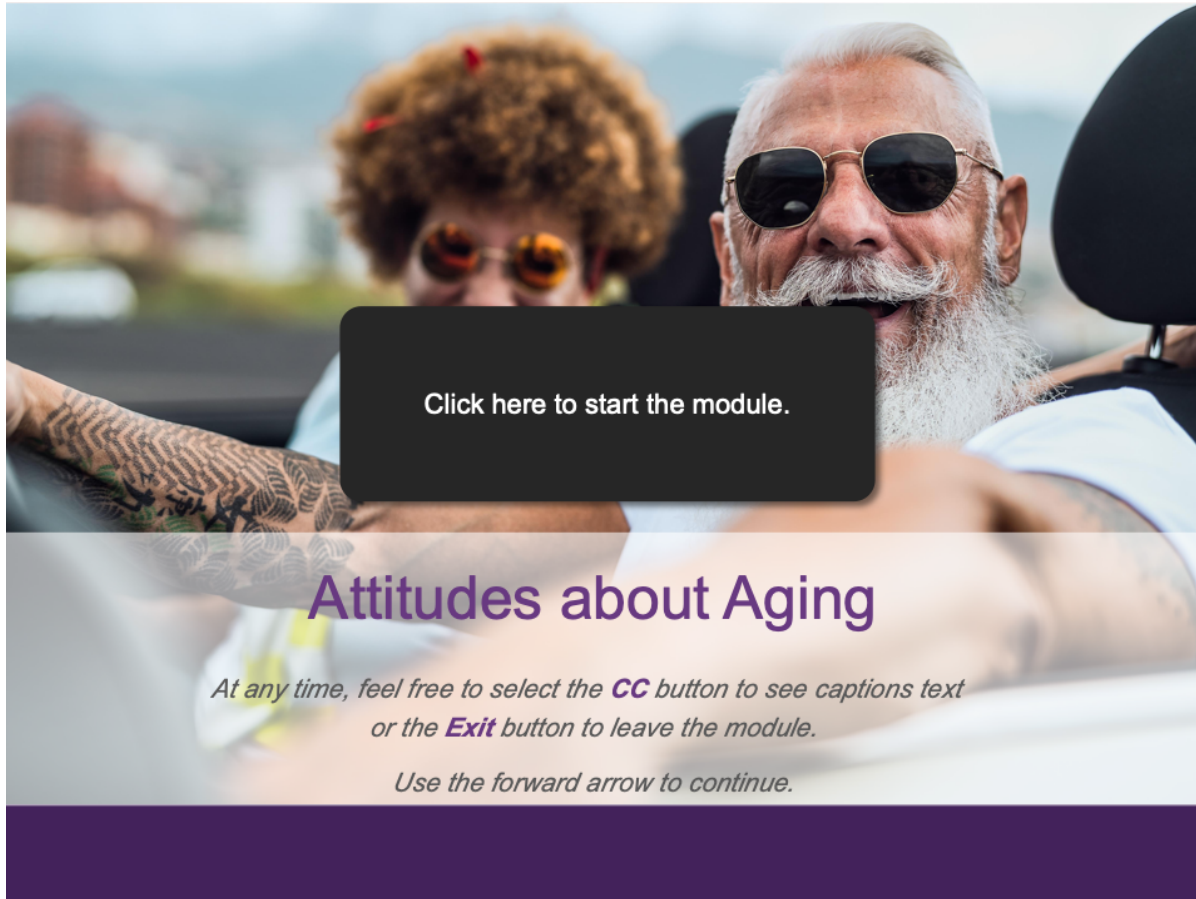Slide 1

Click here to start the module.

Attitudes about Aging

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Use the forward arrow to continue.

Slide 2

Attitudes about Aging

At any time, feel free to select the **CC** button to see captions text
or the **Exit** button to leave the module.

Use the forward arrow to continue.

Slide 3

Slide 4

Attitudes about Aging

Our experiences, temperament, and culture shape our attitudes which impacts the way we view and interact with older adults

Use the forward arrow to continue.

3

Slide 5

Elderly

Use the forward arrow to continue.

4

Slide 6

Older Adult

Use the forward arrow to continue.

5

Slide 7

Use the forward arrow to continue.

6

Slide 8

Use the forward arrow to continue.

7

Slide 9

Use the forward arrow to continue.

Slide 10

Use the forward arrow to continue.

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Slide 11

Noticing

Elderly

Older Adults

Use the forward arrow to continue.

