

Unlocking the Age Barrier: Mental Health Clinicians' Capacity for Addressing the Needs of Older Adults

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INTRODUCTION

As the number of older adults continues to increase in our society, there is a growing demand for mental health professionals who can address their unique needs (Hoge et al., 2015). Most mental health professionals, however, are unprepared for this work. The current study utilized Levy's (2018) PEACE Model to examine age-related professional training experiences, along with knowledge of aging among licensed professional counselors, social workers, and psychologists.

HYPOTHESES

Scores on an aging knowledge quiz (Palmore, 1977; 1981; Breytspraak, 2015) for licensed counselors, psychologists and social workers are expected to fall below 65% correct, reflecting a need for interventions to improve levels of proficiency. Those with aging-related training experiences will score higher on aging knowledge.

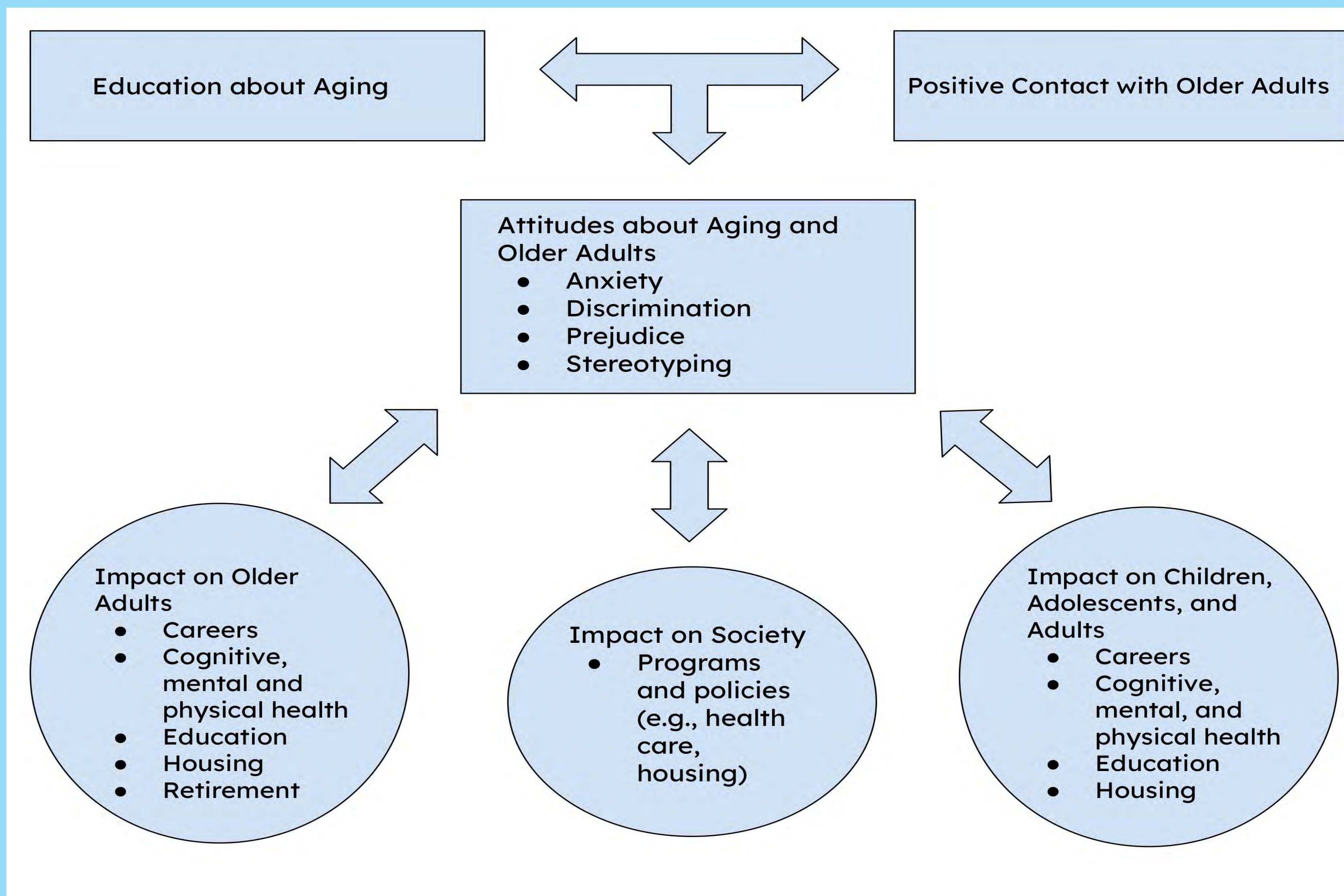
METHOD

Data from three UMSL studies were merged, resulting in a total sample size of 672 participants.

The sample consisted of:

- Licensed counselors (n = 133)
- Licensed social workers (n = 288)
- Licensed psychologists (n = 251)

Prospective participants were randomly selected from complete lists provided by the state licensing boards of Missouri, Texas and California. Clinicians were mailed invitations. Participants in Study 1 (counselors) then completed the survey online. Participants in Studies 2 (social workers) and 3 (psychologists) could return the survey via mail or complete it online. Facts on Aging Quiz items were summed to attain a total score (range of 0-25).



Positive Experiences about Aging and Contact Experiences (PEACE Model; Levy, 2018)

- On average, professionals across all three disciplines demonstrated poor aging knowledge (<60% correct).
- Self-reported participation in graduate coursework and CE workshops were both associated with higher scores on aging knowledge ($F(3,668) = 8.43$; $p < .001$). Participation in an aging-related practicum was not.
- Although there were significant differences in age-related training experiences across the 3 disciplines, overall rates of training were low.

Self-Reported Participation in Aging Related Training

Training	Licensed Professional Counselors	Licensed Social Workers	Licensed Psychologists
Coursework**	30.1%	36.8%	45.0%
Practicum*	8.3%	14.6%	17.9%
CE Workshop***	44.4%	38.9%	56.6%

