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PRACTICE

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Counseling Aging Men: Best Practices for Group Counseling

Blair A. Hensen and Rebecca L. Koltz

The aging population in the United States is the fastest growing population, expected to double by 2050. Advances in medicine and health care have extended life expectancy; however, research exploring the mental health experience for the aging population is critical. Current research suggests that only 6% to 8% of people ages 60 years and older seek counseling services even though later life stages involve many transitions, such as income instability, retirement, and physical limitations (Myers & Harper, 2004). The aging population is underserved in the counseling field, and aging men have emerged as one of the most underserved groups. The limited research on aging men's experiences suggests that they experience counseling differently (Greer, 2005; Winerman, 2005, Wright & Elam, 2016) and that stigma remains a significant deterrent (Englar-Carlson, Evans, & Duffey, 2014). Group counseling has emerged as an effective treatment modality to combat stigma. Men spend much of their adult life engaged in groups at work, teams, volunteer work, and friendships (Wexler, 2009). In this article, the authors discuss counseling the aging population with an emphasis on men's issues and best practices for group counseling with older men to improve treatment retention and outcomes.

Keywords: aging, men, group counseling, older adults, narrative theory

Archetypes of masculinity, especially for older adult males, may be one of the driving factors for why men do not seek counseling (Rabinowitz & Cochran, 2002). Authors suggested that what keeps men from counseling may be socially constructed based on gender stereotypes, roles, and perceptions for how men are to face challenges (Greer, 2005; Winerman, 2005, Wright & Elam, 2016). Part of the barrier appears to be lack of methodology for aging men and counseling,

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as well as how men perceive expressing their emotions (Greer, 2005). Wright and Elam (2016) suggested that counseling is geared toward women: “Many [counseling] rooms have pretty décor, flowers, artwork, an essential-oil diffuser, and of course face-to-face seating positions to honor the typical female preference for eye-to-eye contact and sharing” (para. 6). Counseling has been reported as beneficial for men when it considers male vulnerabilities and strengths (Wexler, 2009). In recent years, more research on how to effectively counsel men is emerging, although there is still a dearth of research geared toward counseling aging men. A review of the literature revealed many studies on aging adults dated in the early 1990s and more recent articles on men and counseling in the early 2000s.

The lack of research is significant because of the expected growth of the aging male population. In 2004, Myers and Harper reported that 13% of the U.S. population was over 60 years of age, and of that total, only 6% to 8% received counseling. In a more recent report, Ortman, Velkoff, and Hogan (2014) found the population of persons over 65 years in the United States will double by the year 2050, reaching over 83.7 million adults. The growing population of aging adults will likely increase the demand for counseling services for elderly adults and their families.

In this article, we broadly overview counseling older adults and give specific attention to counseling aging men. We focus on group counseling as an effective counseling intervention to reduce the stigma, increase the involvement, and improve the outcomes of aging men in counseling. In addition, we explore a theoretical lens with specific attention on reminiscence and narrative approaches within a group counseling context. These approaches have been found to be effective with the aging population. Finally, we address best practices to improve counseling outcomes and directions for future research.

COUNSELING OLDER ADULTS

Demographic

Older adults (persons over 65 years), and more specifically older men, have been one of the most underserved groups in counseling (Myers & Harper, 2004). Developmentally, this stage of life encompasses many transitions, losses, and health concerns. Approximately one third of older adults face problems requiring intervention; however, barriers to services often restrict opportunity (Myers & Harper, 2004). Counselors’ lack of knowledge about older adults and older adults’ aversion to professional services can both prevent this demographic from receiving help. Myers and Harper (2004) explained,

The reluctance of older clients to seek counseling is due in part to historical stigma associated with mental health service; due in part to lack of public awareness of mental health services; and due in part to a lack of counselor preparedness, attitudinally or in terms of skills, for work with this population. (p. 215)

The demand for counseling for older adults is growing, as is the necessity for quality service and preparedness for specific demographics. When considering services for older adults, counselors need training and preparation. Part of the preparation includes understanding multicultural and treatment considerations.

