

MINIMIZING STEREOTYPE THREAT IN GERIATRIC CARE



WHAT IS STEREOTYPE THREAT?

The worry about confirming negative stereotypes related to one's social identity, which in turn often leads to underperformance in the area of perceived threat. Many older adults worry about their healthcare providers judging them as forgetful and declining cognitively.

COGNITIVE IMPACTS

- Impaired free recall
- More false memory formation
- Reduced self-control
- Underperformance on MMSE and MoCA

HIGH RISK FACTORS

- Negative self-perceptions of aging
- Higher level of education
- Less positive intergenerational contact



STEREOTYPE THREAT CAN BE CAUSED BY...

- Asking clients to report their age or date of birth
- Giving clients informational materials linking cognitive decline to aging
- Expressing negative views of aging
- Telling clients that there are age-based differences in performance on cognitive assessments
- Adding time pressure to cognitive tasks



IMPLICATIONS FOR OT

Impaired provider-client trust
Healthcare avoidance
Increased risk for false positive diagnoses of predementia

ADDRESSING STEREOTYPE THREAT WITH THE PEO MODEL

PERSON



- Promote a **positive self-perception of aging**
- Build **self-efficacy** before cognitive testing through easier tasks
- Foster **individuation** by asking the client about themselves as individuals (e.g., their hobbies, values, personality)
- Remind clients of **positive cultural values about older adults**, when relevant
- Provide **patient education** to warn clients about stereotype threat

ENVIRONMENT



- Build **rapport and trust** with client
- Reduce sources of **time pressure** (e.g., by positioning client to face away from clocks)
- Remove books, pamphlets or other materials in the environment with **images or language that may induce stereotype threat**

OCCUPATION



- **Avoid asking clients to state their age.** Refer to client's charts to find this information instead
- Increase **motivation and accountability** by telling clients that their performance will be discussed with them after the assessment
- Reframe the task by instructing clients to do their best to **“minimize mistakes”** rather than “answer correctly” on a cognitive assessment
- When describing a test, **de-emphasize the memory and cognitive components**