

A touch of grey: Reducing ageist bias among graduate mental health students

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Background

- The aging pace of the world and the mental health (MH) needs of older adults (OA) call for action
- Few MH professionals choose to work with OA, and those who do often lack the necessary competence
- One of the main reasons is ageism, which exists in every plane of MH training and practice and affects the perception of OA clients
- To develop and maintain one’s competence, MH professionals and trainees need to evolve their multicultural competence. One of its key aspects is examining one’s attitudes and beliefs, among them ageism.
- MH graduate trainees are uniquely positioned to evaluate their biases before joining the workforce
- Past interventions aimed at reducing ageism utilized the undergraduate student sample and employed indirect intergenerational contact and education materials
- Another intervention path could be persuasion, particularly narrative persuasion that offers an opportunity to explore diverse viewpoints in a non-threatening manner

Hypotheses and Aims

- This pilot study evaluated and explored the effect of persuasion intervention on graduate mental health students’ ageist attitudes and interest in working with older adults
 - The students’ ageist bias will decrease following the intervention, as indicated by the scores on Fraboni Scale of Ageism
 - Students who are higher in transportability will be more affected by the narratives and show a decrease in ageist attitudes, an increase in interest in working with OA, and an improved view of the effectiveness of the MH treatment for OA
 - Students who are higher in positive affect prior to the intervention will experience a higher degree of attitude change compared to those higher in negative affect
 - Students may provide meaningful feedback on the effect of the intervention

Method

Participants: 36 graduate MH students in the US: 19 Master’s students in mental health counseling, 17 doctoral students in counseling psychology or clinical psychology

Instruments: Fraboni Scale of Ageism (FSA; Fraboni et al., 1990), Positive and Negative Affective Schedule – Short Form (PANAS-SF, Watson et al., 1988), Narrative Transportation Scale (Green & Brock, 2000)

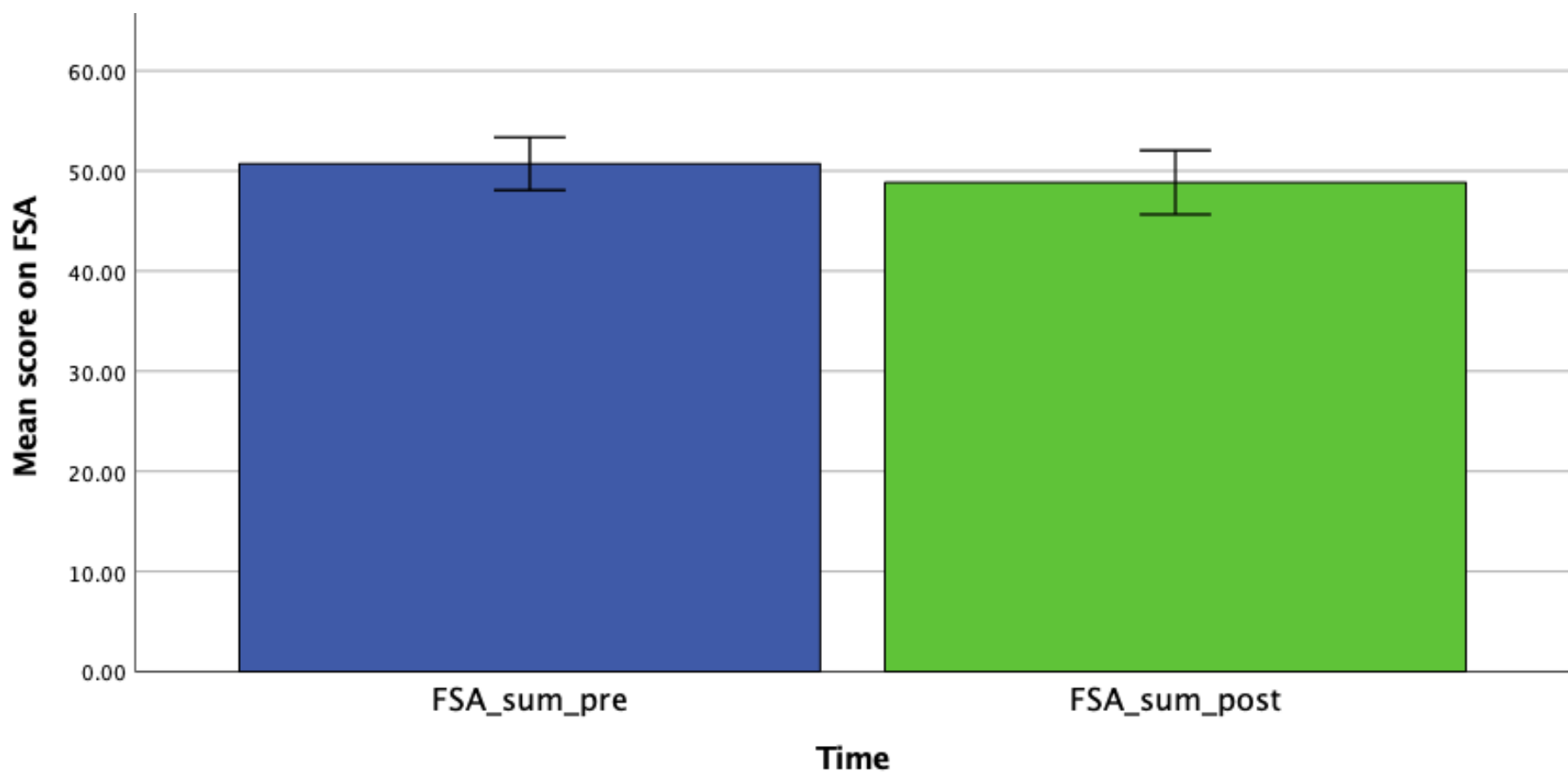
- Likert-scale questions
- Open-ended questions
- Demographic questionnaire

