AGEISM: AN INVESTIGATION OF KNOWLEDGE AND ATTITUDES OF PATROL OFFICERS RELATED TO THEIR PREFERENCE TO WORK WITH OLDER ADULTS INCLUDING THOSE WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

by

Susan M. Miedzianowski

PAIGE KRABILL, PsyD, Faculty Mentor and Chair

MAGY MARTIN, PhD, Committee Member

ANDREA DAINES, PhD, Committee Member

Suzanne Holmes, DPA, Dean, School of Public Service Leadership

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

Capella University

December, 2013

UMI Number: 3609064

UMI®
Dissertation Publishing

UMI 3609064

ProQuest®

ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Abstract

The study examined feedback from patrol officers regarding the relationship between knowledge of normal and pathologic aging, attitudes toward aging, and influence on the preference of patrol officers to work with older adults, including those with Alzheimer's disease and related dementias (ADRD). Data was collected using a web-based survey by patrol officers in the State of Michigan. The survey instrument was comprised of a researcher-developed demographic section and the following tools: Palmore's Facts on Aging (FAQ2), Kogan's Attitudes toward Old People, Templer's Death Anxiety Scale, Alzheimer's Knowledge Scale and selected sections from The Impact Study. Attitudes and behavior were viewed from combined theoretical perspectives of terror management and social learning theories. The sample included 111 sworn active-duty patrol officers working in law enforcement agencies, public safety and tribal council departments in the state of Michigan. The initial sample was selected using random systematic sampling methods from the publically available directory of Michigan county, municipal and tribal law enforcement agencies. Convenience sampling was added at month three of the data collection process due to poor response rate. The findings of this study showed that, patrol officers displayed some ageist perceptions based on neutral results considering the older adults, but appeared to create no discernible difference between their attitudes and preference to work with older adults. Despite better knowledge, no significant relationship was found between this knowledge and patrol officers' preference to work with older adults including those with ADRD. Attitudes are composed, in part, from previous experiences. Participating patrol officers indicated that experiences with older adults including those with ADRD were of a more professional than personal nature and

may have had some influence on the lack of significance in the relationship between attitudes of patrol officers toward ADRD and their neutral preference to work with older adults with ADRD. This study demonstrated that knowledge and attitudes together influence preference of patrol officers to work with older adults. Patrol officers need to maintain a solid foundation of normal and pathological aging to create the necessary tools to meet the needs of the growing segment of this population.

Dedication

At the end of this journey, the degree is awarded to just one person. However, I did not begin, undergo or complete this journey alone. Therefore, this work is dedicated to those who created the wind beneath my wings on a daily basis. First, to my parents, Albert and Dorothea (Peggy) Klaassen, who from childhood encouraged me always to reach for my dreams. To our daughters Pauline, Cindy, Melissa, Christina, and Kathleen and our grandchildren who took care of themselves and me, and accepted those weekends when I was unable to be either mom or granny so that I could complete assignments, or "work on this chapter". And most of all, to Ted, the captain of this team, my husband of 42 years, ally, helper, coach, companion, and cheerleader. I love you all! Thank you for letting me spread my wings to soar.

Acknowledgments

First and foremost, I wish to acknowledge and thank my mentor, Dr. Paige Krabill, and committee members Dr. Magy Martin, and. Dr. Andrea Daines who guided and watched my development throughout this process and made sure that I did not give up regardless of the challenges that were being faced. I am truly honored to have worked with each of you. In the future, my goal is to be as much of an inspiration for other students as you have been to me.

To June Cline, my coach, thank you for all you have taught me throughout this journey. Although I cannot promise never to split another infinitive, these lessons are ones that I can pass forward. The friendship we have created is priceless and I look forward to working together in the future. Thank you also to Dr. Wilsetta McClain, for the inspiration to start this journey and to be there for me as it continued! To my friend and confidant of more than thirty years, Meropie Fotias, thank you for the never ending belief that I would finish so that you could call me "Dr."! Thank you also to the Macomb County Starliners, Roseville Chapter, #468, Order of the Eastern Star and other friends who promoted convenience sampling to help me recruit participants to complete the surveys.

Thank you to the members of the Baker College Auburn Hills Campus Security who gave of their time to provide input on the demographic portion of the survey instrument. Your feedback was valuable and helped to create a more inclusive tool.

Finally, a heartfelt thank you is sent to the patrol officers in the State of Michigan who participated in the survey. Your willingness to participate in this study provided insight to perspectives and knowledge about older adults including those with

Alzheimer's disease and related dementias in their communities. Your selfless efforts to

make sure that our communities are safe are truly appreciated.

Table of Contents

List of Tables

CHAPTER 1

Background of the Problem

Over the next several years, the population within the United States will shift from a younger society to one that is proportionately older. This shift is projected to create practical and important changes in the frequency and type of interactions between patrol officers and older citizens within their communities. Cherry, Allen, Jackson, Hawley and Brigman (2010) reported that previous research demonstrated that "higher levels of exposure to older adults influence a more favorable and realistic perspective of functioning and comfort as well as likelihood to work with older persons" (p. 282). Based on this premise, it is essential for patrol officers to have a solid knowledge base regarding normal and pathological aging, as well as an understanding of their attitudes including biases and beliefs as these may affect the performance standards and preference to work with the older population (Cupello, 2010; Sever & Youdin, 2006).

Baby boomers are defined as the 76 million individuals born between 1946 and 1964, and based on an annual birthrate of more than 4 million per year, resulted in the largest number of persons ever born in a single generation (Schewe, Meredith & Noble, 2000). By 2030, it is estimated that those aged 65 and older will comprise 20% of the population and perhaps of more importance is the projection that an estimated 8.9 million people will be over the age of 85 (Cherry, Allen, Bourdreaux, Robichaux, & Hawley, 2009; U.S. Census Bureau, 2010; Weiss, 2005).

Aging often is accompanied by physical and cognitive changes, as well as chronic illness, resulting in the reduced ability to function independently and creating a dependence on formal and informal public services, including calls to patrol officers for

assistance (Kane, 2006; Sever & Youdin, 2006). One projected result of the aging baby boomer population is the anticipated increase in the number of individuals at risk for Alzheimer's disease and related dementias (ADRD; Alzheimer's Association, 2013).

If patrol officers are left to interact with the aging population in their communities, without an understanding of the aging process, it may create an additional burden on patrol officers who will enter situations for which they have insufficient training or experience (Sever & Youdin, 2006). Patrol officers often are the first called to interact with the older adult who exhibit bizarre behavior, confusion, have fallen or become lost as a result of changes in their physical and/or cognitive changes. Additionally, Kane (2006) supported this concept, summarizing that the unwillingness to deliver appropriate interventions for older adults could be affected adversely by lack of knowledge and attitudes of helping professionals. This study was designed to investigate the presence or absence of the effects of knowledge and attitudes on the preference of patrol officers to work with the older adult including those with ADRD.

Knowledge

Research in other helping professions, including nursing, medicine and social work, demonstrated that as knowledge regarding the normal and abnormal aging process, particularly ADRD increased, a positive change in attitude toward older adults resulted (Allan & Johnson, 2009; Lachenmayr, Denard-Goldman, & Brand, 2000). Flood and Clark (2009) in their studies postulated that serious consequences in behavior of various helping professions are often the result of "negative attitudes and lack of knowledge about aging" (p. 588). Cherry et al. (2009) stated that the possessing fundamental knowledge of both normal and pathologic aging is necessary to understand various

presentations of cognitive changes and maintain appropriate expectations for older adults. The necessity for this foundation to be present in patrol officers also was supported by Hawley, Garrity and Cherry (2005) who indicated that encounters with older adults were routine occurrences in their daily interactions. Additionally, the ability to interact effectively with this population depended on the ability of patrol officers to perform accurate appraisals of cognitive competencies and follow through with appropriate interventions. Knowledge of the various aspects of aging, as well as those clinical conditions that influence cognition could affect the ability of patrol officers to provide quality services to older adults within their communities.

Attitudes

Research emphasized that the importance of positive attitudes toward the older population was an important factor in the delivery of quality services (Kane, 1999a; Lyons, 2009). Cupello (2010) noted that bias of ageism was one factor that could affect patrol officers substantially. Patrol officers comprise a representative sample of the population, and could demonstrate ageist attitudes towards a group about which they lack sufficient knowledge. Additionally, attitudes of patrol officers could be influenced by the comparison of the behavior or the changing needs of the older population to their own aging process or mortality. Attitudes regarding aging are developed over the lifetime of the individual and are exhibited by individuals as they perform their duties as patrol officers (Cupello, 2010). Since the demographic aging of America is projected to have an effect on every city and town, the expected increase in service calls to police regarding older adults provides opportunities for these agencies to reexamine policies and procedures to promote effective interactions with this population.

Preference to Work

Previous research has demonstrated that a bias toward older adults can be exhibited by patrol officers, as well as by others in helping professions such as physicians, medical students, social workers and social work students, mental health professionals, nurses and nursing students and criminal justice/law enforcement students (Allan & Johnson, 2009; Geiger, 1978: Kane, 1999b; Kane, 2006; Lundquist & Ready, 2008; Weiss, 2005). Additionally, within the helping professions, the interest or motivation to work with older adults, especially those with cognitive deficits, such as ADRD, ranked low compared with other clients. Some professionals stated that working with the older adults was basic, unchallenging and unrewarding (Happell, 2002; Kane, 2002; Lundquist & Ready, 2005). This attitude has its foundation in the commonly held perceptions that as older patients frequently do not get better, there is a limited value to working in this area (Brown, Nolan, Davies, Nolan & Ready, 2008; Kane, 1999b). To maximize the effectiveness of this shift in the demographic balance of the populations in the various communities, it is necessary to gain an understanding of the knowledge and attitudes of patrol officers related to their preference to work with older adults including those with ADRD.

Theoretical Framework

Terror management theory (TMT) provides the major theoretical lens for the study as it relates to the struggle of individuals to adopt a meaningful concept of reality, maintain their self-esteem and understand the unconscious need for the preservation of personal immortality (Greenberg, Solomon & Pyszczynski, 1997). Specifically, Becker's (1973) TMT relates human behavior to the battle between the awareness of individuals'

mortality and their need for immortality. Additionally, Pyscyznski, Greenberg and

Solomon (1999) posited that concerns about the mortality of individuals could "affect a

broad range of socially significant behaviors unrelated to the problem of death" (p. 285).

This position supported earlier work by Freud who stated, "Our unconscious does not

believe in its own death; it behaves as if immortal" (as cited in Furer & Walker, 2008, p.

167). To this end, individuals create defenses against their mortality to maintain self-

esteem, as well as their place as valuable members of the universe (Greenberg et al.,

1997). This defense mechanism includes a subconscious effort to avoid thinking about or

associating with those nearing the end of life's journey, such as older adults, as well as

those with ADRD.

Gap in the Literature

Allan and Johnson (2009), in a meta-analysis, concluded that development of

positive attitudes toward older adults relies on more than the frequency of contact. Their

position was that while inconsistent results demonstrated the presence or absence of a

relationship between knowledge and attitudes toward older adults, some studies reported

that a more solid foundation of knowledge of aging (normal and pathological) led to

improved attitudes towards older adults. Additionally, behavior could be affected by an

active threat to the individuals' cultural worldview and frequently was exhibited as

attitudes of prejudice and intolerance toward those who do not fit the picture (Forst,

2000). McDermott and Zimbardo (2007) reported that "reminding people of their

mortality affects their evaluations of others" (p. 363). Lachenmayr et al. (2000) also

demonstrated that patrol officers with increased knowledge about aging and ADRD were

in unique positions to benefit this population, promote increased communication, and

improve quality of life within their community. Gaining a clear perspective and appreciation of the combined relationship of the knowledge and attitudes of patrol officers toward aging is important to promote improved relationships and understand how these variables affect the preference of patrol officers to work with this population.

Statement of the Problem

Research supported that the duties of sworn patrol officers include an obligation to answer assigned service calls regardless of the issue, and that ageism is as prevalent in this helping profession as it is in the general population (Cupello, 2010: Forst, 2000; King & Steiner, 2001; Lachenmayr et al, 2000; Michigan Commission On Law Enforcement Standards [MCOLES], 2006). Additionally, increased knowledge of both normal and pathological aging, including, but not limited to ADRD, could create improved attitudes within the helping professionals (Hawley et al., 2005; Kane, 2002). Despite the presumption of Allan and Johnson (2009) that, in general, knowledge improves attitude, research has not determined if a relationship exists between patrol officers' attitudes and knowledge of aging and ADRD and if this relationship influences the preference of patrol officers to work with older adults, including those with ADRD.

Purpose of the Study

The purpose of this quantitative study was to examine feedback from patrol officers regarding the presence or absence of a relationship between the knowledge of normal and pathologic aging, attitudes toward aging, and its influence on the preference of the patrol officers to work with older adults, including those with ADRD. In addition, the study seeks to gain an understanding of the combined impact of knowledge and attitudes of patrol officers and their preference to work with older adults with ADRD. A

6

quantitative web-based survey of patrol officers serving within the State of Michigan was used to collect the required data.

Rationale

Patrol officers are sworn to care for the welfare, safety, and security of the residents of their communities. Interaction with all members of the community translates to the realization that minimal options exist to verbalize preferences toward particular assignments within the duties of the patrol officers. For the most part, attention in the literature was given to incidents that involved crime and violence (Cupello, 2010). However, the preference to work with older adults, specifically ADRD, has not been documented in the literature.

While the majority of interactions between patrol officers and older adults are nonviolent, the nature of the calls often is repetitive and can become tiresome (Cupello, 2010; Forst, 2000; Lipson, Turner, & Kasper, R. 2010). This repetitive nature may adversely affect the preference to answer calls and provide quality intervention. Research by Kane (2006) demonstrated that within helping professions, preference to interact with the older population could be affected adversely based on knowledge and attitudes. This concept could apply equally to patrol officers, as they are required to respond repeatedly to calls for service regarding older adults in their community who may be affected with ADRD.

Additionally, Sever and Youdin (2006) posited that based on the projected increase in the number of calls regarding the older population, additional burdens may be placed on patrol officers to intervene in circumstances for which they have insufficient training or experience. This lack of training or experience also could affect the

preference and quality in handling of these situations. When there is a positive

relationship between knowledge and attitudes consistent among other helping

professions, behavior changes, (Allan, & Johnson, 2009; Flood & Clark, 2009,

Lundquist, & Ready, 2008). As patrol officers often are first responders in crisis

situations, assisting individuals with and without ADRD, effective strategies are needed

to increase awareness of the attitude-knowledge continuum and better prepare these

professionals to meet the challenges of their aging communities.

A logical assumption is that in combining a solid foundation of knowledge and

increasing understanding of attitudes regarding the normal and pathological aging

processes, patrol officers may develop realistic expectations and display positive

preferences for working with older adults. This study of patrol officers was conducted to

understand if the preference to work with older adults, including those with ADRD, was

influenced by a combination of knowledge and attitudes. Based on the findings,

recommendations can be developed to promote patrol officers' awareness of the needs of

this growing population.

Research Design

Earlier work on the motivation to work or associate with persons with ADRD was

based on either knowledge or attitudes toward the disease process as well as aging in

general (Kane, 2002, 2004). Those in other professions who demonstrated increased

knowledge and positive attitudes were more likely to demonstrate a willingness to

associate with older individuals (Flood & Clark, 2009; Hawley et al., 2005). This study

incorporated a nonexperimental quantitative survey approach to study the presence or

absence of a relationship between attitudes and knowledge of patrol officers related to their preference to work with older adults, including those with ADRD.

Creswell (2009) defined quantitative research as a methodology to test theories objectively through examination of relationships between variables. Combining the quantitative approach with survey research allows the investigator to gather data from samples drawn from the targeted population, explore and evaluate specific patterns and relationships of attitudes and knowledge, and predict resulting behavior (Bordens, & Abbott, 2008; Harris, 2012). Utilizing a post-positive worldview allows the investigator to evaluate the overarching problem to be evaluated using discrete sets of variables. This format allows testing of theoretical foundations through a deductive format, ensuring that sufficient protections are established to minimize bias, allowances are made for alternative explanations, and where possible, findings can be generalized to a larger population.

Research Questions and Hypotheses

Research Question 1

Does the preference to work with older adults including those with Alzheimer's disease and related dementias vary significantly by participant demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience?

Research Hypothesis 1: The preference to work with older adults including those with Alzheimer's disease and related dementias significantly varies by respondent demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience.

Null Hypothesis 1: The preference to work with older adults including those with Alzheimer's disease and related dementias does not significantly vary by participant demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience.

Research Question 2

Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?

Research Hypothesis 2: The perception of adequate knowledge of aging and type of workplace training on aging significantly predicts the actual knowledge of aging.

Null Hypothesis 2: The perception of adequate knowledge of aging and type of workplace training on aging does not significantly predict the actual knowledge of aging.

Research Question 3

Does the perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?

Research Hypothesis 3: The perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predicts the actual knowledge of Alzheimer's disease and related dementias.

Null Hypothesis 3: The perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias does not significantly predict the actual knowledge of Alzheimer's disease and related dementias.

Research Question 4

Is there a relationship between the years of education of patrol officers, type of workplace training about aging and their preference to work with older adults?

Research Hypothesis 4: There is a relationship between the years of education of patrol officers' and type of workplace training about aging and their preference to work with older adults.

Null Hypothesis 4: There is no relationship between patrol officers' level of education and type of training about aging and their preference to work with older adults.

Research Question 5

Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 5: There is a relationship between the years of education of patrol officers and type of workplace training about and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 5: There is no relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Research Question 6

Is there a relationship between the actual knowledge of patrol officers regarding aging and their preference to work with older adults?

Research Hypothesis **6:** There is a relationship between the actual knowledge of aging in patrol officers and their preference to work with older adults.

Null Hypothesis **6***:* There is no relationship between the actual knowledge of aging in patrol officers and their preference to work with older adults.

Research Question 7

Is there a relationship between actual knowledge of patrol officers regarding Alzheimer's disease and their preference to work with older adults with Alzheimer's disease and related dementias?

Research Hypothesis 7: There is a relationship between the knowledge of Alzheimer's disease in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 7: There is no relationship between the knowledge of Alzheimer's disease in patrol officers and their preference to work with older adults with Alzheimer's disease and related dementias.

Research Question 8

Is there a relationship between the attitudes of patrol officers toward aging and their preference to work with older adults?

Research Hypothesis 8: There is a relationship between attitudes of patrol officers toward aging and their preference to work with older adults.

Null Hypothesis 8: There is no relationship between attitudes of patrol officers toward aging in patrol officers and their preference to work with older adults.

Research Question 9

Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypotheses **9:** There is a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 9: There is no relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and preference to work with older adults including those with Alzheimer's disease and related dementias.

Research Question 10

Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 10: There is a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 10: There is no relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Research Question 11

Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 11: There is a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias

Null Hypothesis 11: There is no relationship between death anxiety in patrol officers and their preference to work with older adults including with Alzheimer's disease and related dementias.

Definition of Terms

To provide a clear understanding of terms utilized in this study, the following definitions are presented:

Ageism. **"**The process of systematic stereotyping of discrimination against people because they are old" (Allan, & Johnson, 2009, p. 1). These discriminatory practices are founded on the premise that the aging process makes individuals less attractive, intelligent, with reduced sexuality and productivity (Wilkinson & Ferraro, 2002).

Aging. The biological, psychological and sociological changes that occur as a person grows older (Foos, & Clark, 2008; Forst, 2000).

Attitude. "Psychological tendencies that are expressed by evaluating a particular entity with some degree of favor or disfavor" (Kite, & Smith-Wagner, 2002, p. 130).

Behavior. The way a person acts in response to environmental stimuli (Agnes, & Guralnik, 2008). In this study behavior is considered the observable responses of patrol officers to their environment.

Biological aging. Term used to describe "the postmaturational changes in physical appearance and capability" (Kart, & Kinney, 2001, p.555).

Chronological aging. The process of marking age through successive years (Forst 2000; Wilkinson, & Ferraro, 2002).

