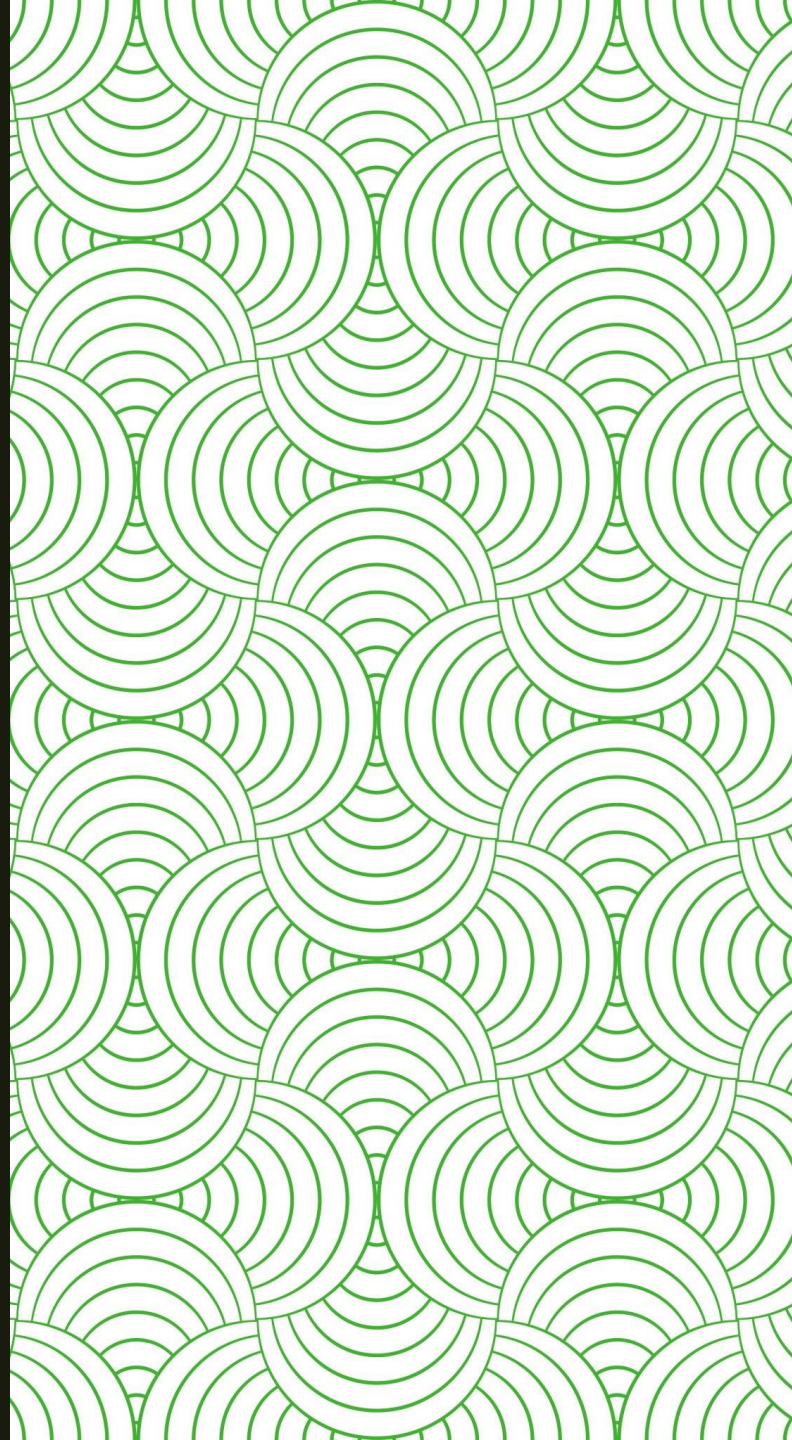


AGEISM IN AMERICA –
UNDERSTANDING OUR
YOUTH OBSESSED
CULTURE AND HOW TO
END BIAS IN
HEALTHCARE

Sally King, LCSW, LSCSW





Post- Covid Trauma

The elephant in the
room re: grief, loss, &
situational depression

The Unsung Covid Heros – Health Care Aids

Because we devalue older people, we fail to acknowledge the contributions of those that look after them with a living wage and proper resources.