Counseling Considerations

Counselors, especially young counselors, might consider the impact of age and stage difference in the relationship (Myers & Harper, 2004). Building rapport may take longer due to the hesitancy and sensitivity from possible negative stigmas from previous or implied experience with counseling. Orbach (2003) reported that gathering cultural and historical inferences of a client's life develops rapport and creates a more trusting relationship between counselor and client. Orbach contended that the focus on cultural and historical information conveys a sense of connection and safety in the unknown territory of counseling. Cross-cultural similarities have been found among men's expectations of counseling with regard to shame, stigma, fear of not being understood, general unfamiliarity with counseling, and the client's role (Ming Liu, 2005). Orbach advised against using a client's first name until the client gives permission, especially if the counselor is much younger, because it may convey a juxtaposed position of power. In the same light, older counselors may be preferred as it has proven to create a stronger relationship. Orbach wrote, "Counseling is quite a new option. There was nothing like it in their younger days" (p. 13). Attending to social and cultural aspects in the counseling relationship can help build rapport and provide a corrective experience for clients with apprehension.

Concerns and Treatment

Older adults experience many transitions, including loss of relationships, change in career, income fluctuation, retirement, physical limitations, cognition variance, and loneliness (Myers & Harper, 2004). Cacioppo, Hawkley, and Thisted (2010), explored loneliness among aging adults and wrote, "Recognition of the importance of loneliness as a risk factor for changes in depressive symptoms may be important in mitigating its potentially deleterious effects on the quality of life of middle-aged and older adults" (p. 462). The counseling skills necessary to address death, grief, loss, loneliness, depression, health problems, and comorbidity require additional awareness and training about the systemic dynamics at play for individuals. Studies have found, despite reluctance within older populations to seek out counseling, responses to long-term treatment are effective (Myers & Harper, 2004). Myers and Harper suggested treatment goals "include increased self-reliance, reduced primary-care-service needs, improved social or family interaction, and long-term health planning" (2004, p. 209).

Common health disorders include anxiety, depression, sleep disturbance, dementia, substance abuse, and addiction. Although some of these disorders may require individual counseling to complete effective treatment, group coun-

selling has been a long-standing treatment for older adults (Myers & Harper, 2004). Group counseling provides space to reflect on the changes in life at this stage and to universalize loss. However, empirical evidence on efficacy in working with older adults is limited because of a lack of research. This lack of research requires attention because the demand for counseling for older adults is increasing.

COUNSELING AGING MEN

Research regarding treatment modalities specific to counseling men has been scarce for the last decade (Englar-Carlson, Evans, & Duffey, 2014). There are undetermined discrepancies regarding best practices for counseling men, especially aging men. Inadequate research regarding how to counsel aging men has created large barriers to accurate treatment and impeded a comprehensive understanding of men's psychological and emotional development (Englar-Carlson et al., 2014). The lack of professional knowledge regarding counseling with men may reinforce male reluctance to seek out and complete treatment (Neukrug, Britton, & Crews, 2013).

Karel, Gatz, and Smyer (2012) reported that counselor education and training for geriatric care are not sufficient and need to be improved in areas of competence to meet the upcoming demand for geriatric services. Research and training for mental health providers are vital to reduce barriers and stigma for aging men to actively seek services. Additional impediments include inadequate resources for counseling and misdirected referrals to primary physicians for mental health concerns (Speer & Schneider, 2003).

Although a lack of provider education informs stigma and reticence to seek counseling services, men's own attitudes about counseling do as well. Men, especially aging men, consider counseling weak, unmanly, and unnecessary to men's social contexts (Englar-Carlson et al., 2014). Orbach (2003) reported, "Men have molded their characters to accord with social expectations of manliness and never giving into weakness" (p. 7). Neukrug et al. (2013) found men are significantly less likely overall to participate in counseling or visit a doctor's office. Men are more likely to ignore physical, mental, and emotional distress and are particularly reluctant to seek counseling for their difficulties (Hetzel, Barton, & Davenport, 1994). Societal pressure to maintain an "I'm fine" stance has been attributed to many health concerns for men, especially later in life, including higher mortality rate, heart disease, suicide, and illness (Hetzel et al., 1994). Not only are men less likely to seek counseling, they are also more likely to terminate earlier than women (Hetzel et al., 1994). The deficiency in research and hesitancy of men to participate in counseling demonstrate a real demand for attention on gender-specific and life stage-specific treatment.