Field training. This training, after completion of formal education, is done on the job, using a less formal process to orient inexperienced officers. Field training is usually accomplished through assignment of the new officer to work on the job under the supervision or mentorship of a more experienced officer. "Officers may encounter older populations during this stage and could potentially receive tips from the experienced officers about their understanding of these populations" (Sever ,& Youdin, 2006, p. 5)

In-service training. This training is required for all officers regardless of rank. Active duty officers are usually required to complete a specified number of in-service training hours annually. In-service training "could serve as a review of many of the issues covered in recruit training or it could center on contemporary issues involving specific populations" (Sever, & Youdin, 2006, p. 5).

Knowledge. "A theoretical or practical understanding of a subject" (Doron, & Werner, 2008, p. 1160).

Older adult. According to the U.S. Census Bureau, older adults are defined as those who are age 65 and over (Weaver, 2011).

Patrol officer (or police officer). "Police are government officials who enforce the law and maintain order" (Police, 2002, para 1). Police officers work in the community to prevent and detect crime. Police functions include patrolling the neighborhoods in squad cars or walking and are on duty to respond to calls for a broad range of assistance.

Perceived knowledge. This knowledge is defined as "what one subjectively thinks he or she knows" (Doron, & Werner, 2008, p. 1160).

Prejudice. A prejudice is considered to have a strong affective component and the individuals who are targeted "have attributes that perceivers find so unacceptable or threatening that they want the individuals out of sight" (Hagstad, & Uhlenberg, 2005, p. 350).

Promotional training. Training that is required of officers at the time of promotion to a higher rank. At this level, the training applies to the "protocol and standard procedures necessary for the position" (Sever, & Youdin, 2006, p.5)

Psychological aging. "The developmental processes, such as intellectual functioning and coping that may be related to aging" (Kart, & Kinney, 2001, p. 561).

Recruit training. A formalized educational program that occurs in the beginning stages of the patrol officer's career (Sever, & Youdin, 2006).

Roll call training A common type of training that can occur on a daily basis within the departments. This type of training is generally conducted at the beginning of the shift and covers current events pertinent to work detail (Sever, & Youdin, 2006)

Social or Cultural aging. The change of roles of individuals within the framework of society as well as the interrelationship between society and the older adult (Forst, 2000).

Specialized training. Training provided to officers who have been selected to receive preparation for a specific issue that is critical to the community (Sever, & Youdin, 2006)

Stereotype. Shortcuts or simplified beliefs used for perceptual processing regarding categories of people as either positive or negative (Hagstad, & Uhlenberg, 2005; Forst, 2002). As a result of this process, generalizations may be created based on incomplete knowledge regarding how characteristics or various attributes are integrated.

Stigma. The result of actions against targeted individuals with perceived attributes that others find so unacceptable or threatening that they want the individual out of their world view (Hagstad, & Uhlenberg, 2005, p. 350).

Assumptions and Limitations

Assumptions

There is support in the literature to demonstrate, that although people accept aging as a fact of life, a stigma continues to be associated with that process. Kite, Stockdale, Whitely, and Johnson (2005) in their meta-analytic review of previous research confirmed that attributes and behavior toward older adults were negative. Martens, Goldenberg, and Greenberg (2005) summarized that "negative attitudes and behaviors directed toward older people can be explained in large part by people's own fears about aging and death" (p. 223). To that end, research by Kane (2002) demonstrated that this attitude was alive and flourishing within the helping professions. Previous studies were conducted involving nursing, medical, and social work students that confirmed this hypothesis. Their findings were expanded to include both older individuals and those with ADRD. What was not apparent was the possibility that this same conclusion based

17

on both knowledge and attitudes could be drawn about patrol officers, specifically related to older individuals including those with ADRD.

This study conducted an investigation into knowledge and attitudes of patrol officers about the aging process and Alzheimer's disease to determine their preference for working with this particular cohort of individuals. Although a significant base of literature exists regarding other helping professions related to working with ADRD, limited published literature was available on either attitude or knowledge of aging and ADRD related to patrol officers. Therefore, the following assumptions are made for this study:

- Law enforcement officers who participate in this study are on active duty within their agency and are not administrative, clerical, civilian or volunteers within the department.

- The active law enforcement officers have patrol as their primary assignment.

- Participation in this study is voluntary; therefore, it is assumed that participants will be truthful when completing the survey.

- Patrol officers participating in the study may opt out of completing all items on the survey.

Limitations

- This research was limited in that the sample is restricted to sworn active patrol officers within the State of Michigan verified by zip code of employer in the demographic portion of the survey. Therefore, the study cannot make claims to be representative of patrol officers beyond this state.

- Although the law enforcement agencies were identified based on random systematic sampling and invitations were sent to the administrative chief of the agency, targeted patrol officers may not have been made aware of the study.

- Lack of encouragement to participate in the study by the administrative chief of the agency may have resulted in a reduced number of participants.

- The application of the findings may not be generalizable to other helping professions, as well as other types of law enforcement personnel, as only patrol officers are included in this study.

Expected Findings

First, this study was expected to illustrate a substantial variance between perceived and actual knowledge of aging as well as ADRD. Next, it was expected that the study could predict the presence or absence of a relationship between knowledge based on education and training of patrol officer and their preferences to work with older adults including those with ADRD. It also was expected that the study could predict the presence or absence of a relationship between attitudes toward older adults including those with ADRD and several variables related to the preference of patrol officers to work with older adults, including those with ADRD.

Conclusion

The aging of the population has created additional concerns for the helping professions, including patrol officers. The increasing presence of older adults in various communities has had an effect on the duties and responsibilities of patrol officers and their ability to work with these individuals may be affected by knowledge of the aging

process alone or in combination with their attitudes toward working with older adults. Therefore, the purpose of this quantitative study was to gain an understanding of the effects of patrol officers' knowledge and attitudes related to aging (normal and pathologic) and their preference to work with older adults including those with ADRD. The study focused on patrol officers who have no choice in the types of calls to which they are required to respond within their communities.

The remainder of this study is presented in four chapters. Chapter 2 presents a review of the pertinent literature exploring various attitudes and knowledge of those in the helping professions related to their willingness to work with older adults, including those with ADRD. Chapter 3 reviewed and presented the methodology for the study, providing an overview and justification for the various quantitative instruments that used to measure the variables affecting patrol officers' knowledge and attitudes regarding older adults, including those with ADRD. Chapters 4 and 5 provided results and implications of the study and made recommendations for further study.

CHAPTER 2.

LITERATURE REVIEW

Introduction

The purpose of the review of literature, according to Trusty (2011), is to identify gaps in research on a particular topic that is the subject of study. This review "helps us to better serve our clients, students, constituencies and profession" (Trusty, 2011, p. 262). In this case, gaining a more in-depth understanding of the literature could provide further direction in analyzing multiple factors that influence knowledge and attitudes, as well as the resulting effect of the preference of patrol officers to work with older adults including those with Alzheimer's disease and related dementias (ADRD).

Patrol officers are sworn to interact with all members of the community despite their preference in choice of assignments and to handle calls from all age groups for an indeterminate number of scenarios. Within the literature, primary attention is given to incidents that involve crime and violence (Cupello, 2010; Liederbach ,& Stelle, 2010; Lipson, Turner, & Kasper, 2010; Van Horn, 2008). However, calls for services not related to crime are predicted to increase based on the aging population. The reason for many of these calls is a direct result of situations arising from the aging process, both normal and pathological. According to Liederbach, and Stelle (2010), the frustrations of dealing with the aging population are that the typical interactions between police and older adults may be based on existing attitudes. Therefore, understanding patrol officers' preferences to work with the older population based on their knowledge and attitudes toward aging and ADRD is important for education and policy development as this segment of the population continues to increase.

This chapter reviews literature on aging trends in the United States, patrol officers working in a helping profession, a synopsis of ageism, the normal and pathological aging process, helping professions and their foundation of knowledge and attitudes toward older adults, and an overview of ADRD. The theoretical framework for the study and the use of a quantitative research approach selected to understand role of knowledge and attitudes of patrol officers toward aging is presented. The chapter concludes with a critique and summary of the literature related to the concept of aging.

Aging Trends in the United States

The various issues relating to aging, both normal and pathological, have become more salient as the country's population becomes older. This transition to an older demographic profile has influenced concomitant shifts in the political and social arenas, increasing the focus on aging (Liederbach, & Stelle, 2010). Included in these issues is the projected increase in the demand for services of patrol officers. Scholars view this population shift as a developing social problem. The increased variety of services required by patrol officers is expected to be substantial, when working with older adults, including those with ADRD (Liederbach, & Stelle, 2010; Sever, & Youdin, 2006).

Older adults comprise approximately 13% of the population within the United States and by 2020 this number is projected to increase to 20% (Frey, 2007**;** Liederbach, & Stelle; 2010; Weiss, 2005). According to Shewe, Meredith, and Noble (2000), members of the baby boom generation are further identified as two cohorts; with those identified as the leading edge born between 1946 and 1954 ($N =$ 32,531,000; p. 107). The second cohort or trailing edge ($N = 46,794,000$) are those born from 1955 to 1965. Based on this breakdown, the first group has already begun to affect the nature of their

communities. By 2030, the baby boomers (aged 65 to 84 years) are estimated to number more than 61 million and the oldest old, those born before 1946 (85 years old and older), are expected to number more than 9 million (Cherry, Allen, Bourdreaux, Robichaux, & Hawley, 2009; Knickman, & Snell, 2002; Weiss, 2005). Cheng, and Heller (2009) referred to this as an "unprecedented demographic phenomenon" (p. 161), presenting important implications on various social structures, including health care, and housing, as well as affecting various helping professions including law enforcement professionals.

Increasing age often is accompanied by chronic physical limitations and other illnesses involving various forms of cognitive decline, including ADRD. Older adults could experience reduced ability to function independently; creating increased dependence on formal and informal sources for assistance including those provided by law enforcement, specifically patrol officers (Kane, 1999b, 2007; Sever, & Youdin, 2006).

Normal aging could affect cognitive functions based on the natural maturational processes within the body. Pathological aging of cognitive functions is often a result of non-normative factors including disease and trauma to the brain (Cherry et al., 2009). Cherry et al., (2009) also posited that older adults living beyond 75 to 85 years of age, at some point become frail and need assistance. These individuals have an effect on their family or caregivers, as well as other various helping professionals such as patrol officers.

The Alzheimer's Association (2013) stated that those at the highest risk of developing Alzheimer's disease are those over age 85. By 2025, approximately 6.5 million Americans age 65 and older are expected to be at risk for developing Alzheimer's

disease, with that estimate expected to reach 7.7 million by 2030 (Alzheimer's

Association, 2013). By 2031, when the oldest baby boomers reach 85, the estimate is

that there will be 3.5 million cases of ADRD in this population alone. Silverstein,

Flaherty, and Tobin (2002) estimated that 78 to 80% of all people with ADRD live in

their community, with approximately 20% living alone. In some areas of the country,

that percentage is projected to increase to 44%, potentially placing this population and

their communities at substantial risk (Silverstein et al., 2002).

Bourns (2000) identified Michigan as one of the states that could experience a

higher concentration of older adults, as a result of the migration away from the state by

the younger population. In the state of Michigan, the older population, age 65 and over,

is projected to increase from 6% of the population in 2010 to 12% in 2025 (Alzheimer's

Association, 2013). Frey (2007) stated that in these cases, "public expenditures required

to maintain their health and provide social support for seniors in many of these states may

be higher than in states with more youthful elderly and smaller senior population shares"

(p. 9). Older adults are more likely to have special needs that could result from

diminished cognitive function, and may present with increased communication

challenges (Sever, & Youdin, 2006). As a result, patrol officers could find themselves in

situations for which their training and experience might be limited (Forst, 2000).

Therefore, planning for appropriate law enforcement service levels is important to meet

the needs of this aging group, as well as the general population.

According to Sever, and Youdin (2006), previous research has investigated

knowledge and attitudes of the patrol officer related to the older adult population and

crime. However, they were unable to locate studies that specifically explored attitudes or

a combination of knowledge and attitudes of patrol officers about the older population including those ADRD. Their study focused on the knowledge of the police regarding the older population; and how their experiences with older adults positively affected their knowledge base. The findings indicated that education, when combined with previous experiences or witnessing the care of older populations, contributed to the knowledge base of patrol officers (Sever, & Youdin, 2006). The gap in the research is demonstrated by the inability to define studies that confirmed a relationship between knowledge and attitudes about aging both normal and pathologic and how this relationship affected the preference of patrol officers to work with this population (Forst, 2000; King, & Steiner, 2001; Lachenmayr et al., 2000).

Theoretical Foundation

Within quantitative research, theories and theoretical foundations provide a conceptual basis to define the studied variables (Trusty, 2011). The foundations of this research were built on terror management theory (TMT) to explain attitudes. Social learning theory was used to explain knowledge and explore the relationship among the identified variables that were hypothesized to affect the preference of the patrol officer to work with older adults including those with ADRD.

Pyszczynski, Greenberg, Solomon, and Maxfield (2006) posited that the "thoughts of death affect human attitudes and behaviors that bear no obvious or logical relationship to the problem of death" (p. 328). TMT deals with awareness of the individual's mortality and its potential to produce varying degrees of anxiety (Tracy, Hart, & Martens, 2011). To cope, individuals develop various psychological mechanisms designed to inhibit thoughts related to death. TMT suggested that these various

mechanisms, or cultural worldviews (CWV), are developed to deal with this fear and to create meaningful conceptions of reality. These CWVs frequently are depicted as favorable attitudes toward cohorts who exhibit similar views and unfavorable attitudes toward those who have different CWVs (Kane, 2002; Tracy, Hart, & Martens, 2011). Attitudes toward older adults, including those with ADRD, could be explained through these coping mechanisms.

The second effect of this theory is a direct result of an active threat to the individuals' worldview of immortality and frequently is exhibited as prejudice and intolerance toward those who do not fit the picture (Forst, 2000). Among patrol officers, this threat to an individual's worldview could occur through daily service calls involving older members of society. Understanding variables of knowledge and attitudes of the patrol officers toward aging and those older adults with Alzheimer's disease is important to promote improved relationships and understand how these variables affect their preference to work with this population.

Social learning theory, posits that behavior can be learned or unlearned (Zastrow, and Kirst-Ashman 2004). Additionally, as individuals mature, the learned expectations of conduct become internalized and are influenced strongly by the specific situation whereby, "they respond to the circumstances of the moment and the potential consequences they might encounter" (Zastrow, & Kirst-Ashman, 2007, p. 270). Hutchison, and Charlesworth (2003) discussed that behavior under this theory is learned through "imitation, observation, beliefs and expectations" (p. 78). From this perspective, individuals are not manipulated passively through their environments, but rather have the ability to use cognitive processes to learn new behaviors.

The combination of these two theories provided the foundation needed to evaluate the relationship among knowledge, attitudes, and preference to work with older adults, including those with ADRD. This relationship applies to the preference of patrol officers to work with older adults who are aging normally, as well as those with ADRD. The remainder of this section provides an in-depth view of these two theories and their relationship to the identified variables.

Terror Management Theory

Individuals in helping professions evaluate data through internal filters that are influenced by personal history, education, experiences, attitudes, and beliefs (Kane, 2002). This process may proceed without alteration, but based on various factors, the process may encounter some distortion, coloring the interpretation and resulting in more subjective than objective intervention decisions. This alteration in the process can affect the delivery and outcome of interactions with the patient/client/citizen.

Terror management theory (TMT), developed by Becker in 1973, provides a thorough way to explain this filtering process to understand a variety of behaviors that are influenced by the uniquely human knowledge of mortality (Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000; Martens, Goldenberg, & Greenberg, 2005). TMT is centered on the supposition that although humans possess an innate instinct for their own self-preservation, they remain cognitively aware of their eventual demise and death, which has the potential to create paralyzing terror.

Becker argued that individuals create defense mechanisms to avoid being paralyzed with terror (Arndt, Greenberg, Pyszczynski, & Solomon, 1997; Goldenberg et al., 2000; Harmon-Jones, et al., 1997; Nelson, 2005,). TMT uses the same unique

cognitive properties responsible for the terror to construct a means of terror management through the development of death-denial cultural belief systems known as cultural worldviews (CWV). This mechanism provides an avenue that can be used to explain a meaningful cultural reality and assess perceptions about the value of the behavior of individuals in given situations. CWV answers fundamental questions about how individuals should live their lives. CWV also provides a structure for reality through processes such as clocks and calendars as well as the standards "through which individuals and behavior can be evaluated and perceived as meaningful and valuable" (Goldenberg et al., 2000, p. 201). People who meet the standards are awarded with a symbolic immortality and remembered beyond their actual lifetime, reaching symbolic immortality (heaven, nirvana) bestowed by their culture (Goldenberg et al., 2000).

Self-esteem, or a feeling that one is a respected participant, fulfills the precepts of the standards of individual value as determined within a specific culture (Arndt & Greenberg, 1997; Goldenberg et al., 2000). Self-esteem works only when faith in a meaningful CWV can be sustained. The more solid the self-esteem, the more reinforcement received from others, the better the defenses. Harmon-Jones et al. (1997) contributed to the discussion that negative reactions to people who are different can be reduced when an individual maintains a positive self-esteem. Additionally self-esteem provides the needed support to subdue mortality concerns. Despite these connections and buffers, death is inevitable, with CWV and self-esteem serving their purposes "by virtue of experiential linkages established very early in life between meaning and value on one hand and safety and security on the other" (Goldenberg et al., 2000, p. 201).

Thus, when CWV is combined with self-esteem, an anxiety buffer is created to protect the individual against deeply rooted fears of vulnerability and mortality (Arndt, & Greenberg, 1999; Goldenberg et al, 2000). Research supported the position that self-esteem is able to buffer mortality-related concerns. A person who maintains high self-esteem is able to use positive CWV to reduce anxiety viewed as a response to physical and death-related threats. The result is reduced negative thoughts about others outside their CWV (Harmon-Jones, et al., 1997). To be accepted, individuals must feel that those they encounter are significant contributors to the continuity of their CWV. Those individuals, who are different, such as the older adult with ADRD, could pose a threat to the CWV of patrol officers and may be considered outsiders.

Based on this theory, Martens, Goldenberg, and Greenberg (2005) posited that negative attitudes and behavior toward the older adult could be explained, for the most part, by the individual's fear of aging and death. A state of unconscious anxiety often is created as a result of the conflict between the need for survival and the reality that death is inevitable. TMT supports that despite the calm and collected attitude presented to the world, internal terror must be managed adequately using an anxiety buffer composed of a cultural worldview and self-esteem. Martens et al., (2005) concluded that;

> From the perspective of terror management theory, if human beings cope with the existential threat associated with the awareness of death through symbolic constructions of meaning (worldview) and value (self-esteem), then reminders of the sheer physicality of human beings should threaten the efficacy of these symbolic defenses. (p. 226).

This statement supported the premise that humans do not like to be reminded of their physical nature (illness, frailty, death), suggesting that they are not perfect and eventually become debilitated and die. This fear is illustrated in attitudes toward those with ADRD based on social stigma similar to those of mental illness or a cultural belief that dementia is a divine punishment or retribution for previous bad acts (Kane, 2002). TMT, therefore, supports the contention that, "highly accessible death-related thought exerts an unconscious influence on behavior" (Arndt, Greenberg, Pysczynski, & Solomon, 1997, p. 384).

Providing a mechanism to evaluate data transmitted through TMT through an internal filtration system that contains the beliefs of the individual as well as their experiences, knowledge, attitudes and personal history is necessary (Kane, 2002). This filter also is affected by external factors, such as the family and other professional or organizational representatives. Some events or individuals also may generate an emotional response that can affect the relationship between the patrol officer and citizen and may result in subjective decisions. Hepworth, Rooney, and Larsen identified the resulting counter-transference as the "feelings, wishes and unconscious defensive patterns of the practitioner [patrol officers] that derive from past relationships, interfere with objective perception and block productive interaction with clients [citizens]" (as cited in Kane, 2002, p. 106). Table 1 summarizes the relationship between TMT and the identified variables in this study

Table 1

Variables Relative to Terror Management Theory

Attitudes about aging Attitudes toward Alzheimer's disease	Terror management theory explains that development of a cultural worldview accepts those who are like the individual and excludes those who are outliers. This contributes to the development of attitudes of patrol officers regarding older adults including those with ADRD
Death anxiety	Terror management theory suggests that negative attitudes toward outliers are due, in part, to the fear within the individual of aging and dying. Therefore, it is essential that this variable be included within the concept of attitudes.