The direct care workforce compromises folks who have endured the effects of intersectional oppression, trauma, and a lack of societal supports.

Before we talk about Ageism

Let's talk Depression in our Olders

A Startling Statistic

*Caucasian males over
65 **complete**
suicide 4 times more
often than any other
age group in the
U.S.*



The Generational Difference



WWII Generation

- Pre-psychology
- Family Oriented
- Self-Sacrifice
- “Stiff Upper Lip”

Baby Boomers

- Post-psychology
- Peer-oriented
- Meeting own needs
- Talk about Feelings

Major Depressive Disorder

(Must have 5 of these every day for 2 wks or more.)

- Depressed Mood (rarely admitted)
- Anhedonia (inability to experience joy)
- Weight changes (usually loss)
- Insomnia or hypersomnia
- Psychomotor retardation or agitation
- Fatigue or loss of energy

Criteria for Depression con't

- Feelings of worthlessness (“nothing I do matters anymore.”)
- Inappropriate guilt (rarely seen in seniors)
- Diminished ability to think or concentrate (pseudo-dementia)
- Recurrent thoughts of death or suicidal ideations, attempt or plan.

Risk Factors for Depression



- Negative Life Events (loss, both physical and symbolic, failure, move, etc.)
- Trauma history
- Rumination
- Neuroticism/Anxious arousal
- Low social support
- Female gender
- Depression history



Causes a decline
in Neurotrans-
mitters:
Acetylcholine,
Dopamine,
Serotonin

Increase in
Cortisol

Toxic to
hippocampus

Increase risk for
Alzheimer's
Disease over time



**Now we Know it is an
Epigenetic Disease**

How Depression Differs in Elders



- Increased physical complaints
- Cognitive clouding
- Functional decline
- Overlaps with medical co-morbidity
- Agitation and irritability common
- Behavioral regression
- Psychotic features in 30%
- May be early sign of dementia
- Med side effects may be more pronounced

Suspect Depression When...



Agitation is present

Function declines

Somatic complaints increase

Poor response to medical treatments

Socially withdrawn

Alcohol/Benzodiazepines involved

Big T vs. Little t

No longer useful to decipher – both equally significant

•*Big T* Traumas

- War
- Disasters
- Rape
- Childhood sexual or physical abuse
- Car wrecks
- Crime victimization
- Witnessing violence or death
- Domestic Violence

•*Little t* Traumas

- Emotional Abuse
- Neglect
- Failure Experiences
- Phobia related experiences
- Losses
- Learning problems
- Stress at work or school
- Lack of empathy from others
- Minor accidents

Adjustment Disorder

Usually related to an identifiable stressor, and expected to resolve within 6 months to a year, e.g. changes in housing, financial situation, medical condition. They are able to still function and feelings are often transient. (Moving is the 3rd most stressful event in one's life, by the way). Losing a pet often triggers this.

Suicide Warning Signs

- Social withdrawal
- Putting affairs in order
- Giving things away
- Frequent talk of death or dying
- Life review
- Stop eating
- Refuse medications
- Erratic behavior
- Purchase of firearm or stockpiling meds

- Severe anhedonia
- No future orientation



Thoughts of Death vs. Thoughts of Suicide



<u>Death Thoughts</u>	<u>Suicidal Thoughts</u>
Serious but not a crisis	Crisis needing immediate intervention
Passive death wishes	Active planning
Means of expression to relieve stress	Means to solve problems
Exhausted with life	Escape from pain of living

Assessing Lethality



- *Is there a plan?*
- *Is it specific?*
- *Is it of high lethality? – gun*
- *Is there access to method?*
- *History of thoughts, plan, or attempt?*
- *Family history of suicide?*
- *Are alcohol or tranquilizers available?*