11

Slide 12

Dispelling Myths about Aging

Common myths about aging and older people:
- Older people are pretty much all alike
- Older adults as alone or lonely
- Older adults are sick, frail, or dependent
- Older adults are cognitive impaired
- Older adults are depressed
- Older adults are stuck in their ways, resistant to change, and not up to date on new technologies and trends
- Late life is a time of accumulating problems and challenges that are increasing difficult to cope with

Use the forward arrow to continue.

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Slide 14

Language Matters

- The term "elderly" connotes a sense of frailty and dependence
- The Journal of the American Geriatrics Society formally adopted the American Medical Association style "older adult(s)" and "older person/or people"
- Age bias-free language standards are now part of the American Psychological Association's Style Guide

Use the forward arrow to continue.

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Reframing Aging Initiative

- Recommends use of "older adult," as the most positive and least paternalistic term

- When referring to older adults, use inclusive pronouns such as "we" and "us," rather than "they" and "them"

  - Ex. "Older adults should be encouraged to strength train," versus, "We all need to focus on strength training as we get older."

Use the forward arrow to continue.

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Identity Considerations

Individual diversity in older adults is manifested across a multitude of identities

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Gender

- Current cohorts of older adults have seen significant societal shifts in gender norms and attitudes over their lifetimes

- Our understanding of gender identity has also shifted dramatically
    - Increased visibility of transgender and gender nonconforming individuals
    - Older people who are gender nonconforming need more consideration as they face unique challenges with regarding medical health care, social services, long term care, end of life issues.

- Clinicians must consider the historical and cultural context along with the individual's personal experiences when making clinical judgments.

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Older Women

- May experience negative interactions in the healthcare system due to ageism and sexism

  - Receive differential treatment in pain management

  - Majority of family and unpaid caregivers are women which has major implications for their work and other family responsibilities

- Please see our module on Common Life Issues for more about family caregiving

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Older Men

- At increased risk for missed diagnosis and under-treatment of depression and suicide risk
    - Masculine social norms such as stoicism and restrictive emotionality
    - Increased stigma about mental health issues

- A significant proportion of older men are military veterans
    - Older veterans have higher risk for substance/alcohol use disorders than non-veteran peers

- Behavioral health clinicians must screen carefully and attend to assumptions about what is normative for men

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Considerations for Older Adults from Diverse Racial & Ethnic Groups

- Understand the complex historical context of racial inequality and trauma experienced by some groups of older adults

- Experiences of racism and discrimination are associated with poorer mental health and mortality

- Be aware of lived experiences and lifetime exposure to racism when providing care to older adults from historically marginalized groups

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Considerations for Older Adults from Diverse Racial and Ethnic Groups

- Cultural factors have affected historically marginalized ethnic and minority groups' attitudes toward healthcare
  - Institutionalized racism
  - Fatalism
  - Spiritual beliefs
  - Historical events

- Black, Asian, and Latino Americans have poorer access to behavioral health services compared to White Americans

- Racial minority older adults are less likely to engage in behavioral health care
  - Internalized stigma
  - Perceived discrimination and racism
  - Mistrust of institutionalized medicine

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Recommendations for Working with Older Adults from Diverse Racial and Ethnic Groups

- Reflect on own biases/assumptions that affect assessment and treatment

- Seek an understanding of indigenous and traditional healing methods

- Recognize structural oppression in society and within health care systems

- Challenge biases that affect older adult's health and well-being

- Work toward understanding cultural norms
  - Culture may influence an individual's understanding of health and healthcare across generations and over time.
  - Informal sources of support may be considered as viable supplements or alternatives for certain groups of older adults.

- Challenge color-blind approaches like, "I don't see color, I see people."
  - Color-blindness conveys denial of racism, and is counterproductive to building trust

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Considerations for LGBTQ Older Adults

- The history of LGBTQ treatment in the healthcare setting has been problematic
- Homosexuality was not eliminated from the DSM until 1974
- Conversion therapy was not officially denounced by the American Psychiatric Association until 1998
- Transgender persons must have a diagnosis of gender dysphoria to get hormone therapy or gender affirmation surgery

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Recommendations for Working with LGBTQ Older Adults

- Many LGBTQ adults have realistic fear of mistreatment, abuse or prejudice from healthcare providers and heterosexual peers in long-term care settings

- The National Resource Center on LGBT Aging and Services and Advocacy for LGBT Elders (SAGE) has a guide on best practices for working with LGBTQ older adults

- The American Psychological Association also offers practice guidelines for LGBTQ persons

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Recommendations for Working with LGBTQ Older Adults

