Providing Wellness Counseling in Older Adult Living Communities: Challenges and Opportunities

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Older adult living communities (OALCs; i.e., continuing care retirement communities, assisted living facilities, and long-term care settings) are growing in number and complexity, and industry leaders are recognizing that promoting wellness among their residents is a top priority. Although OALCs offer services to keep their residents engaged and active, residents' emotional needs often go unmet. Adults who reside in OALCs are likely to benefit from counseling services, especially when delivered within a wellness framework; however, there is inconsistent availability of wellness counseling within OALCs. Our article describes how wellness approaches can be utilized, addresses the unique counseling needs of OALC residents, and considers the importance of multicultural competence when serving older adults. The included case study highlights the promise of wellness counseling in OALCs.

Keywords: **older adults, counseling, wellness, living communities, assisted living**

Older adult living communities (OALCs) play an essential role in promoting multidimensional wellness among older adults (Hettler, 1976). OALCs are growing in number and complexity, and industry leaders suggest that promoting wellness among residents is a top priority (Johnson, 2025). Although OALCs offer services that engage residents' multidimensional wellness, their mental health needs often go unmet (Fullen, Wiley, et al., 2020). Adults who reside in these communities are likely to benefit from counseling services; however, counseling is not consistently available within OALCs (Fullen, Wiley, et al., 2020).

Concurrent with the population increases of older adults, the number of OALCs, such as continuing care retirement communities, assisted living facilities, and long-term care settings, is increasing across the United States (Christman, 2025). According to the U.S. Census Bureau, by 2060 almost a quarter of all U.S. residents will be over age 65 and life expectancy will reach 85 years (Medina et al., 2020). It is estimated that OALCs will need to hire 1.2 million new employees across professional domains in order to meet residents' needs and account for this growth in the older adult population (Argentum, 2016).

Demographic and industry trends point to counselors being well-positioned to meet the mental health and emotional wellness needs within OALCs. This is a timely development in the counseling profession, as licensed counselors recently became eligible to enroll as Medicare-eligible providers (Consolidated Appropriations Act, 2023). However, counselors face the challenges of understanding the counseling needs of older adults, practicing culturally competent care, and overcoming the obstacles related to providing professional counseling services within OALCs (Fullen, Wiley, et al., 2020). Therefore, we describe the unique counseling needs of residents of OALCs, as well as specific challenges to providing counseling services within OALCs related to mental health services integration,

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payment and reimbursement, and counselor education, training, and supervision. Because OALCs are increasingly using a wellness framework in their approaches to older adult health care, we will also describe how wellness can be used to introduce counseling within these settings.

Older Adult Wellness Counseling

To better conceptualize older adult wellness, it is helpful to summarize the eight dimensions of older adult wellness that have been described in our previous work (Fullen, 2019). These dimensions include physical, relational, emotional, developmental, spiritual, cognitive, contextual, and vocational domains. These dimensions are briefly defined in Table 1, with a corresponding assessment question included for reference.

Table 1

Eight Dimensions of Wellness in Older Adulthood

Wellness Dimension	**Brief Definition** (derived from Fullen, 2019)	**Sample Assessment Question**
Physical	Taking care of one's body, as well as attending to needs associated with disability, chronic illness, or pain	In what ways do you continue to care for your body?
Relational	Maintaining meaningful relationships with friends, family, and others in your community	Do you feel supported by those around you, and how do you support others?
Emotional	Maintaining hope and resilience in spite of challenges one faces	Are you content, and do you think you will be in the future?
Developmental	The need to develop healthy, realistic attitudes about growing older	What does growing older mean to you?
Spiritual	Exploring your meaning and purpose	Where do you find meaning in your daily life?
Cognitive	Fostering control, self-efficacy, and commitment to brain health and lifelong learning	How do you exercise your brain?
Contextual	Inhabiting a community where you belong and thrive	Do you feel secure and supported where you live?
Vocational	Pursuing your life's calling, regardless of whether the calling is associated with paid work	What is your calling?