Suicide Intervention



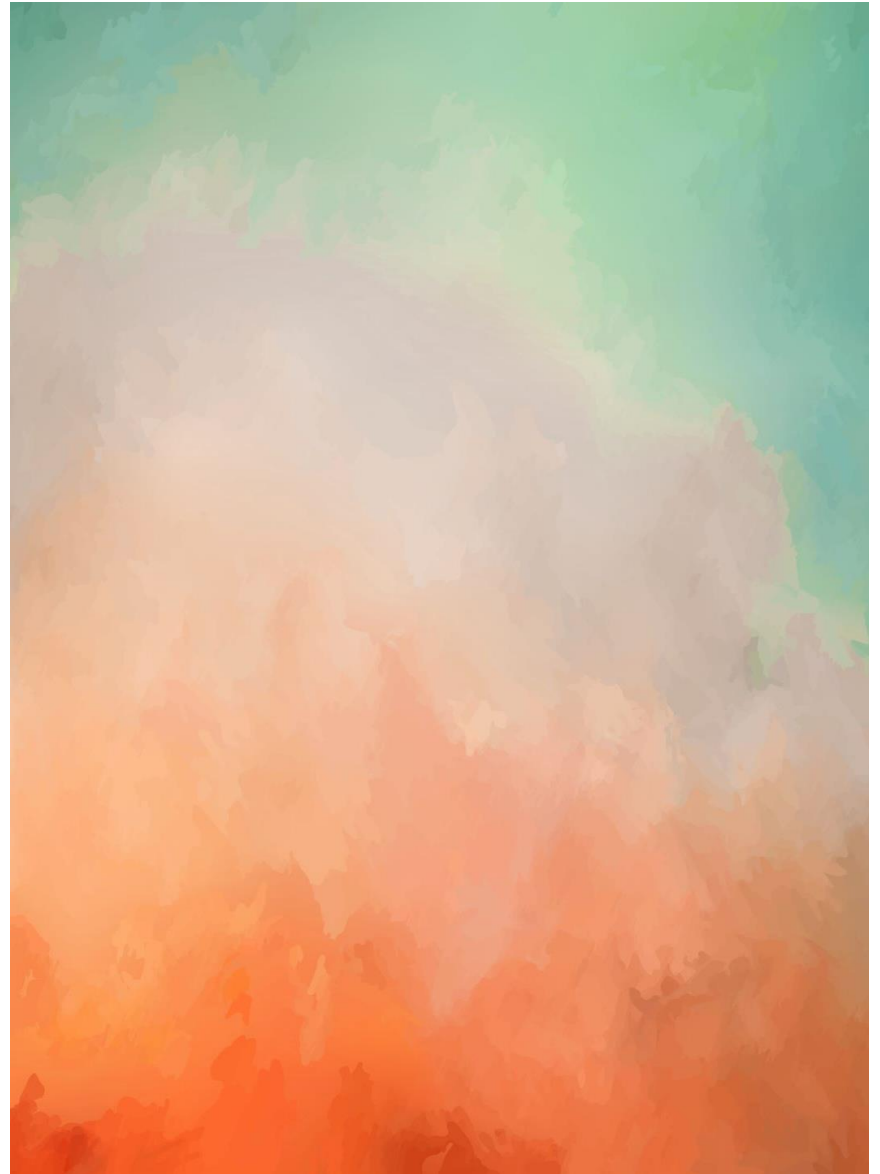
- **Never leave alone and unattended**
- *Approach directly & objectively*
- *Take charge*
- *Connect with resources immediately*
- *Provide support*
- *Watch very carefully when appear better*



My own internalized ageism

Those people. Old
People. Not me.

A socially
constructed idea
BTW



Why Should we Care? Standards for Clinical Social Work...

Standards for Clinical Social Work in Social Work Practice say....

Standard 10. Cultural Competence Clinical social workers shall demonstrate culturally competent service delivery in accordance with the NASW Standards for Cultural Competence in Social Work Practice.

*The increasingly diverse population seeking psychosocial services requires that clinical social workers raise their awareness and appreciation of cultural differences. Clinical social workers shall have, and continue to develop, specialized knowledge and understanding about history, traditions, values, and family systems as they relate to clinical practice with individuals, families, and groups. Clinical social workers shall be knowledgeable about and demonstrate practice skills consistent with the NASW Standards for Cultural Competence in Social Work Practice (2001). In addition, clinical social workers need to be knowledgeable about the deleterious effects of racism, sexism, **ageism**, heterosexism or homophobia, anti-Semitism, ethnocentrism, classism, and disability-based discrimination on clients' behavior, mental and emotional well-being, and course of treatment. Clinical social workers must also recognize racial, ethnic, and cultural differences that may be interpreted as barriers to treatment and develop skills to ameliorate such barriers.*

Social Work Code of Ethics

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

Code of Ethics


6.04 Social and Political Action

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.



