hisp/Latino	3.62	0.82		3.28	0.77		1.20	0.27		0.34	0.27		356.62	
Multiracial	4.11	0.55		3.88	0.73		1.02	0.37		0.33	0.29		488.83	
White/C	3.38	0.90		3.50	0.78		1.12	0.37		0.32	0.21		484.57	
Other	3.44	0.89		3.68	0.94		1.25	0.31		0.41	0.27		363.23	
Discipline[a]			1.22			6.35**			1.29			2.61*		12.55*
MHC	3.43	0.89		3.51	0.76		1.14	0.01		0.33	0.23		474.15	
MFT	3.53	0.82		3.57	0.77		1.16	0.40		0.29	0.20		486.62	
SC	3.27	0.78		2.93	0.92		1.24	0.36		0.43	0.21		351.14	
Licensure[b]			0.28			0.00			0.23			6.10**		6.44*
Provisional	3.48	0.89		3.51	0.73		1.51	0.43		0.36	0.26		392.94	
Full	3.45	0.88		3.51	0.80		1.14	0.36		0.32	0.21		442.71	

Note. Analyses of variance were used for the Interest in Gerocounseling Scale (IGS), the Gerontological Counseling Competencies Scale (GCCS), positive ageism (PA), and negaive ageism (NA). Kruskal–Wallis and Mann–Whitney *U* tests were used for contact because of assumptions of normality. Race = race/ethnicity; Black/AA = Black/African American; Hisp/Latino = Hispanic/Latino; White/C = White/Caucasian; Discipline = professional discipline; MHC = mental health counselor; MFT = marriage and family therapist; SC = school counselor; Licensure = licensure status.

[a]Some disciplines were excluded from these analyses because of low numbers of respondents. [b]To examine only practicing counselors, we excluded those with a licensure status of *other* from these analyses. *$p < .05$. **$p < .01$. ***$p < .001$.

with work experience. Participants' positive ageism positively correlated with age ($r = .08$, $p < .05$). A one-way ANOVA identified a difference in positive ageism based on participants' race/ethnicity, $F(4, 928) = 4.30$, $p < .01$, $\eta^2 = .02$. In particular, Black/African American respondents' scores on the Positive subscale ($M = 1.25$, $SD = 0.44$) were higher ($p < .05$) than those of White/Caucasian respondents ($M = 1.12$, $SD = 0.37$).

Participants' scores on negative ageism did not differ based on licensure status, race/ethnicity, or years of experience. However, male participants ($M = 0.40$, $SD = 0.24$) scored higher on negative ageism than did female participants ($M = 0.32$, $SD = 0.32$), $t(926) = 4.17$, $p < .001$, $\eta^2 = .02$. In addition, a one-way ANOVA identified a difference in negative ageism based on participants' professional discipline, $F(5, 936) = 2.61$, $p < .05$, $\eta^2 = .01$. School counselors ($M = 0.43$, $SD = 0.21$) reported higher levels ($p < .05$) of negative ageism than did mental health counselors ($M = 0.33$, $SD = 0.23$) and marriage and family therapists ($M = 0.29$, $SD = 0.20$), but there were no other statistically significant differences based on professional discipline. Furthermore, a one-way ANOVA revealed a statistically significant difference in negative ageism based on participants' licensure status, $F(2, 931) = 6.10$, $p < .01$, $\eta^2 = .01$. Specifically, fully licensed practitioners ($M = 0.32$, $SD = 0.21$) had lower levels ($p < .05$) of negative ageism when compared with those who were provisionally licensed ($M = 0.36$, $SD = 0.26$). Negative ageism was also positively

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correlated with age (r = .08, p < .05), such that older participants scored slightly higher on the Negative subscale.

Findings Related to Interest

Participants in the present study reported a mean score of 3.44 (SD = 0.88) on the IGS. Participants' scores on the IGS did not differ based upon their gender, licensure status, or professional discipline. However, a one-way ANOVA revealed that participants' interest had a statistically significant difference based on their race/ethnicity, $F(4, 928) = 5.16$, $p < .001$, $\eta^2 = .02$. In particular, White/Caucasian respondents (M = 3.38, SD = 0.90) had significantly lower IGS scores than did Hispanic/Latino respondents (M = 3.62, SD = 0.82) and multiracial respondents (M = 4.11, SD = 0.55). In addition, we found a positive correlation between respondents' scores on the IGS and participants' age (r = .19, p < .001). Yet, participants' years of experience as a counselor did not have a significant relationship with their IGS scores.

