ETHICS ADHERENCE AS A PREDICTOR OF AGE BIAS IN SOCIAL WORK PRACTICE WITH OLDER ADULTS

by

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(ABSTRACT)

The purpose of this study was the examination of age bias in social work professionals who have direct and influential contact with a growing segment of the population: older adults. Those who work most closely with older people may be at risk for age bias, although much of the research on age bias has been conducted with students rather than with those who work with older people. This study adds to the research on prejudice; the sources from which attitudes, values, prejudices, and stereotypical thinking arise were addressed. Key experiences with older individuals were found to predict age bias.

Because social work ethical principles closely align with conditions known to reduce prejudice, it was hypothesized that higher ethics adherence would be associated with less age bias. Specific experiential factors were found to influence prejudice toward older people. Influences from family beliefs and from television and other media were associated with a non-biased attitude, as were influences from caregiving to older people. These sources of one's values and beliefs about older individuals were also found to predict the extent of one's knowledge of aging processes. Although ethics adherence was not a predictor of age bias, the discovery of the influence of family beliefs, media portrayals, and caregiving experiences revealed a need for awareness of ageist beliefs in a professional population that works extensively with older adults.

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CHAPTER I

OVERVIEW OF THE STUDY

Will you still need me
Will you still feed me
When I'm sixty-four?
(McCartney, 1973)

In contrast to Mr. McCartney's implication, most people remain quite viable, self-sufficient, and productive in present-day society, at age 64 and beyond. In contrast to widespread beliefs about aging and being old in Western society, most old people do not live isolated, functionally impaired lives typified by cognitive or personality declines, or by failing intellectual abilities (Zarit & Knight, 1996). In fact, the individual uniqueness among older people along many dimensions is as pronounced as diversity among individuals at younger ages, if not more pronounced (Binstock, 1992). One's personality remains relatively constant throughout the life span, and earlier theories proposing expectations of depression or other psychological distress disproportionately among elder members of society have now been largely discredited (Birren & Schaie, 1996; Fisher, Zeiss, & Carstensen, 1996). As has been well documented, the problem with inadequate or inaccurate information about aging is its tendency to promote stereotypical thinking, resulting in ageism or negative attitudes toward aging (Aday & Campbell, 1995; Vasil & Wass, 1993; Palmore, 1988). Robert Butler and others studying prejudice against older people have termed this phenomenon "ageism" or "age bias" (Butler, 1994). The purpose of this study is the examination of age bias in a professional population that has direct and influential contact with a growing segment of the American population: older adults.

Researchers have suggested that those who work most closely with older people may be at risk for holding negative attitudes toward older people, due to their increased exposure to those who are ill and infirm (Adelman et al., 1991; Kirk, 1992; Lookinland & Anson, 1994). However, many of the studies on age bias were completed with samples of nursing and other medical students, but very infrequently with those not in a medical field, or with those who are no longer students and already practicing with older people. Investigation of the views of social work practitioners towards older adults could expand understanding of the connection between working with older adults and types of attitudes held towards older individuals, because they differ from previous study participants in several ways. Many social work practitioners assist older adults who are not necessarily frail or incapacitated; although some work in medical settings, they are not considered to be medical professionals in the same way that nurses and physicians are. Secondly, they are professionals, not students.

Age bias is used here synonymously with prejudice, as a particular form of destructive thinking aimed at older individuals. The root of the term "prejudice" stems from the concept "pre-judgment", which is an early and more neutral meaning of the concept. Today's usage of the word prejudice is likely to denote a negative prejudice or bias, stemming from the roots of the civil rights movement of the 1960s. However, negativity was not inherent in the original meaning.

Prejudice, from the original perspective, then, is a common and logical outcome of normative cognitive processes (Allport, 1954; Katz, 1960; Levin & Levin, 1980). As an infant learns to distinguish his or her own personality from that of another individual, images become

"like" the infant or "unlike" the infant. This simple discrimination of objects and others sets the stage for prejudicial thinking and establishment of concepts related to in-group and out-group status in the mind of the developing individual (Erikson, 1952; Piaget, 1949). The process of separation-individuation, by which individuals further distinguish the autonomous, independent self (Walsh, 1982), similarly solidifies the development of a concept of self and other. One question embedded in the present research surrounds the way in which some individuals become racially or age prejudiced and others do not. Perhaps the life experiences of the individual play a role.

Relevance to Social Work and to Other Human Services Professions

Age bias, if exhibited by practicing professionals in the field of social work, as well as in other disciplines, is important to many aspects of human services practice, research, and education. Age bias inhibits social workers' and other professionals' seeking or accepting positions involving work with older adults, and is related to the lack of gerontology-related courses within the social work curriculum (CSWE, 2001; Damron-Rodriguez & Lubben, 1997; National Institute on Aging [NIA], 1987; Peterson & Wendt, 1990). Demographic trends (Myers, 1992; Rosen, 2001) predict large increases in the population of older adults and suggest the need for professionals who are interested in and committed to working with elders (Read, Beall, & Baumhover, 1992). Specifically, social work professionals will be in increasing demand to assist older individuals and their families.

A related consequence of age bias in human services personnel is the potential for misdiagnosis or mishandling of services needed by older individuals. Even if the bias is "positively" oriented, it could lead to problems for elderly clients. For example, social workers could under-emphasize disability in an older client, denying the full range of human services interventions available to the person. Age bias could result in a social worker's misunderstanding of a client's actual ability, precluding autonomy and self-determination.

A significant number of social workers come into contact with older individuals and need basic skill and knowledge to responsibly work with a growing aging population (Damron-Rodriguez & Lubben, 1997; Reed, Beall, & Baumhover, 1992). A decrease in ageist thinking enhances professional competence, adds to self-awareness, diminishes stigma in working with older people, and makes infusion of gerontology into social work education more likely (Rosen, 2001). Although factual information is conducive of appropriate treatment with older people, knowledge alone does not assure non-biased attitudes. Thus, any bias can impede the appropriate client services.

Age bias potentially affects many individuals. Although the numbers of older individuals with significant medical problems are expected to increase dramatically by 2020 (Kinsella, 1996; Lookinland & Anson, 1994), a substantial number of older individuals will also enter new decades of health and vitality. Older individuals and their family members currently use social work services frequently (Rosen, 2001), and the elimination of age bias in a population of aging-oriented practitioners is of import to the individuals involved as clientele. Given the wide range of services that social workers provide and the dearth of training in gerontology, they are a particularly important group to investigate with respect to attitudes about old people. Although some research exists about adult attitudes toward aging and toward working with older adults (Robert & Mosher-Ashley, 1999; Shoemake & Rowland, 1993), the most frequently investigated practitioners are nurses, physicians, and other health care professionals. Second in frequency of research have been psychotherapists and other mental health clinicians, and much of this

research pertains to optimal treatment effect in relation to attitudes toward client characteristics, including age (Zarit, 1998), although such research often addresses age only secondarily.

In summary, I examined factors relating to attitudes toward aging in ways that previous studies have not, by focusing upon the practitioners of social work, as most prior studies have focused upon medical (particularly nursing) professionals. Secondly, this study addressed the attitudes of practitioners already working in the field, in contrast to most earlier studies that examined students. Third, an additional variable was added to those most frequently associated with age bias; ethics adherence was examined in a population whose professional goals include the avoidance of, and even the eradication of, prejudice.

Experience, Ethical Standards, and the Contact Hypothesis

Attitudes, values, prejudices, and stereotypical thinking arise from several sources (Borgatta, 1991; Hummert, 1994). Prior experience or lack of experience with a particular group is one of these factors (Gergen, 1991; Menec & Perry, 1995; Palmore, 1998). As with other individuals, experiences that may have had an effect on a social worker's attitude toward elders include early emotional ties to an older family member, caregiving experiences, close relationships with teachers or other community professionals, or having been raised or cared for by an older person. Several investigators have identified contextual factors that are associated with attitudes toward aging and toward older individuals. In addition to close relationships and experiences, age, gender, educational level, ethnicity, and types of educational courses attended are implicated in the formation of ageist attitudes (Aday, Sims, & Evans, 1991; Giardina-Roche & Black, 1990; McCabe, 1989).

As the purpose of this study was to examine factors that may influence a social worker's prejudice toward older people, three essential factors examined here were: (a) attitudes reinforced by myths and stereotypes, (b) experience with elders prior to working with them in community agency settings, and (c) age bias. In addition to general knowledge of aging processes and experiential components of attitude formation, certain conditions of contact are known to reduce the probability of prejudice. The ethics code of the social work profession contains elements closely resembling the conditions of contact that reduce prejudice. In this research I added an examination of ethics adherence to the study of life experience and knowledge in regard to age bias.

The practitioner's adherence to the profession's ethical standards is the focus of this study, as ethics adherence is reflective of conditions associated with reduced prejudice. Because the social work profession's ethical standards closely align with the conditions shown to reduce prejudice (Table 1), the practitioner's adherence to ethical standards is expected to closely approximate adherence to conditions known as the Contact Hypothesis (Allport, 1954). The Contact Hypothesis is a set of conditions considered conducive to lessening of prejudice, in this case, to age bias. The Contact Hypothesis suggests that, although contact alone is not sufficient to reduce prejudiced attitudes, contact that includes a substantial duration of time, collaborative effort, voluntary association, and the support of a system's authority does have an effect on prejudice (Allport, 1968).

Table 1
Conditions of Contact and Corresponding Social Work Practice Principles

Condition of Contact	**Corresponding Social Work Principle**
Voluntary association	Self-determination, client choice
Intentional bias reduction	Self-actualization, social justice
Authority support	Professional sanctions, organizational standards, ethical standards
Reciprocity	Self-determination, person-in-situation, client-directed service provision
Collaboration	Unconditional positive regard, non-directive stance, human growth and development

Following the precedent of racism and sexism studies (Ackerman & Jahoda, 1950; Criswell, 1944; Eakin, 1939; Kluckhohn, 1945; Lasker, 1929), an underlying premise of this study was social workers' simple membership in and self-perception as part of an in-group: an in-group composed of younger individuals. In this usage, "younger" pertains to the fact that most social workers are younger than clientele aged 65 and above. U.S. Census data shows that most social workers in agency and private practice are under the age of 55 (U.S. Census, 2000). I also expanded theories of prejudice that previously have emphasized racism, and extended them to the examination of age bias, using the same principles and premises.

Because social workers are reared from a variety of backgrounds and with varying family and cultural practices, they may hold a variety of beliefs and attitudes. Because most social workers are younger than age 55, they are part of an in-group that is not “older people”. For this reason, social workers are expected to exhibit ageist ideas to approximately the same extent as the general population. Approximately 25-27% of the general population exhibits age bias (Palmore, 1988). If membership in an in-group can be overridden by the principles of the Contact Hypothesis, and if ethical standards approximate principles of the Contact Hypothesis, then higher adherence to ethics behaviors can be expected to be associated with a low degree of age bias.

Of note, two paradoxical concerns arise in the study of age bias as a prejudicial stance. First, a bias against aging essentially becomes a bias against oneself at some future date, as most people hope to achieve an old age. Second, while social workers grow up and are raised by parents and other caregivers who have all of the potential range of biases and prejudices, erroneous assumptions about out-groups, and other erroneous judgments, the social work profession specifically prohibits ageism, racism, sexism, and other prejudicial stances. One can ask, then, whether social workers tend to deny their prejudices (as research has shown that most people do) (Allport, 1968), overcome their prejudices, or are simply unaware of existing prejudices. My intention in this study was to uncover the forces at work in a profession that purposely offers community and counseling services to an out-group, older adults ("them"), while advocating a non-judgmental and non-prejudicial stance among practitioners ("us"), within the boundaries of the profession.

Membership in this particular in-group (being younger than those who have reached some culturally defined "old" age) comes about as an ascribed status (one becomes and stays a member of the in-group without conscious effort). However, as noted above, that status will change eventually to the out-group (older people) itself. Research into sex-role issues (another ascribed status, for the most part) and in-group perceptions of individuals of one or another

gender may be useful in the study of ageism. Research has shown, for example, that in-group traits (sex differences) that do exist are greatly exaggerated for maintenance of in-group identity and membership (Allport, 1978; Pettigrew, 1981). In fact, differences between in- and out-groups are often exaggerated, rationalized, and projected for the specific purpose of defending one's stance or status within the in-group, and are often not significant to the degree to which the individual surmises.

As the purpose of this study was to examine relationships among specified factors integral to a social work professional's prejudice toward older people, three essential factors were examined. They are attitudes reinforced by myths and stereotypes, experience with elders prior to working with them in community agency settings, and age bias. Life experiences that helped to shape the individuals' values and beliefs, adherence to one's professional ethics, and knowledge of aging were examined here to determine the relationship among these variables and age bias.

Details of the Contact Hypothesis

Three concepts are commonly associated with known prejudice toward one's elders. Knowledge of aging processes, attitudes toward aging, and experiences (contacts) with older people are all related to feelings about older people (Kline & Kline, 1981; Palmore, 1999). The Contact Hypothesis is an extension of theories of prejudice and is based upon certain conditions that appear to foster reduction in prejudicial attitudes and behaviors. Although the Contact Hypothesis has been tested with racial and sex bias, it has not been specifically tested with age bias. The hypotheses below support the premises of the Contact Hypothesis, which states that to be meaningful in prejudice reduction, contact with the individual who is the target of potential prejudice is not adequate alone (Allport, 1954; Katz, 1991; Pettigrew, 1982; Tollefson, 2000). Rather, the contact must have certain qualities, and social work ethical standards mirror these conditions of contact, as delineated in Table 1. The Literature Review contains a full description of the Social Work Code of Ethics.

The Research Questions

The research questions surrounding age bias are:

1. Is the prevalence of age bias toward older people among a deliberately selected sample of social work practitioners the same as age bias in the general population?
2. What contextual or experiential factors are related to knowledge of aging processes?
3. To what extent do ethics adherence and key contextual variables predict age bias in social work practitioners?

Hypotheses

The hypotheses derived from the literature in relation to these research questions are:

1. Specific contextual or experiential factors explain variation in knowledge of aging processes. Family and social-relational influences, television and other media influences, and care-related experiences are significantly correlated with knowledge about aging. The more extensive the early-life influences, the more accurate the knowledge of aging.
   - 1a. The more extensive the family contact with older adults, the more accurate the knowledge of aging.
   - 1b. The more exposure to images of aging on television and in other media, the less accurate the knowledge of aging.

1c. The more experience with caregiving or care-receiving, the more accurate the knowledge of aging.