Social Learning Theory

Social learning theory (SLT) explained behavior as actions that occur as a result of knowledge and skills, self-confidence, and positive outcome expectations (Lachenmayr et al., 2000). Bandura noted that behavior and environment are reciprocal; positing, "the world and a person's behavior cause each other" (as cited in Boere, n.d., p. 1). The theory provided specific credence to the approach that observation and direct learning influence human thought, affect, and behavior (Latham, & Saari, 1979). Additionally, SLT explains behavior among cognitive elements and various determinants within the environment as a "continuous reciprocal interaction" (Latham & Saari, 1979, p. 2). Therefore, in this study, the knowledge of patrol officers regarding aging and ADRD were examined to project behavioral preference.

A central component to this theory is self-efficacy that Bandura defined as the belief in the capacity of the individual to organize and execute control over functioning

31

within their lives (Bandura, 2001: Evers et al., 2001; Tangioshi, 2008). Further,

knowledge improves self-efficacy. As knowledge increases, an individual develops more

confidence to perform a task. The performance level is expected to increase with a

resulting improvement in self-efficacy (Edberg, 2007). Lenz and Shortridge stated that

the belief of the individual in their ability to perform a specific behavior is an important

predictor in both function and results (as cited in Zulkosky, 2002). Individuals with

increased knowledge regarding a process or concept are likely to behave differently than

those with less knowledge (Easom, 2008; Zulkosky, 2002). Additionally, Edberg (2007)

emphasized that individuals also learn vicariously through modeling of others, through

either discussion or imitation, thus the importance of using multiple training

methodologies within the profession of law enforcement. Reciprocal determinism is

evidenced by actions based on a combination of both clues within the social environment

and individual factors (Edberg, 2007). In essence, greater interaction with the

environment, leads to more feedback, causing resulting behavior to be adjusted.

Social learning is affected by beliefs regarding the normal aging process. People

who perceive that ability declines with age are more likely to believe that faulty

performance equates to a declining capacity (Bandura, 1993). Learning also requires

methods to distinguish between correct and incorrect thinking when verifying thoughts,

generating ideas, as well as predicting possible outcomes (Bandura, 2001).

Evers et al. (2001) stated that when caring for older adults, including those with

ADRD, self-efficacy is described as beliefs and judgments made to provide safe and

effective protection by those in the helping professions, including patrol officers. This

concept encompasses both knowledge and skills needed to promote safe communities.

Patrol officer with higher levels of self-efficacy have positive beliefs that allow them to use their training and capabilities to respond effectively to older adults who may appear confused, unruly, or aggressive in various situations within the community.

Lachenmayr et al. (2000) used this theory to demonstrate that patrol officers who possessed increased knowledge about aging and ADRD were in unique positions to benefit older adults with ADRD and foster increased communication and quality of life within their community. In the present study, the level of knowledge of the patrol officer regarding the aging process, as well as ADRD may affect the preference to work with this population. Table 2 identifies the study variables related to SLT.

Table 2

Variables Relating to Social Learning Theory

Previous experience factors	Social learning theory provides insight to personal experiences with aging and ADRD in both the work and personal environment and its relationship to preference in assignment.
Education and additional training regarding aging and Alzheimer's disease	Social learning theory explains behavior based on the result of knowledge and skills as it relates to the preference to work with older adults and older adults with ADRD

Combined Theoretical Lens

Viewing attitudes and behavior from combined theoretical perspectives can provide opportunities for promoting adaptive behaviors. Blando (2011) reinforced that humans remain aware of their mortality regardless of cultural world values; therefore, TMT can be used to promote the concept of growth and positive change. When combined with the ability to learn from any situation, as demonstrated through SLT,

professional development programs for patrol officers can be designed to expand

knowledge and promote behavioral changes, resulting in increased self-efficacy.

Combining the use of theory, instruction, and field experience to gain knowledge can

increase self-efficacy and lead to changes in behavior. Gaining an understanding of

attitudes of patrol officers related to their willingness to work with older adults including

those with ADRD is important. Previous studies have demonstrated that preferences of

other helping professions to work with or provide services to this cohort were low in

comparison to other assignments (Kane, 1999b, 2004; Weiss, 2005). Understanding the

role played by knowledge and attitudes within the preference of patrol officers to work

with specific populations is necessary for developing appropriate training programs.

Overview of Impacted Individuals

Within the helping professions, activities are "designed to improve the human

condition or at the very least, to prevent its deterioration" (Kennedy, 1983, p. 41).

Kennedy (1983) applied the term human services to, "the attention and assistance offered

to people by other helping people" (p. 41). Within law enforcement, the attention and

assistance applies to services provided to community members. These services properly

delivered allow patrol officers to be successful in community relations. Community

members are able to gain or retain individual control over circumstances in which they

may find themselves and keep some degree of freedom of choice. Providing these

services could be relevant when working with older individuals, including those with

ADRD, as well as their caregivers.

Forst (2000) reiterated this line of thought in describing patrol officers as public

servants and reinforcing the importance of understanding the "older citizens as well as

the issues they face and the services they need" (p. 13). Forst (2000) also pointed out that as older patrol officers from the baby boom generation retire, the age of working patrol officers is expected to shift to the younger generation. Therefore, interactions with older adults may result in greater contact related to service oriented calls and crime-oriented police work by younger patrol officers (Forst, 2000).

According to Cheng and Heller (2009), an understanding of attitudes and knowledge of the various helping professions affects preferences to work with older adults. "Many social commentators have pointed out that the U. S. is a youth oriented society with a pervasive fear of aging in the general population, and that the contributions of older adults are generally devalued by society at large" (Cheng, & Heller, 2009, p. 161). This section provides an overview of helping professions in general, followed by a focus on patrol officers, and older adults and those with ADRD.

Helping Professionals

The following professions are generally considered to be "helping:" nurses, social workers, physicians, law enforcement, therapists, and counselors. An overview of the literature delineates that these professionals work to develop the following attributes in the performance of their duties: empathy, a sense of responsibility, conscientiousness, open-mindedness, respect for others, and a willingness to address various medical, psychological, and social problems (Cole, & Lacefield, 1978; Siebert, & Siebert, 2007). To provide optimal service provision, helping professionals working with older adults "need to be knowledgeable about all aspects of the aging process including cognitive, physical, and psychological changes" (Hawley, Garrity, & Cherry, 2005, p. 1). On a positive/negative scale, attitudes toward older adults of the various helping professionals

35

fall in the neutral area of the continuum. Kite, Stockdale, Whitley, and Johnson (2005), in their meta-review of the literature, demonstrated that while attitudes varied, the findings demonstrated a statistically significant trend that attitudes of those in helping professions toward the older adults were more negative than attitudes towards younger individuals. Within this group of professionals, age bias differed when referring to a specific person versus a more generic 'old person,' as well as when assessing competence and reduced bias (Kite et al., 2005).

Chan, and Chan (2009) suggested that older adults with ADRD are viewed as manifesting the most feared aspects of aging and increases younger individuals' awareness of frailty and death. With the growing numbers of older individuals and their levels of needs within the community, the demands on various helping professions are anticipated to increase exponentially (Weiss, 2005). Based on the definition of helping professions, assuming that this group would be the least likely to possess stereotypes regarding the older adult and demonstrate prejudice is reasonable. Additionally, interactions and engagement with older members of the community are expected to be a major role of patrol officers as this population continues to expand (Cupello, 2010; Kane, 2006; Lachenmayr et al., 2000).

However, multiple research studies have demonstrated that exaggerated negative age stereotypes are shared by the general public, as well as those in various helping professions who view their careers in service of the older adult as insipid activities (Cheng, & Heller, 2009; Kane, 2004, 2005, 2006). Results illustrated that professional and healthcare workers spent less time with older persons than younger (Cheng, & Heller, 2009). These results mirrored those published by Wilderon (as cited in Kane,

1999b), indicating that while attitudes toward the older adults among medical students generally were neutral, only 3% of those students desired to pursue careers in geriatric medicine.

Attitudes toward older adults are documented in various studies and included descriptors, such as inflexible, ill, senile, and unproductive, resulting in depletion of public resources, lacking rationality and mentally deficient (Chan & Chan, 2009; Kane, 2006, 2007). Fiske, and Neuberg (as cited in Chasteen, 2000) posited a possible explanation via two models of perception. The first model was category-based and the second was person-based processing. Category-based processing identifies the targeted individual only as a member of a group or category, therefore the majority of the derived information relates to that category rather than the individual (Chasteen, 2000). Person-based processing, however, incorporates a particular category as only one component of the overall characteristics of that individual (Chasteen, 2000). As category assignment takes precedence and is the easier of the two models, a person would be expected to activate social categories in an attempt to fit the new person into an existing category before considering them as an individual. Chasteen (2000) stated that, "people's attitudes toward their own aging indicate that there may be age-related differences in these perceptions" (p. 149). Kane (2006) postulated that perceptions based on ageist viewpoints encouraged discriminatory actions, segregation, and social inequity and where possible, placed restrictions in access to service and its delivery. Nelson (2005) noted earlier studies by Levenson illustrated that the medical community promoted age bias by downgrading the value on the study of geriatrics within the curriculum of the medical school. Kane (2006) argued that despite addition of geriatric courses to the curricula, age

remains a sanctioned area of bias and prejudiced perceptions among the helping professions.

Students in many helping professions approach interactions with older adults with some degree of disdain or apathy (Nelson, 2005). As the aging process is inevitable, the perception is that illnesses that traditionally accompany this process are considered with reduced importance and are assumed part of the natural aging process (Nelson, 2005; Scholl & Sabat, 2008). Kane (2006) noted that when communicating with older adults, helping professionals displayed the presence of condescending language and patronizing communication, including tapping of feet and rolling of eyes. Many helping professionals maintained the premise that older adults are cognitively impaired.

Kane (1999b; 2002; 2004; 2006; 2007)conducted several studies involving helping professionals including social workers, lawyers, physicians, nurses, other allied health professionals, and criminal justice students, finding that these various cohorts related differently in interacting with older and younger individuals. Kane (2007) confirmed that attitudes of criminal justice students were more negative than attitudes of social workers regarding their preferences or willingness to work with older adults when required by particular tasks.

In a study discussing ageism and various interventions among social work students, Kane (2004) posited that a career dedicated to provision of services to older adults is viewed by some professionals as an insipid and unrewarding activity. This position supported work from a previous study that categorized interventions with those afflicted with ADRD as valiant. However, as no visible dividend exists for the client or clinician, their efforts generally are considered wasted and defined as therapeutic nihilism

(Kane, 1999a). Another study confirmed that therapeutic nihilism has occurred based on the premise that treatment of older adults with ADRD was viewed as hopeless due mainly to lack of worthwhile treatment (Cahill et al., 2008). Concepts of therapeutic nihilism within the helping professions are demonstrated when interventions for the older population are considered pointless, with resources better invested elsewhere.

One perspective regarding ageist perceptions is that the older adults have outlived their usefulness, have no significant future, and have become burdensome as unproductive members of society (Kane, 2007). Therefore, helping professionals with ageist leanings might find greater benefits from investing in the younger population, especially related to scarce resources. Those who elect to work in the helping or human service professions need to develop "respectful attitudes, perceptions and behaviors without patronizing or paternalistic behaviors that unnecessarily question an older person's capacity" (Kane, 2007, p. 24). Practitioners, especially patrol officers, need to understand their underlying motivation in choosing one intervention over another and comprehend that providing services to those with ADRD may require complex decision making. Patrol officers are not allowed to opt out of working with older adults, because these individuals provide visual reminders of the inevitable aging process and threaten their individual cultural worldview and self-esteem.

Patrol officers

In the old west, one of the first tasks of a new town was the election or appointment of the sheriff who was responsible for the health, safety, and welfare of the citizenry (Adams et al., 2007). Although the role of law enforcement has undergone substantial changes due to the increasing diversity and complexity of problems faced in

society, the basic premise remains that the most important responsibility is to protect and serve their community (Adams et al., 2007; Bryant, 2010). The increase in domestic violence, juvenile crimes, drug crimes, and homelessness as well as the deinstitutionalization of people with mental illness and the growing aging population have resulted in the need for change in preparation and training of patrol officer (Cupello, 2010; Freidmann, & Cannon, 2007; McAffee, & Musso, 1995). Therefore, according to Bradford, and Pynes (1999), the patrol officer, by the very nature of the job description needs to become a general practitioner and problem solver rather than a specialist to serve the community optimally. Therefore, the community needs to have patrol officers who are "formally educated, resilient, resourceful, empathetic, competent, and patient" (Bradford, & Pynes, 1999, p. 286) to handle the myriad of calls received as a part of their daily activities.

In the role of the public servant, patrol officers as helping professionals may be called upon to interact with older adults in all types of situations. Bourns (2000) reiterated that many patrol officers have insufficient knowledge bases to help the older population, their needs or how best to protect them. By 2030, patrol officers may find themselves dealing with an increased caseload of domestic and civic concerns involving the older population, with many of those calls involving older adults with ADRD (Lipson et al., 2010). The increase in the aging population affects the number and categories of calls to patrol officers, including those for periodic check-ins (Bourns, 2000; Fowles, & Greenberg, 2011). Examples of call categories include elder abuse, traffic offenses, domestic violence, falls, and critical wandering events for those with diminished capacity such as ADRD.

Optimum provision of services requires patrol officers to possess a foundation of knowledge of all components of the aging process, including physical, cognitive and psychological (Hawley et al., 2005). In their professional capacity, patrol officers need to be able to determine the status of cognitive status of the older adult as this can influence their ability to communicate effectively and exchange necessary information to provide quality service. Officers need to be familiar with various agency services and resources designed for the older adult to properly deal with situations as they arise.

One responsibility of patrol officers are that of search and rescue missions to assist those who have become lost, injured, or stranded (Adams et al., 2007). Based on this premise, patrol officers are called when people with ADRD become lost within the community, and assume the responsibility for locating them. Additionally, patrol officers are expected to assess the specifics of the situation and determine the appropriate course of action (Flin, Pender, Wujec, & Grant, 2007). This statement supported previous work by Sykes and Brent (as cited by Flin et al., 2007) that the behavior of the patrol officer is a result of the actual situation and not a function of pre-formed expectations. Patrol officers also can be identified as first responders, defined as, "those individuals who, in the early stages of an accident or disaster are responsible for the protection and preservation of life, property, and the environment" (Prati, & Pietrantoni, 2010, p. 403). Patrol officers play an important role to protect the various individuals within the community during an incident, and preserve the community function in the aftermath of the recovery. An example of this role is described by Silverstein, Flaherty, and Tobin (2000):

He went out and didn't have any shoes on. I don't know where he went but when we found him his feet were bleeding. He had to go to the hospital. The police found him that time and brought him back. He had been wandering for quite some time before they caught up with him. (p. 110)

Early studies reported that those who are lost remained missing; for an average of more than six hours before they were found, with patrol officers involved in approximately one third of the cases (McShane et al., 1998). Studies demonstrated that 36% of individuals with Alzheimer's disease who became lost were found by patrol officers as opposed to 2.6% found by caregivers, relatives, or friends (Rowe, & Glover, 2001). Adams et al. (2007) estimated that 100,000 search and rescue missions were conducted in 2005. Among people over 60 or for searches conducted in the months between May and October, a decreased likelihood of survival existed if the person was missing after 51 hours (Adams et al., 2007).

The aging of America is expected to change the status quo for patrol officers who resulting in more frequent interactions with older adults. Patrol officers will need greater awareness of the aging process and its effects on social interactions. Awareness of personal biases related to older adults is important for effective performance of the patrol duties. "Understanding the challenges and problems that the aging population will face will allow police officers to better serve this segment of the community" (Koester, & Stooksbury, 1995, p. 2707). Forst (2000) stated that, "someone who has undergone rigorous fitness testing and met high physical standards to become a police officer, old age seems remote and perhaps repugnant and undesirable" (p. 12). As a defense mechanism, patrol officers may attempt to avoid uncomfortable feelings by minimizing

42

their contacts with older adults (Forst 2000). Achieving an understanding of the

knowledge and attitudes of patrol officers and their preference to work with older adults,

including those with ADRD, can provide a foundation for continued development of

policies, procedures, and necessary education to overcome the many challenging aspects

of working with these populations.

Interactions with the aging population tend to originate outside the purview of the

criminal sector, and fall more into the category of service (Cupello, 2010). Patrol officers

need to be aware of their biases toward older adults to provide the most effective service

to this population. These biases included: "old people are sick, disabled, senile,

inflexible, unproductive, cranky, depressed and lonely; old people have difficulty

learning new skills, they're poor, all alike and they only want to be with people their own

age" (King, & Steiner, 2001, p. 265). The increasing aging population continues to place

burdens on demands for services, even as the corresponding decreased tax base strains

the budgets of municipalities (Forst, 2000). Additionally, the retirement of patrol officers

who are baby boomers, is expected to result in an increased number of younger officers

responding to the projected increase in interactions with older adults including those with

ADRD (Forst, 2000).

To prepare the younger patrol officers better to work with older adults, including

those with ADRD, law enforcement educators and policy makers need to have an

accurate perspective regarding the knowledge and attitudes of patrol officers. McAfee

and Musso (1995) stated that patrol officers who received extensive training in working

with older adults, including those with ADRD, were better prepared to meet the needs of

this diverse population within their community. This increased education and

sensitization to the physical and emotional changes that accompany aging and understand the needs and perspectives can improve interactions between older citizens and patrol officers.

Individuals with Alzheimer's Disease and Related Dementias

One threat to the health of older individuals is cognitive decline. Alzheimer's disease is recognized as a threat to those in their later years. An estimated 5.2 million people living in the United States have this disease, with this number expected to quadruple over the next 40 years because of the aging baby boomers (Alzheimer's Association, 2013; Carr et al., 2010; Harris, Changas &Palmer, 1994)**.** This number includes approximately 5 million people aged 65 and older and an additional 200,000 individuals who are younger than age 65 (Alzheimer's Association, 2013). "By 2050, the number of people age 65 and older with Alzheimer's disease may nearly triple, from 5 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow or stop the disease" (Alzheimer's Facts and Figures, 2013, para. 2). According to the Alzheimer's Association (2013), an estimated 15.4 million informal primary caregivers are looking after these individuals. Since the majority of informal caregivers are family, a substantial number of individuals with ADRD are living within the community. Pomerants (2006) stated that approximately 12% of this population residing in the community is expected to wander away, potentially becoming lost, with patrol officers required to initiate a search process.

Michigan has been identified as one of the eight states in the country with the largest number of older adults (Bourns, 2000). The Alzheimer's Association (2013) projected that the potential increase in the incidence of ADRD over the next 25 years will

be between 24.1% and 31% within the State of Michigan. Individuals with ADRD are perceived as manifesting all of the most feared aspects of the aging process.

Raschko (as cited in Silverstein, Flaherty, & Tobin, 2002, p. 4) labeled this population a "social policy time bomb." The progression of ADRD begins with simple memory loss and other decreases in cognitive function and progresses to severe cognitive impairment, agitation, restlessness, and aggressiveness; making caretaking for these individuals difficult (Chan, & Chan, 2009). Additional behaviors that may require intervention by patrol officers within this group include behaviors such as:

> . . . wandering, traffic violations, accidents, indecent exposure, shoplifting and suicide. Alzheimer's victims may forget to zip up, feel hot and take off their clothing in public, wander away from their home, not be able to find their way back home, or not see a traffic sign at an intersection. (Bourns, 2000, p. 184)

Patrol officers view these types of calls as both complex and time consuming. Answering repeated calls to the same location, or for the same individual, is common, resulting in a drain on resources and frustration on the part of patrol officers (Lipson et al., 2010).

