

## Introduction

### Key terms:

- Older adults (OAs): adults 65+ years old
- Examples of age-based stereotypes about OAs: “frail”, “slow”, “forgetful”<sup>14</sup>

### Among health professionals...

**77.4%**

- Do not recognize age-based stereotype threat as having more than a moderate effect on OAs' cognitive performance<sup>18</sup>
- Are more likely to attribute underperformance to other internal and environmental factors<sup>18</sup>

### Age-based stereotype threat (ABST)

- A disruptive psychological state that OAs experience when they feel at risk for confirming a negative age-based stereotype<sup>2</sup>
- Negatively impacts OAs' cognitive performance
  - Underperformance on the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA)<sup>15</sup>
  - Increased likelihood of falling below screening threshold for predementia<sup>15</sup>

The site: The Tufts University meta-Cognition and Applied Memory Lab<sup>16</sup>

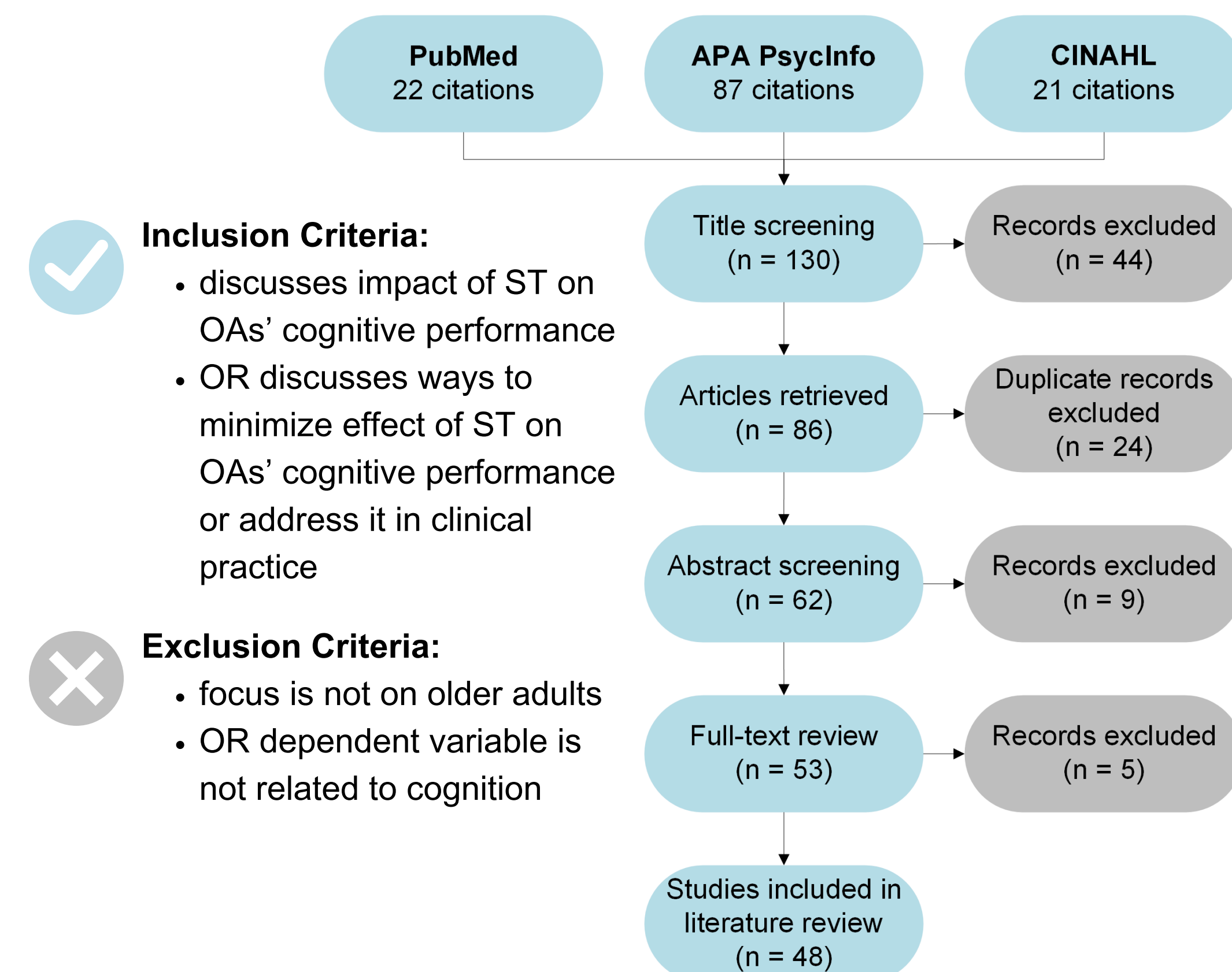
**Purpose: To investigate and address the impacts of healthcare setting stereotype threat (ST) activation on older adults' memory and cognition.**