Findings Related to Contact

Participants in our sample reported a mean score of 5.07 (SD = 0.99, range = 1 to 6.5) on the scale measuring contact. We report nonparametric statistics when reviewing the results for contact due to the nonnormality of the data. Participants' scores did not differ on the contact scale based on gender. Participants' scores on the contact scale had a positive correlation with age (ρ = .26 p < .001) and postgraduation years of experience (ρ = .22 p < .001), such that older counselors or those with more years of counseling experience also had higher contact scores. A Kruskal–Wallis test identified that participants' level of contact differed based on their race/ethnicity, $\chi^2(4) = 25.88$, $p < .01$. A Mann–Whitney U post hoc test (U = 26,969.50; Z = –4.66; p < .001) revealed that White/Caucasian respondents (M_{Rank} = 484.57, M = 5.15, SD = 0.96) reported more positive contact than did Hispanic/Latino participants (M_{Rank} = 356.62, M = 4.64, SD = 1.13). Moreover, a Kruskal–Wallis test identified that there was a difference in contact based on participants' professional discipline, $\chi^2(5) = 12.55$, $p < .05$. A Mann–Whitney U post hoc test (U = 13,966; Z = –3.14; p < .01) indicated that school counselors reported lower levels of contact (M_{Rank} = 351.14, M = 4.63, SD = 1.09) than did mental health counselors (M_{Rank} = 474.15, M = 5.10, SD = 0.96). Additionally, a Mann–Whitney U post hoc test (U = 76,394.50; Z = –2.54; p < .05) indicated that provisionally licensed counselors (M_{Rank} = 392.94, M = 4.91, SD = 1.06) reported a lower level of contact than did fully licensed counselors (M_{Rank} = 442.71, M = 5.12, SD = 0.96).

Predictive Model Results

Our second research question examined COASE, positive and negative ageism, and contact with older adults to predict interest in counseling older adults. Given that the first research question indicated that race/ethnicity and age had a significant relationship with interest, we used a hierarchical regression analysis (see Table 2)

TABLE 2

Hierarchical Regression Analyses Predicting Interest in Gerocounseling

	Model 1			Model 2		
Variable	***B***	***SE B***	β	***B***	***SE B***	β
Age	.02	.00	.23***	.01	.00	.11***
Black/African American	.15	.18	.05	.16	.16	.05
Hispanic/Latino	.31	.18	.11	.45	.16	.17**
Multiracial	.68	.25	.11**	.57	.22	.09**
White/Caucasian	–.10	.16	–.05	–.03	.14	–.01
GCCS				.47	.04	.42***
Contact				.12	.03	.13***
Positive ageism				.28	.07	.12***
Negative ageism				–.16	.12	–.04
R^2		.08			.32	
ΔR^2					.25	
F for ΔR^2		14.57***			81.77***	

Note. N = 956. GCCS = Gerontological Counseling Competencies Scale.
**p < .01. ***p < .001.

to account for their relationships to IGS. We began by including counselors' age and race/ethnicity as predictor variables, with IGS scores as the dependent variable. The linear combination of predictor variables explained 7% of the variance (R = .27, adjusted R^2 = .07) in IGS scores, $F(5, 895) = 14.57$, $p < .001$. Age (β = .23, $p < .001$) and multiracial identity (β = .11, $p < .01$) significantly predicted higher IGS scores, but no other race/ethnicity was a significant predictor. Next, we added GCCS, contact, positive ageism, and negative ageism as predictor variables. The new combination of predictor variables accounted for 32% of the variance (R = .57, adjusted R^2 = .32), $F(9, 891) = 47.36$, $p < .001$. Inclusion of these predictor variables revealed that age (β = .11, $p < .001$), Hispanic/Latino (β = .17 $p < .01$), multiracial (β = .09, $p < .01$), GCCS (β = .42, $p < .001$), contact (β = .13, $p < .001$), and positive ageism (β = .12, $p < .001$) were significant predictors of IGS scores. Negative ageism was not a significant predictor in the second model.

DISCUSSION

In this study, we examined factors related to counselors' interest in working with older adults, including positive and negative ageism, contact, COASE, and demographic characteristics. Our first research question explored the relationships between demographic characteristics of counselors and counselors' interest in working with older adults. We found that participants' interest, ageism, COASE, and contact were related based on their race/ethnicity. Specifically, those identifying as multiracial or Hispanic/Latino reported higher levels of interest despite having lower levels of COASE and contact. Hispanic/Latino

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participants may have limited contact with older generations due to geographic separation (Soehl & Waldinger, 2010); similarly, the aspects of the collectivist nature of Hispanic/Latino culture, such as the veneration of older adults and expectation that counselors be older than their clients (Bilon & Kargul, 2012), may impact COASE. Thus, Hispanic/Latino participants' high levels of interest with low COASE and contact may also be related in part to geographic distance, age, and cultural expectations. These findings highlight the importance of recognizing counselors' cultural differences in light of their interest. Counselors' race and ethnicity have been examined in the areas of multicultural sensitivity and multicultural competence (e.g., Constantine, 2001), but there is no research to date on counselors' race/ethnicity as it relates to interest in working with older adults.

We found that age is statistically related to each of our predictive variables. The finding that older counselors had more contact and interest was not necessarily surprising. However, we did not expect older counselors to report a higher level of negative ageism than the rest of our sample. Our finding that negative ageism is positively correlated with age is also contrary to the results of other researchers (e.g., Soubelet & Salthouse, 2011) who found that increased age tends to lead to a decrease in scores of negative items (e.g., hostility, anger) and an increase on positive items (e.g., happiness, kindness). The reason for a higher level of negative ageism among older counselors is unclear; however, the small effect size provides evidence that this may be an artifact finding. Nonetheless, it is possible that older counselors' cultural backgrounds are more in line with stereotypical norms of aging. More important, it should be noted that, regardless of a finding's statistical significance, respondents across the board scored low on the Negative subscale of the ROPE.