Eighteen to 60% of individuals with ADRD are estimated to wander and become lost at some point. These situations can create critical events for caregivers and patrol officers (Bourns, 2000; Koester, & Stooksbury, 1995; Rowe, 2003; Rowe, & Glover, 2001). For older adults with ADRD, becoming lost is generally a result of memory deficits, abstract thinking and judgment lapses (Rowe, 2003). While many individuals are returned safely, cause of death for cases ending in fatality have been attributed to exposure, dehydration, hypothermia, or drowning (Koester, & Stooksbury, 1995; Rowe, 2003). According to Rowe (2003), of older adults with ADRD who wander, 90% were

found within five miles of home and 37% of those were found within one mile from where they walked away. None of the older adults with ADRD who wandered away from home asked another person for help, because they did not realize they were lost. Rowe (2003) discussed the increased risk of older adults with ADRD becoming lost even when in familiar environments because of progressive deficits in areas of "memory, abstract thinking, and judgment" (p. 33). The dementia that accompanies Alzheimer's disease can cause an individual to:

> Forget his address, his name, or the names of those with whom he lives. He may not recognize this own home or neighborhood. Poor judgment may lead him unto unsafe, potentially fatal situations. Dementia may also render him unable to interpret sensations of heat, cold, thirst, or hunger. Impairments in abstract thinking may cause someone to leave home in search of a caregiver who's in the next room. And once a person with dementia becomes lost outside his home, he may either fail to recognize that he needs help or be unable to seek it. (p. 33)

Critical wandering situations also predicate the need for increased services on the part of the patrol officer. To ensure the best possible results when locating the lost older adult with ADRD, employing patrol officers' assistance as early as possible is important. Rowe (2003) suggested, "if the missing person hasn't been found in six to 12 hours, the search should be refocused on undeveloped areas or areas of thick vegetation near the place he was last seen" (p. 37). Bourns (2010) argued that older adults with ADRD not found within 24 hours are at risk for hypothermia and dehydration. Becoming lost is usually a result of pathology of the dementias rather than substandard care giving. Patrol

officers need to understand the effect of their knowledge and attitudes toward older adults with ADRD to handle these situations efficiently and with the appropriate attention.

The increasing number of older adults may create multiple issues that could influence the role of helping professionals, including patrol officers. Patrol officers may be the first to encounter a person with ADRD at some time along the disease continuum (Forst, 2000). In addition to wandering, patrol officers may come into contact with older adults with ADRD who are exhibiting other behaviors typical to this disease, including appearing to be intoxicated, exhibiting inappropriate sexual behavior, and shoplifting, as well as being victims of elder abuse and suicide attempts (Bourns, 2000; Forst, 2000). An increased focus of education is needed for patrol officers regarding the aging process and new technology available for tracking older adults with ADRD who have wandered away (Weiss, 2005). Through this training, the safety, independence, and quality of life of this population can be ensured

Behaviors of Cognitive Aging

To understand the abnormal cognitive aging process related to ADRD, an overview of normal aging is warranted. The aging process affects cognitive and mental processes, with diminished efficiency while at the same time an increase in growth, experience, and wisdom (Park, 2000). Drag and Bieliauskas (2010) stated that the process of normal cognitive aging is accompanied structural and functional changes in the brain. They go on to discuss that increased age brings with it a decrease in the speed of cognitive processes resulting in "impairments in various cognitive functions, including working memory, free recall, and verbal fluency" (Drag, & Bieliauskas, 2010, p. 79). The effect of the decreased speed is more evident with tasks of increased complexity.

Normal Aging Process

Salthouse (1982) outlined five major trends of the normal cognitive aging process. The first trend is a decrease in the efficiency and effectiveness of reasoning and ability to make decisions. Second, older adults appear to be less proficient than younger adults at remembering many types of information. Third, decreased efficiency of spatial abilities are associated with age-related decline. The fourth trend involved perceptual abilities related to motor and cognitive speed and is affected by the combined slowing of these processes in conjunction with the rate of memory activation and rehearsal. The fifth, trend discusses that sensory factors are affected by differences that are concerned with the detection and discrimination of environmental information

Among older adults, memory problems seemed to be a common complaint as a part of daily living (Snowden, & Lane, 1994). While some memory abilities decline with normal aging, the types and degrees can vary by individual. However, when older adults are provided with cueing, minimal differences exist among younger and older individuals (Snowden, & Lane, 1994). Age-associated memory impairment including problems of immediate recall and memory after a delay and/or distractions also can be demonstrated in those over 50 years of age (Powell, 1994). This process excludes memory declines induced by medical problems. Van Dijk, Van Berven, Van Boxtel, Van der Elst, and Jolles (2008) stated that performance of cognitive testing with the exception of phonemic fluency was seen with advancing age. These findings supported earlier research that fluid mental abilities that encompassed learning new materials declined with increasing age, while crystallized abilities, including semantic knowledge, were spared. Thus, memory of events long past often are recalled more easily than something that happened yesterday

or even five minutes ago (Van Dijk et al., 2008). This process also plays a role in older

adults in early stages of ADRD, as they are able to discuss or remember items in their

distant past while the present may not seem to exist (Alzheimer's Association, 2013).

The common thread exhibited throughout the literature is that the normal aging process

results in some degree of diminished cognitive resources and this decline can affect the

ability to perform mental tasks.

Alzheimer's disease and Related Dementias

Dementia has been described as an irreversible, complex, and relentlessly

progressive loss of cognitive function that encompasses several diseases (Hunt, Brown, &

Gilman, 2010). McKhann, Knopman, Chertekow, Hyman, and Jack (2011) further

delineated the diagnosis of all causes of dementia based on the degree of persistent

interference in the ability to function at work and/or at home. Alzheimer, a German

physician, provided the first description of Alzheimer's disease in 1907 (Cooper, 1997).

Alzheimer's disease is the most common form of dementia, comprising 60 to 80% of all

dementias and is estimated to affect 10% of individuals over 65 years of age and 50% of

adults over 85 years (Alzheimer's Association, 2013; Cooper, 1997; Hunt et al., 2010).

Dementias generally are categorized by demonstrating a gradual "decline in

intellectual functioning that is severe enough to interfere with the ability to perform

routine activities" (Cooper, 1997, p. 1). Researchers have been able to identify early

stages of Alzheimer's Disease that occur prior to crossing what is called the dementia

threshold as defined by functional disability (Dubois et al., 2007). These symptoms often

are demonstrated as progressive difficulty in being able to remember recent events and

names; experiencing depression, impaired judgment, apathy, confusion, changes in

behavior; and eventually, having difficulty speaking, walking, and swallowing (Alzheimer's Association, 2013).

Varma et al. (1999) indicated that the criteria to diagnose Alzheimer's disease were first established in 1984 in the *Diagnostic and Statistical Manual of Mental Disorders*, (4th ed) (DMS-IV) and the National Institute of Neurological Disorders and Stroke-Alzheimer's Disease and Related Disorders (NINCDS-ADRDA). However, the study by Varma et al. (1999) found that these criteria did not fully differentiate Alzheimer's disease from those older adults with frontal temporal dementia (FTD). Diagnosis of Alzheimer's disease (AD) involves a two-step process starting with an initial identification of a dementia syndrome followed by application of detailed criteria based on the AD phenotype (Dubois et al., 2007). "The DSM-IV-TR criteria require the presence of both a memory disorder and impairment in at least one additional cognitive domain, both of which interfere with social function or activities of daily living (ADL)" (Dubois et al., 2007, p. 1).

Three levels of diagnostic confidence established by the 1984 NINCDS-ADRDA have been revised to include various biomarkers not identified previously (Lichtenberg, 2011). The first level, probable Alzheimer's dementia, exists in a person when dementia is characterized by an insidious onset with progression and when other systemic or brain disorders are not present as potential causes of the dementia (Jayakar, & Huang, 2010; Khachaturian, & Radebaugh, 1996; McKhann et al., 2011). In this stage, the presence of early periods of impaired memory are identified by gradual and progressive changes in at least two or more areas of cognition over six months to years or objective evidence of memory impairment is not corrected with cueing (Dubois et al., 2007; McKhann et al,

2011). The onset of these symptoms usually is observed between 40 and 90 years of age

(Jayakar, & Huang, 2010).

The second level, possible Alzheimer's disease is diagnosed if symptom

presentation or course of the dementia is atypical or when another potentially dementing

disorder, such as stroke is present, but not believed to be the source of the dementia

(Jayakar, & Huang, 2010; Khachaturian, & Radebaugh, 1996; McKhann et al., 2011).

Jayakar, and Huang (2010) added that progressive deterioration needed to be present in a

single cognitive domain without obvious etiology. Pathophysiologically, Alzheimer's

dementia is reserved for cases of clinically diagnosed Alzheimer's disease where

histopathological confirmation can be corroborated by cerebral biopsy or autopsy

(Dubois et al., 2007; Khachaturian, & Radebaugh, 1996; McKhann et al., 2011). The

third level is a new category, dementia unlikely to be due to Alzheimer's dementia. This

category does not meet any of the Alzheimer's dementia criteria and presents with

sufficient clinical evidence of other diseases such as HIV/AIDS dementia or

Huntington's Chorea and all neurological markers are negative(McKhann et al., 2011)

In Alzheimer's disease, the ability to transfer impulses along various nerve routes

is gradually destroyed resulting in the eventual functional impairment of the brain and

death (Dubois et al., 2007). The cause of Alzheimer's is not known and is thought to

develop as a result of multiple factors rather than a single cause. A positive diagnosis can

be made only by direct observation of the brain at autopsy, although newer technology

including cerebral biopsy and other imaging techniques are making positive strides in

earlier diagnosis (Dubois et al., 2007). The first sign of Alzheimer's disease is usually a

loss of short-term memory resulting from the initial destruction in the area of the brain that forms new memories (Alzheimer's Association, 2013).

Delirium

Differentiating between the various forms of dementia and delirium defined as: "a confusional state caused by an underlying physical condition" is important (Peacock, Hopton, Featherstone, & Edwards, 2012, p. 26). Triggers for a delirious episode can include infection (i.e., bladder, cellulitis, influenza or pneumonia), constipation, medication, dehydration, falls, pain, surgery, and environmental changes including moving (Lichtenberg, 2011; Peacock et al., 2012; Wofford, & Vacchiano, 2011). Delirium is recognized by an unpredictable behavior change and typically disappears upon resolution of the trigger.

Pseudodementia

Pseudodementia is not recognized in the DSM IV; however, it has been defined in the literature as a "major depressive disorder in which objective and/or subjective cognitive impairment is the main motivation to seek help from a healthcare professional" (Richley, Manis, & Bustin, 2012, p. 183). The diagnosis of pseudodementia is based on the reversal of cognitive impairment with adequate antidepressant therapy and absence of symptom progression (Mintzer, & O'Neill, 2011,). The prevalence of depression is thought to range from 9 to 20% in older adults (Muliyala, & Varghese, 2010, Reynolds, et al., 1988). The relationship between the occurrence of depression in older adults and pseudodementia presents challenges to providers in distinguishing between real dementia and depression with cognitive defect presentation (Mintzer, & O'Neill, 2011).

Some of the presenting symptoms of pseudodementia include increased concerns regarding subjective cognitive issues including complaints of concentration and recent memory loss, increased answering of "I don't know" to questions during the examination, and demonstrated inconsistency in performance of sequential tasks (Muliyala, & Varghese, 2010). However, since these symptoms can also be present in early stages of dementia, Muliyala, and Vargese (2010) stated that persistent presence of cognitive defects observed in conjunction with or reappearing after the depressive episode may be either a trait of the actual depression or a forerunner of early dementia. .

Risk Factors for Development of Alzheimer's Disease

The Alzheimer's Association (2013) stated the most important risk factor for development of this disease is advancing age, with 1 in 8 people age 65 and older being affected, and a new case diagnosed every 70 seconds. By midcentury, due to the increased aging population, the estimate changes to a new diagnosis every 13 seconds (Alzheimer's Association, 2013). Statistics show that Alzheimer's disease and other dementias affect more women than men possibly because they live longer. Additionally, approximately 500,000 people younger than 65 years of age in the United States have been diagnosed with early onset Alzheimer's disease (Alzheimer's Association, 2013).

One consequence of cognitive changes in Alzheimer's disease is the inability to recognize familiar places and locations. People with Alzheimer's disease often exhibit a particular set of related behaviors known as wandering. According to Moore, Algase, Powell-Cope, Applegarth, and Beattie (2009), wandering is considered as, "exiting-referenced behaviors, unauthorized exiting, actual elopement, and losing one's way/getting lost exterior to the care setting" (p. 209). Critical wandering is the label

53

assigned to the behavior of those who walk away from their caregivers of their own free will (Koester, 1998; Moore et al., 2009). Rowe, Fineglass, and Wiss (2004) stated that one of the major worries for the caregivers of these individuals is that they may become lost in the community and die. Wandering becomes dangerous for those with ADRD because of the possibility of falls, as well as they may forget to eat, drink, and will often bury themselves in a culvert or hedge to protect against inclement weather (Bourns, 2000; Koester, 1998; Rowe & Glover, 2001). Bourns (2000) also noted the lost individuals might present with paranoia, leave few physical clues, not respond to shouts or cry for help.

The literature has demonstrated another significant phenomenon with those who wander. This phenomenon is known as tunnel vision and is defined as the narrowing of peripheral vision which results in the inability of the individual to use active scanning for landmarks they should be able to recall later (Koester, 2008). According to Koester (2008), tunnel vision can account for the phenomena that individuals with ADRD walk in a straight line, continuing this path until they become stuck. These phenomena account for their inability to recognize landmarks in to find their way home. For patrol officers, understanding this concept is important, as the knowledge of the direction of travel is frequently used to predict the individual's final location. Assistance can be provided to locate these individuals if they are recognized for their inappropriate dress and/or unusual or unsafe behaviors. As the dementia becomes more pronounced, the individual can be expected to wander for shorter distances and might display severe sensory disturbances (Koester, 2008). Koester (2008) provided several suggestions when looking for the lost individual with Alzheimer's disease:

In both urban and wilderness environments, the subject is highly likely to cross or

depart from a road (66%)…In the wilderness, the subject is typically walking or

gets stuck in brush/briars or drainages. Structures are common. Subjects are also

attracted to water features and will walk into water…They are generally mobile

for only a short period of time. In temperate domains, half of the subjects are

mobile for less than an hour. In dry domains, subjects remain mobile longer.

They will not leave many verifiable clues. They will not cry out or respond to

shouts – only 1% are responsive…There is a 25% fatality rate if the subject is not

found within the first 24 hours. Fatality rate is higher in hot climates and cold

rainy climates (p. 162-163)

Being aware of these facts when searching for the lost person with Alzheimer's disease is

necessary to the patrol officer's knowledge base to locate the individual expeditiously

and return them home safely.

Involving patrol officers early in the process when someone with Alzheimer's

disease wanders away is important. Earlier statistics reiterated that less than 4% of those

who wander away were able to return home unassisted (Silverstein, Flaherty, & Tobin,

2002). There are an estimated 125,000 wandering incidents reported annually for those

older adults with Alzheimer's Disease (Alzheimer's Reading Room, 2009; Silverstein,

Flaherty, & Tobin, 2002).According to data cited by Koester (2001), by 2040, the

prevalence of wandering could increase to more than half a million cases annually.

Since there is a 60% possibility that someone with ADRD will wander, this creates a

potential 3,000,000 incidents a year. (Alzheimer's Reading Room, 2009). Silverstein et

al.(2002) asserted that response to wandering events are more reactive than proactive

resulting in the need to locate and return home the same individual more than once. Additionally, the importance of responding quickly to reports of missing older adults becomes important, particularly when memory impairment is not stated clearly. The patrol officers' response may be eclipsed by their more obvious and traditional roles in responding immediately to reports of criminal activity or medical emergencies (Silverstein et al., 2002, p. 96).

Knowledge and Attitudes

Knowledge

Bruns (2010) reviewed earlier studies regarding the overall benefits of higher education in the law enforcement profession. She found that only 1% of the sampled law enforcement agencies in 2003 required a four-year degree, while 18% had some college, and 9% required a two-year degree (Bruns, 2010). However, "college educated and trained individuals were considered necessary to handle community and social problems and to devise new and adequate measures of social control" (p. 91). According to the Michigan Commission of Law Enforcement Standards (MCOLES, 2006), to become a licensed law enforcement professional in Michigan the individual must pass a mandated 562-hour curriculum at an approved academy (or University), pass the state licensing exam, and be employed by a law enforcement agency. A study conducted by the MCOLES (2006) in the State of Michigan demonstrated that 82% of the patrol officers surveyed rated their basic training had prepared them adequately for the tasks required in their job. However, only 40% felt in-service or on-the-job training improved their knowledge base.

Multiple studies (Bruns, 2010; Hawley et al., 2005; Kane, 2006) addressed the importance of knowledge of both normal and pathologic aging in the helping professions in general, and law enforcement in particular. Kane (2006) reiterated that students in criminal justice could enter various careers requiring them to interact with large numbers of older adults. The influence of less than an adequate lack of knowledge, skills, and poor attitudes may adversely affect the older populations in the type of interventions provided, as well as their willingness to provide appropriate interventions (Kane, 2006). A contrasting approach voiced by Godschalx indicated that despite additional education on aging and improved knowledge of mental health, the attitudes of the patrol officer were not altered (as cited in Hawley et al., 2005). This study did not differentiate if these same conclusions were relative to the older adult in general or more specifically, the older adult with ADRD.

Patrol officers are called on daily to enforce laws, as well as answer individual calls for assistance and respond to the various community needs for safety (Kakar, 1998). Hawley et al. (2005) argued that patrol officers work with older adults on a consistent basis and effective interactions with this group could depend on their ability to appraise cognitive competencies of the older adult. The researchers found that patrol officers who use aging-specific knowledge on a daily basis are able to provide effective services to older adults and those with ADRD. Therefore, as the number of older adults continue to increase within the community, the need for knowledge of both normal and pathological aging becomes essential.

In their study of patrol officers' knowledge of both normal and pathological aging, Hawley et al. (2005) found that both male and female officers were more knowledgeable

about pathological aging than normal aging. The authors recommended that patrol

officers' needed knowledge of the normal aging process to promote interactions with

healthy older adults. Although female officers scored better at pathologic aging, male

officers did better when it came to the normal aging process. This finding may reflect that

women typically provide care for older adults with ADRD. Hawley et al. (2005) also

found that patrol officers generally were well educated as it applied to ADRD.

Attitudes

According to Martens, Goldenberg, and Greenberg (2005), the fate of man is to

grow old and die. Older adults with ADRD serve as a reminder of the individual's

mortality, as well as visible evidence of potential individual cognitive and physical

frailty. Kane (2002) stated, "that on the positive to negative attitude continuum,

professional's attitudes toward older people fall in the neutral to negative end of the

attitude continuum" (p. 101). Other studies indicated that professionals would rather

work with other groups, such as drug addicts and homeless people, than with the older

adult with Alzheimer's disease (Kane, 1999b, 2007). Improved awareness of these ageist

beliefs provides opportunities for increased responsiveness to the aging population

through education and resource allocation.

As patrol officers represent a microcosm of the community they serve, their

attitudes and personal beliefs about aging and Alzheimer's disease reflect their

experiences gathered through a lifetime of interactions with older adults and those with

ADRD. Cupello (2010) stated that little evidence exists to demonstrate the degree to

which ageist precepts are found among patrol officers and to what extent their attitudes

and beliefs influence service delivery. Additionally, proper design of educational

programs to comprehend the process of Alzheimer's disease is aimed at helping the patrol officers become familiar with the various aspects of ADRD. Improved methods to communicate and interact with this population in their communities have been developed to increase patrol officers' awareness in carrying out the various service calls resulting from this growing population. In combining a solid foundation of knowledge and increased understanding of attitudes regarding the normal and pathological aging processes, patrol officers can develop more realistic expectations and display a positive attitude when working with older adults in their community.

Attitudes are defined by Downie, and Telfer (2009) as having two sides; first, the attitudes of something such as hope, fear, distrust, respect, etc. and second, that there must be an attitude toward something. For example, to have an attitude of *fear*, there has to be an object to be afraid of, such as *death*. According to Cuddy, and Fiske (2002), age is a marker used by society to, "shape our attitudes toward other people" (p. 3). Age is the only classification, which if one lives long enough, all individuals will share. In the United States, stereotyping based on age is generally acceptable and goes unnoticed: "ageism, like racism and sexism, becomes institutionalized, affecting hiring decisions, medical care and social policy" (Butler as cited in Cuddy, & Fiske, 2002, p. 3). Attitudes toward aging are formulated by three components: an affective component (feelings toward the older adult), a cognitive component (knowledge, beliefs or stereotypes about the older adult) and a behavioral component (behavior or behavioral preferences; Kite, & Smith-Wagner, 2002). Yan, Silverstein, and Wilber (2011) posited that exposure to older adults could contribute to shaping of attitudes and reduce the fear of aging.