Wellness Counseling

Multidimensional wellness is based on the assumption that older adults have holistic needs that may reflect intersections between physical, emotional, social, or spiritual domains (Fullen, 2019). Wellness counseling occurs when counselors incorporate multidimensional assessment and treatment planning, a focus on client strengths, and a paradigm shift from addressing illness to promoting

growth and self-discovery (Fullen, 2016). Frameworks for wellness counseling across client ages have been described (Ohrt et al., 2019), and specific modifications for using wellness counseling with older adults exist (Fullen, 2019). Wellness counseling has been identified as a strategy to counteract ageism (Fullen, 2019), particularly because of the medicalization of aging and the shift away from illness and client deficits that is emphasized within the wellness paradigm. Because older adult wellness is multidimensional, counselors using a wellness framework may identify several wellness dimensions that correspond with particular presenting problems. Therefore, the practice of wellness counseling begins with a multidimensional assessment of a client's wellness, followed by a review of the client's strengths, and ongoing discussion about how to apply these strengths to meet specific, multidimensional wellness goals and challenges that older adult clients may bring to counseling. Consistent with its focus on holism, counselors using a wellness counseling approach emphasize how client strengths can be leveraged to address areas of vulnerability (Fullen, 2016). Areas of strength may be targeted for additional growth, whereas areas of present vulnerability may be highlighted for intervention. As interventions are applied, ongoing assessment of wellness dimensions occurs to advance the pursuit of holistic wellness.

Wellness Challenges Facing Older Adults in OALCs

Older adults residing in OALCs face many of the same challenges as their peers living outside of these settings. Living in a residential setting can provide older adults with security and comfort, enabling them to age in place. Many OALCs offer a range of care options, including independent living, assisted living, skilled nursing, long-term care, and memory care (Shippee, 2012). Although these communities are designed to promote aging well in multiple dimensions (e.g., physical wellness, social wellness, intellectual wellness; Johnson, 2025), some residents will experience wellness challenges that necessitate counseling intervention (Fullen, 2016). Counselors working in these settings need to be prepared to meet residents' counseling needs and to be aware of the unique challenges that older adults living in OALCs routinely face. When considering how to apply a wellness framework to counseling older adults in OALCs, counselors can respond by engaging clients in dialogue about how common challenges impact their wellness, identifying clients' wellness strengths, and developing strategies to leverage strengths to address specific challenges.

Grief and Loss

Grief and loss issues are common among older adults. In addition to grief associated with the loss of family members and friends, there are other substantial losses that older adults face, including the loss of independence, home, health and mobility, vision and hearing, career and purpose, finances, preferred living arrangements, and cognitive abilities (Gitterman & Knight, 2019). Sometimes the decision to move into an OALC is made after losing a spouse, which could include a long-term grieving process (Sopcheck, 2020). In some cases, people decide to move into OALCs shortly after retirement, anticipating a comfortable life with fewer responsibilities, appealing amenities, and the comfort provided by being surrounded by others in their same age cohort (Brecht et al., 2009). Considerations of both contextual and developmental wellness can be valuable when responding to grief and loss. For example, asking an OALC client to define what it would look like to feel secure and supported (i.e., contextual wellness) during a period of bereavement may promote their sense of belonging within the OALC, which could contribute to the belief that the next phase of life is still worthwhile (i.e., developmental wellness). Moreover, helping clients identify wellness strengths during a period of grief and loss can be beneficial. For example, an OALC client may experience encouragement at the thought that a deceased loved one would be proud of them for meeting new friends in their OALC community, which reflects a form of relational wellness.

For those moving into these communities shortly after retiring, the loss of career and vocation may result in tremendous challenges (LaBauve & Robinson, 2011). This life stage transition can result in feelings associated with a lack of purpose and belonging, and the loss of a social network that may have been in place for many years (Myers & Degges-White, 2007). Another challenging adjustment for older adults occurs when they are no longer able to drive. This decision is often prompted by other family members who encourage them to stop driving, making many older adults feel as if they have lost a key element of their independence (Bell & Menec, 2015). Supporting clients in reappraising their vocational wellness, which may involve broaching how they continue to pursue a sense of meaning and purpose in their lives, can be beneficial.