- Include sexual orientation and gender identity questions on intake forms

- Use inclusive language, like "partner" or "significant other"

- Respectfully ask for a person's chosen name and pronouns
  - Explain how that information will be used

- Use affirming language when working with transgender older adults

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Slide 27

Considerations for Older Adults with Disabilities

- Ableism refers to the devaluation and discrimination of people based on perceived functional ability or disability

- The current understanding of "successful aging" prioritizes avoidance of disease and disability and maintenance of high physical and cognitive function
    - Conveys implicit hierarchies that can contribute to attitudes of ableism

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Ageism and Ableism

- "Compulsory youthfulness" or "Compulsory able-bodiedness"
- "Successful aging" fails to account for realities that older adults face
  - 80% have at least one chronic condition
- Berridge and Martinson's integration of a social model
  - Functional limitations from aging and disease are examined along with socioenvironmental factors

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Recommendations for Working with Disabled Older Adults

- Use language flexibly and tailor usage according to an individual's preference

- APA guidelines encourage person-first language: "person with a disability"

- Some advocate for identity-first language: "disabled person"

- Additional implications for clinical practice
  - Forms and processes are inclusive for people with sensory impairments
  - Office spaces can accommodate people with physical limitations or devices

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Slide 31

Danielle McDuffie, MSW

Slide 32
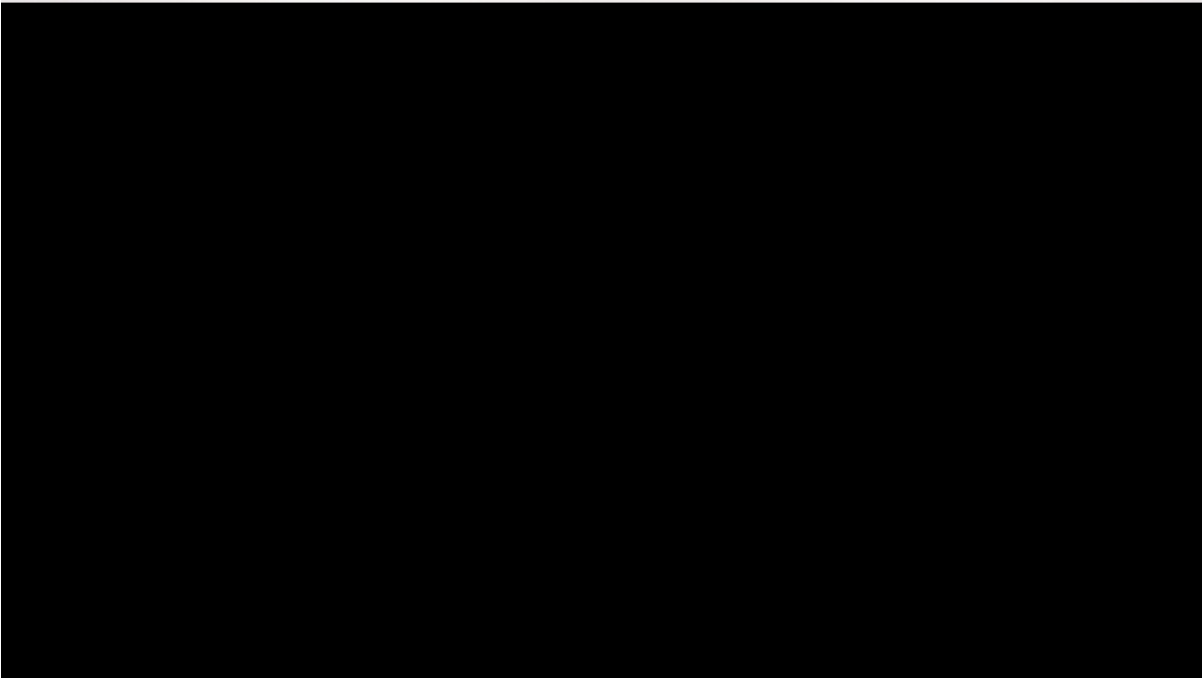
Take Home Message

- Working with any older adults necessitates considering the intersectionality of identities

- Aging intersects with other identities in complex ways

- Approaching interactions with a curious and inclusive nature can help improve care and communication

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Slide 33

Ageism

The following section focuses on ageism and its various manifestations. Ageism is a broad and complex topic.