Attitudes also are influenced by culture and ethnicity. Cultural differences have an effect on how the older adult is treated (Sung, & Dunkle, 2008). For example, those of Asian descent demonstrate respect for older family members based on the teachings of Confucius. This type of respect, based on religious foundations, also is demonstrated in the African American communities (Pasupathi, & Lockenhoff, 2002; Damron-Rodriguez, 2009). Factors that influence approach to diversity and ethnicity include country of origin, urban versus rural, "number of generations in this country, cohort, religion, language, and socioeconomic status" (Damron-Rodriguez, 2009, p. 122). Yokum, and Wagner (2011) reinforced the position that older adults have a significantly diverse set of cultural backgrounds. More than 30 million residents of this country have been born elsewhere and the median age of this group of individuals is over 52 years old.

When interacting with this diverse population, challenges for patrol officers include communication due to lack of fluency in English and differences in attitudes toward the aging process, as well as older adults' awareness of available services. Terror management theory (TMT) helps to understand ageist behaviors demonstrated by various cultures based on the mortality awareness and the inevitable association between aging and death (Pasupathi, & Lockenhoff, 2002). Patrol officers need to understand perspectives of various ethnicities within their communities to promote and confirm differences in providing effective interventions.

The aging of society is expected to place increased burdens on the various support systems in the United States, such as law enforcement, healthcare, and social services (Kenner, 2008). Aging encompasses "decline, deterioration and age-related diseases that require intervention" (Kenner, 2008, p. 477). In many cases, the attitudes displayed are a

result of the subtype that individuals represent rather than their actual age (Kite, & Smith-Wagner, 2001). Therefore, attitudes toward the older adult within the community may be affected by their visibility, behavior, and needs.

Knowledge and Attitudes Combined

Alterations in attitudes toward working with the older adults, including those with ADRD, occur in the various helping professions as their knowledge of both normal and abnormal aging processes increase. Flood, and Clark (2009) stated, "Negative attitudes and lack of knowledge about aging have serious consequences for older adults" (p. 588). In their study of nursing students, senior students' attitudes regarding caring for older adults were more positive than freshman students.

Findings that patrol officers hold similar stereotypes and inaccurate knowledge about aging (Hawley et al., 2005) supported Godschalx's (1984) findings that increased knowledge did not alter attitudes. Kane (2006) indicated that those in helping professions require special skills and knowledge to provide the needed interventions to the aging population. Cherry et al. (2009) asserted that the knowledge needed to recognize the difference between normal and pathologic aging is important in understanding adult cognition and maintaining appropriate expectations for older adults. The question then becomes the basis for this study: does increased knowledge and understanding among patrol officers influence their attitudes displayed toward the older adult including those with ADRD?

Ageism Defined

Stereotypes regarding aging and the older adult exist among patrol officers, as well as the general public (Forst, 2000). Palmore (2005) stated that although most

people are unaware of ageist attitudes, it is prevalent and should be considered a social disease "much like racism and sexism" (p. 90). Ongoing education for this group can provide insight as to how patrol officers "feel about aging, older people and if they subscribe to any myths concerning aging" (Forst, 2000, p. 20). An increased understanding and awareness of the aging process on the part of patrol officers can inspire alternative behavioral approaches to this population, resulting in more effective and better law enforcement services, especially in those communities with rapidly aging populations.

Ageism is defined by Butler (as cited in Hagestad & Uhlenberg, 2005), as "the systematic stereotyping of and discrimination against people because they are old" (p. 350). Levy, and Banajim (2002) expanded Butler's definition by including the "feeling, belief or resulting behavior in response to an individual or groups perceived chronological age" (p. 350). Based on these two definitions, it could be postulated that age, above all, attracts socially-sanctioned ridicule, prejudice, and bias (Kane, 2006). Palmore (2005) added that "ageism creates needless fear, waste, illness, and misery" (p. 90). (Weaver (2011) concurred, suggesting that the most prominent message is that old age is destined to be a bleak time of decline, which is corroborated by individuals who believed that their lives became meaningless in later years. Sneed, and Whitbourne (2005) summarized myths with negative attitudes into five stereotypes about the older adult:

- Older adults are lonely due to the lack of friends and family;

- Older adults have increased numbers of mood disorders.

- Older adults demonstrate rigidity and are unable to cope with changes due to aging.

- Older adults become more unidimensional and unidirectional with the passing of time.

- Older adults are sick (frail), dependent as well as cognitively and psychologically impaired (Sneed, & Whitbourne, 2005).

These myths tend to perpetuate the formation of attitudes toward the older population.

Greenberg, Schimel, and Martens (2002) in their overview of ageism, posited that in the United States, identification of a person as an *older adult* can result in application of negative stereotypes, establish differences in attitudes and values, and "expect that the elderly have very different economic and social interests" (p. 27). While these differences are valid in some cases, older adults can represent a threat, linking their fate with death as the ultimate outcome (Greenberg et al., 2002). Aging has become a global concern based on three factors: (a) a decreased mortality rate based on improved nutrition, public health, and medical care, (b) decreased fertility rates resulting in fewer births, and (c) other issues that have altered the structure of the population, including aging of baby boomers and international migration (Cheng, & Hiller, 2009, Weiss, 2005).

Based on research, age stratification has been viewed as an acceptable basis of social organization and integration that categorizes individuals by age, grades, or socioeconomic status (Hagestad, & Uhlenberg, 2005). Categorization allows rights and responsibilities within society to be defined by age, as well as using age as a rite of passage (e.g., getting a driver's license, registering to vote, time to retire). Hagestad, and Uhlenberg (2005) defined the three categories of life as: preparation and education,

family building and work, and retirement. Each stage is defined by an accepted age range. This categorization process promotes age segregation that has become legitimized and sustained through social research for more than 50 years. Hagestad, and Uhlenberg (2005) stated that segregation of older people tends to emphasize benefits of age separation, particularly as it relates to residential accommodations. Research conducted by Riley and Riley (2000) provided insight that age segregation has resulted in isolation, passivity, and discontinuity within the older population. King and Steiner (2001) concurred with Riley, and Riley (2000), concluding that aging affects the perceptions of old age in the general public, as well as in the individual themselves. While some people think of themselves as much younger, the self-image of others is vulnerable, resulting in living their lives in self-imposed isolation.

With the demographic changes occurring in this country, the delayed process of modifications in major social institutions has resulted in the denial many opportunities to continue or maintain productive engagement for older adults within the larger society (Hagestad, & Uhlenberg, 2005). The result is that essential opportunities for joint interactions and dissolution of the 'us versus them' approach is blocked and often ignored, leaving the older segment of the population disenfranchised.

The American society is described as reinforcing stereotypic and negative perceptions of older adults (Yan, Silverstein, & Wilber, 2011). Cheng, and Heller (2009) described the United States as a "youth-oriented society with a pervasive fear of aging in the general population and that the contributions of older adults are generally devalued by society at large" (p. 161). Changes generated by baby boomers could result in a profound influence on future society and its institutions (King, & Steiner, 2001). This influence is

substantiated by Knickman and Snell (2002) who projected that the older adult of 2030 will be better educated with college graduation rates twice that of the current older generation. However, Yan, Silverstein, and Wilber (2011) warned of the other end of the continuum stating "baby boomers who were older, less healthy, less educated and poorer had more aging anxiety than their counterparts, as did those [baby boomers] with less knowledge about aging and less contact with older adults" (p. 361).

Historical insights

In the preindustrial and agrarian cultures, older adults were held in high esteem and were considered teachers and custodians of the history and traditions of their culture (Nelson, 2005). This position of respect was negatively impacted by the printing press and the industrial revolution (Nelson, 2005). The printing press allowed history to be printed and distributed to everyone, removing the need for older adults to be the custodians of the culture. The industrial revolution transformed society and motivated individuals to become mobile and increase their adaptability based on changes needed for technology and skills (Nelson, 2005). Older generations realized that experience in a position and loyalty to a company had been replaced with adaptability and mobility. This phenomenon occurred concurrently with the advances in medicine resulting in increased life expectancy, as well as the reality that society was not ready to accommodate the growing number of older adults (Nelson, 2005). Aging assumed negative qualities and older adults were regarded as noncontributory citizens and burdens on society.

Laws (1995) posited ageism from the feminist point of view as a set of oppressive social relations. "Ageism as a set of social practices and its embodiment in the aged body are central concepts for understanding the way we treat people of different ages" (Laws,

1995, p. 12). She summarized ageism as a form of prejudice and oppression, limiting

people and shaping the perceptions of those who hold ageist attitudes regardless of their

age. Kane (1999b) concurred, stating that ageism portrays aging as the inevitable

deterioration that results in uselessness and an inability to be productive, based on the

impression that older adults are cognitively impaired. Additionally, negative attitudes

toward older adults serve as a shield to protect the ego of the stereotyping individual,

preventing the intrusion of self-threatening thoughts of aging and death (Nelson, 2005).

Ageism, as with other labels including racism and sexism, segregates the older

adult into a 'them versus us' mentality and pervades multiple aspects of society and

culture. Consequently, the total separation of the age groups creates a breeding ground

for ageism. Nelson (2005) discussed a lifespan development model, which assumed that

older adults were essentially unable to influence their environment substantially and had

nothing constructive to offer society. As baby boomers transition to the status of older

adults, society needs to be prepared to accommodate this historic transformation. "A

great many social institutions use age to define people, and in so doing, create and

reinforce boundaries between age categories" (Nelson, 2005, p. 395). Giles and Reid

(2005) summarized that social judgment is anchored in the definition of self as less than

ideal. The image of the physical self may spill over to images of how those who are

already old are perceived, with their behavior registered accordingly. "Although our

symbolic identity assures us that we somehow stand above the crude natural world, our

bodies constantly remind us of our physical limitations" (Goldenberg, Pyszcynski,

Greenberg, & Solomon, 2000, p. 203). This image creates a conundrum in that the aging

of the body and mind reminds the individual of their similarity to other species and increases their vulnerability to the finality of death.

Social research has contributed substantial progress into understanding ageism. However, segregation based on age continues as acceptable, with age embedded in the foundation and implementation of various social programs and welfare policies (Hagestad & Uhlenberg, 2005; Nelson, 2005). "Age prejudice in this country is one of the most socially-condoned and institutionalized forms of prejudice such that researchers may tend to overlook it as a phenomenon to be studied" (Nelson, 2005, p. 208). Based on research, several negative aging stereotypes have evolved:

- older adults are lonely and lack close friends and family,

- older adults have an increased rate of mood disorders compared to younger adults,

- older adults demonstrate rigidity and are unable to cope with the declines associated with the aging process,

- older adults begin to resemble each other with each passing year (unidimensional and unidirectional),

- older adults are sick and dependent, and

- older adults are cognitively and psychologically impaired (even though only 7% develop ADRD; Kane, 1999a, 2006; Sneed, & Whitbourne, 2005).

The effect of these stereotypes are seen throughout all helping professions evidenced by their preference to work with other groups, which in many cases can be accomplished through job choice (Kane, 2006). However, for patrol officers, the choice of contact often is situational. This lack of choice can make it difficult or impossible for

patrol officers to have "preferential client" selection. Patrol officers can expect to respond to an increasing number of calls for those who are older and either living alone or with family (Forst, 2000). Officers need to possess a thorough knowledge base of normal versus pathological aging so that the appropriate interventions can be provided to reduce intergenerational friction, while promoting and maintaining quality of life for all citizens.

Conclusion

Approximately 84 million people aging in the United States are creating a senior-dominated America. This demographic shift affects every city and town across the country. As the most important risk factor to developing Alzheimer's disease appears to be age, it is posited that the number of persons who may be at risk for developing this disease is increasing. Although previous studies demonstrated the effect of patrol officers' knowledge or attitudes of aging, little research has explored where this group fall on this knowledge-attitude continuum related to working with individuals with ADRD.

Law enforcement is a career that interacts with large numbers of older adults on a daily basis. Their knowledge, skills, and attitudes may affect older populations adversely in the types of interventions provided, as well as the reluctance work with older adults (Kane, 2005). Additionally, attitudes of patrol officers toward those with Alzheimer's disease are relatively unknown. However, research in other helping professions demonstrated that geriatrics and dealing with the older population was found to be the least desired career (Kane, 2004; Lundquist, & Ready, 2008). Ageism and the

68

stigmatism of those with ADRD are embedded in the helping professions and society (Chan, & Chan, 2009).

Studies focusing on patrol officers have dealt primarily with the preparedness of this group and their ability and need to deal with the needs of the older adult as it relates to the legal system. The depth of knowledge or beliefs about the process of aging, normal and pathologic, and the subsequent behavioral outcomes of the older population has not been researched extensively (Cupello, 2010; Flood, & Clark, 2009; Sever, & Youdin, 2006). The gap in the research is the lack of a linkage between the cumulative effect of attitudes and knowledge and patrol officers' behavior in working with older adults, as demonstrated in research with other helping professions.

To prepare patrol officers to work with older adults, it is essential to understand their attitudes, knowledge, and skills. Understanding their attitudes is important to dispel myths, change perceptions, and increase knowledge to equip patrol officers to handle the needs of older adults on day-to-day and in emergencies (Cupello, 2010). With the proper foundation, patrol officers can play pivotal roles in their communities, providing valuable assistance to families affected by ADRD.

CHAPTER 3

METHODOLOGY

Introduction and Restatement of the Problem

The purpose of this quantitative study was to investigate the variables that affected the relationship of knowledge (education and training regarding aging and Alzheimer's disease and related dementias) and attitudes (experience on the force, fear of death and previous experiences with older adults including those with ADRD) of aging and ADRD and to gain an understanding of the presence or absence of an impact on the preference of patrol officers to work with older adults and older adults with ADRD. This chapter presents the methodology used to collect data required to address the research questions in this study. This quantitative study examined the relationship of knowledge and attitudes among patrol officers and the influence it has on their preference to work with older adults including those with Alzheimer's disease and related dementias (ADRD). In this chapter, the following topics are addressed in detail: restatement of the problem, research design, sampling and recruitment, and data analysis. The analysis included the collection, coding, identification of missing values, outliers and descriptive statistics of data acquired to investigate the knowledge and attitude of patrol officers as it related to their preference to work with this cohort.

Research supports that duties of patrol officers include the obligation to answer assigned service calls regardless of the issue, and that ageism is as prevalent in this helping profession as it is in the general population (Forst, 2000; Kearney, et al., 2000; King, & Steiner, 2001; Lachenmayr et al, 2000; Michigan Commission Of Law Enforcement Standards [MCOLES], 2006). Additionally, research also supports that

those with increased knowledge of both normal and pathological aging results in improved attitudes within the helping professionals (Hawley, Garrity, & Cherry, 2005; Kane, 2002). Despite the presumption of Allan, and Johnson (2009), that knowledge improves attitude, research has yet to determine if there is a relationship between patrol officers' attitudes and knowledge of aging and ADRD and if it affects their preference to work with older adults including those with ADRD.

Research Design

This study incorporated a nonexperimental quantitative survey approach to study patrol officers' attitudes and knowledge of aging related to their preference to work with the older adults including those with ADRD. Creswell (2009) described quantitative research as "a means for testing objective theories by examining the relationship between variables" (p. 4). Combining this approach with survey research allows the investigator to gather data from samples of the targeted population explore and evaluate specific patterns and relationships of attitudes and knowledge, as well as predict resulting behavior (Bordens, & Abbott, 2008; Harris, 2012). Thus, a post-positive worldview permits the investigator to reduce the problem to be evaluated into small discrete sets of variables. This format tested the theoretical foundations through a deductive format; ensuring sufficient protections established against bias, support for internal and external validity and reliability, as well as opportunities for alternative explanations and where possible, allowed the findings to be generalized to a larger population.

Sampling and Recruitment

This study incorporated a quantitative approach using survey methodology and statistical analysis/interpretation to determine the presence, absence and strength of the

direction of the relationship between the independent variables (knowledge and attitudes) and the dependent variable (preference of patrol officers to work with older adults including those with ADRD) to predict assignment preference. Based on research, preference regarding working or associating with the older person with ADRD was based on knowledge and attitudes toward the disease process, as well as aging in general (Flood, & Clark, 2009; Hawley et al., 2005). Those in helping professions who demonstrated increased knowledge and positive attitudes were more likely to be willing to associate with older adults.

Population

The population defined for this study included sworn active-duty patrol officers working in law enforcement agencies, public safety, and tribal council departments throughout the 83 counties in the state of Michigan and who perform patrol functions on a daily basis. This population was selected based on the frequency and consistency of interactions with members of their various communities and the probability of increased contact with individuals with ADRD under a variety of circumstances.

The state of Michigan was selected, as it was the investigator's state of residence. Additionally, the investigator was interested in promoting education and understanding of aging and ADRD among patrol officers. The uniqueness of the state's population demographics has resulted in a substantial population of aging individuals (Frey, 2007). The older adults are living in urban, suburban, rural and tribal communities within the various counties (MCOLES, 2006).

Inclusion Criteria

Law enforcement agencies in the population database included police, sheriff, tribal police, campus safety offices of major universities, and state police. These agencies had patrol officers among their ranks who interacted with older adults in the various communities on a regular basis. Sworn active officers performing day-to-day patrol duties within the State of Michigan were eligible to participate in the study.

Exclusion Criteria

The following types of law enforcement agency were excluded from the population database because they did not perform community patrol duties on a routine basis. These law enforcement agencies included: county prosecuting district attorney offices, airport security, and community college departments of campus safety, park patrol, railroad security, and the State Attorney General's office (MCOLES, 2012). Administrative, executive, investigative personnel, and those not directly involved with day-to-day patrol work were excluded. In addition, this study also excluded civilian employees and volunteers, as well as those employed in the prison and court systems as their responsibilities vary from those of the patrol officer and this group typically would not encounter the same community type interactions with older adults including those with ADRD.

Selection of Participants

The initial population sample was selected based on a random systematic sampling methodology. The sample was chosen by selection of every nth record from the total population (Bennett, Briggs, & Tiola, 2009). Using this methodology, starting with a randomly selected number, every 4th agency was selected with two passes through

the MCOLES Directory, which allowed for equal probability of selection (Bennett, Briggs, & Tiola, 2009; Vogt, & Johnson, 2011). Systematic random sampling was appropriate in this case to increase the representative characteristics of the targeted sample of sworn patrol officers. Based on the population of 619 agencies, and the use of systemic sampling, the sample included 272 agencies.

Convenience sampling was added at month three of the data collection process due to poor response rate to the survey invitations. Bordens and Abbott (2008) posited that although random sampling was the preferred survey selection methodology, as other factors affect the nature of the sample, convenience sampling also was acceptable. In addition, it was common for applications of research to be applied indirectly through theories; therefore, random samples may be less critical than in empirical research

Sample

The sample for this study was selected using the publically available directory of Michigan county, municipal and tribal law enforcement agencies. The database for these agencies was taken from the Michigan Commission on Law Enforcement Standards (MCOLES) Directory dated April 23, 2012. The database was reviewed and all county prosecutor offices as well as community college safety departments, park patrol, railroad security and State Attorney General's office were removed due to the lack of patrol officer functions within the community. However, based on the demographics and urban locations of the major universities throughout the state, these public safety departments were left in the database.

MCOLES conducted a previous study on the job description of the patrol officer. They noted that "the two largest agencies within the state are the Detroit Police

Department [DPD] and the Michigan State Police" (MCOLES, 2006, p. 14). The Detroit

Police Department is composed of eight separate precincts (DPD, n.d.) located

throughout the city with an estimated 3,600 sworn personnel as of 2006 (MCOLES,

2006). The Michigan State Police (MSP) had an estimated 1,872 officers in 2006

(MCOLES, 2006), assigned to 36 posts throughout the eight state districts (MSP, n.d.).

To include all districts within the Detroit Police Department, as well as posts for the

Michigan State Police, the single listings of these two departments were removed from

the database and replaced with the individual addresses and district/post names of these

two agencies bringing the total number of eligible agencies throughout the state to 619

(Appendix F).