Adjustment

In contrast, other older adults are forced to move into these settings because of failing health, mobility issues, or cognitive decline (Krout et al., 2002). Adjustment issues related to failing health can be difficult for older adults, and many live with chronic pain, limited mobility, and full reliance on others for care. Older adults who relocate to an OALC may have left behind a home of many years, familiar surroundings and routines, as well as friends and neighbors. Many older adults are surprised by the intense feelings that arise shortly after moving into a facility (Ayalon & Green, 2012), including an extended period of grief. For older adults who have lived most of their lives in single family dwellings, sharing common areas such as dining halls and activity spaces may be difficult (Chaudhury et al., 2013). These adjustments are particularly pronounced for older adults who transition to higher levels of care in OALCs. Nighttime sleep disturbances are common and may result in a variety of physical and mental health issues (Martin & Ancoli-Israel, 2008). For individuals facing physical health challenges, the dimension of physical wellness may be most relevant. Specifically, encouraging clients to consider ways in which they continue to care for their bodies, despite bodily changes they may be experiencing, can shift the emphasis from a focus on client deficits to one of resilience and strength.

Moving into an OALC is a significant life adjustment that can lead to emotional distress. In the early stages of adjustment, residents may find it difficult to refer to their OALC as their home; instead, they may hold on to emotional connections to their prior residence. They may feel ambivalent and uncertain as they struggle to place themselves within the existing categories of residents, which may reflect the disenfranchisement of their grief and grieving process (Ayalon & Green, 2012). For some, this may be the first time they have been in a setting where most people around them use assistive devices such as canes, walkers, and wheelchairs (Ayalon, 2015). Mental health concerns may rise to a level of depression and/or anxiety. Depression may result from various factors, including the adjustment to living in an OALC, profound grief and loss, failing health, and lack of purpose and belonging (Ayalon & Green, 2012). Anxiety can also be a concern for adults in these settings as they face their mortality, financial worries, fear of decline and death, and loss of independence, which would require them to rely on others for care (Creighton et al., 2016). Understanding the impact of these adjustments on emotional wellness may be an important first step in these cases.

Relationships

One of the most challenging life transitions older adults face is the shift in family dynamics that occurs when children begin to take care of their parents (Branson et al., 2019). As older adults move into advanced levels of care in OALCs, their adult children may experience guilt for having placed their parents in a "home." This guilt may lead to overinvolvement and overprotection by their children, which can be a source of frustration for the older adults (Davis et al., 2019). For spouses moving into OALCs together, the strain of living in a smaller environment may create tension

(Ayalon & Greed, 2016). Oftentimes, one spouse may be the primary caregiver for the other, which can also create relational challenges (Polenick & DePasquale, 2019). Approaching these cases from a relational wellness perspective allows both the counselor and the client to assess changes in their relationship and how clients continue to receive and provide emotional support. The therapeutic relationship can also function as a source of relational wellness, which may provide clients with the foundation they need to pursue other relationships with OALC community members, friends outside the OALC, or family members.

Alzheimer's Disease and Other Related Dementias

As the size and proportion of the U.S. population aged 65 and older continue to increase, the number of Americans with Alzheimer's and other related dementias will continue to rise. There are currently an estimated 7.4 million Americans living with Alzheimer's dementia (Alzheimer's Association, 2026). Those in the earlier stages of the disease are often undiagnosed and still capable of living independently (Savva & Arthur, 2015). Older adults residing in OALCs during this phase of the disease may withdraw from social activities because of feelings of inadequacy associated with their cognitive impairment (Nelis et al., 2011). Others may not recognize the changes they are experiencing, which can lead to confusion, frustration, and embarrassment in social situations (Robinson et al., 2012). Maximizing the length of independence for those with early-stage dementia is critical because it is likely their last phase of life for living independently. Quality of life is likely to be significantly reduced as the disease progresses. Counselors can play a vital role for these individuals by maximizing the length of time they can live independently. Although counseling can be instrumental for people in all stages of dementia, OALC residents with early-stage dementia may find counseling services particularly beneficial.

Given the complexity of Alzheimer's Disease and other related dementias, a multifaceted approach to older adult wellness could be useful (Fullen, 2019). By using the eight dimensions of wellness, a counselor may find specific strengths or shortcomings in areas such as relational wellness, cognitive wellness, emotional wellness, or contextual wellness. Clients who are caregivers may have needs in the same dimensions, as well as in areas such as vocational wellness, developmental wellness, and spiritual wellness. Identifying wellness dimensions in which clients and caregivers maintain strengths may be a helpful strategy in maintaining quality of life and bolstering a sense of resolve during what can be an overwhelming and discouraging experience.