1d. The more exposure to older people with variation in cognitive processes, the more accurate the knowledge of aging.

2. Ethics adherence, in the presence of experiential factors, predicts a non-biased attitude toward older adults. (Researchers have shown that knowledge alone does not reduce prejudice. Neither education nor contact alone reduces prejudice. Controlling for contextual factors, ethics adherence will be the factor that predicts age bias.)

CHAPTER II

LITERATURE REVIEW

Knowledge of Aging Processes

The degree to which social work practitioners understand age-related changes is important to effective work with elders and their families. Having accurate knowledge of aging will enhance social workers' ability to assess clients' actual change or decline (or growth and improvement), and will make basing interventions upon erroneous assumptions less likely. A more accurate assessment of clients' needs and capabilities will result in greater client autonomy and better services to older clients overall. Although older adults do experience age-related changes in physical and social functioning and in cognitive ability, such changes in older adults are highly variable from one individual to another, and changes across populations are not readily predictable (Abeles, 1997; Butler, 1994).

Because research has shown that social service interventions that are effective with younger adults are also generally effective with older adults (Abeles, 1997; Zarit & Zarit, 1998), interventions need not always be adjusted simply due to the client's chronological age. It is important, therefore, that social work staff in community agencies and others who work with older adults in day-to-day interactions have adequate, accurate information about age-related changes and about typical processes associated with aging. They must also be knowledgeable about developmental aspects of aging. When so informed, it seems reasonable that human services workers would be better able to judge the feasibility of customary interventions or whether processes of normal aging dictate a modified approach. Such simple changes as using lighting fixtures with reduced propensity for glare can alleviate problems associated with age-related changes in eyesight. Even a simple environmental adjustment could have a significant influence upon the facilitation of desired outcomes in worker-client interventions (Zarit & Zarit, 1998). It is equally imperative that those working with elders have an understanding of myths, stereotypes, and erroneous beliefs about aging in order to avoid inappropriate interventions when working with elders, and instead, to apply accurate assumptions and principles in practice with aging individuals, their families, and their communities.

Because knowledge of a subject is closely related to positive or negative attitudes toward a subject (Kane, 1999; Palmore, 1999; Zarit, 1998), I secondarily assessed practitioners' knowledge of specific aging processes in this study of attitudes and preferences. Relationships between knowledge of aging processes and attitudes toward elders are generally accepted as positive; the more extensive the knowledge of aging, the more positive the attitude toward older people (Palmore, 1999). Therefore, I did not undertake a redundant study of general knowledge, but instead expanded to the social work profession the examination of adherence or agreement with the principles embedded in the profession's ethical standards, and the ways in which that adherence relates to age bias. A brief discussion of knowledge, experience, ethics, and age bias is relevant here to an understanding of the interactive aspects of these three factors.

Knowledge and the Risk of Age Bias

Several nationwide surveys have shown that beliefs about aging processes are often inaccurate but widespread (Palmore, 1999). The reality of old age is often very different from the expectations, and erroneous positive expectations typically included the anticipation of more travel, more hobbies, and new skills that did not materialize for the individuals surveyed (Aitken & Griffin, 1996). Negative expectations that are sometimes higher than the actuality of

experienced events include the expectation of being less active, having serious illness, not getting Social Security, not being able to drive, not getting medical care, having trouble walking, losing bladder control, and becoming senile and dependent in later life (Aitken & Griffin, 1996; Palmore, 1999). The elimination of such positive and negative stereotyping is essential to the promotion of accurate, informed beliefs and understanding of aging processes.

Life Experience with Older People

As the population ages and individuals live to later ages, due in part to medical advances, it is increasingly important to understand the reasons that community agency practitioners enter gerontology-related fields or prefer to work with older adults. Those entering such fields often attribute their interest to early experiences with elders, and to intrinsic values rather than extrinsic values. For example, many who work in human services fields note that they value altruism and creativity over financial gain or environmental conditions (Ben-Shem & Avi-Itzhaks 1991). Parental and other older adults' influences also play a role in career selection (Eigen, Hartman, & Hartman, 1987; Shumrum & Hartman, 1988), so it is important to discover any relationship of other older adults' influence upon career choice in fields of human services. This study addresses this aspect of early experiential influences.

As prior studies have repeatedly shown, academic education in gerontology alone does not promote definite career choice, although classroom education coupled with field experience does promote such choice (Davis-Berman & Robinson, 1989; Greenhill, 1983; Kayser & Minnigerode, 1975). It seems reasonable, then, that the type, frequency, duration or other aspects of prior experiences with one's elders may also have a similar effect upon one's biases or prejudices that have been formed around aging. This study examines that specific aspect of experience with elders more closely than has been explored by researchers to date.

Experience with Elders as Predictive of Age Bias

Experience may well be an additional factor in forming attitudes toward aging and therefore in promoting or diminishing the effects of attitudes toward aging. As attitudes are considered to be learned behavior (Palmore, 1988), they can be learned in various ways and assimilated to various degrees. One aspect of learned behavior recently studied includes the ways that experience ameliorates the development of stereotyping and negative attitudes toward various groups (Lookinland & Anson, 1994). Learned behavior is also associated with a "culture of prejudice" and therefore is subject to varying degrees of exposure to an element or subject of stereotyping (Parsons, 1965). Much of the previous research of experience as a factor in attitude formation and beliefs about groups of interest has been conducted with students or health professionals (Aday & Campbell, 1995), but not specifically within the field of social work and among social work practitioners. Despite the dearth of research within the field of social work, social work practitioners are among the primary professionals attending to the needs of older individuals. Overall, early experiences are imperative to value-formation (Allport, 1954). This study, therefore, targets the early aging-related experiences of social work professionals.

Social Work Ethics

Adherence to the ethics of the profession is equally integral to social work practice. Ethics guide the practitioner in "new territory" and present a framework from which to intervene equitably and with unconditional positive regard for clients' lifestyles, therapeutic and instrumental needs, and preferences. Interestingly, the ethical standards of the social work profession closely approximate those conditions considered conducive to prejudice reduction, as detailed below. For this reason, the conduct of the profession of social work lends itself to an

inquiry into the ways that adherence to the ethical standards relate to levels of prejudice. Some of the more prominent ethical standards and their similarities to the conditions of the Contact Hypothesis are outlined in the following section.

Attention to moral and ethical issues in personal and professional life are increasingly evident in news media, research, education, and human services practice today (Mattison, 2000). Concern about professional ethics focuses upon what is considered to be the best course of action given the complexity of modern life. New medical technologies, the ability to provide services, the origins of services, and other factors are of great interest to an aging population. As ethical decisions are intricately linked to daily practice, an examination of prejudice or bias toward any segment of the population is timely. A basic premise of the practice of social work is found in the concept known as "person-in-situation". This concept promotes the identification and assessment of each client as an individual, rather than a member of some pre-conceived group or aggregate of characteristics. Person-in-situation demands the acknowledgment of the client's environment as influential in problem-formation and problem-solution. Professional ethics also promote client self-actualization, a collaborative approach to social work interventions, and attention to social justice. These concepts closely adhere to the conditions set forth in the Contact Hypothesis, and are examined here individually.

Conditions of the Contact Hypothesis and Relevance to Social Work Ethics

Human cognitions are based upon connections, linkages between constructs, and categorizations (Katz, 1960; Kirk, 1992; McCabe, 1989). The human brain forms clusters and classes of objects and ideas, and eventually all new ideas or discoveries are classed or categorized according to information already stored, or knowledge already acquired. The process of categorization predisposes an individual's thinking toward relating new information to already-stored information or categories. Such categorizing helps people to quickly absorb and relate information, store memory, and retrieve information in a systematic and orderly way. Categories are both intellectual and emotional: they store both facts and feelings. For this reason, a category such as "old people" might contain all the individual's notions about the accumulated information about anyone fitting the "category" of "old", whether individually, in group format, or more collectively as a concept.

One way that these categorizations have been described is found in the sociological constructs of "in-group" and "out-group", part of the reference group model of prejudice theory (Allport, 1968; Pettigrew, 1979). Gordon Allport's career-long study of factors promoting prejudice and prejudice reduction are applicable in examining age bias and attitudes toward aging and older people. In its simplest form, prejudice is defined as an erroneous and inflexible assumption held about one's out-group. An in-group is defined by sociologists as any group in which one considers oneself part of the "us", and uses the terms "we" or "us" with the same essential significance (Allport, 1968). An out-group, similarly, is considered any group or collection of individuals not to be considered part of "us". Some early sociologists related the in-group/out-group dichotomy to conflict and tension between the groups (Pettigrew, 1979), although this stance has been questioned prevalently by current sociologists (Pilkington & Lydon, 1997; Schaller, 1995). The "conflict against an out-group" school of thought purports a need to defend against a common enemy, as opposed to the more current assumption that group solidarity in and of itself is sufficient cause for in-group preference. It appears reasonable that the latter explanation can contribute to younger individuals' age bias and consideration of self as part of an in-group of younger (or "not old") individuals. If we accept the idea that a group to whom we include ourselves as part of the "we" (younger people) is an in-group, then the naturally-

occurring out-group becomes older people. This assumption is based only upon the premises of prejudice and reference group theories, and does not, for the purposes here, extend to the political, moral economy, and other socio-cultural theories that also address, to some extent, age bias in Western society.

The Contact Hypothesis, an aggregation of concepts developed in the 1950s by leading sociologists and students of racial prejudice, states that certain conditions of contact promote the reduction of prejudice (Allport, 1968). Several aspects of contact are necessary to the reduction of prejudice; the spheres of contact include the following:

Quantitative aspects: frequency, duration, number of persons involved, variety
Status aspects: inferior/superior socioeconomic or class status; minority status
Role aspects: competitive or collaborative role, subordinate or superordinate role
Social atmosphere: segregation, voluntary "real" or "artificial" typicality
Personality aspects: prejudice level, security level, threat orientation
Areas of contact: casual, formal, occupational, recreational, political, religious

Conditions of contact necessary to reduce prejudice include voluntary nature of the contact, reciprocal nature of the statuses, collaborative or complementary roles, an integrated social atmosphere, attention to reduction of prejudicial attitudes, and authoritarian support for the prejudice reduction (Allport, 1959). I will examine each of these individually in order to relate each concept to the corresponding social work professional ethic.

The assumptions that prompted the present examination of age bias as a special case of prejudice are the following:

1. ageism exists among social work practitioners as well as within the general public
2. differences between students and practitioners may exist due to several variables differentiating students and practitioners:
   a) actual practice experience
   b) length of time in the field
   c) adherence to ethical standards
   d) the origin of one's values in relation to the above factors
   e) choice of profession following some duration of experience
3. the standards of the social work Code of Ethics directly support the premises of the Contact Hypothesis
4. the origin of one's beliefs are an element of the in-group factor in prejudice theory

Voluntary Nature of the Contact

Social work ethics imply voluntary interaction with the exception of very specific circumstances. The ethical standard of client self-determination relates to this premise by specifying that the client's perceived needs and desires are paramount in the therapeutic relationship. The profession of social work developed from the Judeo-Christian ethic and from ancient civilizations' notions that helping one's neighbor was beneficial to all: the person in need and receiving the assistance, the community at large, and society in general, as well as oneself (Trattner, 2000). Social work services are generally offered on a voluntary basis, with the exception of certain situations such as court-ordered counseling or services offered in the course of protective processes. Even so, the client's cooperation and agreement with the processes is considered crucial for goals to be met and for desired outcomes to occur. This relates to the common assumption that a person can only change when willing to do so, however trite that sentiment may have become. The voluntary nature of the interactions, therefore, is of primary importance, even though the situation that brought the person to social work services might have

been involuntary. This social work ethic closely parallels the condition of the Contact Hypothesis that purports reduction of prejudice only if the contact between the in-group member and out-group member is voluntary in nature.

Reciprocal Status

Within the therapeutic milieu, the client is expected to take full part in problem-solving and personal development. Although the practitioner guides and supports the client, the client has a responsibility to assert his or her needs and to fully participate in solutions to the presenting problem. In some paradigms of counseling, practitioners define clients in terms of "visitors", "complainants", or "customers" (deShazer, 1988; Miller, 1994). The term "customer" applies in a similar manner to the meaning of the term in business transactions: the client offers something as well as takes something from the transaction. In the case of a counseling session, the client does "give" monetarily by paying a fee, perhaps, but also "gives" via creative solutions to the perceived problems, offering ideas of available resources within his or her environment, and suggestions as to the viability of proposed solutions. Thus, there is an implied and overt reciprocity to the role definitions of "client" and "social worker".

Collaborative Roles

Perhaps arising from the concept of reciprocity, the social work ethic also demands the practitioner's allowance of (and even promotion of) the client's own solutions to the presenting problem. Often, the social worker's role is to help organize and help decide the feasibility of these solutions, rather than to directly provide or advise possible solutions. In fact, to do so without the requisite input of the client is seen as antithetical to the social work ethic of allowing self-determination and promoting the client's self-actualization. Similar to the idea of voluntary participation in counseling or resource-related services, the concept of reciprocity implies "give and take" in the therapeutic relationship, rather than a unilateral direction of intervention. For many years and throughout its early history, the profession has struggled with opposing views of "directive" versus "non-directive" counseling practices. Many of the earliest professionals, among them Mary Richmond, a noted advocate of social work as a profession, pointedly considered proper social work practice to address only "casework". Casework was defined as the study of the individual as an aggregate of thoughts, needs, desires, and motivations, with problems requiring a "correction" of errors in these processes (Northen, 1988; Richmond, 1929; Trattner, 2001). This approach can be easily identified as much more directive in nature than the approaches taken by Jane Addams and some other early social workers, who advocated an assessment of the client's environment, social status, economic condition, and other environmental factors while guiding the client through possible solutions to the client's perceived problems. These early practitioners considered the client to be a collection of factors representing a special case of his or her interaction with the environment, rather than a "misguided" individual with erroneous thought processes or weak problem-solving abilities. This thinking led to the development of the well-known settlement houses, some still in existence today, that addressed societal needs in an interdisciplinary manner, whereby sociologists, social work practitioners, economists, literary leaders, and the medical profession pooled efforts and abilities in a conscious attempt to improve social conditions.

Today, very few practitioners adhere to the individual casework orientation and to processes now considered essentially Freudian, outdated, and out of favor in a climate more supportive of client self-determination and self-control promoted by well-thought-out decisions. For this reason, the premises of the Contact Hypothesis appear to correlate closely with social

work ethical standards that promote self-selection of solutions to problems and less direct guidance (but more assistance with insight and true motivations) from the practitioner.