3 questions to ask yourself

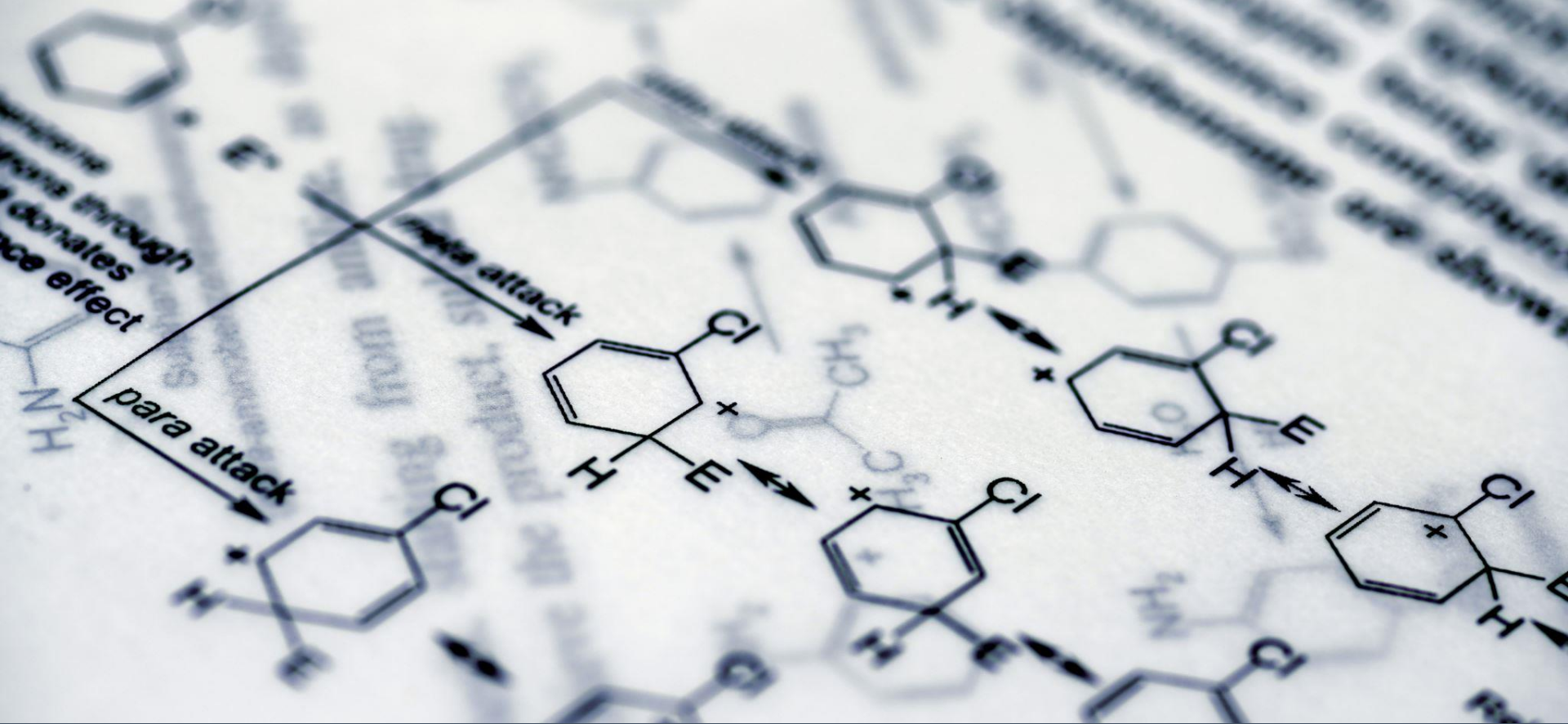
1. How do you feel about yourself as an aging person
2. What do you think it means to be old?
3. How do you talk about growing older?



Aging is not something that happens to older people

It's a universal experience

Preschools are part of the aging service
sector too!