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Ageism

- Levy's Stereotype Embodiment Theory

- Older adults are more frequently denied access to health services and treatments
    - They are under-represented in medical research
    - Providers were more likely to withhold life-sustaining treatments in older people compared to younger people, even after controlling for prognosis and patient care preferences

- Ageism associated with poorer quality of life, risky health behaviors, physical illness, mental illness, poorer cognitive function, and reduced longevity

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Slide 35

Ms. Sheila Johnson

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Reflection

- What are your thoughts about Ms. Johnson and her daughter?

- What are some examples of ageism that you noticed from her story?

- What are the assumptions that she and her daughters have about aging?

- What are your own attitudes and beliefs about aging?

- How do you think about your own aging process and the older people in your life?

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Ageism and Culture

- Ageism is reinforced across many settings

- Implicit and explicit ageist beliefs are widespread and often are accepted without recognition of their harmful effects

- Media provides the bulk of informal education about the aging process which is often negative

Ageism and Culture

- The scholarly consensus had been that ageism was less prevalent in Eastern Cultures

- Current evidence suggests the co-existence of positive and negative views of older people

- In African American communities, there are also complex social beliefs and norms around aging

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Positive and Negative Stereotypes

- Social stereotyping is common and often invisible.

- Positive stereotypes include "wise," "warm," and "grandmother."

- Negative stereotypes include severely impaired, cranky, inflexible, and reclusive.

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Stereotypes and Behavior

- Aging stereotypes affect how older adults are treated

- Positive outcomes of these stereotypes included advocating for Medicare, Social Security, and tax benefits

- Both positive and negative stereotypes can have a negative effect on behavior

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Attitudes on Aging and Health Constructs

- Negative self-perceptions of aging (SPAs)
    - Internalized age stereotypes

- Perceived age discrimination
    - Individual's perception of events as being discriminatory toward them
    - Used as a proxy for social, cultural, and institutional discrimination as well as micro-level discrimination

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Physical and Mental Health Correlates of Negative SPAs and Discrimination

- Perceived age discrimination and negative SPAs have been associated with depression, suicidal ideation, anxiety, and trauma symptoms, elevated mortality risk.

- Perceived age discrimination is associated with poorer subjective health, greater disease burden, lower life satisfaction, and greater loneliness than racism, sexism, and heterosexism/homophobia

- Negative SPAs have been associated with increased functional impairment and worse health outcomes

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Risks of Ageism and Negative Attitudes

- Ageism in the healthcare setting
  - Clinicians tend to spend less time with older adult patients
  - Clinicians may not communicate medical information because they believe older adults are less able to understand
  - Medical illnesses in older adults are often overlooked/interpreted to be a normal part of aging

- Clinicians can address these issues
  - Give as much time to older adults as younger patients
  - Communicate medical information as clearly as possible
    - Teach-back method
    - Written handout with medical information (14 point font)
    - Providing the information to a caregiver or family member

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Ageism in Behavioral Health

- Misconception that older adults lack mental "elasticity" and are less likely to benefit from psychotherapy

- Research shows that behavioral health clinicians hold negative views towards aging
  - Results in fewer referrals for psychotherapy

- Older adults are more likely to be prescribed medication, despite research demonstrating preference for psychotherapy

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Suicide

- Clinicians are less likely to screen for or address suicidal ideation in older adults
    - Attitudes that suicidal ideation is more "normal" or "logical" for older people

- Suicidal ideation is NOT a normal part of aging

- These misconceptions and attitude of aging and suicidal ideation may be a contributing factor for increased risk in this group

- Please see our module on suicide among older adults for more on this topic

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Benevolent Ageism

- Can result in clinicians ignoring the specific individuality of an older person and missing pertinent clinical information

- Can lead to clinicians being overly deferential or polite

- Clinicians may be less engaged and less likely to respond to older adults' concerns
    - Could lead to missing problems like substance use and dementia.

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Elderspeak

- Singsong voice, using simple words, speaking slowly, using terms of endearment, inflection that makes everything sound like a question

- Clinicians should
    - Use the same language and tone that they would with a respected colleague
    - Ask the older adults how they prefer to be addressed
    - Refer to older adults using formal salutation until invited to use a less formal

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Correcting Elderspeak

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Ms. Sheila Johnson

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Take Home Message

- Ageism is defined as negative stereotyping and discrimination based on age
- Examples of ageism are widespread and evident across cultures, including the way older adults are sometimes spoken to
- Ageism is associated with poorer healthcare practices and health outcomes and healthcare practices

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Reducing Ageism in Practice

Clinicians working with older adults should self-reflect on their own attitudes and beliefs about aging

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Assessment Tools

- Erdman Palmore's "Facts of Aging" Quiz
  - Available online
  - Provides insight into one's own attitudes and misconceptions
  - Provides fact-based information about aging and older people