Differences by professions: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

PARTICIPANT DEMOGRAPHICS

- 74.6% female
- 22% BIPOC
- 14.5% LGBTQ+
- Average age: 45 to 54 years old

SAMPLE ITEMS (Palmore, 1981)

- Social Security benefits automatically increase with inflation. (True)
- Older people do not adapt as well as younger age groups when they relocate to a new environment. (False)
- Depression is more frequent among older adults than among younger people. (False)

STUDY STRENGTHS

- Large sample size meant this study was sufficiently powered to test hypotheses.
- Participants were selected at random from state licensing boards for inclusion, increasing this study's external validity.

LIMITATIONS

- Study 1 participants (professional counselors) were not given the option to mail in a hard copy of the survey.

IMPLICATIONS

- Continuing Education (CE) of already licensed clinicians may improve professional competencies for clinical work with older adults.

Poster and References



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2024 Undergraduate Research Symposium

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ADDRESSING AGING-RELATED MYTHS

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THE UNITED STATES AND THE WORLD ARE GETTING OLDER.

It is predicted that the number of Americans older than 65 will double from 46 million to more than 98 million by 2060. Many beliefs about aging, nevertheless, are outdated because of information that is no longer valid due to scientific advances.

- Between 2010 and 2030, older Americans who identify with ethnic minorities will account for the largest demographic changes. Older Latinos represent the largest increase: In 2023 they will make up 22% of the aging population, in comparison to 8% in 2010.
- The suicide rate of men over 85 is higher than that of any other age group.
- Dementia (including Alzheimer's disease) is not a normal part of getting old. Approximately 5% of individuals between 71 and 79, and 37% of the population over 90, are affected.
- In comparison to older White adults, adults who identify as ethnic/racial minorities have a greater chance of obesity, diabetes and hypertension, as well as early onset of chronic disease. Some of the factors that contribute in the disparity are poverty, unemployment, discrimination and lack of high-quality medical attention.
- As they age, people are generally more satisfied with their life and more optimistic about getting older.