Hetzel et al. (1994) speculated that the techniques and behaviors in traditional counseling, such as emotional expression, introspection, and personal reflection, challenge male gender roles and make it difficult for men to pursue counseling. O’Neil (2008), a long-time researcher of men’s counseling, defined these challenges as the male gender role conflict (GRC), or the negative consequences of socialized gender roles. Another correlated term is *masculine gender role stress*, which identifies the ways that men develop and interpret meaning, identity, competence, and lifestyle (Wexler, 2009). Masculinity is a social construct that can limit expression of feelings, affection, shame, failure, and family relations (Wexler, 2009). The emotional and physical consequences of GRC may include reluctance to seek counseling, lower self-esteem, higher depression and anxiety rates, and psychological distress (Hill & Donatelle, 2005). Because the consequences are subjective to each person’s environmental and cultural influences, counselors should consider how GRC affects a client’s worldview and relationships (Wester, 2008). Counseling is a process that reconstructs one’s view of weakness and strength, and, before beginning that process, older men may not have thought about how they feel and why it is important. Counseling has the potential to change one’s GRC, and for some that can ignite a lot of fear.

O’Neil (2008) studied the impact of GRC in the following areas: conflicts between work and family relations; success, power, and competition issues; restrictive emotionality; and restrictive and affectionate behavior between men. O’Neil also reported that older men underutilize social support and limit their appreciation of relationships. O’Neil called for more discussion and research about the effect of developmental aspects of life on GRC, as well as exploration of the challenges aging adds to masculine resistance to counseling. Factors contributing to an individual’s resistance are often determined by social and environmental systems, including his or her relationship to family, work, friendship, and health (O’Neil, 2008). It may be difficult for participants to demonstrate inferiority, weakness, or struggle in counseling or in group because of GRC (Wester, 2008). Norming resistance and hesitancy in counseling offers opportunity to inform and speak to personal experience. Wexler (2009) suggested using metaphor to reframe the goals in counseling—for example, “We want you to really take charge. We want you to be really powerful. Not over others, but over yourself” (Wexler, 2009, p. 68). By reframing the goal of counseling without demeaning character or attributing success or failure, counselors can help model a new way of facing problems. Employing techniques for gender- and person-specific needs allows counselors to engage their clients more authentically with treatment and reduces clients’ resistance. All-male group counseling has been determined as one of the more effective and preferred methods to identify, treat, and explore GRC and to promote mental health services for men (Wexler, 2009).

GROUP COUNSELING FOR OLDER MEN

Group counseling affords men the opportunity to engage in self-exploration, explore gender roles, overcome loneliness, and engage in self-reflection in ways that may have been previously unavailable because of restrictive societal norms. Hetzel et al. (1994) found that men may experience more positive results in group counseling given that it helps create an environment in which to examine their gender role and deepen their ability to work through emotional, mental, and behavioral aspects of their lives. Men engage most of their time in groups at work, on teams, and in friendships (Wexler, 2009). Group counseling may be the most natural setting for men to learn the skills for understanding emotions, grief, loss, and transitions.

The benefit of group counseling is that it seems to foster opportunities for men to take risks together. The comradery develops emotional awareness and reconstruct personal narrative (Wexler, 2009). Hetzel et al. (1994) found in their study on men's groups that clients felt more at ease communicating through storytelling than through emotions. Counselors can demonstrate emotional reflection through story or analogy to deepen receptivity (Hetzel et al., 1994).

In the beginning stages of a group, activities and unstructured time help facilitate growth, connection, purpose, and universality (Hetzel et al., 1994). It is helpful to start out with a socioprocess or topic-oriented format to provide background, context, and awareness about the process (Wilbur & Roberts-Wilbur, 1994). Wilbur and Roberts-Wilbur (1994) stated, "Men are often more receptive to emotional awareness and expression if they have prior, rational understanding of the reasons for what they are feeling and why they are feeling what they feel" (p. 66). Socioprocessing groups are typically formed to examine specific values, belief systems, ideas, and opinions through education and discussion. These groups often allocate more opportunities for psychoeducational activities and applying emotional intelligence in everyday settings, such as workplaces, coffee shops, and sports stadiums, to reduce the stigma and the potential barrier of emotional expression (Neukrug et al., 2013). Counselors establish clients' relational understanding and emotional awareness before aiming to change their behavioral contexts.

Group counseling has been noted as one of the most effective resources for psychosocial needs for older adults to socialize, normalize, and universalize their development-related encounters (Weiss, 1994). Yalom (2005) wrote, "It is not the sheer process of ventilation that is important . . . it is the affective sharing of one's inner world, and then acceptance by others that seems of paramount importance" (p. 56). Acceptance and validation are fundamental aspects of group counseling, especially for those living in long-term care, given that the transition to the facility includes loss, change, and physical adjustments. Weiss (1994) mentioned the importance of confidentiality and boundaries in groups established in long-term care facilities because the members live together. It

is vital for counselors to explain the parameters of confidentiality and dual relationships before starting the group to ease concerns about the vulnerability involved in group counseling. Another consideration during the selection process is group heterogeneity. Late life includes many changes to cognition and function, and research is essential to understand how developmental aspects may influence the group. Varying levels of cognition have the potential to reduce trust, cohesion, and efficacy (Weiss, 1994). Counselors will likely want to consider having a homogeneous group in terms of cognition abilities. Although group counseling is a beneficial method for older adults, there may be clients who respond better to individual treatment.