Support by Authority

The Contact Hypothesis posits the reduction of prejudice when the above conditions are present and when these conditions are supported by an authority such as a program supervisor, an institution, or another entity considered to represent authority to the persons relating between in- and out-groups. All of the above ethical standards for social work practice are supported by social work agency authorities, whether within the agency, as supervisory staff, or within professional organizations and the professional community in general. Sanctions such as license and practice suspension are outcomes of violations of the ethical code. The most frequently-occurring ethical sanctions (NASW, 2001) continue to be for those violations that compromise the integrity of the therapeutic relationship, among them sexual or other intimate relationships with clients, inappropriate fee and payment practices, boundary violations, and misrepresentation of one's abilities and specialties. Each of these four violations relate directly to the Contact Hypothesis' tenets of voluntary association, reciprocity, collaboration, and unconditional positive regard (intentional prejudice reduction). The fact that these practices are sanctioned indicates the support of these ethics by agents of authority.

Age Bias and The Importance of Eradicating Negative Stereotypes

In addition to accurate knowledge of aging processes, social workers' attitudes will affect interactions with clients. The profession of social work has a long history of appreciation of self-examination and awareness of one's motives and motivations in working with various populations. The study of origins of attitudes has not addressed attitudes within the field of social work or among social work practitioners, although several studies pertain specifically to counseling or psychotherapy interventions (Muehrer, 1987; Zarit, 1988). Many areas of the field of social work relate to elder care: adult protective services, home health interventions, financial and resource advisement, and individual and family counseling. Clinicians' accurate knowledge and favorable attitudes toward aging can help elders maximize their independence and view themselves as capable and worthwhile. Societal views of elders as less capable or dependent can perpetuate a downward spiral that demeans and devalues older people, contributing to their own perceptions of themselves as less efficacious than they actually are (Bodily, 1991; Mead, 1934), an attitude that is dangerous to society generally.

Type, frequency, duration, and age of early experiences with elders may be important in mitigating the effects of stereotypes or inaccurate information, or of negative attitudes toward elders (Shoemake & Rowland, 1993). Exposure to elders and experience having cared for elders, as well as sometimes having had elders care for oneself, are known to promote a positive attitude toward older people (Gomez, Young, & Gomez, 1991; McKillip, 1980). The literature has shown that education alone does not promote positive attitudes toward elders, although education in conjunction with personal experience does promote such attitudes (Davis-Berman & Robinson, 1989; Dellasega & Curriero, 1991). The results of this study contribute to determining the feasibility and benefits of direct experiential opportunities, field work, or voluntarism in social work education and for those already working in the field.

Social work educators place a good deal of emphasis upon self-awareness and recognition of such factors as "transference" (having feelings about a client that are based on emotional rather than rational or observed traits pertaining specifically to the client). Something in the practitioner's background, such as a positive (or negative) close relationship with an elder grandparent, may arouse similar feelings in the therapeutic relationship with an older individual

who resembles the grandparent. This reaction would be based upon the social worker's feelings and assumptions, and not upon the client's own characteristics, allowing obvious misunderstandings and erroneous interpretations within the therapeutic relationship. Age bias is a concept that particularly warrants such examination.

The United States is a youth-oriented society; print and electronic media--television, advertising, e-mail jokes, stories, urban legends--portray Western society's older individuals as largely dependent, impaired cognitively, or incapable of decision-making (Ferraro, 1992). Age-related stereotypes impair one's personal and professional functioning by obscuring an individual's actual traits and characteristics, and inserting instead arbitrary meanings ascribed to chronological age. Stereotypical or prejudicial attitudes undermine the appreciation of individuality and unique qualities and promote dangerous stratification and inequality in society generally. One of the most important outcomes of prejudice is the power differential noted by Matilda White Riley and others in the explication of age stratification theory (Palmore, 1999; Riley, 1995; Riley & Foner, 1968). One's economic power, health status, and self-esteem are integrally related to one's position in society and to one's perception of that place in the strata. A related premise arising from the socio-environmental theory of aging extends age stratification principles to the devaluation of elders in society, as the "myth of the golden years" (Gubrium, 1973) is characterized as a duality of perception.

One prevalent societal belief allows older people to be perceived as members of a less-advantaged stratum in society, but in apparent contradiction, they are also alleged to be economically solvent and without problems or needs (Gubrium, 1973). Gubrium (1973) proposed that these conflicting beliefs allow, without remorse, the devaluation of the old person. Thus, to address and alleviate these biases and stereotypes toward aging people, research such as the present study can connect attitudes, stereotyped thinking, and the relevance of prior experience with older people as a mechanism for eradication of bias and ageism. The aging of the population demands the recruitment of well-educated workers to careers involving older people. Social workers particularly need to enhance effectiveness of interventions that are based on accurate knowledge, rather than engage in ineffective or destructive interventions based on stereotypes and negative attitudes toward aging. Negative attitudes and stereotypical thinking will at times further reinforce older individuals' poor self-esteem or dependency and their sense of self-efficacy. Instead, social workers, armed with self-awareness, accurate knowledge, and positive attitudes can promote older individuals' independence for as long as possible, both for the person's physical and mental well-being and to reduce or delay costly and labor-intensive forms of care. Another possible benefit to the field of social work can be increased job satisfaction and decreased turnover in aging-oriented work. Much of the literature on working with older people has focused upon reluctance or outright aversion to work in aging. The professional development of practitioners, resulting in better informed individuals working with elders, could also herald decline in a prevalent view that work with older people is not professionally rewarding and is unproductive, unsavory, or futile (CSWE, 2001; Zarit, 1998).

Integration of Culture, Environment, and Social Work Interventions

Social work ethics specifically admonish the practitioner to be aware of cultural, ethnic, gender, and environmental differences among the clientele and between the clientele and the practitioner. The principle known as "unconditional positive regard" requires one's respect for others' lifestyles, beliefs, ethnicity, and cultural norms. Racial and gender prejudice is expressly sanctioned in the profession, and practitioners are advised to refer a client to another therapist when prejudicial attitudes impede the treatment. Because of the profession's attention to self-

examination, accountability for transference reactions and elimination of racial and gender bias, prejudice is considered a significant issue. Prejudice is a prominent consideration in the social work principle of promoting social justice, as well. However, the current Code of Ethics (though revised in 1998) only minimally addresses older people as a category of individuals needing protection from discriminatory practices or prejudicial attitudes (NASW, 1998). This study applies the theory of racial and gender prejudice reduction to aging individuals.

Table 2 identifies and categorizes the major variables of interest in this study, which will improve the understanding of positive or negative attitudes toward aging, experience with one's elders, and preference for working with older people. The study of these phenomena is enhanced by the deliberate introduction of the experiential and contextual factors, and an attempt to discern the unique effects of key factors upon age bias in the population of social work professionals.

Table 2
Conditions of Contact, Ethics, Experience, and Age Bias

Condition of Contact	**Ethics Adherence**	**Experience Variables**	**Age Bias**
voluntary contact reciprocity agency authority status similarity support by authority	self-determination collaboration equal treatment	work tenure education age having been cared for contact with teachers contact with neighbors contact with friends other close contact	age biased non-biased

The literature shows, then, potential associations among conditions of contact, experiences with older people, and ethics adherence. Knowledge of a subject is closely related to positive or negative attitudes, and knowledge of aging is known to be related specifically to attitude. Similarly, individuals with positive attitudes toward aging have attributed those attitudes to positive experiences with older people. Because knowledge alone is insufficient to predict attitudes or bias toward older individuals, experience, ethics, and knowledge was studied in combination to predict age bias. Specific conditions of contact, as shown in Table 2, were expected to be associated with age bias, although only contextual variables were actually related to bias.

CHAPTER III

METHODS

The dissertation research was designed to gather information on the relationships between experiences with older people, adherence to ethical social work principles, and knowledge of aging processes. The pilot study described below was designed to precisely correspond to the methods to be used in the dissertation study, with the exception of the sample selected. Pilot respondents were social work teaching faculty at a small southeastern university school of social work and social work practitioners at a federal medical inpatient facility. However, one would expect social work practitioners and social work faculty in any area of the nation to be familiar with the ethical situations posed and to know the appropriate professional response to each. One would also expect that scores would range similarly to the populations upon which the knowledge of aging test was normed.

The Pilot Study

A brief pilot study was devised to address agency social workers' attitudes toward aging, experience with elder individuals, and any relationship of those variables to social workers' age bias. The pilot study served as a test of the instrument's ease of use, legibility, sample response rate, and internal validity. The results of the pilot were not incorporated into the main study, as pilot respondents are not residents of the four states under study. The pilot study was undertaken in April and May, 2002, and a copy of the instrument piloted, the Social Work and Aging Questionnaire (SWAQ) is attached as Appendix A.

Sample

A sample comprising 30 social work agency practitioners and teaching faculty were asked to respond to the instrument designed to measure knowledge of aging, ethics behaviors, age bias, and types of prior experience with one's elders. Demographic and contextual variables were also survey items. Some of the faculty also conduct therapy practices or community service practices and would therefore have practical experience with ethics decisions, as well as teaching ethics-related concepts. No compensation was offered. Both sets of social workers are accustomed to research enterprises in the workplace.

The data from the pilot study were used to estimate the feasibility of survey methodology for the study's purposes, and elicited feedback from survey respondents regarding the time involved, effort expended, and their perceptions of the questions' validity in the study of this population. For example, feedback indicated that the average time to complete the scales was approximately 12 minutes. Additional suggestions for study inclusion were solicited via open-ended questions such as the following: "Is there anything else you would add to this survey to add to our understanding of your experiences with older people?" Frequently occurring suggestions were then incorporated into the author-developed measures, if suggestions led to support for the change via subsequent review of the literature. For example, wording was changed to improve instrument length and clarity of questions.

Instrumentation

Ethics adherence. Ethics adherence can be evaluated via direct questions regarding one's typical responses to 19 ethically sensitive scenarios to which three- or four-item multiple-choice responses were available. As prejudice is generally denied (Allport, 1979), no overt reference to ethical aspects of the scenarios was made. Rather, most scenarios were posed in a manner that

demanded a response reflecting one's ethical stance. The author-developed Ethics Adherence Scale was used to assess the respondents' behavioral agreement with ethical standards that target older adults. As most common professional sanctions involve boundary violations and breaches of client choice or self-determination (NASW, 2001), and because these issues relate directly to the Contact Hypothesis' principles of voluntary association and reciprocity of interaction, these became the focus of the instrument items. For example, one ethics question was posed in this way: "Under your state laws, mental health professionals must alert adult protective services agencies or other lawful authorities when the professional: (a) suspects elder abuse; (b) sees evidence of elder sexual abuse; (c) perceives imminent threats to an older person; (d) all of the above; or (e) none of the above".

To further refine the assessment of social workers' attitudes toward older people, in this instrument I included phrasing pertaining to an older client, such as " The process of treatment planning for the older client is the task of the: (a) social worker; (b) client; (c) social worker, client, and anyone else the client specifies; (d) agency psychiatrist".

The correct answer to this question would be "c", as the ethical practice in this instance promotes client self-determination and avoids decision-making on behalf of the client. Other choices would jeopardize the client's autonomy, and might indicate age bias, if a social worker assumed that an older client is unable to make decisions independently. Another ethics-based question was "A social worker who attempts to impose her judgments on clients is most likely to elicit clients': (a) acquiescence, (b) cooperation, (c) resistance, (d) appreciation" (SWES Home Study Program Sample, 2001).

Experience. Experience questions were based on elements of contact and experience defined in previous studies by researchers studying the influences upon age bias (Gergen, 1991; Menec & Perry, 1995; Palmore, 1998). Known influences include family biases and preferences, media and other public influences, and experience with older individuals in caregiving and care-receiving contexts (Aday, 1996; Bravard, 2001; Davis-Berman & Robinson, 1989; Dillard & Feather, 1989). An example of an experience item is the following: "I have been involved in giving care to an older person (over age 65). A four-point scale of Likert-type responses included (a) does not apply to me; (b) very sightly applies to me; (c) somewhat applies to me; or (d) very much applies to me".

Experience/contextual items were subject to a range of responses pertaining to agreement or disagreement on a Likert-type scale ("does not apply to me" to "very much applies to me"). Items were not subject to directionality. Examples of questions that were included are "I have had a close relationship with one or more older persons (over age 65) at some time during the course of my life"; "Many of my attitudes about older people come from my family"; and "I have been involved in giving care to an older person (over age 65)". Respondents were also asked about TV-media influences upon their beliefs and attitudes, and about caregiving experiences (Appendix A).

Respondents were asked their duration of work in the professional field, as much of the literature acknowledges some degree of importance of contact with older individuals as indicative of attitudes toward aging (Davis-Berman & Robinson, 1989). Respondents were also asked about closeness of contact with older people; this will add to the literature on this subject. The ethics scale was subjected to reliability measures and factor analysis.

To determine whether these items constituted a single scale or several subscales, a factor analysis of the seven experience items was conducted (Table 3). This factor analysis resulted in a reduction of the data into three distinct and categorically discrete factors. Factor 1 is defined as a

"value source" variable; three experience items loaded to combine one variable that includes family influences, television-media influence, and caregiving. A negative sign in the value-source variable indicates an inverse relationship to variables with which the value-source variable is compared (Howell, 2000). Factor 2, an apparent social-relational factor, includes close relationships with older people in one's experience, and older people who were alert and oriented. Factor 3 is considered an "elder competence" variable, as the care-receiving and elder alertness experience variables were thematically factored together.

Table 3
Factor Analysis and Descriptives for Experience Subscales

Experience Items	Component		
	Value Source	Social-Relat	Elder Competence
Aging values came from family	-.762*	.142	.064
Ideas came from TV-media	.588*	.114	.162
Gave care to older person	.585*	.055	.453
Had close relationship	.055	.775*	.043
Older individuals alert and oriented	.201	.689*	.067
Older individuals able to do for selves	.142	.163	.690*
Received care from older person	.114	.068	.638*
Eigenvalue	1.40	1.26	1.13
M	8.1	6.3	8.4
SD	1.7	1.5	1.9
Range	0-9	0-6	0-8

Knowledge and Age Bias. The Facts on Aging Quiz (FAQ), developed by Erdman Palmore (1988), was the instrument used to assess aging knowledge. This well-established 25-item true-false instrument has been widely used to assess both knowledge of aging facts and processes, as well as age bias. It has been administered to many samples, particularly health care workers and those in the helping professions, including social workers, and it has been revised and normed (Palmore, 1988). The test contains 25 true-false questions pertaining to biological, social, emotional, and psychological traits of older people.