Substance Misuse

As the Boomer generation (i.e., adults born between 1946 and 1964) continues to enter older adulthood, a growing number of older adults are at risk for alcohol and substance abuse (Barry & Blow, 2016). Misuse of alcohol and prescription drugs among older adults is currently higher than in previous generations, partially attributed to the 25% of older adults who are prescribed potentially addictive psychoactive medications, which are the most prevalent medications prescribed to this age group (Ogbonna & Lembke, 2019). Older adults residing in OALCs typically have convenient and frequent access to alcohol at planned social gatherings. Researchers assert that alcohol may be used as a coping mechanism for those living in these settings (Sacco et al., 2015). There may be less concern about limiting social drinking, as driving is less common. However, there are numerous negative consequences for older adults, including increased fall risks and harmful drug interactions (Barry & Blow, 2016). Many older adults are unaware of substance abuse ramifications, particularly related to the physiological changes related to aging that make them more vulnerable to these adverse effects (Williams et al., 2005).

Counselors can play a supportive role for these older adults through both psychoeducation and professional treatment. Problematic substance use has a multifaceted connection to wellness, requiring counselors to consider an array of relevant wellness dimensions, such as physical wellness, emotional wellness, and relational wellness. Once one or more areas of wellness are identified for greater emphasis during treatment, it is also important to discuss which areas of wellness continue to be sources of strength. For example, an OALC resident whose alcohol use has negatively impacted their relationships may describe how taking care of their body through walking or lifting weights (physical wellness) continues to provide a healthy sense of control and self-efficacy (cognitive wellness).

Ageism

Counseling professionals in OALCs should be knowledgeable about experiences associated with aging, including societal stigma against older adults. Ageism, or prejudice, stereotyping, and discrimination against older adults based on age (Butler, 1969), negatively influences older adults' mental health (Gendron et al., 2016). Like other forms of prejudice, ageism is systemic (Fullen, 2018). For example, stereotypes about older adults permeate American culture and can lead to poor mental health outcomes for older adults (Fullen, 2018). Systemic ageism is reinforced by individual, interpersonal expressions of ageism, which older adults may experience from medical professionals, family members, and even OALC staff.

Furthermore, older adults may assimilate negative stereotypes about aging and late life into their self-concept, leading to internalized ageism, through which they may believe negative stereotypes about themselves or discriminate against other older adults (Gendron et al., 2016). Counselors working in these settings should be aware of the impact that ageism can have on older adults and remain vigilant in identifying ways in which ageism is organizationally embedded in OALCs. Attitudes toward aging contribute to a person's developmental wellness, which can be more broadly assessed through therapeutic dialogue (Fullen, 2019). When clients describe internalized aging attitudes, it is important to identify the origin of these messages. Gently challenging these ageist assumptions can enhance the therapeutic relationship (relational wellness) and result in a greater sense of resilience (emotional wellness) and self-efficacy (cognitive wellness).

Culturally Responsive Care With Older Adults in OALCs

In addition to being prepared to work with a wide variety of clinical concerns using a wellness framework, counselors working in OALCs should be prepared to work with clients from many different backgrounds with diverse lived experiences. It is important to ask clients how their sociocultural experiences, as well as gender, socioeconomic status, and religious affiliations, influence how they define the eight dimensions of wellness for themselves. Counselors can best meet their clients' needs when they understand clients contextually, considering the unique experiences that have informed clients' lives based on their sociocultural identities (Ratts et al., 2016). Although all clients have specific cultural considerations counselors should attend to, counselors who desire to work in OALCs must be aware of specific issues in later life and how sociocultural factors can influence development across the lifespan (Fullen, 2020b).

Use an Intersectional Lens

Counselors who practice in OALCs will undoubtedly work with clients who have been impacted by ageism. However, many clients will hold additional marginalized identities that influence their experiences of aging and ageism. The intersection of age with other marginalized identities significantly

alters the experiences of aging for older adults (Wang et al., 2025). Crenshaw (1989) introduced the construct of intersectionality to explain how occupying two or more marginalized positionalities creates a gestalt experience of discrimination. Intersectionality is a framework that enables people to understand how interlocking systems of oppression can exacerbate one another, creating a unique experience for individuals who hold multiple minoritized identities (Crenshaw, 1989). In essence, understanding clients in OALCs through an intersectional lens is crucial for developing a nuanced understanding of their experiences and clinical concerns. Therefore, in addition to the necessity of understanding systemic ageism (Fullen, 2018), counselors who provide services in the context of OALCs should be aware of the unique intersections other sociocultural factors can have with age in such settings.