Intervention: first video clip on battling ageism; second video clip depicting an older veteran’s struggle with a MH challenge and the recovery following the MH treatment

Analytic strategy:

- Descriptive and inferential data analyses (IBM SPSS v.28)
- Qualitative data analysis using a generic qualitative inquiry framework

Quantitative Results (initial)



The intervention elicited a **statistically significant decrease** in ageism scores as measured by FSA post-intervention compared to pre-intervention, $M = -1.86$ points, 95% CI $[-3.35, -0.37]$, $t(35) = -2.54$, $p = .016$.

The **effect size** was small ($d_{av} = .22$)

Initial generalized linear model analyses showed no support for other hypotheses.

Qualitative Results (initial)

On interest in working with OA: “I feel this will change as I get older, I am quite young now and feel I do not relate to them at all, and feel very frustrated by them, probably because I have anxiety [that] I cannot help their existential woes.”

On the effectiveness of the intervention: “It has made me more compassionate about the plight of older adults and have more of a desire to work with them. Hearing the veteran’s shift in perception of working with a younger therapist alleviated some of my worries about working with older adults as a young individual.”

On addressing the shortage of MH professionals: (1) “Including ageism more prominently in the coursework, as has been (correctly) done with race, gender, LGBT, and (to a lesser extent) SES.” (2) “Use media or social media to increase awareness. If we wait for our perceptions to change on their own, it takes too long.”

On participation in the study: “When I read that this study was about cultural competence, I had no idea that ageism would be the focus. That is my blind spot to ageism, and I am 64! I have been fed our societal norms and practices, including trying to stop the aging process. I am also defying ageism as a graduate Mental Health Counseling “nontraditional” student. I am so glad I participated in this study, and I will give more thought to serving an older population as a practitioner.”

Discussion

- **Implications:**
 - Multicultural competence education: The value of including short video components (narrative and rhetoric)
 - Highlighting the strength of the mixed methods research design in exploratory studies
 - Getting the conversation started: Influence of rhetoric and narrative elements on interest in working with OA as described by participants
- **Future research directions:**
 - Exploring additional measures and recruitment paths
 - Difference between rhetoric and narrative interventions
 - Exploring ageist bias in interest in working with OA