The FAQ also provides indicators of age bias as negative, positive, or neutral (Palmore, 1988). It is especially important to delineate positive or negative bias toward older people among social work practitioners who work with older people, and for this purpose the FAQ was used in its entirety as it combines measures of attitude and stereotypical thinking (Palmore, 1988). The developer of the FAQ and of several scales measuring knowledge of aging per se, Palmore

cautioned that the use of any portion alone of the FAQ to assess attitudes is less reliable than use of the entire scale measuring knowledge of aging and attitude (Palmore, 2001).

The dichotomous age bias score was derived as suggested in prior studies using the FAQ (Palmore, 1988). The instrument's scoring is elaborately calculated by obtaining a subscore of 16 items indicating a negative bias. A subscore for five positive-bias indicators is then summed. The positive subscore is then subtracted from the negative subscore, rendering a "net" bias score. Percentages of items correct are the basis of each subscore, as using the percentage alleviates the problem of the difference in numbers of positive or negative scoring items. The net bias score, then, was reduced in this study to yield either a biased or non-biased factor, which was used in the logistic regression as a dichotomous variable. This has been the usage in prior studies in which the type of bias (negative or positive) was not considered important (Palmore, 2001). As used in this study, the concept of net bias is the variable of interest, as both negative and positive bias represent deviation from the neutral unbiased stance with regard to attitudes and reported behaviors in relation to older people.

The Dissertation Study

Sample

For this study I enlisted the cooperation of social service agency employees from a selected sample of public agencies whose social workers have opportunities to engage in direct practice with, or who do actually engage in work with, older adults. A deliberate sample was sought from various types of agencies and social workers in individual practice, as well as public departments of social services. Social workers at these agencies can be assumed to have some degree of higher education in the field of social work. All respondents had achieved either a baccalaureate or master's level degree in the field or in a related field of study. Very few, 2%, practiced at the level of Ph.D. or DSW. Respondents selected for the main study sample responded by mail, as did the pilot respondents, and received the same instrumentation, with minor revisions, that was sent for the pilot study.

States with the highest percentages of populations of individuals over the age of 65 comprised the sample, namely Florida, Iowa, Pennsylvania, and West Virginia. These states' current populations most closely typify the proportion of older individuals to be found in all states within the coming years. In part, these states were chosen as an approximation of projected future demographic conditions in most of the United States. This choice allowed examination of public service workers' attitudes and experiences in environments in which they are highly likely to encounter elders in their work. Although this specialized selection decreased specification error by limiting demographic and other aspects of the sample selected, it also decreased, to some extent, the generalizability of findings to social workers in other states. It does, however, closely resemble situations they are likely to encounter in the future in regard to exposure to older people.

In determining sample specifications, effect size and power analysis factors were derived from the work of Cohen, a primary source for power analysis factors (Pedhazur, 1981). Power analysis allows the strategic use of effect size, alpha or significance level, desired power, and *N*, or sample size (Cohen, 1965; Pedhazur, 1981). Fixing any three of the elements determines the fourth, in this case sample size.

For a regression analysis, a reasonable difference between means of the six categories of experience to be studied (caregiving and care-receiving activity, family or media influences, closeness of relationship, alertness and orientation of the elder person, and capability of the elder

person) must be at least .4 of a standard deviation. This represents an intermediate level between a small .2 and a medium .5 effect, by Cohen's criteria (Cohen, 1988). Assuming an alpha level of .05 (standard in similar studies of attitude, experience, and preference), and a power of .80 (also considered reasonable by a review of the literature), a minimum sample size of 147 per group is preferred (Pedhazur, 1991). As public documents show that a potential sample of approximately 3,000 social workers are employed within each of the states of interest (State Government Employment records, 2000-2001), achievement of the sample posed no discernible problem. Therefore, a minimum of 147 respondents was targeted for the project, a sample size determined by the statistical power analysis outlined here.

A professional social work organization's membership was surveyed for data collection. Participation was voluntary, confidential, and fully explained to the participants, via an informative cover letter (See Appendix B). With a multi-state sample I was unable to offer any compensation or reward for survey participation, aside from an appeal to the clinicians' good natures and appreciation of the need for rigorous research and their contribution to it. Preliminary agreement for use of the organization membership had been obtained from the national administrative office of the National Association for Social Workers (Washington, DC). I sought this sample due to the presumed (and purported) (NASW, 2001) heterogeneity of members whose background and training, prior experiences with elders, and early attitude formation should be similar in range and scope. Names and addresses were purchased from randomly sampled mailing lists offered by a national social work professional organization.

With the instrument items chosen for this study, I was able to gather data on close relationships with elders, varying types of experience, ethics behaviors related to older clients, and influences upon aging attitudes. The data were examined in regard to level of academic degree, background and training, region of employment, and type of work with elder individuals or their families.

This design's rationale includes the premise that those states' populations of older individuals will more closely approximate those of most states by the year 2030 (with approximately 18% of the population projected to be over age 65). The ability to apply current conditions to a situation more closely resembling the social and demographic conditions a few years in the future may allow researchers to more accurately consider probable outcomes in future years.

Due to distribution of the surveys to social workers engaged in a variety of subfields, such as adult services, children's services, and individual or family work, the non-specific distribution obscured, to some extent, the focus of the study as elder-related. This was intended to minimize social desirability response set. I requested of respondents the immediate and confidential return of surveys via self-addressed stamped envelopes. A cover letter accompanied all questionnaires with survey completion directions and an appeal for participation in important research with direct consequences for the well-being of social work clients.

Data Preparation

The frequency distributions of all variables were inspected to identify potential outliers. Bivariate relationships between dependent and independent variables were also assessed. Pearson's correlations and *t*-tests were conducted to assess relationships between independent and dependent variables. Strength of associations was noted. Significance levels were tabulated and reported.

Proportional differences in sample characteristics were assessed using analysis of variance (ANOVA). An analysis of variance was used to determine similarities and differences

among the respondents of the four states, and simple frequencies of demographics and scale scores are noted in "General Description of the Data". Collinearity was assessed via correlations.

The similarity of the elder composition of these four states to the anticipated national composition of older adults in the near future prompted the inclusion of these particular states into the study for analysis of the aggregated results. No specific state differences were anticipated with this study, as the respondents in all four states were members of the same national professional organization and were expected, because of variations in practice theory and behaviors, to exhibit a range of ethics beliefs and interpretations. However, as discussed in the section describing state differences, states did differ with regard to total knowledge of aging scores. One measure taken to adjust for these differences was the omission of Florida data from analyses involving aging knowledge. Table 4 shows variables of interest and the concomitant analyses conducted.

Table 4
Hypotheses, Predictor and Criterion Variables, and Statistical Tests

Hypothesis	Predictor	Criterion	Test
The more extensive the early-life influences, the more accurate the knowledge of aging.	Experience Questions (Continuous)	FAQ (Continuous)	Multiple Regression Analysis
Controlling for contextual factors, ethics adherence will be the factor that predicts age bias.)	Ethics Subscale Experience Questions (Continuous)	Age bias (Dichotomous)	Logistic regression

Variables and Analyses

The Primary Analysis

The major dependent variable in this study's primary analysis is social workers' knowledge of aging processes. Secondary analyses were conducted to determine influences upon a second criterion variable, age bias. The independent variables used in the primary analysis consisted of the three experience items created from the factor analysis that reduced seven items to three subscales. Demographic characteristics included age, sex, geographic locality, academic degree, type of work, and years of practice. A multiple regression model was generated to examine key experience variables in relation to social workers' knowledge about aging.

The Secondary Analysis

In the secondary analysis, independent variables (ethics adherence and experiences with elders) are continuous and the dependent variable is dichotomous, warranting a logistic

regression analysis. Independent variables included ethics adherence and experience variables. The dependent variable was the dichotomously scored age bias.

Summary of Methods

Two major analyses were conducted from the data collected; a simple linear regression revealed one composite experience variable with a main effect upon knowledge of aging scores, and a logistic regression yielded information about age bias within this sample. Independent variables were ethics adherence and experience with elder individuals, and dependent variables in each analysis were knowledge of aging and age bias, respectively. Proportional variance resulted in a change in plans to aggregate the data across the four states, as one state's data were necessarily omitted from the tests of the hypotheses, due to disproportionate statistics among the states.

CHAPTER IV

RESULTS

The focus of this study is the examination of age bias in a professional population that has direct and influential contact with a growing segment of the American population, older adults. This study found relationships among experiences, attitudes, knowledge, and prejudice, specifically the prejudice known as age bias.

Relationships Among Variables

Experience, Ethics, and Knowledge of Aging

For interval-level variables, measures of central tendency were evaluated for normal distribution and standard deviation. Table 5 shows the mean, standard deviation, and range values for each of these variables. Generally, all three measures were narrow in range and were distributed normally.

As knowledge about aging processes has long been considered to be insufficient alone in reducing age bias (Palmore, 1988), the first analysis in this study examined the relationship between contextual variables and knowledge of aging. As seen in Table 5, an analysis of variance revealed that responses from Florida differed markedly from those of the remaining three states, $F(3, 146) = 13.26$, $p < .001$. Significantly lower mean scores were observed on the Facts on Aging Quiz among Florida respondents. Therefore, Florida differed significantly on the total knowledge score, derived from a summation of the total items scored correctly. For this reason the Florida data were excluded from analyses involving knowledge of aging.

Table 5
Description of Ethics Adherence, Experience, Knowledge of Aging, and Age Bias Scores

	Total n=367	Florida n=113	Iowa n=91	Pennsylvania n=76	West Virginia n=87
	M SD Range	M SD Range	M SD Range	M SD Range	M SD Range
Experience					
Value source	8.1 1.7 0-9	7.9 1.7 0-8	8.2 1.7 0-8	7.9 1.7 0-7	8.6 1.6 0-6
Social-relat	6.3 1.5 0-6	6.3 1.5 0-6	6.1 1.5 0-6	6.3 1.4 0-6	6.5 1.3 0-4
Elder compt	8.4 1.9 0-8	8.3 1.9 0-8	8.7 1.7 0-7	7.7 2.2 0-7	8.9 1.6 0-7
Ethics Scores	11.1 3.5 1-19	12.0 3.7 3-19	9.8 3.3 1-17	10.7 3.8 1-18	12.0 3.4 4-18
Knowledge (FAQ) scores	20.2 3.5 8-25	18.7 3.5 8-25	21.4 3.5 10-25	20.6 3.0 13-25	21.0 3.2 12-25
Age Bias (1= "yes")	.29 .45 0-1	.37 .48 0-1	.24 .43 0-1	.29 .45 0-1	.26 .44 0-1
Net Bias	18.1 3.8 0-24	26.2 4.2 0-24	19.2 3.6 0-17	18.5 3.3 0-13	18.9 3.1 0-13

General Description of the Data

Demographics

Table 6 presents descriptive information about the sample. The return rate of 367 surveys was considered adequate although not optimal; this return achieved the sample recommendation of 147 determined by the statistical power analysis described in Chapter III. The proportions of respondents from the four states did not differ significantly. Three returned surveys were unusable due to missing data, and three were unusable because the respondents indicated that they are not working with older individuals, and thus chose not to complete the surveys. Because it was misunderstood by those three respondents, the cover letter may have needed greater emphasis upon the request for responses regardless of one's area of work. Of the 450 survey packets sent to each state, approximately 25% were returned. Percentages of the total return can be seen in Table 6.

Table 6

Number and Proportion of Respondents and Response Rate by State

State of Residence	*Number mailed*	*Number returned*	*Percentage returned*	*Percentage of total returns*
Florida	450	113	25.1	30.8
Iowa	450	91	20.2	24.8
Pennsylvania	450	76	17.0	20.7
West Virginia	450	87	19.3	23.7
Total	1800	367	20.4	100.0

The four states whose social workers were surveyed differed minimally with regard to demographic characteristics. For example, the ethnicity of the Iowa sample was somewhat unexpected, with respondents' ethnicity reported as 9% African-American, which is higher than that reported for the Florida component of the sample (6.3%), where ethnic diversity is greater generally. Pennsylvania had a somewhat lower median age of respondent among the four states, with 14% younger than age 31. Although general variation is noted here, an analysis of variance showed that states did not differ significantly by age, sex, or ethnicity.

Table 7
Sex, Age, and Ethnicity

State of residence	Florida *n*=113		Iowa *n*=91		Pennsylvania *n*=76		West Virginia *n*=87		*F*
Sex	*n*	%	*n*	%	*n*	%	*n*	%	
Female	94	83	72	81	60	80	75	87	1.05
Male	18	16	16	18	14	18	11	13	
Missing	1	1	3	3	2	2	1	1	
Age									
< 31	11	10	11	12	14	18	4	5	0.83
31-60	94	83	76	84	54	7	78	89	
>61	7	6	3	3	8	10	1	1	
Missing	1	1	1	1	1	1			
Ethnicity									
Afr-Amer	7	6	8	9	12	16	5	6	1.41
Asian	2	2	3	3	1	1	3	4	
Causasian	97	86	72	80	57	5	73	86	
Hispanic	5	5	7	8	5	7	1	1	
Nat Amer	0	0	0	0	0	0	0	0	
Other	1	1	0	0	0	0	2	3	

Note. *F* statistics not significant. Positive to negative age bias in total sample: positive bias = 74%, negative bias = 26%

Sex, Age, and Ethnicity of Respondents

Sex of respondents

Of the total 367 respondents, 301 (83%) were females and 59 (17%) were males. These demographics align with national social work statistics, as 80% of practicing social workers are female, and 20% are male (NASW 2001).

Age ranges

Table 7 shows 113 survey respondents in Florida, 91 in Iowa, 76 in Pennsylvania, and 87 in West Virginia. Of those respondents, less than 1% in all states are under 31 years of age, and the greatest percentage are between 31 and 60 years old. Only a small percentage (5%) are over age 61. These data represent ages of the entire sample; state comparisons of age range and other demographics are shown in Table 7.

Ethnicity

Ethnicity is also shown in Table 7. Of 367 respondents, ethnicity was generally as expected in relation to national demographics. Overall, 3% of respondents are of Asian descent, 6% are of Hispanic descent, 83% are Caucasian, 1% of respondents are of other ethnic backgrounds or chose not to report this demographic factor, and no respondent reported Native American heritage. Ethnicity was not a theoretically based variable for analysis in this study but data were collected as a demographic item.