Social determinants of health, such as race/ethnicity, gender/gender identity, sexual orientation, and socioeconomic status, influence clients' mental health across the lifespan, with some effects emerging in later life (Allen et al., 2014). Additionally, there is evidence that inequity across the lifespan leads to poorer mental health outcomes in older adulthood for marginalized groups, such as racial/ethnic minority older adults (Ferraro et al., 2017); lesbian, gay, bisexual, and transgender (LGBTQ+) older adults (Fredriksen-Goldsen et al., 2017); and older adults with disabilities (Kattari et al., 2017). These findings suggest that the older adults who are most likely to need counseling are also more likely to have experienced unique intersectional challenges. Therefore, understanding clients' contexts and backgrounds, selecting appropriate interventions and assessments that account for clients' unique cultural considerations, and providing opportunities for clients to process experiences of discrimination and stigma are all critical components of culturally competent care for all clients.

Broach Culture

Counselors should endeavor to learn about their clients' cultures, broach cultural differences, select culturally appropriate interventions and assessments, and engage in advocacy within OALCs to ensure equitable access to resources and programming (Day-Vines et al., 2007; Ratts et al., 2016). To understand the salience of client identities and how these identities have influenced the client's life, it is crucial to directly discuss both the client's culture and the cultural differences between the counselor and the client early in the counseling process (Day-Vines et al., 2007). Broaching the client's culture provides them with the opportunity to share their most salient identities, how those identities have shaped their lives, and how those identities influence their experience in their OALC. This strategy also provides an opportunity for the counselor to demonstrate cultural humility and indicate that they will not perpetuate the same harm that clients may experience from staff or other residents in the community.

Similarly, counselors must commit to learning about their clients' cultures, including the influence of age and generational cohort (Ratts et al., 2016). For example, counselors who work in OALCs should familiarize themselves with adult development and aging rather than educating themselves on the basics related to that process. By developing a knowledge base around the aging process, counselors create space for their clients to share their unique experiences of aging. In order to conceptualize their clients through an intersectional framework, counselors should also research how aging is perceived in the various cultures their clients belong to (Ratts et al., 2016). This approach may require the counselor to develop self-awareness concerning implicit biases they may possess regarding their clients' cultural identities to ensure that they do not contribute to their clients' experience of marginalization. Particularly salient is ageism, which counselors may invoke in counseling if they do not develop awareness around their biases related to the aging process (Fullen, 2018). In learning about their clients' cultures, counselors have the opportunity to select interventions and assessments that are culturally appropriate based on age and other sociocultural factors that impact the client.

Address Systemic Barriers

Finally, inequitable access to resources impacts older adults who reside in OALCs. Counselors should advocate within their workplace to address systemic barriers to access within the community (Ratts et al., 2016), help specific clients access necessary resources (Ratts et al., 2016), and develop programming that meets the unique needs of residents who are disproportionately impacted. Ultimately, counselors must attend to their clients' holistic cultural experiences and maintain an awareness of the risks posed to older adults by a lifetime of marginalization. An essential consideration for culturally responsive work with older adults is selecting appropriate theory and empirically sound interventions.

Case Study

Michelle, a licensed counselor, begins a new staff position at a local continuing care retirement community, where she will provide talk therapy services to residents. This is the retirement community's first counselor, and Michelle understands that this may be some of the residents' first experience with a mental health professional. To broach the topic of mental health at a services fair hosted by the community, Michelle creates a booth and designs a flyer outlining the eight dimensions of wellness and describing how they relate to older adult mental health. Residents stop by Michelle's booth at the services fair, and she uses the tool as a conversation starter about mental health and also a preview of what working with her in individual therapy sessions may entail.

One community resident, Roy, tells Michelle that he is struck by her description of vocational wellness, particularly the question, "What is your calling?" Roy admits that he has only thought about "vocation" in terms of his career, from which he retired over a decade ago. He tells Michelle that he has been struggling with the concepts of purpose and meaning since moving to the community, and Michelle invites Roy to schedule an individual session with her to discuss these ideas in depth.