Senescence – the
accurate term for
biological aging

(Gendron, 2022)

Fear of Dependency AHHHHH!!

This is a side effect of ageism and ableism and is perpetuated by a widely held **illusion** of independence.

Implicit Ageism

Is the unconscious bias that includes attitudes, feelings, and behaviors toward people of other age groups that operates without conscious awareness or intention.

-- Levy et al, 2002

Ageism screws up
your health



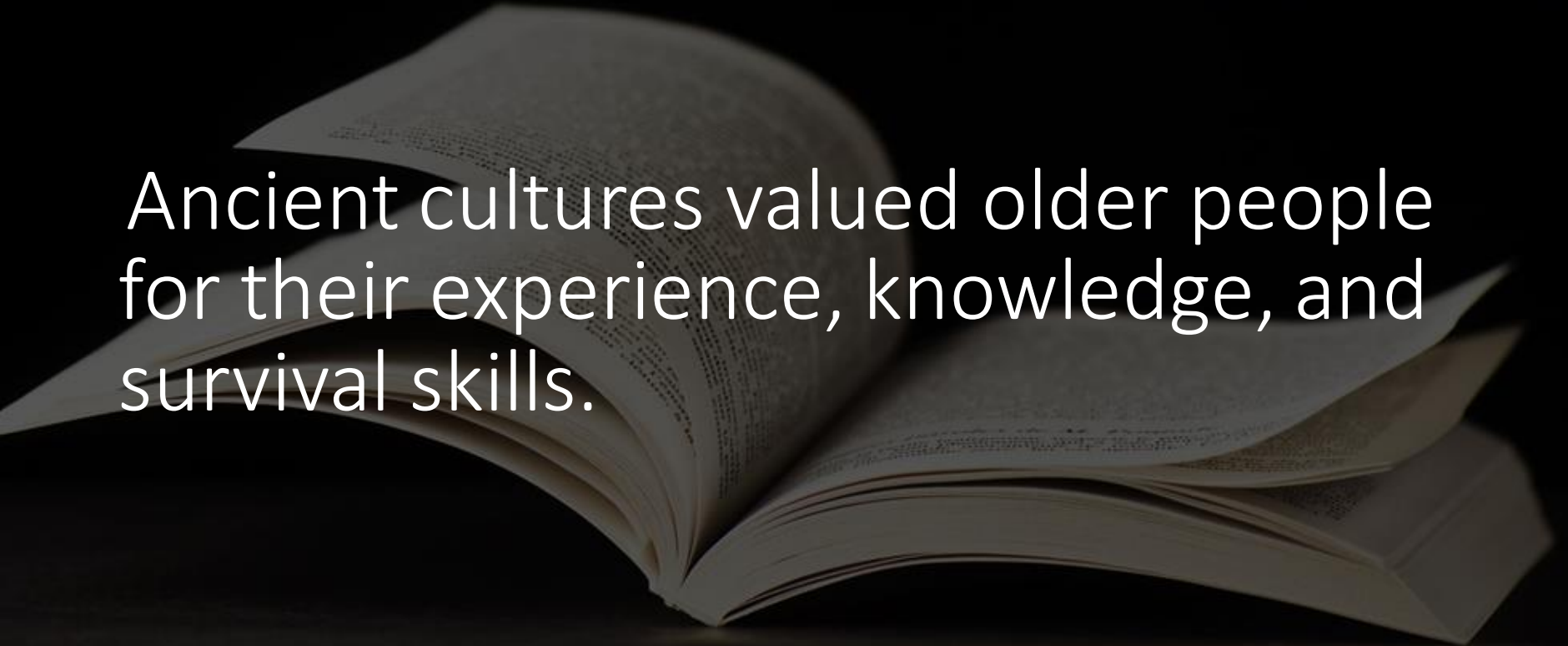


Repeat after me:

Once you have met one older person, you have met one older person.

A history of elders and reverence

Ancient cultures valued older people for their experience, knowledge, and survival skills.