Work and Education Characteristics

Table 8 presents data pertaining to the number of years worked in the field of social work, preference for elder work, aging-related conference attendance, and aging or

gerontological organization membership. Social workers reported a narrow range of educational level and type; most (80%) were master's-level practitioners, and the Master of Social Work (MSW) is considered the terminal degree in the field. Approximately 21% of respondents would like to work with older people, although only 17% reported having actually worked with older people during their careers, a proportion similar to that reported (16%) by a recent Council on Social Work Education publication on gerontological social work (CSWE, 2001). This may be an encouraging percentage, given that, on the survey, participants were offered choices of eight specific populations with whom they might work, including children, entire families, older adults, or individuals in various settings such as mental health agencies or work with homeless people.

Table 8
State of Residence, Education, and Work-Related Activities

State of NASW membership	Academic education		Number of years in social work		Prefer social work with older people		Have engaged in social work with older people		Attended elder conference w/in past 5 years		Belong to aging organization	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Florida	BS or BSW	21 19	< 10	42 37	14	12	8	7	2	2	16	14
	Master's	86 76	10-20	45 40								
	Doctoral	5 4	> 20	24 21								
			other	2 2								
Iowa	BS or BSW	14 16	< 10	38 41	24	26	18	20	37	41	13	14
	Master's	75 82	10-20	43 47								
	Doctoral	0 0	> 20	9 10								
			other	1 1								
Pennsylvania	BS or BSW	12 16	< 10	32 42	17	22	16	21	37	51	11	15
	Master's	62 82	10-20	33 43								
	Doctoral	1 1	> 20	11 14								
			other	0 0								
West Virginia	BS or BSW	17 20	< 10	27 31	19	22	19	22	35	40	6	7
	Master's	70 80	10-20	49 56								
	Doctoral	0 0	> 20	10 12								
			other	1 1								

Educational Levels

State-by-state breakdowns of education levels and work-related activities are noted in Table 8. In the overall sample, education ranged from baccalaureate degree (18%), to MSW or other master's degree (80%), to Ph.D., Ed.D. or DSW (2%). Only 3 respondents indicated a degree other than a B.S. or B.A., a BSW, an MSW, or a doctoral-level degree, presumably holding a high school diploma or associate degree, perhaps from earlier times when a baccalaureate degree was not required.

Work Characteristics

Respondents have worked for varying durations in the field of social work. Table 8 shows the range of work duration among the respondents from all four states. A one-way

analysis of variance showed that respondents from the four states did not differ significantly on age ranges or the number of years worked in the field.

Although this survey was sent to practicing social workers, a minimal number of respondents (three) who had never worked in the field also completed surveys. These individuals may be practicing as managers or administrators only and may not consider themselves to be social work practitioners per se, or they may be individuals involved only in internships, voluntarism, or other profession-related activities. However, these data were included in the final analyses because the input of these individuals is useful for the following reasons. To have received a mail survey, these individuals were members of the national or state social work professional organization. As such, they are charged, as are practicing members, with adherence to the organization's Code of Ethics, as well as other formal and informal professional principles that govern professional practice. The ethics questions, then, would have been answered presumably with the NASW member's best responses to the ethics-related situations presented. Responses from these members, therefore, were retained for the study's database.

Bivariate Analyses and Measures of Central Tendency

Correlations among all interval-level variables were assessed. A correlation matrix (Table 9) shows associations among continuous variables. Significant correlations were found between work and education variables such as academic degree and number of years worked, knowledge and ethics adherence scores, the values experience factor, the social relational experience factor and ethics, and the elder competence factor and ethics. The collinearity of these variables diminishes the capacity to distinguish among experience, ethics, and knowledge variables in the analyses of variance and logistic regression analysis. However, specific conclusions regarding the multi-collinearity of these variables are discussed in Chapter V.

Table 9
Correlations of Ethics, Knowledge, Experience, and Education

Correlations	Number of years worked	Academic degree	Total Ethics Score	Total FAQ Score	Factor 1 Value-derived	Factor 2 Social-relational
Academic degree	.**186**					
Total Ethics Score	.**205**	.**160**				
Total FAQ Score	.**140**	.085	.**165**			
Value source	.121	.075	-.032	.**295**		
Social-relational	.087	.031	.**267**	.**145**	-.006	
Elder Competence	.**172**	.067	.**210**	.**208**	**.460**	.034

Note: Significant correlations (p<.05) are shown in bold face.

Tests of the Hypotheses

Hypothesis I

Specific contextual or experiential factors explain variation in knowledge of aging processes. Family and social-relational influences, television and other media influences, and care-related experiences are significantly correlated with knowledge about aging. The more extensive the early-life influences, the more accurate the knowledge of aging.

1a. The more extensive the family contact with older adults, the more accurate the knowledge of aging.

1b. The more exposure to images of aging on television and in other media, the less accurate the knowledge of aging.

1c. The more experience with caregiving or care-receiving, the more accurate the knowledge of aging.

1d. The more exposure to older people with variation in cognitive ability, the more accurate the knowledge of aging.

The surveys used in this analysis totaled 254, from Iowa, Pennsylvania, and West Virginia. With respect to early experiences as influences upon knowledge about aging, factorial analysis of variance revealed one significant relationship between contextual variables and knowledge about aging. The subscale including having received at least a portions of one's perceptions of aging from one's family, having had caregiving experiences, and having been influenced by television or other media representations of aging significantly predicted differences in knowledge about aging. Close relationships and perceptions of older people as oriented and alert did not predict knowledge of aging scores. The value-source subscale score means were higher than the means of the other two subscale scores.

In the multiple regression, each experience subscale was represented as an ordinal-level variable derived from a Likert-type scale with response levels ranging from 0-4. The hypothesis was supported in that the expected variables pertaining to characteristics of early experiences with older people, such as family beliefs and values and environmental influences, were found to be associated with knowledge of aging. These relationships among variables are shown in Table 10.

Table 10
Summary of Linear Regression Analysis for Experience Variables Predicting Knowledge of Aging (N = 237)

Predictor	*B*	*SE B*	β
Value Source Subscale	**.50**	**.12**	**.24**
Social-relational Subscale	.03	.12	.01
Elder Competence Subscale	.17	.11	.09
Constant	14.70	1.22	.

Note. $F = 10.687$, $p < .001$, Adjusted $R^2 = .11$. Experience predictors (value source, social-relational, and elder competence) coded as 0 ("does not apply to me") to 3 ("very much applies to me"). Items with $p < .05$ are bolded.

Hypothesis II

Ethics adherence, in the presence of experiential factors, predicts a non-biased attitude toward older adults. (Researchers have shown that knowledge alone does not reduce prejudice. Neither education nor contact alone reduces prejudice. Controlling for contextual factors, ethics adherence will be the factor that predicts age bias.)

With respect to early experiences as influences upon age bias, a logistic regression analysis revealed one significant relationship between contextual or experience factors and age bias. In the logistic regression analysis, the dichotomous age bias designation score (0=not biased; 1=biased) was entered as the dependent variable. The variable that significantly predicts age bias is Factor 1, the value source experience. This variable is composed of three questionnaire items representing experience variables: family influences, caregiving experiences, and television/media influences on perceptions of aging.

Table 11 shows multivariate estimates of the likelihood of the experience variables being influential in the identification of age bias. Results are reported in two ways for each variable. First, the regression coefficient and its associated standard error are listed for each predictor variable. In reasonably large samples, the test of whether the regression coefficient departs significantly from 0 approximates a *z* test. Thus, if a coefficient is approximately twice the size of (or greater than) its standard error, it can be considered statistically significant (Cohen, 1988; Kosloski et al, 2001). As seen in Table 11, the value source variable's statistics meet the conditions of this criterion. Second, the odds of being non-biased are shown to be 70% greater than being biased when an individual has had influential family beliefs regarding elders, caregiving experiences, and television or other media influences.

Table 11
Summary of Logistic Regression Analysis for Experience and Ethics Variables Predicting Age Bias (N = 237)

Predictor	*B*	*SE B*	β
Value Source subscale	**-.33**	.11	**.72**
Social-relational subscale	.05	.11	1.05
Elder Competence subscale	.07	.09	1.08
Total Ethics Score	-.06	.05	.94
Constant	1.33	1.06	.

Note. *R2* = .03 ($p < .05$). Value-source subscale log odds = 1.71. Experience predictors (value source, social-relational, and elder competence) coded as 0 ("does not apply to me") to 4 ("very much applies to me"). Total Ethics Score is the sum of correct answers to ethics items (Items 14-32 on SWAQ). Items with $p < .05$ are bolded.

Results Summary

The results of this research show that one significant relationship was found between experiential variables and age bias: the experiential item that includes family and environmental influences upon perceptions of aging. Ageism exists in the professional social work population, as in the general population. Responses from the four states differed on knowledge of aging scores, precluding aggregation of the data set when testing that variable. When the regression was conducted using only the Florida data, no significant findings resulted from the analysis.

CHAPTER V

CONCLUSIONS

Age Bias in Social Work

The purpose of this study is the examination of age bias in a professional population that has direct and influential contact with a growing segment of the American population: older adults. Researchers have suggested that those who work most closely with older people may be at risk for holding negative attitudes toward older people, due to their increased exposure to those who are ill and infirm. This study adds to the research on prejudice, specifically age bias, by including representatives of those two less-studied populations: practitioners who may not work in a medical field and those who are not primarily students. There are major shortages of social work practitioners trained to work specifically with older people and their families (Damron-Rodriguez, 1997), and those who are involved with older people are not adequately trained in many instances. One can assume that there are other disciplines of health workers and others who work with older people who are also without adequate training, and they may also be at risk of being age biased.

Attitudes, values, prejudices, and stereotypical thinking arise from several sources (Borgatta, 1991; Hummert, 1994). This study addressed several sources in combination with each other. Prior experience or lack of experience with a particular group is one of these issues (Gergen, 1991; Menec & Perry, 1995; Palmore, 1998). As with other individuals, experiences that may have had an effect on a social worker's attitude toward elders include early emotional ties to an older family member, caregiving experiences, close relationships with teachers or other community professionals, or having been raised or cared for by an older person. As the purpose of this study was the examination of conditions that may influence a social worker's prejudice toward older people, three essential variables were examined here. These are: (a) attitudes perhaps reinforced by myths and stereotypes, (b) experience with older people prior to working with them in community agency settings, and (c) age bias. Social work practitioners must strive to eliminate age bias in their day-to-day work, because any prejudice, including that related to aging, precludes the rational, individualized, logical assessment of the needs of the individual client.

Four Significant Findings of This Study

This study revealed four important aspects of age bias among the social work population represented by this sample:

1. age bias exists among social work practitioners
2. positive age bias is more prevalent among this sample of social workers than is negative age bias
3. family influences and television and other media significantly influence one's perception of aging and risk for age biased attitudes
4. ethics adherence does not predict the existence of age bias

Relevance of the Findings

Age Bias Exists Among Social Work Practitioners

Nearly 30% of the sample indicated age bias by responses to established measures of ageism. In 1987 nearly 30,000 social workers engaged in professional work with older people or

their families (NIA, 1987). This study assessed the extent of agency workers' stereotypical beliefs, attitudes, and experience in several realms, and the findings will enhance practitioners' awareness of their need to understand the unique and diverse quality of an older person's way of life. Additionally, attitudes toward aging were examined in relation to the social worker's prior experiences with elders, to assess any relevance between type, frequency, or duration of prior experience and current age bias toward older adults.

Demographic changes, as well as the worth of a single individual, demand that the best possible understanding of aging and positive attitudes toward aging inform agency workers' interventions with elder members of the population. One specific aspect of work with older individuals may account for the lack of attention to aging in social work education. Work with older people has sometimes been seen as unattractive, unproductive, unequally compensated, or even futile. Paul Baltes, Glen Elder, and others who promote the life course perspective as an optimal lens through which to view human behavior and development as well as social interactions, relate chronological age to the period in history and time-related "place" in society or birth cohort into which one is born (Baltes, 1990). The concept of aging itself changes over time and across birth cohorts.

One condition fostering the risk of age bias among practitioners is the lack of students and faculty with interest in aging work. Students and faculty often perceive work with older people as less interesting and less-valued than other areas. Most students indicate a lack of interest in gerontology specialization, and those who have felt interest perceived little faculty or curricular support (Cummings & Kropf, 2000).

Several aspects of the educational process could be helpful in presenting aging studies and work with older people in the most positive manner. The ways that aging is perceived and studied is also related to the birth cohort and time period surrounding both the subjects of study and the researcher. Perhaps one way of presenting aging studies in a positive light is to attend to the student's age, period, and cohort as a vehicle to understanding the student's current perspective. Culture is integrally related to the ways in which people view themselves, their peers and significant others, and one's age or "placement" in society due to various socio-cultural factors. Thus, differences among practitioners of different ages, cultural or ethnic background, and education level as factors associated with early experiences, can also be taken into account in educational situations.

In addition to the above suggestions, developing funding for student gerontological associations and activities could alleviate educational deficits. BSW and MSW student gerontology papers and posters could be encouraged. Field instruction and extra-curricular experiences that involve older people and gerontologists as class speakers may encourage gerontology interest.

Positive Age Bias and Prevalence Among Social Workers

Given the previous discussion of the relative merits (or lack of merit) in recognizing bias as positive or negative, this finding is presented with some degree of ambivalence. In this sample, 74% of social workers exhibited positive age bias, and 26% exhibited negative bias. The fact that ageism in a sample of social workers is more pronounced along the positive end of the continuum rather than along the negative, does not negate the fact that bias is still bias, and one intends to approach clients with an open, flexible, and non-biased stance, a stance that includes the counselor's long-standing caveat to provide service with unconditional positive regard. One is inclined to see bias as a lesser problem if the bias is termed "positive"; however, as noted

earlier, positive bias is a non-neutral stance, and is therefore derived from an inaccurate perception based on class membership rather than on true individual characteristics.

Other professionals perceive social workers as good advocates for their clients, and as creative, resourceful, and innovative in interventions (CSWE, 2001). It is possible that social workers, having these qualities themselves, overestimate the resourcefulness or general well-being of their clientele, as a classic transference reaction (Northen, 1988). Overestimation of client ability and underestimation of client need are both problematic, and could be symptomatic of the prevalence of positive age bias.

Regardless, the fact remains that social workers need to accurately assess the conditions and personal issues surrounding their older clientele. Although 16% of social workers nationally work with older people, a great proportion of social work practitioners and faculty in social work schools are unaware of the great range of employment in gerontological fields open to them (Gibelman, 1997; Teare & Sheafor, 1995). This is unfortunate for the practitioner and for older individuals and their families, as most social workers will eventually work in some way with older people, but will not have been well prepared (Peters & Wendt, 2001).