Rationale for the Sample

The rationale for selecting active, sworn patrol officers was based on the need to

ensure that the population would reflect patrol officers with the greatest exposure in the

community, specifically older adults including those with ADRD. A study by Hawley et

al., (2005) stated that as patrol officers interact with older adults on a regular basis, it was

important to have solid knowledge regarding the aging process. "Because age-related

cognitive decrements in older adults will likely influence interpersonal communication

and exchange of information, police officers…need to have an accurate appraisal of the

cognitive competencies of this population" (Hawley et al., 2005, p. 2). Knowing if

knowledge or attitude alone or in combination affected the preference of these helping

professionals to work with the older population was important.

Recruitment

The MCOLES Directory (April 23, 2012) of 619 law enforcement and public safety agencies including the breakdown of the Detroit Police Department and the Michigan State Police posts within the state of Michigan were numbered from 001 – 619. The MCOLES Directory was set up alphabetically by name of agency beginning with the Adrian Police Department and ending with the Zilwaukee Police Department.

The Administrative Chief of each of the selected agencies was sent a letter (Appendix B) introducing the investigator and purpose of the study and asking that the recruitment flyers (10 were included in each packet; Appendix C) containing the survey web link be posted. To gain access to the survey, the flyers directed patrol officers interested in participating to a designated web site. Based on the initial mailing of 272 letters and posting of flyers in the agencies, the potential responses based on the size of the particular agency and number of participating patrol officers could exceed 2,760 patrol officers, assuming that all 272 Administrative Chiefs posted the flyers and encouraged all of their officers to participate.

The process of incorporating an introductory letter and flyers-based recruitment methods was selected due to the difficulty of obtaining individual email or postal addresses of patrol officers. Therefore, utilization of the MCOLES Directory and selection of agencies throughout the state was chosen as the recruitment method rather than personal contact with individual officers. Response rates to web-based surveys are influenced by availability of internet access, technical difficulties navigating the survey, limited time availability, and confidentiality (Couper, 2000; Creswell, 2009). The web-

based survey was conducted using the Survey Monkey® platform, with no IP addresses retained, therefore assuring anonymity to the participants.

A meta-data review by Baruch, and Holtom (2009) reviewed 463 published studies regarding effectiveness of the methodology utilized. Of these studies, six used web-based survey methodology and response rate reported ranged from a minimum of 10.6% to a maximum of 69.5% with 38.9% as the mean response rate. Moreover, the article identified the industry benchmark in survey research as ranging from 35% to 40% finding the mean of 38.9% well within that range (Baruch, & Holtom, 2009). Based on determination of a needed sample size of 111 (Bonett, & Wright, 2000) a return rate of 38.9% provided a potential of more than a sufficient number of participants (1,074) for the study. Therefore, based on this review, the number of projected surveys to be returned should be sufficient for the purposes of this study.

Two weeks after mailing the first round of invitations, a fax was sent to the Administrative Chief of each of the selected agencies in accordance with survey follow through outlined in Creswell (2009) to promote increased recruitment. A second round of letters chosen by the same process was mailed in January, a third round of letters was mailed in February, and a fourth round of letters was sent in March 2013. Each time the process of random selective sampling was followed and reminders were faxed two weeks after the letters.

Despite a rigorous schedule of sending letters and follow up faxes, recruitment continued to be low. Therefore, once permission was obtained from IRB, the recruitment methods were adjusted to add convenience and snowball sampling procedures. This new sampling procedure was accomplished by reaching out to friends and other individuals

with patrol officer contact. Convenience sampling provided a substantial number of participants, although it was not possible to determine by the surveys who responded to the letter/survey combination or a phone call from a friend.

Sample Size

Bonett, and Wright (2000) stated that when using a correlational approach, the interval estimation of sample size was frequently considered in applications where the "magnitude of a correlation is of primary interest" (p. 23). Use of Pearson and Spearman correlations are "attractive because [they] can be used to generalize from the sample to the population correlation for any monotonic transformation of bivariate normal variables" (Bonett, & Wright, 2000, p.24). Based on the given formula, where the effect size equals $\theta = 0.50$ the confidence level = 0.3 and $\alpha = .05$, the required sample size was $n = 111$ individuals (Bonett & Wright, 2000, p. 26) responses from the selected sample. The survey remained open until the minimum number of responses (111) had been collected. Completed surveys were retained by Survey Monkey® and converted to an Excel spreadsheet for download upon completion of the study. Data will be maintained on a separate password-protected USB drive for five years.

Data Collection Procedures

Preliminary review and permission to conduct the study was gained from the Capella University Institutional Review Board (IRB) after approval by the doctoral committee. Although no financial benefit was provided, participants were entitled to receive a copy of the results once the study was completed. No data were retained that could identify the participant or their agency to preserve anonymity.

The recruitment flyer directed the participant to a web site powered by SurveyMonkey® to complete the survey. Upon accessing the portal, the participant was introduced to the investigator's information including a contact email and an overview of the project. Telephone numbers for the advisor in the Capella University IRB also were available should there be any questions or concerns on the part of the participants.

The next several screens of the survey instrument contained the informed consent form. To proceed, the participant had to read the consent, and on the last screen click to register their consent and gain access to the survey. The web survey process using SurveyMonkey® provided additional anonymity for participants as the investigator had no ability to contact these participants via email, phone, letter, or IP addresses.

The source of data for this study was the completed individual participant surveys. Data were downloaded to an Excel spreadsheet and then transferred to IBM SPSS software for initial evaluation via the Explore subcommand to check for outliers in the data, as well as the shape of distribution of the scaled variables.

Continued data analysis used multiple stepwise regression analysis and Pearson product moment correlation to determine the presence, strength, and direction of the relationships among variables. The first section of the analysis provided descriptive statistics, including frequency distributions, measures of central tendency and dispersion to provide a profile of patrol officers who participated in the study. The second section of the data analysis incorporated a combination of inferential statistics to judge the probability that an observed difference or relationship between groups was relevant or happened by chance.

Instrumentation

The self-administered survey instrument in this study incorporated six tools:

1. Researcher-developed demographic section,

2. Palmore's Facts on Aging (FAQ2, Cupello, 2010; Hawley et al., 2005),

3. Kogan's Attitudes Toward Old People (Kearney, Miller, Paul, & Smith, 2000),

4. Templer's Death Anxiety Scale (Harville, Stokes, & Templer, 2003; Templer et al., 2006),

5. Alzheimer's Disease Knowledge Scale (Carpenter, Balsis, Otilingam, Hanson, & Gatz, 2010), and

6. Selected sections from The Impact Study (Jones, Mackel, Berthet, & Knox, 2010).

These instruments were used to collect data for the variables in the study. In consideration of consistency throughout the instrument and in accordance with the American Psychological Association (APA, 2010, p. 76), the term elder or elderly was changed to older or older adult where appropriate throughout the instrument. It was posited that these two changes would clarify the instrument and provide a more streamlined approach for completion of the survey. Permission to use the instruments was obtained from each of the authors prior to beginning the study. (See Appendix B for final survey.)

Table 3 lists each the question, details the specific dependent and independent variables as well as the method used to analyze the data to test the hypotheses. The

remainder of this section outlines the parts of the survey and provides justification as well as appropriate reliability and validity factors for each individual section.

Table 3

Variables and Hypotheses Testing

Research Question	Variable	Analysis Format
Research question 1: Does the preference to work with older adults including those with Alzheimer's disease and related dementias significantly vary significantly by participant participants demographics specifically; age, sex, educational level, ethnicity, department location and years of law enforcement experience?	Independent Variable: Section 1 of the instrument incorporating all demographics in the study including age, sex, educational level, ethnicity, department location and years of law enforcement experience Dependent variable: Preference to work with older adults including those with ADRD as determined by answers to Section I question #13 f and g.	Separate stepwise multiple linear regression analyses for the older adult and oldest-old categories
Research question 2: Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?	Independent Variable: Knowledge of aging based on correct answers to Palmore's Facts on Aging – Section 2 of the instrument. Dependent variable: Section 1 question 8 assumption of personal knowledge.	Stepwise multiple linear regression analysis
Research question 3: Does the perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?	Independent Variable: personal perception of adequate knowledge and training types from Section 1 Demographics, On the Job Training Dependent Variable: Knowledge of Alzheimer's disease as determined by correct answers to the Alzheimer's disease quiz, Section 5 of the survey	Pearson product moment correlation

Research Question	Variable	Analysis Format
Research question 4: Is there a relationship between the years of education of patrol officers; and type of workplace training about aging and their preference to work with older adults?	Independent variable: answers to Section 1 question 4 and 9 Dependent variable: Answers to Section 1 questions 13g and 13h	Stepwise multiple linear regression analysis
Research question 4: Is there a relationship between the years of education of patrol officers; and type of workplace training about aging and their preference to work with older adults?	Independent variable: answers to Section 1 question 4 and 9 Dependent variable: Answers to Section 1 questions 13g and 13h	Stepwise multiple linear regression analysis

Table Continues

Table 3 continues

Variables and Hypotheses Testing

Research Question	Variable	Analysis Format
Research question 5: Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias	Independent variable: Section 1, Demographic questions 4 and 11 Dependent variable: Section 1 demographic questions 14e and 14f	Stepwise multiple linear regression analysis
Research question 6: Is there a relationship between the actual knowledge of patrol officers regarding aging of patrol officers and their preference to work with older adults?	Independent variable: Section 2 of the instrument – total correct answers from Palmore's Facts on Aging Dependent variable: Section 1, Demographic questions 13g and 13h	Total correct answers on the Palmore's Facts on Aging. Pearson's product moment correlation
Research question 7: Is there a relationship between the actual knowledge of patrol officers regarding Alzheimer's disease of patrol officers and their preference to work with older adults with Alzheimer's disease and related dementias?	Independent variable: Section 5 of the survey – Alzheimer's Disease Knowledge Quiz. Dependent variable: Section 1, Demographic questions 13g and 13h	Total correct answers on the Alzheimer's Disease Knowledge Quiz Pearson's product moment correlation
Research question 8: Is there a relationship between the attitudes of patrol officers toward aging and their preference to work with older adults?	Independent variable: Section 3 – Total answers to Kogan's Attitude Toward Old People Scale Dependent variable: Section 1, Demographic questions 13g and 13h	Pearson's product moment correlation
Research question 9: Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias.	Independent variable: Section 6 of the instrument – answers from the IMPACT survey Dependent variable: Section 1, Demographic questions 13g and 13h	Stepwise multiple linear regression analysis

Table Continues

Table 3 continues

Variables and Hypotheses Testing

Research Question	Variable	Analysis Format
Research question 10: Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Independent variable: Section 1, Demographic question 12 Dependent variable: Section 1, Demographic questions 14e and 14f	Pearson's product moment correlation
Research question 11: Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias	Independent variable: Section 4 of the instrument: Sum total of answers to Templer's Death Anxiety Dependent variable: Section 1, Demographic questions 14e and 14f	Pearson's product moment correlation

Demographic Survey

The purpose of the first section of the survey was to gather specific demographic characteristics of the participants. The factors were selected to provide insight into whether demographic characteristics, such as age, sex, level of education, and experience, affected the preference to work with older adults including those with ADRD. This information allowed further insight into the relationship between knowledge and attitude related to behavior. Each component of this section is listed here with selection rationale.

Questions 1 through 7 collected personal demographics to describe the population of participants. Additionally, these questions were used to determine the effects, if any, age, sex, and/or education had on preference to work with older adults including those with ADRD.

Question 8 was developed to determine patrol officer's self-perception of a regarding their knowledge of aging. This rating was compared to the actual knowledge as determined by the total correct answers to Palmore's Facts on Aging (FAQ2) (Section 2). Question 9 and 11 were used to determine the types of on-the-job training received regarding aging and ADRD. This information, described by Sever and Youdin (2006) was used in their study to determine patrol officers' general knowledge of aging and if continued education provided additional skill levels. Question 10 was created to determine patrol officer's self-perception of a regarding their knowledge of ADRD. This rating was compared to the actual knowledge of ADRD as determined by the correct answers to the Alzheimer's Disease Knowledge Scale (Section 5).

Question 12 was created based on previous research of assignment types (Forst, 2000; MCOLES, 2006; Sever, & Youdin, 2006). This list was constructed to elicit previous interactive experiences of patrol officers with older adults including those with ADRD. Sever, and Youdin (2006) hypothesized that previous experiences with older adults would affect attitudes as well as knowledge. Participants were asked to indicate yes or no to the listed experiences. Answers were coded yes = 1, no = 0, with the total number of participants having each experience totaled.

Question 13 was used to measure with which age groups patrol officers preferred to work. Previous studies (Kane, 2006; Hawley et al., 2005) used age groupings to determine population of preference in other helping professions. The participant was asked to indicate preference for specific age groups using a 4-point Likert scale ranging from 1 (*least preferred*) to 4 (*most preferred*). Question 13 Subparts g and h were used to

determine preference to work with older adults, divided into two groups: "Older Adults" (65-84 years) and "Oldest Old" (85+ years).

Question 14 was used to determine the type of assignment preference. The assignment types were obtained from Sever and Youdin (2006), who used various experiences and interactions with the older population in their study. The responses used a Likert scale selection of 1 (*least preferred*) to 4 (*most preferred*). Additionally, within this question, Subpart "e" indicated "older adult with Alzheimer's disease or related dementia" and Subpart "f" indicated "lost older adult with Alzheimer's disease or related dementia". These two lines were used as the dependent variable indicating preference to work with older adults with Alzheimer's disease.

Palmore's Facts on Aging Quiz (FAQ2)

Section two of the instrument was a 25-question multiple-choice questionnaire with one correct answer per question (Cupello, 2010; Harris, Changas, & Palmore, 1996; Hawley, Garrity, & Cherry, 2005). According to Cupello (2010), this instrument has been used in "disciplines in which effective outcomes with the elderly require accurate knowledge about old age and the aging process" (p. 13). This instrument contains questions regarding the knowledge of "physical, psychological, social and economic factors related to aging and to measure misconceptions regarding elderly people" (Wang et al., 2010, p. 743) and was used to measure actual knowledge of the aging process. Possible scores could range from 0 to 25 with higher scores indicative of a greater knowledge base of aging. The coefficient alpha was reported as 0.7 (Harris & Changas, 1994). Mean scores in previous studies ranged from 10.21 to 21 (Harris & Changas, 1994; Hawley et al., 2005) depending on the group tested.

Kogan's Attitudes toward Old People Scale

Section three was a questionnaire developed by Kogan (1961) and consists of 34 items, 17 expressing negative and 17 expressing positive sentiments about older people. Kearney et al. (2000) summarized the scale as including "residential patterns, cognitive style, personal appearance, personality, and discomfort with older people" (p. 600). The scale was selected based on previous extensive use to self-report generic attitudes of a selected population toward the older population (Kearney et al., 2000). Attitudes toward older people were assessed "with respect to both norms and individual differences, stereotypes of old people and misconceptions of old people" (Lee, 2009, p. 125).

Based on a personal communication with Dr. Kogan (October, 10, 2012, personal email), the 34 sentences were separated, placed into a bowl and chosen one at a time. As the sentences were chosen, they were reassembled and entered into the survey. This was done to ensure random presentation of the statements and avoid automated responses from the participants

Participants scored their agreement or disagreement using a 5-point Likert scale ranging from 1 for *strongly disagree* to 5 for *strongly agree* (Kearney, et al., 2000; Kogan, 1961) and when completed, the answers are tabulated for a total score. The possible scores ranged from 34, which demonstrate a negative attitude, to 170 indicative of a very positive attitude (Kearney et al., 2000). Higher scores indicate a more positive attitude toward older adults (Kane, 2004; Kearney et al., 2000).

Reliability of the scale was established through Spearman Brown split half reliability selected because the test is divided into pairs of positive/negative statements. Therefore, this approach calculated internal consistency by determining the correlation of

scores on one-half (the positive statements) to the scores on the other half (negative statements) of the scale (Vogt & Johnson, 2011). Reliability coefficients recorded in the original studies ranged from.66 to.77 for the positive scale and.73 to.83 for the negative scale (Kearney et al., 2000; Lee, 2009). "Internal consistency among test items was also demonstrated. Pearson product-moment coefficients between positive and negative items ranged from.46 to.52 and all were significant beyond the.01 level" (Kearney et al., 2000, p. 600). Finally, concurrent validity for the content was obtained using authoritarianism and anti-minority attitudes (Kogan, 1961; Keaney; et al., 2000).

Templer's Death Anxiety Scale

The purpose of section four was to determine death anxiety. Templer's Death Anxiety Scale has been used since 1970 to measure anxiety toward death. Templer et al., (2006) postulated that the level of death anxiety of any individual was determined by their general psychological health as well as specific experiences pertaining to the matter of death. This 17-statement questionnaire is comprised of topics related to death and dying. The items used a true/false response format, with *true* answers = 1 and *false* answers = 0. Scores on the scale were the total number of true answers for each of the participants, with higher scores indicative of increased anxiety (Harville, Stokes & Templer, 2003; Templer et al., 2006). The survey demonstrated a three-week test-retest reliability of .83 and a "Kuder-Richardson Formula 20 internal consistency coefficient of .76" (Templer et al., 2006, p. 210). This score demonstrates adequate internal consistency as a measure of reliability. Validity of the scale was rated by authorities in the fields of clinical psychology and religion (Templer, 1970). Construct validity was determined through the significant and positive correlation with "three MMPI special anxiety scales

but with lower correlations than that with Boyar's Fear of Death Scale so as to demonstrate discriminant validity" (Templer et al., 2006, p. 210).

Knowledge of Alzheimer's Disease Scale

Section five of the survey was a 30-question true-false scale developed to assess the level of the knowledge of Alzheimer's disease (AD) that demonstrated a general knowledge of AD. This quiz has been used in studies and applied contexts to assess knowledge of regarding Alzheimer's disease among laypeople, caregivers, and professionals involved in the care of these individuals (Carpenter, Balsis, Otilingam, Hanson, & Gatz, 2009; Dieckmann, Zarit, Zarit, & Gatz, 1988; Hawley et al., 2005; Kane, 2004). The content in this scale includes "risk factors, assessment and diagnosis, symptoms, life impact, caregiving, and treatment and management" (Carpenter et al., 2009, p. 243). The participants rated each question as either *true* (1) or *false* (0). Scores were the total number of correct answers, with higher scores indicating greater knowledge of Alzheimer's disease. The reliability of this instrument was determined through test-retest interval ranging from 2 to 50 hours with a reliability coefficient of.81, $p < .001$ (Carpenter et al., 2009). These scores demonstrate an adequate internal consistency as a measure of reliability. Internal consistency was demonstrated with a coefficient alpha at 0.71 illustrating the average inter-item correlation (Carpenter, et al., 2009).

IMPACT Survey

Section six was taken from the IMPACT Survey (2010). According to Jones, Mackel, Berthet, and Knox (2010), the IMPACT Survey "was undertaken to update current knowledge on attitudes and behaviors towards AD in Europe" (p. 526). While the

actual survey instrument contained multiple questions not pertinent to this study, the

selected questions were part of the General Public section of this study and considered

relevant to determine overall attitudes toward Alzheimer's disease. Participants within

the General Public section were comprised of men and women, age 18 and older from

each of the five participating countries (Jones et al., 2010; Wortmann, Andrieu, Mackell,

& Knox, 2010). The content of the complete questionnaire was reviewed and endorsed

by the IMPACT Steering Committee composed of, "11 leading researchers, clinicians

and advocates in the field of Alzheimer's disease" (Alzheimer's Disease International,

n.d, para. 2) from the various countries participating in the study. The first questions (1

to 4) are statements asking for agree/disagree rated on a 5-point Likert scale ranging from

1 for *strongly disagree* to 5 for *strongly agree*. The responses are summed to obtain a

score that is related to attitudes regarding Alzheimer's disease in particular. Questions 5

and 6 allowed the participant to choose multiple conditions that could create fear of

development of various diseases in either a family member or themselves.