School counselors and nonlicensed counselors reported higher levels of ageism and lower COASE scores. This finding is logical given that school counselors and nonlicensed practitioners likely have less experience working with older adults than do licensed counselors. Our findings are consistent with research indicating that COASE should increase and ageism decrease with greater supervision and counseling experience (e.g., Larson & Daniels, 1998). All findings related to participants' demographic variables produced small effect sizes. Although we found statistically significant findings, which may be due to our large sample, the magnitude of these relationships was low. Considering the small effect size, these findings may not be practically useful and should be considered primarily for purposes of future research.

Our second research question examined the ability of COASE, ageism, and contact to predict participants' interest in counseling older adults. We found that after controlling for age and race/ethnicity, counselors' COASE, ageism, and contact predicted interest in working with older adults with a large effect size. Our findings are consistent with SCCT (Lent et al., 1994), and these findings add to existing literature indicating that self-efficacy (e.g., Cummings et

al., 2005; Kane, 2004; Olson, 2011) and contact (e.g., Bergman et al., 2014; Chonody & Wang, 2014) are correlated with interest. We found that positive ageism was positively correlated with interest. Both positive and negative ageism are thought to be harmful toward older adults (Cherry & Palmore, 2008); therefore, we expected both to be negatively correlated with interest. The positive relationship between positive ageism and interest may speak to participants having a positive image of older adults without recognizing the consequences of positive ageism (Chippendale, 2015). Overall, these findings evidence a need to educate counselors regarding work with older adults as well as ageism, and more broadly, prejudice and discrimination issues.

Implications for Counseling

For mental health professionals in a community agency setting, these findings shed light on the importance of counselors' perceptions of their ability to work with older adults. In line with self-efficacy research (Bandura, 1986), community agencies should consider offering trainings on counseling older adults as well as opportunities for mastery experiences and supervision support for counselors who work with older adults. Additionally, it would be useful to create opportunities to interact with older adults, such as using older adult speakers or volunteering at local retirement communities. Future research may focus on the development of training modules (e.g., workshops, webinars) to increase practicing counselors' COASE and interest in working with older adults.

Counselor education programs should consider ways to address the predictive variables from this study among counselor trainees. Ageism topics could be incorporated in multicultural or diversity coursework; other courses, such as human growth and development; or courses considered less directly related to older adults, such as theories and techniques (McBride & Hays, 2012; Myers & Blake, 1986). COASE could be increased in classes by focusing on teaching techniques that provide mastery experiences in working with older adults (Bandura, 1986). Mastery experiences could include role-play experiences or practicum-level counseling experiences. Contact may be increased with assignments that encourage interaction with older adults, such as a life interview with an older adult. Future research in counselor education should examine the impact of addressing COASE and contact experiences in classrooms to examine these variables in a more cause-and-effect manner.

Limitations and Future Research Directions

This study should be considered in light of its limitations. First, the response rate was low compared with numbers likely to be obtained from other sampling methods; however, our rate was consistent with those of other research using email-based sampling procedures (Dillman et al., 2014; Mullen & Crowe, 2017). The 10% response rate is a limitation to our study because it may indicate a

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lack of representativeness of the participants to all counselors. Second, our sample of participants from only two states may not be representative of the overall population of professional counselors, based on specifics of the states sampled. Our use of the GCCS as a proxy measure for COASE is a limitation as well. In this study, we created a five-item scale that aligned with Bandura's (1977, 1986) theory of self-efficacy, which correlated with the GCCS, providing evidence for the validity of the GCCS as a measure of COASE. Nonetheless, the GCCS is limited as a proxy for COASE because it theoretically measures a different construct. Researchers may want to develop a self-efficacy scale specific to COASE. Additionally, we applied correlational statistics; thus, the findings do not indicate a causal relationship between the variables under inspection. Finally, counselors' inability to bill Medicare may influence the perceived viability of counseling older adults and, thus, their interest in working with older adults. Addressing this shortcoming was not a focus of our study because lack of interest in work with older adults is consistent across professions that can bill Medicare (e.g., Koder & Helmes, 2008). However, Medicare reimbursement may affect counselors' interest. Therefore, research and advocacy efforts toward Medicare reimbursement (e.g., Fullen, 2016) should be continued. Despite these limitations, this study adds to the literature as it is the first to examine counselors' interest and COASE in light of their ageism and contact with older adults.

In summary, the population growth of older adults combined with a lack of mental health professionals ready and willing to work with this population is concerning. In this study, we explored factors related to counselors' interest in working with older adults and found that COASE, contact, and ageism predicted counselors' interest in working with older adults. More research is merited to examine ways to increase counselors' interest in gerocounseling.

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