Another resolution to inaccurate perceptions of aging, whether represented by erroneously positive bias or by any degree of bias or aging knowledge deficits, practice-based research may increase awareness of accurate processes of aging. University support, community-university collaboration, and accrediting body and direct practice agency administration support would significantly increase the opportunity for practice-based research. Field supervisors of social work students and supervisors of practicing clinicians could also lend additional financial and interpersonal support.

Age Bias and Values Derived from Family and Television/Media

The impact of families on value-formation has long been recognized (Erikson, 1958; Satir, 1966). The things that parents believe about the environment, the culture, and the appropriate ways to relate to one's peers, family, and friends are passed on to children. Parental and other family or older adults' influences are related to an individual's career selection (Eigen, Hartman, & Hartman, 1987). Learned behavior is associated with both prejudice and relationship preference (Parsons, 1965), so it is not surprising that prejudice specifically toward older people might also be related to family influences. It is not surprising that family processes are related to prejudice and age bias specifically, as the family is integral in forming children's core beliefs about themselves, which has been shown to influence prejudice (Allport, 1954), as noted throughout this dissertation.

The influence of television and other media sources warrants greater attention. This finding is perhaps the most disturbing of the four, when the manner in which older people are presented via news and entertainment media is considered. As many have noted, older people are frequently portrayed by the news and other media as either "extremely lively, outgoing, polo-playing, scuba-diving individuals" (Levy, 2001) or as frail, cognitively-impaired, incompetent people who are severely dependent upon others for day-to-day needs (Lookinland, 1995; Palmore, 1988; Schneewind, 1994). As neither of these characterizations is intrinsically true for an individual, age bias thrives by means of media representations of older individuals. This finding has implications for the ways in which managers of the various media present older people in their marketing and public information endeavors.

Although these influences could be tempered by accurate aging information in social work and other human services curricula, the majority of human services students receive little aging-related material. Knowledge about aging is disturbingly low in these populations, even

when the curriculum purports to teach the lifespan (CSWE, 2001). If aging-related material is included in the curriculum of social work programs, it is often in the required course on human behavior in the social environment. This is one encouraging aspect of this phenomenon, as often students from other disciplines do take this course as well.

Although it can be concluded from this study that TV-media influences are important in bias development, it seems prudent to consider the factors found unrelated to age bias as well. The finding that these experience variables, the social-relational experiences and elder competence experiences, are not associated with age bias might be accounted for by the heterogeneity of families in Western culture, from which many beliefs and attitudes are known to arise. We live in a culture that not only tolerates different views of lifestyle and personality, but which in many cases also promotes them. As with family interactions, media influences define as well as develop from the cultural milieu. One might also conclude that, in the absence of family-derived values and attitudes toward older people, media influences emerge as more prominent.

Ethics Adherence Does Not Predict the Existence of Age Bias

The results of this research did not indicate a relationship between ethics adherence and age bias. The hypothesized relationship between the principles of the contact hypothesis, a major tenet of various theories of prejudice development and prejudice reduction, did not materialize here. Possible explanations of the lack of significant association cluster around several themes: the possibility of test item familiarity, the prominence of ethics as a social work issue, cultural influences, and the supposed similarity of Contact Hypothesis principles and social work ethics.

Although ethics adherence was found to exist to a high degree in this sample, age bias was also found to exist in relatively high degree (norm referenced from a low score of -.55 to+.88 on a reduction scale of –1to +1), as compared to previous studies of similar populations, whose respondents scored in the same range of approximately 25-27% (Palmore, 1998). One consideration is the validity of using a construct derived from a direct ethics measure, which could possibly have been familiar to the respondents, many of whom are licensed individuals and have actually taken the exam from which similar ethics questions were drawn. Ethical practice is also a topic of great interest generally in current professional milieu, and practitioners may be sensitized to ethics questions. This could have resulted in a social desirability response set. However, the questions were designed to be adequately disguised as actual examination items, by the addition of different phrasing and content, for example, the addition of "older person" to a question that was originally not age-specific. Despite the attempt to disguise the nature of the questions, perhaps their obvious pertinence to practice with older individuals also produced social desirability, as gerontology is also emerging as a primary focus in the field of social work.

An additional explanation for the seeming lack of relationship between ethics and age bias is the part that cultural influences play in defining ethics. In addition to the official agency or organization stance with regard to ethics (a stance that promotes social justice and client self-determination, for example), an unofficial or informal culture also exists. The informal cultural norms and behaviors may well differ from the individual and organizational stated goals and objectives. Although professional ethics mandate attention to client self-determination, for example, perhaps the Contact Hypothesis' tenets of voluntary association and reciprocity are precluded by informal agency norms that pertain more to pecuniary attitudes toward funding or to adequacy of staffing. It is possible that the stated goals and intentions do not align with actual agency practice and program endorsement. Administrative support of programs at state or national levels would remedy a lack of funding or staffing problems that contribute to informal norms that directly or indirectly promote ageism. Continuing education or attention to the

importance of aging issues at the administrative level could also alleviate such policy-related problems.

Related to this concept, the power differential between agency, individual practitioner, and client may be discounted when in fact it is a very important factor in the client's perception of interactions with these entities. The client may feel a significant deficit of power, being dependent upon the services, continuing relationship, and general goodwill of the social worker. This power difference would be evident at both the individual and organization level.

Similarly, voluntary contact, a basic premise of the Contact Hypothesis, may not be as integral to the client-social worker relationship as presumed in this study's design or as required in professional ethics guidelines. Mandated services, extreme client need or even desperation coupled with the power difference noted above may influence the voluntary nature of the relationship. A statement of belief in equality and even a commitment to it can be very different from the reality of equal status in practice. This would relate to Allport's assertion that most people deny prejudice and deny engaging in discriminatory behavior (Allport, 1968). At the individual practice level, the encouragement of practitioner awareness of belief systems and of self-examination with regard to aging issues fit with historical social work self-examination traditions. Self-examination related to these issues can be incorporated into regular educational and supervision activities.

The subtleties of power differences can be conjectured at the individual as well as organizational level. Social workers employ a variety of therapy techniques and approaches, varying from very directive to non-directive. The degree to which the treatment is directive could influence the equality of the working relationship and the reciprocal nature of the relationship. If clients, for example, have little input or perceived choice in therapy processes and outcomes, they may not see the therapy relationship as voluntary, collaborative, or reciprocal in nature, despite the practitioner's belief that it is. In other words, perhaps the practice method in some way obscures the influence of ethics adherence. A study could be designed to examine age bias in relation to practice methodology and theoretical practice base.

In summary, further research of these phenomena would lend additional insight into the actual processes of voluntary association, reciprocity, and client choice in relation to the perceived or intended goals of making the relationship voluntary and reciprocal. To address these more subtle issues, a study could be designed to observe the differences between agency and individual beliefs and goals in relation to actual practices influenced by individual or organizational cultural norms.

One additional question may be asked regarding the application of the Contact Hypothesis to a specific prejudice such as age bias: do the constructs of this hypothesis apply to race and sex bias, for some reason, but not to age bias? A possible key to the question posed here is the personal aspect of age bias, as people generally hope to reach an advanced age, and perhaps have subtle beliefs concerning their own aging when contemplating their behavior or ethical beliefs about others. A study of this phenomenon would require a qualitative analysis of the meaning of one's own aging processes, and perhaps the interaction or juncture of one's self-perception and perception of the aging of one's clientele.

Although social-contextual influences on age bias were the focus of this study, recent research on individual differences may provide additional insight (Schaller, 1995). Researchers note that research of personality variables has been lacking in the study of prejudice (Schaller, et al, 1995), and they propose a relationship between individual difference and prejudice that has more relevance to similarity-attraction theory than to cultural or social theories that pertain to in-

group and out-group membership (Pilkington & Lydon, 1997). Interestingly, both theories rely upon the development of cognitive processes, and psycho-physiogical aspects of perception-formation.

As previously understood from many studies about perceptions of aging or of age bias, researchers have known that knowledge about aging is an insufficient factor to promote change in attitudes about aging. Thus, we have discovered through this study that ethics adherence, whether the precedent or antecedent of knowledge about aging, is neither a predictor of age bias nor necessarily a result of age bias. No correlation was found between the two. Although the only predictors of age bias among these variables of interest were the sources of values and influences arising from the prevalent TV-media influences, they become factors in the arsenal of known influences upon this particular prejudice. However, drawing from the tenets of cognitive dissonance theory (Festinger, 1957), one might speculate that the media's influence upon the ethics of the culture is profound, and that perhaps some intermediary influences are possible among media, culture, and belief systems. However, the literature shows conclusively that knowledge alone does not change prejudicial attitudes, and the ameliorating influences upon age bias remain to be discovered.

Future Considerations in the Study of Age Bias

While this study emphasizes the importance of experience (and all that experience implies in terms of timing, cohort, social and family structure, and historical period), future studies could target cultural variation with regard to these factors or social work with older individuals at various social strata. As noted above, the influence of the media in American culture is of importance when considering age-related prejudice. Because media influence was found to be a significant factor in social workers' age bias, and because that bias was overwhelmingly positive bias, one might speculate that the media's portrayal of older individuals is largely positive in aspect. Many would undoubtedly dispute this. However, any study of the influence of media sources should include consideration of the media as a reflection of cultural traits but also as a determinant of culture, to some extent.

Demographics warrant greater examination in future studies, to determine whether all potentially significant demographics have been considered. Social-relational factors and care-related factors also warrant further research toward a qualitative examination of their influences. As with prior studies, ageism is found to exist within this population of professional practitioners. Key experiential variables are associated with knowledge of aging processes.

Another potential topic of study arising from these findings might be the methods of retaining social workers working with older people and the factors associated with job satisfaction and endurance in specific sub-fields of practice. An assessment of clientele of preference (especially older or younger) and areas of actual work would reveal correlations between preference and the work in which one engages. Upon review of the data, future use of the Social Work and Aging Questionnaire would necessitate a change in Questions 1 and 2, which query the respondent about choice of career, but which do not specify social work career. This oversight could be easily corrected and would yield greater specificity of data. A comparison of the same variables with those of respondents from states not approximating the pending national demographics projecting higher numbers of older people would be of interest, and an experimental design would of course enhance the predictive or explanatory accuracy of the data. Experience and age bias assessed in related human service professions would be an interesting route of study, especially in light of the prevalent paradigm of interdisciplinary services in medical and mental health care. Assuming the relevance of each of these variables

(and of some as yet undoubtedly unexplored), one's lifelong experiences, one's adherence to the professional ethical standards, and variables such as gender, region, and other demographics must be addressed when examining factors associated with possible age bias toward older people. From the results of this study, one may conclude that, still, knowledge of aging is not enough to combat prejudice toward older people, and that there is much work to be done in the eradication of age bias among practicing professionals.

Future research would likely focus more closely upon gender, ethnicity, and socioeconomic status differences in age bias or degree of prejudicial attitude. Because these topics have been covered somewhat superficially in the literature, greater depth and specificity would enlighten researchers and practitioners as to combined or separate effects of these factors. In thinking about caregiving or care-receiving experiences with one's elders, greater depth of study could address the frequency or duration of those experiences, and could specifically assess the positive or negative nature of those experiences, (e.g., in the caregiver's estimation). Emotional closeness with older family members would be another opportunity for closer examination, as would the duration and frequency, again, of close contact. The "category" or role of the elder individual would be of similar use (was the close relationship, for example, with an elder family member, teacher, religious leader, or friend?) The general functional status of the older person, the emotional/cognitive status, or life conditions such as place of residence could be enlightening in studies of the quality of contact and current prejudice. The juncture at which the contact occurred (early or late in life) would be another element to study. These factors could be studied with any population of workers in gerontology-related settings, and they would be of even greater interest with interdisciplinary culture included in the research design.

Despite the few limitations noted above, this study produced information pertinent to social work with older people in agency and home service settings. Evidence that a positive attitude toward the client enhances the worker-client relationship is inherent in the work of Carl Rogers and others whose seminal research points to better outcomes and better satisfaction with client-centered techniques and attitudes (Rogers, 1952). Researchers have concluded that contact with elder individuals influences one's bias toward aging individuals and therefore one's preference for work in the field of gerontology (Aday, 1995). However, the primary study of this phenomenon has addressed students of nursing, social work, or related helping professions, rather than practitioners' preferences once they are working in the field with older individuals and their families.

This study produced information pertinent to social work with older individuals in agency and home service settings. Several additions to the study methods and design would enhance the probability of additional findings of use to social work practitioners, whether specializing in gerontological social work or in other subfields of the profession. One such addition would be the inclusion of various settings and venues of work with older people, in contrast to the social work population studied here. Overall, the study design and methods utilized appear appropriate to answering the research questions posed.

Preference for work with older people, and other factors leading to career choice of working with older people and their families would be a closely related study. A subject of interest in this course of study is the way that prejudice influences one's choice whether to work with older individuals or families. In addition to the ways that one chooses one's initial career path, the ongoing choice to work with older people would also be a subject of study. Changes in mid-career either toward or away from gerontology-related work, and a greater exploration of one's own aging fears and expectations would lend themselves to interesting research. A

significant amount of research has been initiated in those areas of study (Dillard & Feather,1989; Galbraith & Suttie,1987; Glasspoole & Aman,1990; Palmore,1998).

I sought a national sample through the most prominent social work professional organization, and the national sample allowed the examination of the variables of interest within the context of states highly populated with older individuals. Agency workers who agreed to participate in the study may differ in some respects from those choosing not to respond, and social workers encouraged by supervisors or others with greater professional authority may have participated less than willingly, thus potentially skewing the data. I attempted to minimize these phenomena (as well as any social desirability response set) by asking agency supervisors or directors to make clear the voluntary nature of participation, and by distributing the surveys directly to each respondent. In accord with this intent, I was able to publicize the four-state study in the social work organization's newsletters and in related resources fairly inexpensively, which widened the range of information dissemination and lent professional credibility to the project.

The study of prejudice, including prejudicial attitudes toward older people (age bias), has focused upon contact between the dominant and non-dominant entities (such as younger people and older people, or in race studies, members of dominant and non-dominant cultural groups). As noted previously, individual differences should be studied in terms of age bias and the development of prejudice. Although the focus here is upon social work professionals, these findings and suggestions are not all limited to that profession's interpersonal communications, procedures, and operations.