Dependent Variables

   Preference of assignment. Questions 13 and 14 of the demographic questions

(Section 1 of the Survey Instrument) were used to determine preference of assignment

related to working with older adults as well as those with ADRD. These questions

represented the dependent variable. The question format used a Likert scale rating of

preference and has been used in multiple studies to determine intent, willingness, or

preference of other helping professionals to work with specified groups or assignments

including older adults with Alzheimer's disease (Flood, & Clark 2009; Hawley, et al.,

2005; Kane, 1999b, 2004). Question 13 was used to determine preference to work with

older adults as identified by a Likert scale rating of 1 to 4 with 1 indicating least preferred and 4 being most preferred for section 13G (age 65 – 84) and 13H (age 85+). Question 14 E and 14F was used to determine preference to work with older adults with ADRD based on a Likert scale rating of 1 – 4 with 4 being most preferred.

Knowledge. The total score of correct answers on the 25-question multiple choice questionnaire, Palmore's Facts on Aging (FAQ2) (Harris et al., 1996)), was used to determine actual knowledge of aging. This score was correlated against the participant's perceived assessment of their knowledge base from question 8 of the demographic questions to measure effect of perceived knowledge of aging against the unique dependent variable of actual knowledge.

Knowledge of Alzheimer's disease and related dementias. The total score of correct answers on Alzheimer's Disease Knowledge Scale (Carpenter et al., 2010) was used to determine actual knowledge of Alzheimer's disease and related dementias. This score was correlated against the participant's perceived assessment of their knowledge base from question 10 of the demographic questions to measure the relationship of the perceived knowledge of the participant on the unique dependent variable of actual knowledge.

<center>**Field Test**</center>

A field test of the survey instrument provides a mechanism to ensure that the interview questions were appropriate for the identified population. Neutens and Rubinson (2010) stated the purpose of the field test "enables the evaluator to gather information regarding the program participants' reactions and to detect unplanned outcomes" (p. 200). The purpose of the field test in this study was twofold. First, determine the amount

of time needed to complete the entire survey and second to determine the clarity of the

questions within the demographic section and the relation of the data gathered from these

questions to the various research questions.   While Sections 2 through 6 of the

instrument were composed from accepted instruments, the demographic items, (Section

1) was compiled based on various studies and it was important to determine the

understanding of these questions and their relevancy within the study.

The Director of Campus Safety at a local college agreed to allow his campus

safety officers to take the survey. A requirement for members of campus security at this

college is a prior history in law enforcement, with the majority of his staff comprised of

previous patrol officers. Additionally, two current patrol officers with a local police

department participated in the test for a total of six participants.

A Field Test Questionnaire was created that included a consent to participate,

instructions for completion of the survey, demographic data to gauge experiences in the

field, and six questions regarding the survey completion. The field test questionnaire

including instructions is included in Appendix E. The Director of Campus Safety at the

college provided time for a face-to-face interview regarding the questionnaire in total.

In total, six surveys were returned. The table below indicates the answers for the

various demographic questions covering years of education, years in law enforcement

and years as a patrol officer as well as time needed to complete the questionnaire.

Table 4 – *Field Test Results - Demographics*

Participant	Years of Education	Years in Law Enforcement	Years as a Patrol Officer	Survey completion time in minutes
1	17.0	7.0	7.0	28.0
2	16.0	11.0	11.0	130.0
3	19.0	29.0	3.0	30.0
4	14.0	30.0	20.0	170.0
5	N/A	32.0	30.0	N/A
6	14.0	15.0	15.0	55.0
MEAN	13.3	20.6	14.3	68.8

Additionally, the field survey form contained six questions regarding the relevance of various sections of the instrument. A list of questions and the answers is presented here followed by recommendations.

Question 1: How do you feel questions #1 – 7 of the demographic section help to answer the following research question? Does the preference to work with older adults including those with Alzheimer's disease and related dementias significantly vary by participant demographics specifically age, sex, educational level, ethnicity, department location and years of law enforcement experience? The consensus of those that commented was that the question was relevant. One participant indicated that department location would be the least relevant, however, this comment was not repeated and therefore, all questions were left as is.

Question 2: How do you feel questions 8 and 9 in the demographic section and the knowledge portion of the questionnaire on aging in Section 2 (Palmore's Facts on Aging) of the questionnaire help to answer the following research question? Does the perception of adequate knowledge of aging and type of workplace training on aging

significantly predict the actual knowledge of aging? The consensus here was mixed although all felt that educational level was important. One comment stated "very responsible to know the education of the person doing the study" another responded "elevated perception creates training opportunities." One participant indicated that although Palmore's Facts on Aging would be guesswork for patrol officers, he thought the relationship was there.

Question 3: How do you feel questions 10, 11 and the knowledge portion of the questionnaire on Alzheimer's disease in Section 5 (The Alzheimer's Disease Knowledge Quiz) helped to answer the following research question? Does the perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias? The participants agreed that the wording of this question was clear and relevant. One individual answered "These questions show a knowledge base which should cause one to either be comfortable with past teaching or to seek more knowledge in the topic area."

Question 4: How do you feel question 12 of the demographic section of the questionnaire helps to answer the following research question: Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and their preference to work with older adults with Alzheimer's disease and related dementias? The answers to this question revealed that experiences were important, but not all participants agreed that it would reflect a preference. However, no one had issue with the question as written.

Question 5: How do you feel question 14 in the Demographic section of the questionnaire helps determine preference to work with older adults? One participant who agreed, stated "each person/officer has certain age group preferences." However, other participants did not feel that officers had an age bracket preference, that they answered all calls. However, since this question was validated in the literature, and none of the participants had difficulty answering, the question remained.

Question 6: How do you feel question 15 in the Demographic section of the questionnaire helps to determine a preference to work with older adults including those with Alzheimer's disease? One participant stated that the question helps "determine what that officer looks for and what they like to find" as it relates to the assignment. Another stated that it depended on the situation. As no participant had difficulty answering the question and the literature supported the format, the question was retained.

The field test determined that some additional changes were needed to provide clarity within the instrument. First, the term roll call and other types of training opportunities listed in the demographic section were difficult to define uniformly. To accommodate this concern, definitions were added for the various types of training as stated in the work by Sever and Youdin (2006) to the questionnaire.

Data Analysis

Upon closing the survey, the data were downloaded from SurveyMonkey® to an Excel file. The data were cleaned and reviewed for completeness. Once the data were cleaned, the data were transferred to IBM-SPSS –version 21 for statistical analysis. Data analysis took into account both descriptive and inferential statistics. The initial analysis included frequency distributions, measures of central tendency and distribution to provide

a profile of the participants, based on their demographic data. No inferences were made from these analyses. The second section of data analysis used various inferential statistical calculations including linear stepwise regression and Pearson product moment correlation to address and answer the research questions. All decisions regarding the statistical significance of the analyses used a criterion alpha level of .05. The statistical analysis used to test the individual research hypotheses are listed below.

Research Question 1: Does the preference to work with older adults including those with Alzheimer's disease and related dementias vary significantly vary by participant demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience?

Statistical analysis: The impact of these various demographic factors on the preference to work with older adults including those with Alzheimer's disease and related dementias was measured using stepwise multiple linear regression. If none of the independent variables entered the stepwise multiple linear regression equation, the null hypothesis was retained. If one or more of the independent variables entered the regression equation, the null hypothesis was rejected.

Research Question 2: Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?

Statistical analysis: Stepwise multiple linear regression was used to determine the impact of actual knowledge of aging to perceived knowledge of aging. If none of the independent variables entered the stepwise multiple linear regression equation, the null hypothesis was retained. If one or more of the independent variables entered the regression equation, the null hypothesis was rejected.

Research Question 3: Does the perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?

Statistical analysis: Pearson product moment correlation was used to test the direction and strength of the relationship between the dependent and independent variable. If the p value on the correlation was less than .05, the null hypothesis was rejected.

Research Question 4: Is there a relationship between the years of education of patrol officers, and type of workplace training about aging and their preference to work with older adults?

Statistical Analysis: Stepwise multiple linear regression was used to determine the impact of the various types of training of the relationships between educational levels and training of patrol officers and their preference to work with older adults. If none of the independent variables entered the stepwise multiple linear regression equation, the null hypothesis was retained. If one or more of the independent variables entered the regression equation, the null hypothesis was rejected.

Research Question 5: Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Stepwise multiple linear regression was used to determine the impact of the various types of training of the relationships between years of educational and training of patrol officers and their preference to work with older adults

including those with Alzheimer's disease and related dementias. If none of the independent variables entered the stepwise multiple linear regression equation, the null hypothesis was retained. If one or more of the independent variables entered the regression equation, the null hypothesis was rejected.

Research Question 6: Is there a relationship between the actual knowledge of patrol officers regarding of aging of patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Pearson's product moment correlation was be used to determine the strength and direction of the relationships between the knowledge of aging and their preference to work with older adults with Alzheimer's disease. If the p value of the correlation was less than .05, the null hypothesis was rejected.

Research question 7: Is there a relationship between the actual knowledge of patrol officers regarding Alzheimer's disease in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Pearson's product moment correlations were used to determine the strength and direction of the relationship between knowledge of Alzheimer's disease and preference to work with older adults including those with Alzheimer's disease and related dementias. If the p value of the correlation was less than .05, the null hypothesis was rejected.

Research question 8: Is there a relationship between the attitudes of patrol officers toward aging and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Pearson's product moment correlations were used to test the strength and direction of the relationship between preference to work with older and the patrol officer's attitudes towards aging. If the p value of the correlation was less than .05, the null hypothesis was rejected.

Research question 9: Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Pearson's product moment correlations were used to test the strength and direction of the relationship between attitudes toward Alzheimer's disease and preference to work with older adults. If the p value of the correlation was less than .05, the null hypothesis was rejected.

Research question 10: Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Stepwise multiple linear regression was used to determine if the previous experiences of patrol officers with individuals with Alzheimer's disease can predict or explain their preference to work with older adults including those with Alzheimer's disease and related dementias. If none of the independent variables entered the stepwise multiple linear regression equation, the null hypothesis was retained. If one or more of the independent variables entered the regression equation, the null hypothesis was rejected.

Research question 11: Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Statistical Analysis: Pearson's product moment correlations were used to test the strength and direction of the relationships between death anxiety and preference to work with older adults including those with Alzheimer's disease. If the p value of the correlation was less than .05, the null hypothesis was rejected.

Expected Findings

The researcher expected the study to predict the presence of a relationship between knowledge based on education and training of patrol officers related to their preference to work with older adults and older adults with ADRD. The researcher also expected the study to predict the presence of a relationship of attitudes toward older adults including those with ADRD based on several variables related to patrol officers' preference to work with older adults and older adults with ADRD. Further, the study was expected to find that a positive relationship when knowledge and attitudes toward older adults including those with ADRD were combined and the preference of patrol officers to work with this population.

Ethical Considerations

Creswell (2009) stated that researchers have an obligation to, "protect their research participants; develop a trust with them; promote the integrity of research; guard against misconduct and impropriety that might reflect on their organizations or institutions; and cope with new, challenging problems" (p. 87). The investigator

acknowledges the responsibility to comply with all of Capella University policies and requirements to protect the rights and welfare of the human participants in the study. Additionally, protection of the participants of this study was ensured through completion of the anonymous web-based surveys.

Conclusion

The purpose of this study was to determine the presence or absence of a relationship between knowledge and attitudes of patrol officers about older adults including those with ADRD and the preference of patrol officers to work with this population. The research used a quantitative survey design to address the research questions. The research was gathered through the use of predetermined and standardized survey instruments. Participants in this study were sworn, active-duty police officers who worked for law enforcement agencies within the state of Michigan and whose main responsibility was patrol duty . The data analyses were conducted using Pearson's product moment correlations and stepwise multiple linear regression analyses to determine the presence, absence, and strength of relationships among the variables and the preference of patrol officers to work with older adults including those with ADRD.

CHAPTER 4.

RESULTS

Introduction

The purpose of this quantitative study was to examine the feedback of patrol officers regarding the presence or absence of a relationship between the knowledge of normal and pathologic aging, their attitudes toward aging, and the impact on the preference of patrol officers to work with older adults including those with Alzheimer 's disease and related dementias (ADRD). In addition, the study sought to gain an understanding of the combined impact of knowledge and attitudes on patrol officers and their preference to work with older adults with ADRD. A quantitative web-based survey of patrol officers serving within the State of Michigan was used to gather the required data. The results of the data analysis used to describe the sample and test the hypotheses are presented in this chapter.

Data Analysis Strategy and Organization of Statistical Results

Data were collected from 112 patrol officers throughout the state of Michigan. A convenience sample of patrol officers responded to a flyer that was sent to their chief administrative officer. The officers completed an on-line survey that included six separate instruments, researcher-developed demographic survey, Palmore's Facts on Aging (Cupello, 2010; Hawley, Garrity, & Cherry, 2005), Kogan's Attitudes toward Old People Scale (Kearney, et al., 2000; Kogan, 1961), Templer's Death Anxiety Scale (Harville, Stokes, & Templer, 2003; Templer et al., 2006), Knowledge of Alzheimer's Disease Scale (Carpenter, Balsis, Otilingam, Hanson, & Gatz, 2009), IMPACT Survey (Jones, Mackel, Berthet, & Knox, 2010).

Once collected, the data was downloaded from SurveyMonkey™ for analysis using IBM-SPSS Ver. 21. The data was reviewed for completeness, with none of the cases eliminated because of excessive missing values. The data were examined for outliers. The responses generally were within the expected ranges.

A missing values analysis was completed on the scaled variables. As in most surveys, some officers did not provide responses to all items, either because of time constraints or because they were uncomfortable with the items. The informed consent form gives the participant permission to skip any survey items that may be problematic. Mean score replacement was used to replace missing values for the four instruments, Palmore's Facts on Aging, Kogan's Attitudes Toward Old People, Templers Death Anxiety, and Alzheimer's Knowledge Quiz.

The data collected from the patrol officers were analyzed using IBM-SPSS ver. 21. The data analyses are divided into three sections. The first section provides a description of the sample, with baseline information on the scaled variables included in the second section. The findings of the inferential statistical analyses used to test the hypotheses and address the research questions are presented in the third section of the chapter.

<div align="center">Descriptive Statistics</div>

Description of Sample

Patrol officers within the state of Michigan were invited to participate in the study by convenience sampling using two approaches. The first was through flyers mailed to the administrative chief of the various police departments, sheriff offices and tribal councils. The second approach was accomplished by personal distribution of the flyer to

individual police officers inviting their participation or that they pass the flyer on to coworkers. It is not possible to determine the actual number of officers who knew about the flyer and did not participate. The final sample size consisted of the 112 surveys that were completed and returned by patrol officers. All 112 were useable in the final analysis. The patrol officers provided personal characteristics on the demographic survey. Descriptive statistics were used to summarize the responses.

Age

The mean age of the participants was 42.27 (SD = 9.38) years, with a median of 42 years. The ages of the participants ranged from 25 to 67 years. Table 5 presents results of this analysis.

Table 5

Descriptive Statistics: Age of Participant

				Range	
Number	Mean	*SD*	Median	Minimum	Maximum
112	42.27	9.38	42	25	67

Gender and ethnicity

The gender and ethnicity of the participants were obtained from the participants. The responses were summarized using frequency distributions. The results of this analysis are presented in Table 6.

Table 6

Frequency Distributions: Gender, Ethnicity, and Educational Level of the Participants (N = 112)

Gender, Ethnicity, and Educational Level	Frequency	Percent
Gender		
Male	97	87.4
Female	14	12.6
Missing	1	
Ethnicity		
African American	4	3.6
American Indian/Alaskan Native	1	0.9
Asian/Pacific Islander	2	1.8
Caucasian	103	92.8
Hispanic	1	0.9
Missing	1	
Educational Level		
High School graduate	27	24.8
Some college	29	26.6
Bachelor's degree	25	22.8
Graduate degree	28	25.8

The majority of participants ($N = 97$, 87.4%) reported their gender as male. Fourteen (12.6%) women responded to the survey. One patrol officer did not provide his/her gender on the survey. The largest group of participants ($N = 103$, 92.8%) indicated their ethnicity as Caucasian. Four (3.6%) participants reported their ethnicity as African American and 2 (1.8%) participants were Asian/Pacific Islanders. One participant did not provide a response to this question. Twenty-seven (24.8%) patrol officers had completed a high school education, with 29 (26.6%) reporting they had completed some college. Twenty-five (22.8%) participants indicated they had obtained a bachelor's degree, while 28 (25.8%) had attended graduate school.

Department location

The participants reported the location of their departments. Their responses were summarized using frequency distributions. Table 7 presents results of this analysis.

Table 7

Frequency Distributions: Location of Law Enforcement Departments (N = 112)

Location of Law Enforcement Departments	Frequency	Percent
Rural	22	19.6
Suburban	53	47.3
Tribal Council	1	0.9
Urban	36	32.1

The largest group of patrol officers ($N = 53$, 47.3%) reported their departments were located in suburban areas, with 36 (32.1%) indicating their departments were in urban areas. Twenty-two patrol officers worked in law enforcement departments located in rural areas and 1 (0.9%) worked in a tribal council law enforcement department.

Law enforcement experience

The participants were asked to indicate the length of time they had worked in law enforcement. Their responses were summarized using descriptive statistics. The mean number of years of law enforcement experience was 18.24 ($SD = 9.78$) years, with a median of 17.50 years. The participants experience in law enforcement ranged from 2 to 43 years. The results of this analysis are presented in Table 8.

Table 8

Descriptive Statistics: Years of Law Enforcement Experience (N = 112)

				Range	
Number	Mean	*SD*	Median	Minimum	Maximum
112	18.24	9.78	17.50	2	43

Perceptions of knowledge

The participants were asked if they had adequate knowledge base to work with older adults generally and older adults with ADRD specifically. Their responses were summarized using frequency distributions. Table 9 presents results of this analysis.

Table 9

Frequency Distributions: Adequate Knowledge to Work with Older Adults (N = 112)

Adequate Knowledge to Work with Older Adults	Frequency	Percent
Adequate knowledge to work with older adults (general)		
Strongly agree	23	21.1
Agree	76	69.8
Disagree	8	7.3
Strongly disagree	2	1.8
Missing	3	
Adequate knowledge to work with older adults with ADRD		
Strongly agree	13	11.7
Agree	69	62.2
Disagree	25	22.5
Strongly disagree	4	3.6
Missing	1	

The largest group of patrol officers ($N = 76$, 69.8%) believed they had adequate knowledge to work with older adults, with 23 (21.1%) strongly agreeing to this statement. Thirteen (11.7%) participants strongly agreed and 69 (62.2%) agreed that they thought they had adequate knowledge to work with older adults with ADRD. Twenty-five (22.5%) patrol officers disagreed with the statement that they believed they had adequate knowledge to work with older adults with ADRD. One participant did not provide a response to this question.

Training received

The participants were asked to report all types of training they had received for working with older adults (generally) and older adults with ADRD (specifically). They were given a list of possible types of training and instructed to indicate all that applied. As a result, the total number of responses exceeds the number of respondents. Table 10 presents results of this analysis.

Table 10

Frequency Distributions – Types of Training (N = 112)

Types of Training	Frequency	Percent
Types of Training for Working with Older Adults		
Roll call training	39	42.9
Recruit training	42	46.2
Promotional training	10	11.0
Inservice training	57	62.6
Specialized training	33	36.3
Field training	40	44.0
Types of Training for working with Older Adults with ADRD		
Roll call training for ADRD	35	40.7
Recruit training for ADRD	34	39.5
Promotional training for ADRD	9	10.5
Inservice training for ADRD	53	61.6
Specialized training for ADRD	32	37.2
Field training for ADRD	35	40.7

The largest group of patrol officers (*N* = 57, 62.6%) had participated in inservice training for working with older adults, with 42 (46.2%) indicating they had received recruit training for working with older adults. Forty (44.0%) participants had completed field training and 39 (42.9%) reported participation in roll call training for working with older adults. Thirty-three (36.3%) patrol officers had completed specialized training.

The largest group of participants ($N = 53$, 61.6%) had participated in inservice training for ADRD, with 36 (40.7%) each indicating roll call training and field training for working with older people with ADRD. Thirty-four (39.5%) of the participants had completed recruit training to work with older people with ADRD. Thirty-two (37.2%) patrol officers had completed specialized training for working with older people with ADRD.