When designing a group, establishing strong leadership is key. Hetzel et al. (1994) found that having both a male and female coleader pair helped participants to try out new behaviors and to deepen their awareness and relations with both men and women. It is important to recognize that for some members, sharing on topics related to sex in the presence of a woman may be completely against what Orbach (2003) explained as “Victorian values” (i.e., a strict taboo against emotional display and sexual activity; p. 51). These taboos are important to note and acknowledge when appropriate. Although most studies have found coed leadership beneficial, some aging members did express concern about being completely open in the presence of a woman, especially if there was a generation gap (Orbach, 2003). Addressing the leadership during the interview and selection process may help reduce this fear.

Counselors need to address time and setting when they prepare for the formation stage of group counseling. There is a delicate balance of deciding between open-ended and time-limited groups. Many clients may experience a sense of urgency with time running out; yet, this stage of life may require more time to process, and treatment may move at a slower pace (Orbach, 2003). A time frame of 12 to 20 weeks may provide the space needed to engage the different stages of counseling, keeping in mind the delicacy of termination of services for many older clients as a difficult and common part of their experience. At this stage in life, they tend to experience many types of terminations, including the deaths of loved ones and friends. A closed group may also allow members to create connectivity, openness, and consistency; elements that are often missing during the transition to assisted living centers.

APPLYING THEORY TO GROUP COUNSELING

Orbach (2003) suggested an integrative approach of psychodynamic, humanistic, and cognitive behavioristic theories may work best in the group counseling context. The focus on life-span development, the unconscious process, self-process, awareness, and empowerment are all important concepts in working with older adults. These principles can be integrated in varying forms. The following modalities include aspects of gerontological theory and narrative theory for older adult groups.

Reminiscence Theory

Traditionally, elders had an important role to pass down the history of the tribe or community (Orbach, 2003). This included sharing wisdom of things they wish they knew when they were younger and ideas about how to foster the next generation. In postmodern culture, this role has been consumed by the infusion of media into everyday life. McAdams (as cited in Orbach, 2003) wrote,

We are all tellers of tales. We each seek to provide our scattered and often confusing experiences with a sense of coherence by arranging the episodes of our lives into stories. . . . Through our personal myth, each of us discovers what is true and meaningful in life. (p. 41)

Storytelling is a traditional and natural entity of late life, and reminiscence—or life review—counseling has been used to encourage this process in group work. This work is meant to invoke positive remembering of life by gathering memories and themes and exploring identity. Robert Butler, one of the first gerontology supporters, described life review as a “naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences, and, particularly, the resurgence of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts can be surveyed and reintegrated” (as cited in Caldwell, 2005, p. 172). Life review has a developmental focus and, when coupled with narrative and expressive arts, can include techniques such as bibliotherapy, journaling, music, videography, family trees, life maps, writing letters, and more (Caldwell, 2005). Clients are encouraged to use their creativity for each theme in the process.

Reminiscence therapy allows members to share aspects of their past and receive affirmation, contact, and support (Singer, Tracz, Dworkin, 1991). Many older adults in long-term care experience isolation from their community, career, family, and previous life. Reminiscence counseling allows members to connect their past with their present community and establish a new narrative in this setting. Life review allows clients to reconnect with past relationships and problems, offering an opportunity to heal and even restore relationships. The reminiscence process allows members to listen to others, to encourage them to accept each other’s stories, and to establish positive construction of their present experience. It has also been clinically proven to reduce symptoms of depression for older adults (Caldwell, 2005). Overall, this therapeutic approach revives a client’s sense of self-worth, creates connection among members, and integrates reflective aspects of life’s developments.