In anticipation of sharing additional elements associated with age bias and with prejudice generally, I offered summarized results to participating agencies, and all of them accepted this offer. Through this research and dissemination of the results, I anticipate the enhancement of understanding of agency workers' knowledge base and belief systems, and of the potential impact upon client-worker relationships. With the usual caveats regarding generalizability and external validity of the study results, I have also offered to report the findings in the national organization's newsletter, the *NASW News*.

The most significant issues from this research pertain to social work and other helping professions' education and preparation for practice with older individuals. Educational programs would best, however, focus upon interdisciplinary concerns, as the dangers of age bias are not limited to social work or even to the helping professions. Perhaps the most important suggestion here is that surrounding the need for practice-based research, which would influence gerontology education, direct practice, and theory. Until recently, the response to changing population demographics has been limited in the field of social work, and one might suspect, in other fields as well. Interdisciplinary communication and collaboration, administrative support for gerontology education, infusion into general curricula, and increased funding sources for research and practice in aging are measures that would ameliorate the destructive effects of age bias and of the consequent discrimination.

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APPENDIX A

SOCIAL WORK AND AGING QUESTIONNAIRE

Instructions: Please do not record your name on the answer sheet, and return ONLY the orange answer sheet in the enclosed stamped envelope.

Darken only one circle on the orange answer sheet that corresponds to each question below. Please be sure that you are darkening the circle in the row numbered exactly the same as the question number. DO NOT WRITE ANYWHERE ON THE ORANGE SHEET, EXCEPT IN THE ROWS 1-60. THANK YOU FOR COMPLETING THIS SURVEY!

Q1. If I could work in any part of the field of social work, or in any specialty (perhaps including what I am already doing), I would choose to work:

(Example: if you desire to work with children in any setting, go to answer item #1 on the answer sheet, and darken circle 3.)

1-in more than one of the following categories, including work with adults over age 65
2-in more than one of the following categories, but not with adults over age 65
3-in children's services in any setting
4-with young or middle-life adults in any setting
5-specifically with older adults in any setting
6-with clients at any stage of family life in any setting
7-in a health or mental health setting
8-in community services (e.g., homeless, HIV/AIDs)
9-other
10-I do not plan to work as a social worker.

Q2. I have worked at some time in my career:

1-in more than one of the following categories, including work with adults over age 65
2-in more than one of the following categories, but not with adults over age 65
3-in children's services in any setting
4-with young or middle-life adults in any setting
5-specifically with older adults in any setting
6-with clients at any stage of family life in any setting
7-in a health or mental health setting
8-in community services (e.g., homeless, HIV/AIDs)
9-other
10-I have never worked as a social worker

Q3. I have worked _____ years as a social worker:

1-1 year or less
2-longer than 1 year but less than 5
3-longer than 5 years but less than 10
4-longer than 10 years but less than 20
5-longer than 20 years
6-I have never worked as a social worker

Q4. During the past 5 years I have attended:

1-only aging-related workshops or conferences
2- only workshops or conferences not related to aging
3-both aging and non-aging workshops
4-no workshops or conferences

Q5. I belong to an organization specifically related to aging issues.

1-Yes 2-No

Q6. The highest academic degree I have been awarded is:

1-B.A. or B.S.	4-MSW or MSSW
2-BSW	5-Ph.D., Ed.D., or DSW
3-M.A. or M.S.	6-Other

Q7. I have had a close relationship with one or more older persons (over age 65) at some time during the course of my life.

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q8. Many of my attitudes about older people come from my family.

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q9. I have been involved in giving care to an older person (over age 65).

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q10. I have received care from an older person (over age 65).

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q11. Many of my ideas about older people come from TV or other media (such as radio, newspapers, or advertising).

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q12. Most older adults in my experience have been alert and oriented.

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

Q13. Most older adults in my experience have been able to do things for themselves.

1-does not apply to me
2-very slightly applies to me
3-somewhat applies to me
4-very much applies to me

IN THIS SECTION, darken the circle corresponding to the best response, in your estimation, to each situation. Continue to put your answer in the row that matches the question number.

Q14. In treating an older client for the first time in a non-crisis situation, the social worker should focus on

1-a few specific problems in day-to-day functioning
2-a wide range of problems in day-to-day functioning
3-the issue the client asks to talk about
4-underlying personality problems

Q15. A 70-year-old client asks the social worker never to involuntarily hospitalize him no matter how depressed or suicidal he may seem. The underlying *ethical principle* that determines the social worker's response is

1-the obligation to start "where the client is"
2-the expectation that the client has good reasons to raise this issue
3-the need to do what is necessary to keep a severely ill client from ending treatment
4-the premise that one never makes a promise that conflicts with legal and ethical requirements

Q16. A *new* client exhibits some symptoms of depression and mentions that she started a new medication for a medical condition three weeks ago. The worker would first

1-arrange a psychiatric consultation in order to have an anti-depressant prescribed
2-ascertain the prescribed medication and investigate its side effects
3-proceed with a thorough psychosocial history and precipitating events
4-hospitalize this patient until the suicidal ideation passes

Q17. A worker observes that a new client moves slowly with stooped posture, talks slowly and in a lifeless way, lacks spontaneity, and shows little change in facial expression as they discuss the client's problem. The worker would most likely suspect

1-depression
2-a manic state
3-advanced age
4-delusional thinking

Q18. Conducting a therapy group, a social worker is uneasy about conflicts within the group and is fearful that they may interfere with group process. The worker's supervisor might *initially*

1-communicate support, indicating that controversy and conflict may be normal because this is an older population and conflict is a natural means for resolving issues
2-inquire about the concerns of the worker and reflect back the issues without resolving them
3-suggest that the worker not reach any conclusions, but bring in any issues which might arise

Q19. A social worker who attempts to impose his judgments on clients is most likely to elicit clients'

1-acquiescence 3-resistance
2-cooperation 4-appreciation

Q20. In a therapeutic counseling group, a statement the social worker should NOT make is

1-"In what way can I help you to begin?"
2-"Who might like to begin?"
3-"It's sometimes difficult to begin."
4-"Let's let the oldest person begin."

Q21. A hospital patient is without money for food. The worker determines that the patient, although from a low-income family, is not indigent. She seems to consistently have difficulties managing money. To help the client meet her needs, the worker's most suitable action would be to

1-help the patient obtain assistance from a casework agency for help with money management
2-provide continuing casework treatment through the hospital social service department to insure that her diet remains adequate
3-suggest to the patient that she apply to the public welfare agency to determine eligibility for public assistance in areas that include money management

Q22. A social worker using a psychosocial casework approach is *not* likely to

1-consider the client-worker relationship to be a basic therapeutic tool
2-rely on psychiatric diagnostic classifications
3-be concerned with the client's interaction with the children or grandchildren
4-frequently use novel, unconventional treatments

Q23. The *primary* purpose of a service plan for an older client is to:

1-establish goals
2-assess the home situation
3-monitor behavioral changes
4-evaluate client progress

Q24. An 82-year-old client rushes into the social worker's office, talking in a loud and threatening manner, stating that there is no problem except that his wife should be in therapy. The social worker's BEST course of action is to

1-suggest to the client that his behavior indicates that he has a problem
2-instruct the client to leave the office until he is better composed
3-ask the client to be seated and ask him why he believes his wife needs treatment
4-assure the client that he will have the opportunity to discuss his situation fully after some paperwork is completed

Q25. Under your state laws, mental health professionals must alert adult protective service agencies or other lawful authorities when the professional

1-suspects elder abuse
2-sees evidence of elder sexual abuse
3-perceives imminent threats to an older person
4-all of the above
5-none of the above

Q26. A social worker employed by a mental health agency is sued for malpractice by the family of an older man who made several attempts at suicide. He finally succeeded in killing himself. Which statement best reflects the *social worker's responsibility* in this lawsuit?

1-The social worker only counseled the man and therefore is not liable for any negligent actions.
2-The supervisor, the agency, and the social worker share legal liability.
3-The agency is the only legally liable party and the worker is not individually responsible.
4-In cases such as these, family members often believe that a finding of negligence on the part of the clinician will reduce their sense of loss and failure. The lawsuit is probably frivolous and neither the social worker nor the supervisor is responsible.

Q27. In a *first* session at a mental health clinic with a couple who wants to address marital problems, the wife complains that the biggest problem in their marriage is the husband's nasty temper. The worker's best response is

1-"Can either of you tell me more about this problem?"
2-"Have you done anything that might provoke his anger?"
3-"At our session today he doesn't seem to have a problem with self control."
4-"Do you, Mr. _____, wish to discuss problems with your temper?"

Q28. Older people who suffer physical, mental, or emotional injuries inflicted by caretaking adults are commonly termed

1-elders of poverty
2-abused or neglected adults
3-developmentally masochistic
4-victims

Q29. A senior center social worker interviews a 75-year-old woman with an IQ of 70 who can read only minimally and who is able to do only very basic arithmetic. She is able to follow instructions and is generally amiable in responding to coaching and correction. She prefers to stay in her own home. In developing a plan with this woman and the family, the social worker would first

1-plan for eventual supervised residence in a facility for the mentally disabled
2-establish a plan that includes social adaptation and that will enhance her independent living
3-emphasize social functioning in the near term
4-plan for residential long-term care due to the client's advanced age
5-allow family members to make a decision for her, due to her advanced age

Q30. A supervisor wants to observe a clinician's client interview through a two-way mirror. Because the supervisor is a professional staff member with overall responsibility for all cases in treatment by staff, the worker

1-does not need to obtain the client's informed consent since the observation's purpose is supervision
2-does not have to obtain informed consent of the client, since such consent is given when clients sign a release form for information at intake
3-has to obtain the client's informed consent before she proceeds with the observation session
4-has to obtain informed consent only if the session is to be recorded

Q31. A working diagnosis often delineates the severity of a disorder. The specifier to use with older people is

1-"more severe", as older people have enhanced symptoms
2-the same as that for younger people, as no specific degree of disorder is associated with age.
3-always "in full remission", due to advancing age.

Q32. The process of treatment planning is the task of the

1-social worker 2-client

3-social worker, client, and anyone else the client specifies 4-agency psychiatrist

For these questions, please darken <u>1 for True</u> or <u>2 for False</u> on the answer sheet, in the row corresponding to the question number.

Q33. The majority of old people (past age 65) are senile (i.e., defective memory, disoriented, or demented.

Q34. All five senses tend to decline in old age.

Q35. Most older people have no interest in, or capacity for, sexual relations.

Q36. Lung capacity tends to decline in old age.

Q37. The majority of old people feel miserable most of the time.

Q38. Physical strength tends to decline in old age.

Q39. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.)

Q40. Aged drivers have fewer accidents per person than those drivers under 65.

Q41. Most older workers cannot work as effectively as younger workers.

Q42. About 80% of the aged are healthy enough to carry on their normal activities.

Q43. Most older people are set in their ways and unable to change.

Q44. Old people usually take longer to learn something new.

Q45. It is almost impossible for most old people to learn new things.

Q46. The reaction time of most old people tends to be slower than the reaction time of younger people.

Q47. In general, most old people are pretty much alike.

Q48. The majority of old people are seldom bored.

Q49. The majority of old people are socially isolated and lonely.

Q50. Older workers have fewer accidents than younger workers.

Q51. Over 18% of U.S. population are now age 65 or older.

Q52. Most medical practitioners tend to give low priority to the aged.

Q53. The majority of older people have incomes below the poverty level (as defined by the Federal Government)

Q54. The majority of old people are working or would like some kind of work to do.

Q55. Older people tend to become more religious as they age.

Q56. The majority of old people are seldom irritated or angry.

Q57. The health and socioeconomic status of older people (compared to younger people) in the year 2010 will probably be about the same as now.

Darken the circle of the number that matches your answer, in the corresponding row on the answer sheet.

Q58. My sex is:

1-Female 2- Male

Q59. My age is:

1-under 21	3=31-40	5=51-60	7=70 or over
2=21-30	4=41-50	6=61-70	

Q60. My ethnicity is:

1. African descent	3-Caucasian	5-Native American
2. Asian/Pacific Islander	4-Hispanic	6-Mixed heritage

This concludes the questionnaire on social work practices. Thank you very much for your participation in this study. If you have questions or feedback following return of the survey form, contact Jane Roberts, LCSW, 540-381-3496.

APPENDIX B: COVER LETTER

Social Work and Aging Questionnaire
Jane Roberts, Ph.D. Candidate
VPI & State University
Blacksburg, VA 24060

Dear Social Work Colleague, August 8, 2002

I am writing to ask for your help with important research about social work practices and older clients. Many of us in the field of social work are working more and more with older people and their families, as the U.S. population ages overall.

If you will take a few minutes to fill out the questionnaire attached to this letter, it will greatly further this research and will give you the opportunity to contribute to a relatively new field of study, that of our aging clientele. It should take you no more than 15 minutes to complete the scales, and the results will be very useful in helping us understand relationships among social workers and our clients. Most questions have no right or wrong answer per se; rather, they indicate an approach or style of social work practice. Your responses will be reported only as part of the larger study and will be held in the strictest confidence. Your name will never be used in any publication or reporting of information.

You will find a set of instructions on the question sheet. When you have finished, please return **the answer sheet only, in the stamped addressed envelope, (preferably by Aug 20).** Please do not write your name or other identifying information anywhere on the answer sheet, and use a #2 pencil, if possible, to darken the circles.

Thank you for completing these instruments. Again, let me stress how useful the information will be in the research of aging clients, as we strive to provide the best possible care for those who depend upon us. In addition, I would welcome any feedback about issues surrounding aging and social work, or your thoughts about the questionnaire itself**.** While I'm unable to offer any compensation or direct benefit for your assistance with this project, you can be assured that your responses will promote better understanding of social work practice and our professional interests.

Thank you,

Jane Roberts, ACSW, LCSW

For further information, please contact me:
540- 381-3496 (home phone)
540-982-2463 (ext. 2523) (office phone)
540-982-2464 mailto:jroberts@vt.edu jroberts@vt.edu

Please return the survey form by Aug. 20.

APPENDIX C: NASW CODE OF ETHICS SUMMARY

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*
Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*
Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).
Value: *Social Justice*
Ethical Principle: *Social workers challenge social injustice.*
Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.
Value: *Dignity and Worth of the Person*
Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*
Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.
Value: *Importance of Human Relationships*
Ethical Principle: *Social workers recognize the central importance of human relationships.*
Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.
Value: *Integrity*
Ethical Principle: *Social workers behave in a trustworthy manner.*
Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.
Value: *Competence*
Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*
Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

CURRICULUM VITAE

JANE ROBERTS

I. Resume

Office: Veterans Administration Medical Center
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CURRENT POSITION

2001-present — Health Sciences Research Specialist
Veterans Administration Medical Center
Geriatric Research, Education, and Clinical Center (GRECC)
Durham, North Carolina

Coordination of the Virginia component of a four-site research project entitled "Abilities-Focused Care to Veterans with Dementia" involves the management of project operations, including recruitment and registration of study participants, explanation of the study and obtaining informed consent, organization of data collection and transmission, and data management. Duties include presentation of project proposal and data results, in accord with institutional review board requirements. Managing Virginia segment of $800,000 U.S. Department of Veterans Affairs grant project.