During their intake session, Michelle reminds Roy of the eight dimensions of wellness and asks him to point out any dimensions that are going particularly well in his life. She also broaches culture with Roy and invites him to share how aging is viewed among people who share his cultural background. Roy remarks that he had previously seen aging as "only going downhill" and admits that he has not thought about his *wellness* so much as his *illness*. Michelle uses this as an opportunity to take a strengths-based approach with Roy, explaining that enhancing certain aspects of wellness can help offset any inevitable or sudden deterioration in other aspects of wellness. Hearing this, Roy describes his robust social life in the retirement community—a sign of high relational wellness—and how his relationships increased his well-being, in spite of a worsening eye condition that has left him unable to see far distances (an example of decreasing physical wellness). Michelle notes how Roy's increased relational wellness may be positively offsetting his declining physical wellness; she uses this as an example of the importance of a holistic approach to wellness in Roy's life. Michelle and Roy decide to include vocational, physical, and relational wellness in Roy's treatment plan. Together, they decide on three counseling treatment goals: 1) Determine what gives Roy meaning and purpose, and identify concrete actions to incorporate meaning and purpose into each day (vocational wellness); 2) Care for his eyesight as best he can while also maintaining a healthy diet and routine exercise in consultation with his primary care provider (physical wellness); and 3) Invest in existing and new friendships within his OALC with a goal of thriving in the area of relational wellness.

After the initial session, Michelle reflects on her session with Roy. She is pleased that the eight dimensions of wellness provide her with a helpful, strengths-based lens through which to view aging

and older adulthood. She reflects that previously in her career, she overly focused on older adults' physical wellness, often medicalizing the aging process and "othering" aging bodies. By exposing herself to a holistic approach to older adult mental health, Michelle challenges her own ageist beliefs and behaviors and notes that wellness can exist at any age.

Challenges Facing Counselors Working in OALCs

Despite the numerous benefits of integrating wellness-based counseling services within OALCs (Fullen, 2020b), there are several challenges to consider. Historically, OALCs have been slower to integrate mental health services compared to medical services. Payment barriers for counseling have historically interfered with creating opportunities to work within this context. Finally, there are barriers associated with how counselor education programs prepare students, which have limited the growth of counseling within OALCs. The following section will describe each of these barriers.

Mental Health Services Integration Challenges

Although older adults' mental health needs are well documented (Moye et al., 2019), the number of OALCs that employ or contract with a mental health professional is unclear. In a large survey of counseling professionals, only 1.6% described 65 years of age and older as a primary area of clinical emphasis (Fullen, Lawson, & Sharma, 2020). Additionally, in a study of psychologists, scholars found that only 1.2% described geropsychology as a specialty area (Moye et al., 2019). Moye and colleagues found that psychologists who specialize in working with older adults were more likely to work in independent practice, including over half of private practice practitioners. However, it is not clear how often their services were integrated into OALCs.

The presence of counseling services within long-term care settings is slightly more apparent. A survey of Florida nursing homes indicated that approximately 50% had a psychiatrist and a psychologist present at their site on a weekly basis. However, 90% of these providers were independent practitioners who were not formally affiliated with the long-term care facility (Molinari et al., 2009). Meanwhile, wellness programming, which aims to address the holistic needs of OALC members, is increasingly being implemented within OALCs, particularly in communities that provide ongoing care to older adults as their needs evolve. Those wellness initiatives are often focused on enhancing physical and social wellness (Edelman et al., 2010), frequently excluding other dimensions, including psychological or emotional well-being (Fullen, Wiley, et al., 2020).

Counselors who aim to work within OALCs should consider that some residents prioritize finding resources available on the community's campus over seeking counseling services outside the community (Plys & Kluge, 2016). This suggests that until counseling services are offered in the OALC setting's immediate vicinity, residents may continue to experience a barrier to access. Therefore, efforts are needed to integrate counseling services into the range of other on-site services offered directly to OALC residents (Fullen, Wiley, et al., 2020). Two other barriers are payment challenges and a dearth of training opportunities for working with older adults in counselor preparation programs.