**Aim 1: Conduct a literature review**

**Aim 2: Educate clinicians and make recommendations for practice**

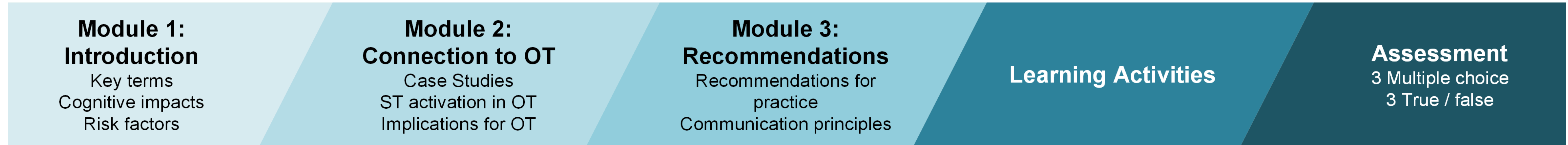
## Aim 1: Literature Review

### Literature search protocol



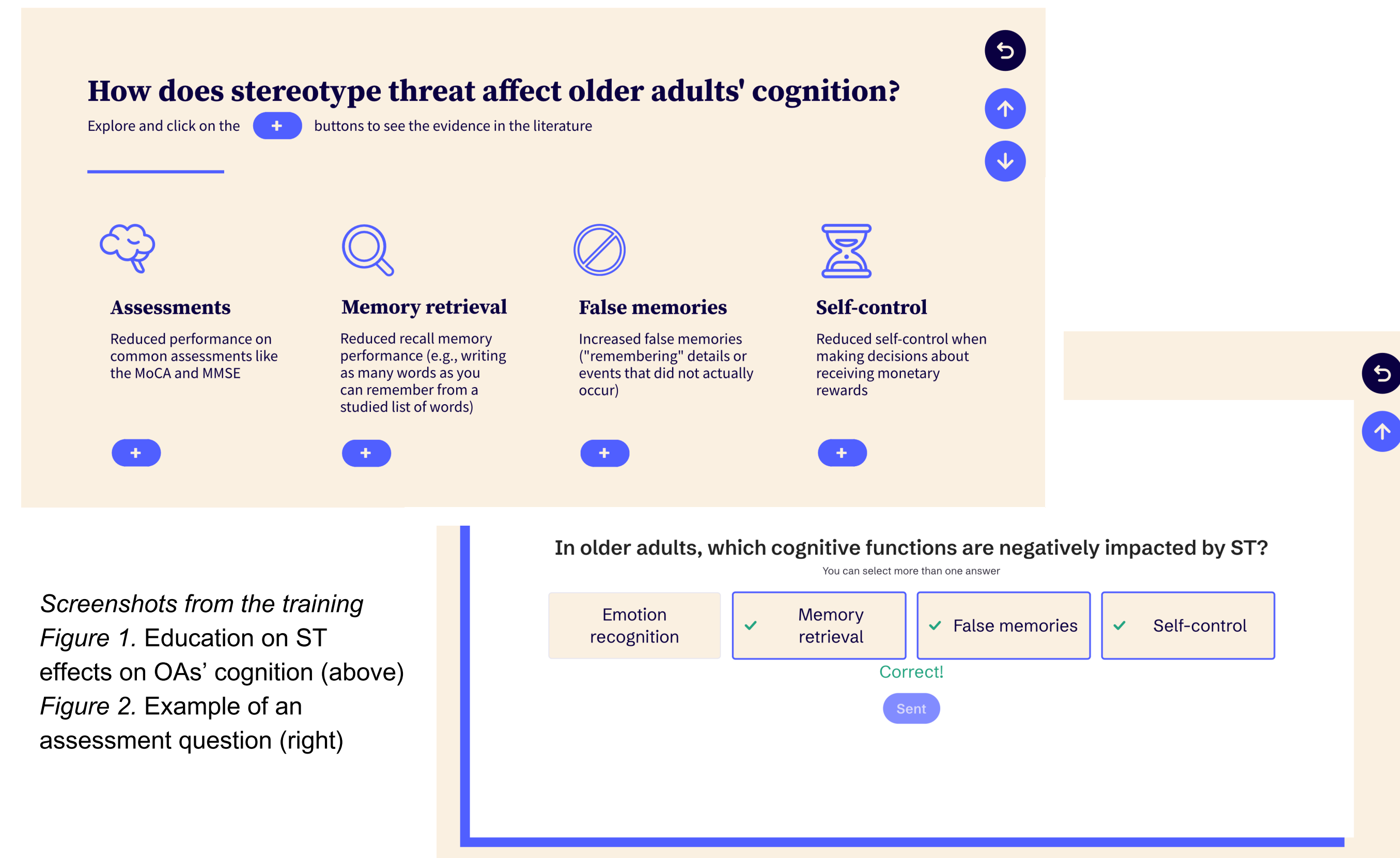
## Aim 2: Educational Materials

### Structure of the interactive training



**Multifaceted approach**<sup>17</sup> : Interactive training and a corresponding infographic based on the literature

- Three learning modules, followed by learning activities and an assessment
- Describes 5 common ways that clinicians may activate ABST
- Provides 12 recommendations for minimizing ABST in practice
- Infographic may be downloaded at the end to be used as a quick reference in the future



*Screenshots from the training*  
Figure 1. Education on ST effects on OAs' cognition (above)  
Figure 2. Example of an assessment question (right)

### Ways that clinicians may unknowingly activate stereotype threat

- Asking clients to state or write their age or date of birth<sup>10, 11</sup>
- Giving clients informational materials linking cognitive decline to aging<sup>1</sup>
- Expressing negative views of aging<sup>5</sup>
- Telling clients that there are age-based differences in performance on cognitive assessments<sup>13, 15</sup>
- Adding time pressure to cognitive tasks<sup>8</sup>

### Recommendations for practice

Person	Environment	Occupation
<ul style="list-style-type: none"><li>Promote <b>positive self-perception of aging</b><sup>5</sup></li><li>Build <b>self-efficacy</b> through easier tasks first<sup>8, 19</sup></li><li>Foster <b>individuation</b>: ask clients about themselves as individuals<sup>6</sup></li><li>Remind clients of <b>positive cultural values</b> about OAs<sup>21, 13, 15</sup></li><li><b>Patient education</b> about ST</li></ul>	<ul style="list-style-type: none"><li>Build <b>rapport and trust</b> with client</li><li>Reduce <b>time pressure</b><sup>8, 11</sup></li><li>Turn