PROFESSIONAL EXPERIENCE

2001 — Adjunct Faculty, Virginia Tech
(HD 2336), Summer II.

1998-2001 — Faculty, Radford University School of Social Work

Teaching survey, practice, and human behavior courses at a state university entailed preparation of coursework and syllabi, maintenance of course schedules, managing coursework schedules, and management of classroom and administrative tasks. Fieldwork liaison duties involved planning, gathering, and disseminating information pertaining to field studies, as well as engaging in periodic visits with field placement agencies and students. Recruitment of future field placement sites was also part of this work, as was relaying observed and reported programmatic problems.

2000-2001 Research Assistant, Virginia Tech
Blacksburg, Virginia (Center for Gerontology)

As full-time Research Assistant at the Virginia Tech Center for Gerontology, I collected and entered data on a large-scale study of involuntary adult protective services, examining the balance of state protection and client rights. I also developed a codesheet for data entry and a rationale for coding items, and I assisted with delineation of procedures for the current research project. I conducted library and electronic database searches for literature surrounding current research, and co-authored an article and presentation describing study results.

1996-1997 Program Manager
Hope Hospice, Ft. Myers, Florida

As Program Manager with a nationally recognized hospice with an average daily census of 500 patients, I supervised an interdisciplinary team that included nurses, social workers, chaplains, and nurse managers. I coordinated community outreach and program development, including multicultural outreach to Seminole tribes and migrant workers. I assessed cost effectiveness of health provision programs and researched, wrote, and was awarded foundation grants.

1994-1996 Social Services Coordinator
Hope Hospice, Ft. Myers, Florida

I supervised daily social work operations, and managed and developed programs, policy, and procedures.

1988-1994 Psychotherapist & Clinical Social Worker
St. Albans Psychiatric Hospital, Radford, Virginia

I conducted psychosocial assessments, direct therapeutic interventions, problem-solving and case management.

1978-1988 Director of Social Work
Montgomery Regional Hospital, Blacksburg VA

With the public agency system, I provided direct services to medically vulnerable, impaired, and under-served populations.

1972-1978 Social Worker
Montgomery County, Virginia, Social Services
I offered individual and family counseling, resource procurement, and older adults' and children's services to suburban and rural populations.

EDUCATION

2002: Ph.D.
Department of Human Development, Virginia Polytechnic Institute and State University.
Emphasis in Adult Development and Aging
Doctoral Dissertation: "Ethics Adherence as a Predictor of Age Bias"

1987: Master of Social Work
Virginia Commonwealth University, Richmond, Virginia

1972: Bachelor of Arts, Sociology
Radford College (now Radford University), Radford, Virginia

1989: Licensed Clinical Social Worker (LCSW), Virginia and Florida.
1989: Academy of Certified Social Workers (ACSW), National.
1989: Licensed Group Therapist and Facilitator, Virginia

II. Recommendation Statements: N/A

III. Candidate's Statement: attached

IV. Teaching and Advising

A. **COURSES TAUGHT**

Radford University

Semester	Course #	Course Name	Enrollment
Spring, 1998	SW 300	Human Behavior in the Social Environment	12
Spring, 1998	SW 320	History of Social Welfare: Policy I	20
Summer II, 1998	SW 425	Child Welfare Practice	18
Fall, 1998	SW 200	Introduction to Professional Practice	25
Fall, 1998	SW 300	Human Behavior in the Social Environment	22
Spring, 1999	Remote Campus Coordinator	1/4 faculty time devoted to offsite program coordination	
Spring, 1999	SW 301	Human Behavior with Individuals and Families	20
Spring, 1999	SW 321	Social Work Policy II	12
Spring, 1999	SW 422	Social Work Practice	13

Summer II, 1999	SW 421	Child Welfare Practice	6
Fall, 1999	SW 300	Human Behavior in the Social Environment	16
Fall, 1999	SW 301	Human Behavior with Individuals and Families	14
Spring, 2000	SW 200	Introduction to Professional Practice	36
Spring, 2000	SW 300	Human Behavior in the Social Environment	12
Spring, 2000	SW 792	MSW Field Seminar	7
Fall, 2000	SW 200	Introduction to Professional Practice	12
Fall, 2000	SW 300	Human Behavior in the Social Environment	35
Spring, 2001	SW 422	Social Work Practice	15
Spring, 2001	SW 320	History of Social Welfare: Policy I	16

Virginia Tech

Semester	Course #	Course Name	Enrollment
Sum. II, 2001	HD 2336	Principles of Human Development	6

Field placement instructor: 1994-1997: University of South Florida
1997-1998: Florida Gulf Coast University
1987-1994: Virginia Commonwealth University
1997-1994: Radford University

B. Theses, dissertations, other graduate degree projects directed: Master's of Social Work poster sessions (graduate comprehensive projects):
Spring, 2000: Chair: 2 graduate comprehensive projects. Member: 4 projects
Spring, 2001: Chair: 3 graduate comprehensive projects. Member: 2 projects

C. Current positions held by masters' recipients:
Medicare Coordinator, Durham, NC
Hospice Social Worker, Yadkinville, NC
Veterans Administration Social Worker, FL

D. Special achievements of former students: N/A

E. Baccalaureate academic advising:
1998-1999: 18 students
1999-2000: 23 students
2000-2001: 18 students

F. Course, curriculum, and program development:

Developed and revised courses:

Social Work Practice	Introduction to Professional Practice
Social Work Policy II	History of Social Welfare, Policy I
Child Welfare Practice	Behavior of Individuals and Families
Principles of Human Development	Human Behavior in the Social Environment

G. Student evaluations

Semester	Course Title	Student Comments	Scale: 5 point maximum
Spring, 1998	History of Social Work	"referred to clients as 'people'"	N/A
Fall, 1998	Introduction to Professional Practice	"inspiring teacher" "made me feel comfortable asking questions" "enjoyed the classroom atmosphere created by the instructor"	N/A
Fall, 1998	Human Behavior in the Social Environment	"knowledgeable about the material and so interested in the student and whether they [sic] understand the material"	N/A
Summer, 1999	Child Welfare		Mean: 4.1
Spring, 2000	MSW Field Seminar		Evaluation received but no comments or numeric quantity
Fall, 2000	Introduction to Professional Practice		Mean: 3.9
Fall, 2000	Human Behavior		Mean: 4.5
Spring, 2001	History of Social Work	"allows the students to determine how they will best be evaluated, i.e., tests, papers, research, etc." "bring[s] the material to life"	N/A

H. Peer evaluations: 1998-2000: N/A.

I. Alumni evaluations: N/A

J. Demonstrated efforts to improve teaching effectiveness:
Spring, 1998-Spring, 2001:

180 continuing education hours of courses, workshops, and seminars
Attendance at Faculty Development Seminars
Member of Radford University Annual Gerontology Seminar program committee
Experimental study of student library instruction use (SW 320)

K. Recognition or awards for teaching or advising: N/A

L. International recognition or awards: N/A

V. Research, Scholarly, and Creative Achievements

A. Research and scholarly publications
1. Monographs authored: N/A.
2. Book chapters: N/A
3. Books edited: N/A
4. Textbooks authored: N/A
5. Textbooks edited: N/A
6. Papers in refereed journals: N/A
7. Papers in refereed conference proceedings:

Teaster, P. B., Roberto, K. A., Roberts, J., & Duke, J. (2001, November). Preliminary findings of involuntary adult protective services provision. Symposium presented at the National Association of Adult Protective Services Workers, San Antonio.

Roberts, J., & Dobkins, D. H. (2001, August). Therapist and patient interaction: A case study. Paper presented at the International Federation of Schools of Social Work annual meeting. Vienna. Under review: *The Journal of Rehabilitation*.

Dobkins, D. H., & Roberts, J. (2001). Health experiences of international students: An examination of autonomy and personal agency in healthcare. Under review: *International Journal of Multicultural Communication*. Presented at the Conference of the International Association of Multicultural Communication, Hong Kong: July, 2001.

Teaster, P., Roberts, J., & Kretzer, S. (2001). Elder sex abuse in Virginia. Seventh Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. Virginia Beach, VA, June, 2001.

Roberts, J. & Dobkins, D. H. (2000). The patient-therapist relationship in rehabilitation. International Schools of Social Work Annual Conference, Montreal, CA. August, 2000. Also published in online conference monograph by same title (www.ifsw.org; see "*Montreal Conference*").

Roberts, J. (1998). Caregivers and chronic illness. 3rd Annual Gerontology Conference: Radford University, Radford, Virginia. March 1998.

Roberts, J. (1997). Solution-focused brief therapy & social work with the terminally ill. Presentation at state conference on hospice clinical & administrative work: Florida Hospices, Inc. August, 1997

Roberts, J. (1996). Solution-focused therapy and social work with the terminally ill. National Hospice Organization conference monograph, January, 1996.

Roberts, J. (1996). Interdisciplinary method for social workers and nurses: Implications for hospice treatment: National Hospice Organization annual conference, Orlando, Florida. January, 1996.

Roberts, J. (1998). Solution-focused brief therapy: Application to treatment of the terminally ill. Virginia Organization of Health Care Social Workers; State Conference. VA Commonwealth University, Richmond, VA. May, 1998.

Roberts, J. & Dobkins, D. H. (2000). The patient-therapist relationship in rehabilitation. International Association of Schools of Social Work (IASSW) conference monograph, August, 2000.

Roberts, J. (1998). Managed care in 1990's health systems: Implications for counseling practice. School Counseling Seminar: Virginia Tech, Virginia. May, 1998

Roberts, J. (1998). Solution-focused brief therapy: Application to treatment of the terminally ill. Virginia Organization of Health Care Social Workers, conference monograph, May, 1998.

8. Prefaces, introductions, catalogue statements: N/A

9. Papers presented at professional meetings:

Roberts, J., & Dobkins, D. H. (2000). The client-therapist relationship: Research findings on locus of control and choice of rehab therapist. Presentation to Blue Ridge District National Association of Social Workers meeting, July, 2000.

Vaught, C. C., Mathai, C., & Roberts, J. (2001). Evaluation of a school district's secondary education counseling curriculum: A qualitative study. Presentation to a Virginia school district administration. July, 2001. Under review: *The Professional School Counselor.*

10. Other papers and reports:

11. Translations: N/A

12. Abstracts: N/A

13. Reviews:

Roberts, J. (2001). A kiss is still a kiss: Intimacy and aging in film, web, and chat. Video and website review of educational materials on intimacy and aging. *Generations*.

Roberts, J. (2001). Book Review: Cultural issues in end-of-life decision-making, reviewed for the *Journal of Women and Aging, 13*.

14. Sponsored research and grant awards (principal investigator):

1996: Victims of crime advocacy training (VOCA). U.S. Department of Justice. Ft. Myers, FL. $60,000.

1995: Senior Social Work system: mentoring system for hospice social workers Grant from area community services organization: Lee County, FL. $3,000.

B. Creative performances: N/A

C. Editorships: N/A

D. Software and patents: N/A

E. Awards and recognition: 1988 Social Worker of the Year, New River Valley.

F. International research collaborations: (2000): Hospice in the U.S. and U.K: A comparative study.

VI. Outreach Professional Accomplishments

A. Outreach

1. Program development and implementation
Depression and suicide risk in terminally ill
(5 presentations: 250 clinical and professional staff)
(3 presentations: 75 clinical and professional staff)

Hospice services to migrant worker families
(individual and family therapy; resource procurement; in collaboration with U.S. Department of Immigration Service, Okeechobee, FL)

Hospice services to Seminole tribe of Southwest Florida
(Individual and family therapy; resource procurement; collaboration with U. S. Bureau of Indian Affairs, Okeechobee, FL and Hendry County, FL)

2. Outreach publications: N/A

3. Participant or peer evaluations: N/A

B. International outreach activities: N/A

VII. Professional and University Service:

A. Service as an officer or professional association executive committee member:

National Association of Social Workers
1980-1984: Executive Committee member, Virginia Chapter
1980-1984: New River Valley Chair
1998-2001: New River Valley Chair

Association of Death Educators and Counselors (ADEC)
1994-1998: Treasurer, Southwest Florida Chapter:

Association of Health Care Administrators
1980-1988: New River Valley Chair
1978-1980: Virginia Chapter member

Professional Section of the American Medical Society
1984-1986: Executive Secretary, Virginia Chapter
Society of Hospital Social Work Directors

New River Valley Hospice, Inc.
1984-1988: Secretary/Treasurer
1980: Founding Member and Education Coordinator

B. Other service to one's profession:

Gerontological Society of America: 2001-2002: Member

Southern Gerontological Society : 1998-2002: Member

American Association of University Women: 1998-2000: Member

On Death and Dying, Community Panel: 2000: Panelist: Bill Moyers Community Panels. Served as hospice spokesperson: Blacksburg, Virginia, October, 2000.

Association of Home Health Social Workers
1978-1998: Member

1988-1994: Facilitator: Women's issues therapy groups
1994-1998: Facilitator and trainer: hospice volunteers and social work staff
1980-1988: Facilitator and trainer: Alzheimer's support groups, family therapy
1988-1992: Facilitator and therapist: Coping with Loss Group, St. Albans Hospital
1994-1998: Facilitator and therapist: Grief and loss groups, Hope Hospice, Florida
1994-2000: Clinical License supervision: 16 MSWs' clinical license preparation

C. Meetings, panels, workshops organized:
1980: Director, National Association of Social Workers, Virginia annual conference

D. Manuscripts and grant proposals reviewed: N/A.

E. Department, college, and university service:

Council on Social Work Education: 1998-2000: Member: Policy Development Committee, Radford University.

Radford University MSW Program Admissions Committee: 1998-2001: Member

Social Work Curriculum Advisory Committees
1996-1998: Florida Gulf Coast University Professional Advisory Committee
1988-1994: Radford University Professional Advisory Committee

F. Meetings, panels, workshops organized:
1980: Director, National Association of Social Workers, Virginia annual conference

G. Manuscripts and grant proposals reviewed: N/A.

VIII. Other Pertinent Activity: N/A.

References Jane Roberts

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