Counselor Education, Training, and Supervision Challenges

Developing counselor training opportunities to provide services for older adults, including those who reside in OALCs, is an additional barrier that must be addressed. Historically, the counseling profession has not adequately prioritized the counseling needs of older adults. For example, the 2016 Standards of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) failed to include any reference to terms like *old*, *older*, *older adults*, or *ageism*, and only

one reference each to the words *age* and *aging* (CACREP, 2015; Fullen, 2018). A content analysis of 26 years of research in the counseling profession indicated that only 1.6% of all publications focused on issues associated with aging (Fullen et al., 2019). However, following revisions to the Medicare mental health law, there have been recent indications that efforts to equip counseling students and counseling professionals to work with older adults are underway. The 2024 CACREP Standards include subtle improvements, such as including age and generational status in glossary definitions of diversity, cultural identity, and marginalized populations (CACREP, 2023). This reflects the viewpoint that older adults should not be overlooked in discussions of how social and cultural identities impact the needs of clients. There is evidence that exposure to working with older adults and greater self-efficacy around this work are associated with increased interest in working with older adults (Schmidt et al., 2024; Wagner et al., 2019). Likewise, Moye et al. (2019) found that psychologists expressed a strong interest in further gerontology education on depression, dementia, anxiety, bereavement, caregiver stress, and adjustment to medical illness or disability. These findings suggest that there is recognition of the need for greater emphasis on aging-related topics during training programs and beyond.

To address this shortage of training opportunities, developing partnerships between university-based mental health training programs and local OALCs is essential (Silva-Smith et al., 2011). Fortunately, OALCs near universities are common and university-based OALCs are popular among older adults (Gresham, 2024). Expanding counseling services in OALCs by embedding a mental health trainee represents an innovative approach to service delivery that is mutually advantageous for students, training programs, community residents, and the OALC (Fullen, Wiley, et al., 2020). Anecdotally, we have curated a counselor training program within a local OALC. Recognizing the need for emotional well-being supports, the counselor training program at Fullen's university (Virginia Tech) partnered with a local OALC in 2018 to launch an innovative program in which graduate students in counseling provide pro bono counseling services to older adults. Individual, couples, and group counseling services are provided to residents in independent living, assisted living, skilled nursing, and long-term care, resulting in a diverse array of opportunities to address unmet mental health needs and promote emotional well-being.

This partnership alleviates cost barriers by enlisting graduate students who are completing their clinical internships. Accessibility concerns are mitigated by integrating the counseling services directly on the OALC campus. By making counseling available and visible within the community, stigma about working with older adult clients appears to be shrinking. Students are exposed to older adults' mental health needs within their counselor training program using a strengths-based wellness model. This approach introduces students to the effectiveness of counseling services for older people while addressing myths about aging. Counseling services are advertised at the site's health and wellness fair, at meet and greets, and in the OALC newsletter. Referrals from site staff or other residents are customary. Overall, the services have been well-received by residents of the community. The OALC, counselor training program, and counseling interns all report a high degree of program satisfaction.

Future Research

There is considerable opportunity for future research to illuminate the impact of wellness counseling within OALCs. For example, outcome research on the use of a multidimensional wellness framework within OALCs, such as the eight-dimensional model previously described, is needed to demonstrate the utility and effectiveness of this approach to counseling. Similarly, research

demonstrating whether certain wellness dimensions are prioritized more or less by OALC clients would be useful. If more counselor training programs are developed within OALCs, future research on the supervision of counselor trainees using wellness counseling within OALCs would be beneficial.

In addition to a focus on wellness counseling outcomes, more research on multicultural competence when working with OALC clients is necessary. For example, research is needed to improve the practice of broaching in the areas of age and ability, given the fact that most counselors and counselor trainees will hold chronological ages, and in some cases ability levels, that differ from their OALC clients. Studies are needed to better understand how counselors proactively engage their older adult clients in dialogue around age identity, age differences, ageism and ableism, and the potential for misunderstanding within the therapeutic relationship based on these differences.

Conclusion

In conclusion, OALCs are an emergent setting for the delivery of wellness counseling services. The interest in wellness among industry leaders, combined with a growing awareness of the mental health needs of older adults, suggests that OALCs have a great deal of potential for counselors. By incorporating multidimensional wellness approaches that are responsive to the unique needs of older adults, counselors have an opportunity to expand their footprint and promote mental health and well-being across the lifespan.

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