off TVs and remove magazines and other <b>materials that may induce ABST</b><sup>1, 3</sup></li></ul>	<ul style="list-style-type: none"><li>Avoid asking clients to <b>state or write their age</b><sup>10, 11</sup></li><li>Tell clients their <b>performance will be discussed</b> afterward<sup>9</sup></li><li>Instruct clients to “<b>minimize mistakes</b>” rather than “answer correctly” on a cognitive assessment<sup>4</sup></li><li><b>De-emphasize memory and cognition</b> components of tests<sup>3</sup></li></ul>

## Refinement

### Draft of training was distributed to gather feedback

- Sample: 31 third-year occupational therapy students in the Tufts University Department of Occupational Therapy
- Six students completed the training and provided feedback through a Qualtrics survey

100%

“agreed” or “strongly agreed” that the graphics and information were accessible and accurate

83.3%

reported that they were at least 70% likely to use the recommendations from this training in fieldwork and practice

### Challenges

- Unclear information and challenges with using the training
- High number of incorrect answers on some assessment questions

### Adjustments

- Revised information for clarity, reinforced through learning activities
- Added instructions for using interactive elements and navigation tools, increasing usability of the user interface
- To support learning, the assessment was revised to provide immediate feedback, and each question is repeated until answered correctly

## Discussion

Limitations: language and examples are most applicable for occupational therapists (OT); however, the lessons are still applicable to other allied health professions.

### Recommendations for future development

Feedback from licensed OTs  
Pre- and post-surveys of clinicians  
Efficacy for changing practice patterns and client outcomes



Scan for  
training,  
infographic,  
and references



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