Narrative Theory

Narrative theory is another method considered for application for group work with older adults. Narrative is used to critically assess life, develop empowering

stories, and externalize problems (Poole, Gardner, Flower, & Cooper, 2009). There are similarities between reminiscence and narrative techniques; both embody storytelling as the main technique, but narrative focuses on the main life story and how clients construct meaning in their life (Orbach, 2003). The aim is to have the client reconstruct old narratives that have a problem focus into new narratives in which the problems are outside of his or her identity. Narrative counselors pay close attention to words, themes, phrases, and names in clients' stories to understand what the clients believe about their problems and their experience (Poole et al., 2009). This method has proven to be effective in group work with older adults, although evidence and research is still quite limited. Without more conclusive research on the techniques used in group work, narrative counseling may not be as effective as reminiscence due to lack of research and training. Theoretical integration, when coupled with reminiscence theory, has demonstrated positive results (Caldwell, 2005). Caldwell explained, "The client's story is both the place of beginning and the end result of life review. How we shape our perceptions and create our story can, in turn, shape our experience" (2005, p. 173). Exploring the common themes for older adults with intention and the utility of story can be a positive and hopeful activity. There is delicacy in this process as well, as there needs to be a focus on understanding and retelling the past and on engaging and connecting with the present.

BEST PRACTICES

Because of the dearth of specific research on this topic, we compiled the following summary of available research and what encompasses a list of best practices when using group counseling with aging men.

1. The way a group counseling service is marketed is key. Considerations about promotion, language, and design are important for targeting a population that is typically resistant to and skeptical of counseling. Consider the setting of the group and whether it fits the interests and style of the intended client (Neukrug et al., 2013).
2. Make sure the setting and decor are gender neutral (Wexler, 2009).
3. Be a strong listening ear before being a counselor (Greer, 2005), but be a strong counselor as well. Use psychoeducation, confidence, and confrontation to embrace the work and warmth of counseling. Additionally, repetition of information is normal; use key words from week to week that clients can retain (Koltz et al., 2016).
4. Use creativity with style, techniques, and activities (Myers & Harper, 2004), and recognize that group skills may need adjustment (Koltz et al., 2016). Group counseling is often conducted in the present, and older clients may want to spend a lot of time in the past.

5. Be careful with the use of language. Do not call the service *psychotherapy* (Greer, 2005); instead, use the term *counseling*.
6. Be genuine (Koltz et al., 2016). This is a skill counselors normally embody, and the aging population values authenticity and realness. There is no way to completely understand what it means to experience old age, so it is important to “drop any facades and approach leading the group from a position of not knowing” (p. 9).
7. Storytelling can be a powerful tool to invite emotional exploration (Rabinowitz & Cochran, 2002).
8. Be patient. Older adult men may require long-term treatment to learn how to engage in their emotions and work into present-processing (Greer, 2005; Myers & Harper, 2004).
9. Address physical barriers. Koltz et al. (2016) found that counselors must be aware of perceived and real physical barriers.

FUTURE RESEARCH

Recent research in the counseling field exploring preventative treatment with older adults, specifically men, is limited. Therefore, given that the aging population is increasing and loneliness is common (Johnson, 1996), it would seem reasonable to explore the impact of group counseling both quantitatively and qualitatively. Additionally, incorporating a wellness-based perspective seems particularly relevant, given that much of the developmental literature on aging paints a rather bleak picture. Another direction for future research includes exploring the developmental experience of aging, perhaps through the lens of transition theory. This might be helpful to professional counselors in terms of planning preventative treatment. Counseling is founded on principles of wellness and well-being, and exploring further research opportunities to increase the health and well-being of the aging population seems in line with the professional goals and visions of professional counselors. Additionally, given that counselors do not yet have parity with other mental health professionals (e.g., psychologists, social workers) in terms of Medicare billing, it may be interesting to conduct a study on the frequency and circumstances under which counselors are seeing older clients. Finally, research should explore how new, emerging counselors in the field are learning about counseling this population. Has the lack of parity resulted in a lack of training focus?

CONCLUSION

The growing population of aging adults in the United States is creating increased demand for empirical research supporting later life concerns. Many elements of transition influence the mental health of older adults, and counseling services are needed for treatment. Advocacy for insurance coverage, research for

gender-specific counseling, and training for counselors are vital to successfully attend to older adults. The research we gathered demonstrated a large gap in support of counseling older men. By extending the literature review to men's counseling, older adult counseling, and group counseling, we found enough support to create a group plan for effective treatment of older adult men. In the words of Eudora Welty, "Each of us is moving, changing, with respect to others. As we discover, we remember; remembering, we discover; and most intensely do we experience this when our separate journeys converge" (as cited in Caldwell, 2005, p. 172).

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