REALITY OR MYTH: WHICH IS IT?

A majority of older Americans live in nursing homes.

MYTH. Only about 5% of older Americans live in nursing homes at any given moment.

A majority of older Americans stay socially engaged and productive.

TRUTH. Many older adults continue to work, are volunteers and act as caretakers to other family members. Having regular positive interactions with family and friends, and being involved in several different social networks can help older adults be healthier – both emotionally and physically.

20% OF OLDER ADULTS HAVE MENTAL HEALTH PROBLEMS.

Nothing can be done to reduce the risk of Alzheimer's Disease.

MYTH. Physical and mental inactivity, smoking, obesity, diabetes, hypertension and depression are all associated with a higher risk of Alzheimer's disease. Each of these factors can be modified.

People can learn new abilities even toward the end of their lives.

TRUTH. Older adults can learn new skills in old age, although learning some abilities can take more time than in younger adults.

Adapted from American Psychological Association (2017). Older Adults' Age and Health Related Changes: Reality vs. Myth. www.apa.org/pi/aging/resources/guides/myth-reality.pdf

ABORDÁNDOSE DE LOS MITOS RELACIONADOS AL ENVEJECIMIENTO

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LOS ESTADOS UNIDOS – Y EL MUNDO – SE ENVEJECE.

Se prevé que el número de estadounidenses mayores de 65 años se duplicará de 46 millones a más de 98 millones para el año 2060. Muchas de las creencias actuales sobre el envejecimiento, sin embargo, se basan en información ya no válida debido a los recientes avances científicos.

- Entre 2010 y 2030, los adultos mayores que identifican como minorías étnicas constarán con los cambios demográficos más grandes. Los latinos mayores representarán el mayor aumento: en 2030, constituirán el 22 por ciento de la población de más edad, en comparación con el 8 por ciento de los adultos mayores en 2010.
- La tasa de suicidios de los hombres mayores de 85 es más alta que la de cualquier otro grupo de edad.
- La demencia (incluso la enfermedad de Alzheimer) no es parte normal del envejecimiento. Aproximadamente el 5 por ciento de los individuos entre 71 y 79, y 37 por ciento de la población mayor de 90 años de edad, se ven afectados.
- En comparación con adultos mayores blancos, los que se identifican como minorías étnicas/raciales tienen una mayor prevalencia de la obesidad, la diabetes y la hipertensión, así como un inicio más temprano de la enfermedad crónica. Algunos de los factores que contribuyen a esta disparidad son la pobreza, el desempleo, la discriminación, y la falta de atención médica de buena calidad.
- A medida de que se envejecen, la gente está por lo general más satisfecha con la vida y más optimista sobre el envejecimiento.

REALIDAD O MITO: ¿CUÁL ES?

La mayoría de los estadounidenses mayores viven en hogares de ancianos.

MITO. Sólo alrededor del 5 por ciento de los estadounidenses mayores viven en hogares de ancianos en un momento dado.

La mayoría de los adultos mayores se mantienen socialmente comprometidos y productivos.

VERDAD. Muchos adultos mayores continúan el trabajo, son voluntarios o cuidan a otros miembros de la familia. Manteniendo relaciones positivas regularmente con la familia y los amigos y manteniéndose activo en varias redes sociales diferentes puede ayudar que los adultos mayores se queden sanos-emocionalmente y físicamente.

No hay nada que se pueda hacer para reducir el riesgo de la enfermedad de Alzheimer.

MITO. La inactividad física y mental, el tabaquismo, la obesidad, la diabetes, la hipertensión física y mental y la depresión se asocian con un mayor riesgo de la enfermedad de Alzheimer. Cada uno de estos factores puede ser modificado.

Las personas pueden aprender nuevas habilidades incluso a finales de la vida.

VERDAD. Los adultos mayores pueden aprender habilidades en la vejez, aunque algunas habilidades de aprendizaje pueden tomar más tiempo que en los adultos menores.

EL 20% DE LOS ADULTOS MAYORES SUFREN DE PROBLEMAS DE SALUD MENTAL