Gutenberg – the Printing Press

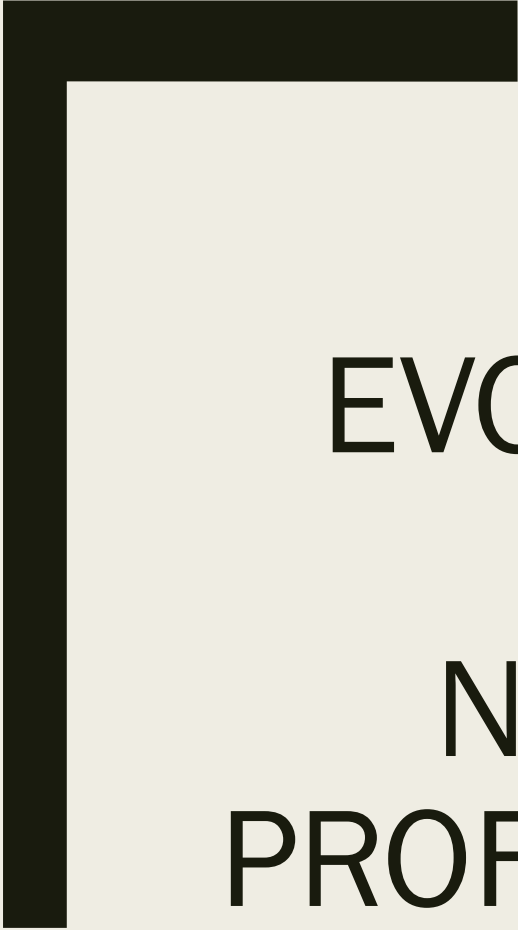


Caregiving



19th century caregiving primarily occurred in the home and was short duration to lack of medical knowledge and interventions.

Facilities external to the home shaped the social milieu and formal caregiving, wasn't even noted until 1966 BTW.

Caregiving for older family members became regarded as a constraint and associated with a burden as time went on.



THE
EVOLUTION
OF THE
NURSING
PROFESSION





Large scale segregation – age
restricted retirement communities

- Started in the industrial revolution
- Robert Butler coined it in 1969
- Productivity/profits
- Retiring older workers as beneficial
- Elderly = frailty, efficient = young
- Ableism – a set of beliefs and practices that places value and judgment on physical, cognitive, and intellectual ability which leads to oppression, marginalization, and “othering” of those less capable.

Ageism and Ableism

AGEISM AND LONELINESS

Visual Ageism – where's the nuance?

Super- Ager



Silly, senile, frail old person



The Emergence of the Biomedical Model


- 1910
- Growing older was something to be treated
- Focus on curative medicine increased, older and disabled folks were often dismissed as a lost cause or not worth treating.





SURPLUS SAFETY AND POSITIVE AGEISM

-- Fiske 2002



Why aren't
medical students
picking geriatrics
as a specialty?



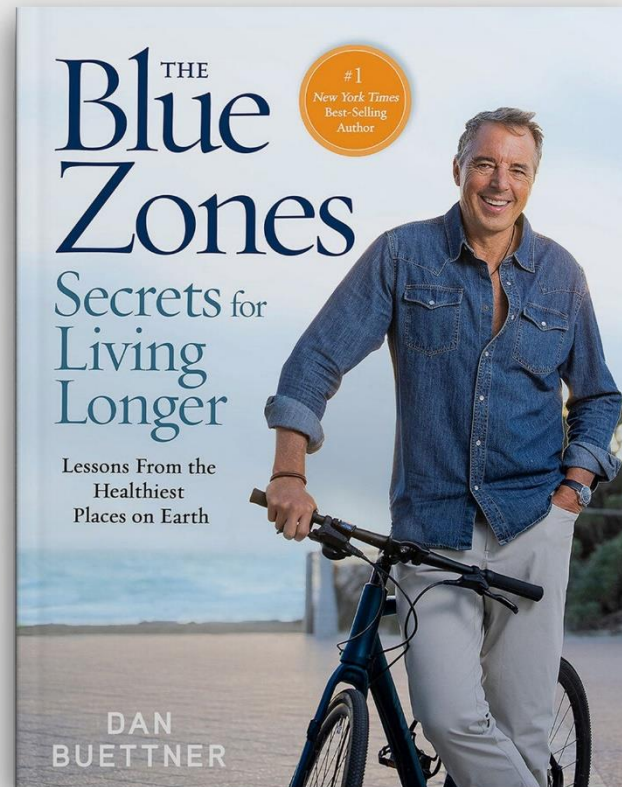
Elderspeak




**IS RETIREMENT
HEALTHY?**

The Blue Zones Project

- Eating Well
- Moving your body
- Having a purpose
- Social connection
- A sense of belonging
- Being near family





The Myth of Successful Aging

- Aging and development are transactional and influenced by genotype and how environmental factors get expressed via epigenetics.
- Epigenetics driven by external and internal influences – stress, poverty, pollution, trauma.
- Unreasonable to place successful aging onus on the individual.