- Kogan's Attitudes Towards Old People Scale (KAOPS)
  - Assesses attitudes, appreciation, prejudice about older people

- The Fabroni Scale of Ageism
  - Assesses stereotypes, prejudice, discrimination towards older adults

- The Harvard Age Implicit Association Test
  - Accessed online

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Addressing Clinician Attitudes about Aging

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Education

- Courses focused on knowledge about normative aging are vital

- All health care professionals should be trained in basic assessment/ intervention skills with older adults

- Few accreditation or licensing boards have mandated significant curricula focused on aging

- Our health care education system reinforces ageism with its lack of focus in this area

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Ann Steffen, PhD

Reframing Aging Initiative

- Increasing knowledge of the aging process is associated with more positive attitudes toward older adults

- Providing education about aging across various modalities can positively influence attitudes about aging

- Reframing Aging Initiative
  - Goal: Improve public understanding by enhancing the accuracy of how older adults and aging are portrayed
  - Provide data and recommendations regarding language and its effect in shaping attitudes of aging
  - www.reframingaging.org is a helpful tool for mental health clinicians interested in working with older adults
  - The E4 Center of Excellence for Behavioral Health Disparities in Aging hosts a six-part series on Reframing Aging

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Direct Experience with Older Adults

- Many people have limited exposure to older adults outside of their immediate family members

- Positive intergenerational contact provides opportunities for pervasive stereotypes about aging to be challenged

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Increasing Experience with Older Adults

- Intergenerational contact can occur in educational environments
    - Service-learning projects
    - Interviews
    - Practicum or fieldwork
    - Volunteering with organizations or agencies that provide services to older adults
    - Engaging in a life review exercise with an older family member or community member
    - Schaalman Senior Voices

- Not all intergenerational contact leads to positive attitudinal change

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Building Empathy

- Intervention programs focused on incorporating empathy may reduce stigma and increase positive attitudes toward older adults

  - Use of simulation exercises via role-playing, visualization, and group discussions

  - Virtual reality software has been used effectively to create immersive experiences of common age-related conditions
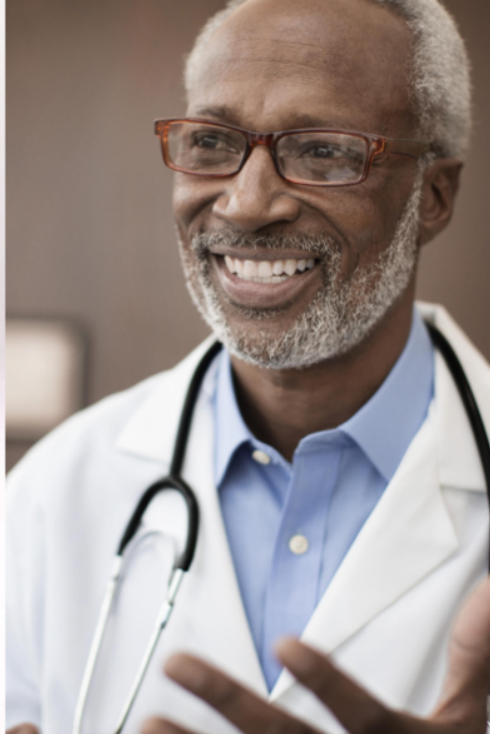
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More Educational Resources

- The American Psychological Association

- The Council of Professional Geropsychology Training Programs

- Veterans Health Administration
    - A four-day training program for VA mental health professionals interested in expanding their expertise in working with older adults

- GeroCentral website

- Local Geriatric Workforce Enhancement Program (GWEP)

    - CATCH-ON: Collaborative Action team Training for Community Health - Older adult Network

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Training, Supervision, and Consultation

- Professionals who aim to build competency in working with older adults should seek diverse training and clinical opportunities and settings
  - Inpatient medical and psychiatric settings
  - Outpatient behavioral health care
  - Primary care
  - Long-term care
  - Outpatient care

- Clinical supervision or consultation with a trained and experienced mentor is key

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In Summary

In this module, we discussed:

- ✓ Attitudes about aging affect how we view, treat, and communicate with older people
- ✓ Ageism negatively affects health at both individual and population levels
- ✓ Understanding personal attitudes about aging is important
- ✓ Self-assessments tools are available to identify attitudes and areas for improvement
- ✓ Recognizing the intersectionality of age and various types of identities can improve clinical interactions with older adults
- ✓ Education and direct exposure to older people in various settings can help improve attitudes about aging

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Slide 65