The Anti-Aging movement

- Eliminating or reversing the appearance and effects of aging.
- 1993 – American Academy of Anti-Aging Medicine A4M – fight or battle to end aging. WHO supported the idea that aging was a disease to be treated and conquered and is considered a disease via the ICD 11.



Subtle Ageism

Presumption of decline

- Presumption of irreversibility
- Failure to recognize resiliency
- Enforced protectionism
- Suspension of basic civil rights (“...This is for your own protection.”)



We can learn from Women of Color

- Black women are less likely to use anti-aging products due to a stronger, more positive relationship with elderhood in a subculture where looking older is indicative of status and power.

Elderhood –
a better
term for
later life (vs
retirement).

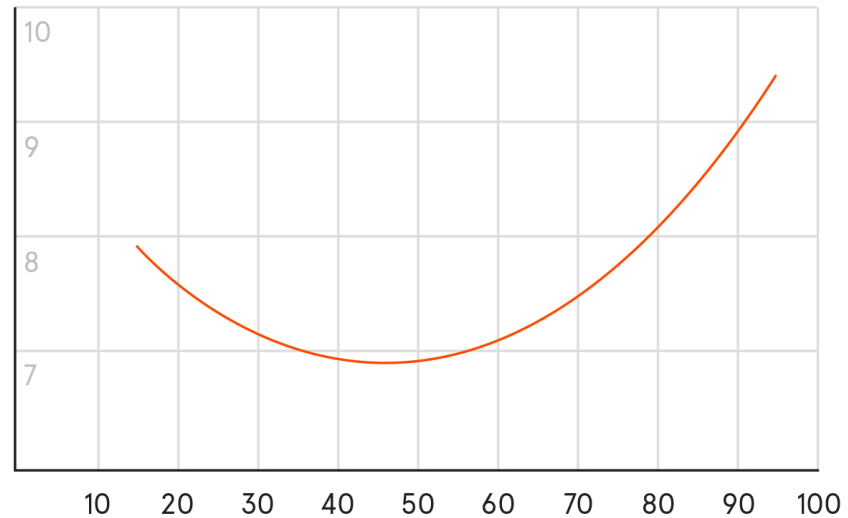
- Growth oriented
- Who I am now and who am I becoming?
- Retirement fails to capture a universal expectation of growth and contribution, but elderhood does.



**WHAT DO YOU WANT
YOUR ELDERHOOD TO
LOOK LIKE?**

The U Curve of Happiness

How Americans Rate Their Happiness, By Age



SOURCE: "HAPPINESS, STRESS, AND AGE: HOW THE U CURVE VARIES ACROSS PEOPLE AND PLACES," JOURNAL OF POPULATION ECONOMICS, JANUARY 2017

NEO.LIFE

MO Ombudsmen

The State of MO Ombudsman website also provides all the LTC updates and guidance for future reference.

<https://health.mo.gov/seniors/ombudsman/>

For more info on KCMO advocacy:

Angela Barnes, Scott Rowe
Mid-America Regional Council
600 Broadway
Suite 200
Kansas City, MO (64105-1536)
(816) 474-4240
FAX: (816) 421-7758

www.marc.org/

Tips for Staying Emotionally Resilient When Working in Healthcare



Get antidepressant exercise and do it outside



Have as much face time as you can with people that fill you up



Protect sleep above all else



Start a mindfulness/meditation/yoga/prayer life habit and encourage an emotional connection to a higher power



Find meaning in pain/hardship/trauma



(Influenced heavily by Dr. Stephen Ilardi, KU Psychologist and Depression Researcher)

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Questions?

Thank you!

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