Experiences Regarding Interactions with Older Adults Including Those with Alzheimer's Disease or Related Dementias

The patrol officers were asked to indicate which of eight different scenarios that involved working with older adults, including those diagnosed with Alzheimer's disease or related dementias they had experienced. They were instructed to indicate as many of the scenarios with which they had experience. As most of the participants had given more than one response, the number of responses exceeded the number of participants in the study. Table 11 presents results of this analysis.

Table 11

Multiple Responses – Experiences Regarding Interactions with Older Adults

Experiences Regarding Interactions with Older Adults	Frequency	Percent
I have had contact with older adults with Alzheimer's disease or related dementias.	99	88.4
I have been involved in one or more searches for a missing older adults with Alzheimer's disease or related dementias.	84	75.0
I have been involved in more than one search for the same missing older person with Alzheimer's disease or related dementias.	53	47.3
I have investigated a situation as a result of agitated behavior on the part of older adults with Alzheimer's disease or related dementias.	70	62.5
I have investigated a situation about an older adult with Alzheimer's disease or related dementias involving driving a car.	71	63.4
I currently have a family member diagnosed with Alzheimer's disease or related dementias.	19	17.0
I have previously participated in ongoing care for an older adult with Alzheimer's disease or related dementias.	0	0.0
I am currently taking care of a person with Alzheimer's disease or related dementia.	15	13.4

The majority of patrol officers (n = 99, 88.4%) indicated that they had had contact with older adults with ADRD. Eighty-four (75.0%) of the participants had been involved in one or more searches for a missing older adult with ADRD, while 53 (47.3%) of the officers indicated they had been involved in more than one search for the same missing older adult with ADRD. A total of 70 (62.5%) of the participants had investigated a situation as a result of agitated behavior on the part of an older adults with ADRD and 71 (63.4%) patrol officers indicated they had investigated a situation about an older adult with ADRD involving driving a car. Nineteen (17.0%) patrol officers currently had a family member diagnosed with ADRD and 15 (13.4%) were currently taking care of a person with ADRD. None of the patrol officers previously had been involved in ongoing care for an older adult with ADRD.

The participants were asked to rate their preference for working with different age groups. They rated each age group using a 4-point scale, ranging from least preferred to most preferred. Table 12 presents results of this analysis.

Table 12

*Frequency Distributions: Preference for Working with People in Various Age Groups (*N *= 112)*

Age Group	Number	Mean	SD
Children (0 to 4 years)	97	2.58	1.21
Children (5 to 12 years)	98	2.88	1.05
Adolescents (13 to 18 years)	97	2.69	1.18
Young adults (19 to 24 years)	96	2.73	1.06
Adults (25 to 44 years)	98	2.71	.81
Adults (45 to 64 years)	100	2.81	.75
Older Adults (65 to 84 years)	101	2.80	1.01
Oldest Old (85 years and older)	98	2.70	1.21

The patrol officers least preferred working with children from 0 to 4 years of age (M = 2.58, SD = 1.21), and most preferred working with children from 5 to 12 years of age (M = 2.88, SD = 1.05). The preference to working a particular age group showed little differences after adolescents from 13 to 18 years (M = 2.69, SD = 1.18). The remaining age groups ranged from 2.70 (SD = 1.21; oldest old, 85 years and older) to 2.81 (SD = .75; adults 45 to 64 years). These mean scores reflected ratings from somewhat prefer to prefer.

The patrol officers were asked to rate their preferences for various types of assignments. They rated the assignments using a 4-point scale ranging from least

preferred to most preferred. Descriptive statistics were used to summarize their responses

for presentation in Table 13.

Table 13

*Frequency Distributions: Assignment Preferences (*N *= 112)*

Assignment Types	Number	Mean	SD
General welfare checks	99	3.01	1.06
Crimes against property	97	2.95	.80
Suspicious person/vehicle	100	2.94	.66
Lost child	101	2.90	1.03
Disabled vehicle assists	98	2.84	1.06
Lost older adult with ADRD	100	2.84	1.23
Older adult with ADRD	98	2.80	1.24
Public nuisance	99	2.77	1.16
Motor vehicle accident	99	2.74	1.16
Crimes against persons	99	2.71	.82
Narcotics related crimes	99	2.57	.98
Domestic disturbance	96	2.55	1.25
Medical problem (EMS assist)	99	2.51	1.25
Homeless/vagrancy	99	2.34	1.39

The patrol officers had the highest preference for doing general welfare checks

(M = 3.01, SD = 1.06), followed by crimes against property (M = 2.95, SD = .80). The

least preferred assignments were homeless/vagrancy (M = 2.34, SD = 1.39) and medical

problems (EMS assist; M = 2.51, SD = 1.25). The ratings were between somewhat prefer

to prefer, indicating the patrol officers did not have any strong preferences for a particular

assignment.

Description of the Scaled Variables

The responses to the four scales used in the study, Palmore's Facts on Aging (FAQ2) (Harris, Changas & Palmore, 1996), Attitudes toward Old People (Kogan, 1961), Death Anxiety (Templer, 1970), and Alzheimer's Disease Knowledge Scale (Carpenter, Balsis, Otilingam, Hanson, & Gatz, 2009), were scored using the authors' protocols. The scores were summarized using descriptive statistics to provide baseline data. Table 14 presents results of this analysis.

Table 14

Descriptive Statistics: Description of Scaled Variables

Scale	*N*	*M*	*SD*	Range		Kurtosis	Skewness
				Minimum	Maximum		
Facts on Aging (FAQ2)	112	7.27	4.02	0	15	-.73	-.57
Attitudes toward Old People	112	109.62	6.26	90	129	2.24	-.13
Death Anxiety	112	5.27	1.52	2	9	.02	.10
Alzheimer's Disease Knowledge	112	22.23	3.76	6	29	2.63	-1.07

The mean score for Facts on Aging (FAQ2) was 7.27 (*SD* = 4.02). The range of scores was from 0 to 15, with higher scores indicating greater knowledge of aging. Attitudes toward Old People had a mean score of 109.62 (*SD* = 6.26), with a range from 90 to 129. Actual scores could range from 34 to 170, with higher scores indicating more positive attitudes toward old people. The mean score for death anxiety was 5.27 (*SD* = 1.52). The range of actual scores was from 2 to 9, with possible scores ranging from 0 to 15. Higher scores on this scale were indicative of greater anxiety regarding death.

Knowledge of Alzheimer's disease had a mean score of 22.23 (SD =3.76), with a range of 6 to 29. Possible scores could range from 0 to 30, with higher scores indicating greater knowledge of Alzheimer's disease.

<div align="center">**Details of Analysis and Results**</div>

To accurately analyze the data in SPSS, the demographical codes of ethnicity, and departmental location were assigned dummy codes clearly assigning membership within each specific variable i.e., African American = 1, Caucasian = 4, etc. Based on this assignment, measurement at the nominal levels are able to be clearly analyzed (Bordens & Abbott, 2008; Vogt & Johnson, 2011) Stepwise multiple linear regression and Pearson product moment correlation were used to further analyze the data and provide answers to the various research questions. Stepwise multiple linear regressions are a technique that allows the researcher to evaluate the effect of multiple independent variables on a single dependent variable (Vogt & Johnson, 2011). Additionally, Pearson product moment correlation was used to analyze those research hypotheses measuring a linear relationship in those questions measuring a relationship between two variables. This section reviews each question in turn in order to determine whether the data supported the research hypotheses. The data for each question was evaluated and based on the results; the null hypothesis was either rejected or retained.

Research question 1

Does the preference to work with older adults including those with Alzheimer's disease and related dementias vary significantly by participants demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience?

Research Hypothesis 1: The preference to work with older adults including those with Alzheimer's disease and related dementias significantly varies by respondent demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience.

Null Hypothesis 1: The preference to work with older adults including those with Alzheimer's disease and related dementias does not significantly vary by respondent demographics specifically: age, sex, educational level, ethnicity, department location and years of law enforcement experience.

A stepwise multiple linear regression analysis was used to determine if preference to work with older adults including those with Alzheimer's disease and related dementias, older adults between 65 and 84 years, and the oldest old adults (85 years and over) could be predicted from respondent demographics**.** To allow the use of categorical variables (department location and race/ethnicity), dummy coding was used The tribal department location and being Asian/Pacific Islander were eliminated from the analysis When doing categorical analysis using dummy coding, one is left out as a reference point. Tribal department location was selected by only one participant. Asian/Pacific Islander as ethnicity was also selected by only one patrol officer. Therefore, inclusion of these two variables would provide no statistical impact to the regression analysis and were eliminated.. The results of the analysis for working with older adults including those with Alzheimer's disease and related dementias are presented in Table 15.

Table 15

Stepwise Multiple Linear Regression Analysis – Preference to Work with Older Adults with Alzheimer's Disease and Related Dementias (N = 112)

Predictor	Constant	b-Value	β-Weight	$\Delta\,r^2$	T	Sig
Included Variables						
Caucasian	2.07	.79	.19	.04	2.01	.05
Excluded Variables						
Age			.05		.49	.62
Gender			.05		.57	.57
Years of formal education			-.05		-.49	.63
Years of law enforcement experience			.02		.20	.84
Location – Suburban			-.01		-.03	.97
Location – Urban			-.10		-.99	.33
Location – Rural			.11		1.14	.26
African American			-.02		-.15	.88
American Indian			-.10		-.99	.32
Hispanic			.07		.68	.50

Multiple R	.19
Multiple R^2	.04
F Ratio	4.02
DF	1, 110
Sig	.05

One predictor variable, Caucasian, demonstrated statistical significance, accounting for 4% of the variance in working with older adults with Alzheimer's disease and related dementias, $F\ (1,\ 110) = 4.02$, $p = .05$. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of working with older adults with Alzheimer's disease and related dementias. Results of this analysis suggest that police officers who indicated their race/ethnicity as Caucasian were more likely to prefer working with older adults with Alzheimer's disease and related dementias.

A second stepwise multiple linear regression analysis was used to determine which of the demographic variables could be used to predict police officer's preference to work with older adults from 65 to 84 years of age. The results of this analysis are presented in Table 16.

Table 16

Stepwise Multiple Linear Regression Analysis – Preference to Work with Older Adults 65 to 84 Years (N = 112)

Predictor	Constant	b-Value	β-Weight	Δr^2	T	Sig
Included Variables						
Location - Rural	1.96	.59	.24	.06	2.69	.01
Caucasian		.79	.23	.05	2.49	.01
Excluded Variables						
Gender			.11		1.29	.20
Age			.03		.26	.79
Years of formal education			-.06		-.66	.51
Years of law enforcement experience			.06		.67	.51
Location – Suburban			.07		.68	.50
Location – Urban			-.05		-.50	.62
African American			.09		.74	.46
American Indian			.12		1.21	.23
Hispanic			-.11		-1.12	.27

Multiple R	.33
Multiple R^2	.11
F Ratio	6.60
DF	2, 109
Sig	<.01

Using the stepwise multiple linear regression equation, two predictor variables, location of the department – rural and Caucasian, proved to be statistically significant explaining 11% of the variance in preference to work with older adults from 65 to 84 years of age, $F(2, 109) = 6.60$, $p < .01$. The location of the department in a rural area

117

entered the stepwise multiple linear regression equation first, accounting for 6% of the

variance in preference to work with older adults from 65 to 84 years of age, $\beta = .24$, $t =$

2.69, $p = .01$. Being Caucasian explained an additional 5% of the variance in preference

to work with older adults from 65 to 84 years, $\beta = .23$ $t = 2.49$, $p = .01$. The remaining

predictor variables did not enter the stepwise multiple linear regression equation as

significant predictors of preference to work with older adults from 65 to 84 years. The

positive relationships between these variables indicated that participants who worked in

rural areas and were Caucasian were more likely to prefer working with older adults from

65 to 84 years.

Preference to work with oldest old (85 years and over) was used as the criterion

variable in a stepwise multiple linear regression analysis. The demographic variables

were used as the predictor variables in the analysis. Table 17 presents results of this

analysis.

Table 17

Stepwise Multiple Linear Regression Analysis – Preference to Work with Oldest Old (85 and Over; N = 112)

Predictor	Constant	*b*-Value	*β*-Weight	Δr^2	*T*	Sig
Included Variables						
Location - Rural	1.56	.62	.22	.04	2.41	.02
Caucasian		1.09	.26	.04	2.75	.01
American Indian		2.44	.20	.04	2.13	.04
Excluded Variables						
Gender			.04		.47	.64
Age			.08		.86	.39
Years of formal education			.01		.02	.99
Years of law enforcement experience			.08		.89	.37
Location – Suburban			-.02		-.16	.87
Location – Urban			.01		.09	.93
African American			.05		.35	.73
Hispanic			-.05		-.55	.58

Multiple *R*	.34
Multiple *R*²	.12
F Ratio	4.79
DF	3, 108
Sig	<.01

Using stepwise multiple linear regression three predictor variables, location, rural, Caucasian, and American Indian, were deemed statistically significant, accounting for 12% of the variance in preference to work with the oldest old (85 years or older), F (3, 108) = 4.79, p < .01. Working in a rural location entered the stepwise multiple linear regression equation first, explaining 4% of the variance in preference to work with the oldest old, *β* = .22, *t* = 2.41, *p* = .02. Being Caucasian entered the stepwise multiple linear regression equation, accounting for an additional 4% of the variance in preference to work with the oldest old, *β* = .26, *t* = 2.75, *p* = .01. An additional 4% of the variance in preference to work with the oldest old was explained by being American Indian, *β* = .20, *t*

= 2.13, $p = .01$. The positive relationships between the variables indicated that working in a rural location, being Caucasian, and being American Indian were more likely to be associated with positive preference to work with the oldest old (85 years and over).

In summary, for the first research question, three stepwise multiple linear regression analyses provided support that police officers who were Caucasian had high scores for their preferences to work with older adults in general. Based on the statistically significant findings, the null hypothesis of no relationship was rejected. Patrol officers who worked in rural areas were more likely to prefer working with older adults from 65 to 84 years of age and with the oldest old (85 years or over). American Indians were more likely to prefer working with the oldest old.

Research Question 2

Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?

Research Hypothesis 2: The perception of adequate knowledge of aging and type of workplace training on aging significantly predicts the actual knowledge of aging.

Null Hypothesis 2: The perception of adequate knowledge of aging and type of workplace training on aging does not significantly predict the actual knowledge of aging.

A stepwise multiple linear regression analysis was used to determine if adequate knowledge of aging could be predicted from the types of workplace training (roll call, recruit training, promotional inservice, specialized training, field training) and perceived knowledge of aging. The results of this analysis are presented in Table 18.

Table 18

Stepwise Multiple Linear Regression Analysis – Actual Knowledge of Aging

Predictor	Constant	*b*-Value	*β*-Weight	Δr^2	*T*	Sig
Included Variables						
Inservice training	5.14	3.04	.38	.18	4.36	<.01
Recruit training		1.55	.19	.03	2.15	.03
Excluded Variables						
Roll call training			-.11		-1.29	.20
Promotional training			-.11		-1.19	.24
Specialized training			.02		.22	.83
Field training			.05		.54	.59
Perceived knowledge of aging			.03		.34	.74

Multiple *R*	.46
Multiple R^2	.21
F Ratio	14.38
DF	2, 109
Sig	<.01

     Utilizing stepwise multiple linear regression analysis, two types of training, inservice training and recruit training, were deemed to be statistically significant, accounting for 21% of the variance in actual knowledge of aging, $F (2, 109) = 14.38$, $p <$ .01. Inservice training entered the stepwise multiple linear regression equation first, accounting for 18% of the variance in actual knowledge of aging. An additional 3% of the variance in actual knowledge of aging was explained by recruit training. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of actual knowledge of aging. Based on the findings of this analysis, the null hypothesis was rejected. The positive relationships between the predictor and criterion variables indicated that

participants who had participated in inservice training or recruit training for working with the aged were more likely to have higher actual knowledge of aging.

Research Question 3

Does the perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?

Research Hypothesis 3: The perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias significantly predicts the actual knowledge of Alzheimer's disease and related dementias.

Null Hypothesis 3: The perception of adequate knowledge and type of workplace training of Alzheimer's disease and related dementias does not significantly predict the actual knowledge of Alzheimer's disease and related dementias.

A stepwise multiple linear regression analysis was used to determine if adequate knowledge of Alzheimer's disease and related dementias could be predicted by types of training for working with people with ADRD and perceived knowledge of ADRD. Table 19 presents results of this analysis.

Table 19

Stepwise Multiple Linear Regression Analysis – Actual Knowledge of People with Alzheimer's Disease and Related Dementias

Predictor	Constant	*b*-Value	*β*-Weight	Δr^2	*T*	Sig
Included Variables						
Inservice training	21.46	1.62	.22	.05	2.32	.02
Excluded Variables						
Roll call training			-.04		-.36	.72
Recruit training			-.13		-1.31	.19
Promotional training			.01		.01	.99
Specialized training			.09		.93	.35
Field training			-.16		-1.70	.09
Perceived knowledge			.02		.16	.88
of aging						

Multiple *R*	.22
Multiple *R*²	.05
F Ratio	5.40
DF	1, 110
Sig	<.01

The stepwise multiple linear regression analysis revealed that one predictor variable, inservice training, demonstrated statistical significance, accounting for 5% of the variance in actual knowledge of people with Alzheimer's disease and related dementias, $F (1, 110) = 5.40$, $p < .01$. The positive relationship between inservice training and actual knowledge of people with Alzheimer's disease and related dementias indicated that patrol officers who had participated in inservice training for ADRD were more likely to have higher knowledge of ADRD. As a result of the statistically significant findings on this analysis, the null hypothesis is rejected.

Research Question 4

Is there a relationship between the years of education of patrol officers, type of workplace training about aging and their preference to work with older adults?

Research Hypothesis 4: There is a relationship between the years of education of patrol officers' and type of workplace training about aging and their preference to work with older adults.

Null Hypothesis 4: There is no relationship between patrol officers' level of education and type of training about aging and their preference to work with older adults.

Patrol officer's preference to work with older adults was used as the criterion variable in a stepwise multiple linear regression equation, with types of training and years of formal education were used as the predicator variable. None of the predictor variables entered the stepwise multiple linear regression equation, indicating that types of training and years of formal education were not statistically significant predictors of a preference to work with older adults.

A second stepwise multiple linear regression analysis was used to test this hypothesis. In this analysis, preference for working with the oldest old was used as the criterion variable. The years of formal education and types of training were used as the predictor variables. Table 20 presents results of this analysis.

Table 20

Stepwise Multiple Linear Regression Analysis – Preference to Work with Oldest Old

Predictor	Constant	*b*-Value	*β*-Weight	Δr^2	*T*	Sig
Included Variables						
Roll call training	2.91	-.59	-.25	.06	-2.71	.01
Excluded Variables						
Years of Formal Education			-.03		-.35	.73
Recruit training			-.04		-.41	.68
Promotional training			-.10		-1.08	.28
Inservice training			.14		1.53	.13
Specialized training			.15		1.61	.11
Field training			-.02		-.17	.87

Multiple *R*   .25
Multiple   .06
R^2 7.34
F Ratio   1, 110
DF   <.01
Sig

In this analysis only the predictor variable of roll call training, demonstrated statistical significance, accounting for 6% of the variance in preference to work with the oldest old, $F (1, 110) = 7.34$, $p < .01$. The negative relationship between participation in roll call training and preference to work with the oldest old indicated that patrol officers who had not participated in roll call training had higher preferences for working with the oldest old. Based on the mixed findings on the two stepwise multiple linear regression analyses, no decisions could be made to either accept or reject the null hypothesis.

Research question 5

Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 5: There is a relationship between the years of education of patrol officers and type of workplace training about and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 5: There is no relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias.

A stepwise multiple linear regression analysis was used to determine if patrol officers' preference to work with older adults, including those with ADRD could be predicted from years of formal education and types of workplace training about Alzheimer's disease and related dementias. None of the predictor variables entered the stepwise multiple linear regression equation, indicating types of training and years of formal education were not statistically significant predictors of a preference to work with older adults with ADRD. Based on this finding, the null hypothesis of no relationship is retained.

Research question 6

Is there a relationship between the actual knowledge of patrol officers regarding aging and their preference to work with older adults?

Research Hypothesis 6: There is a relationship between the actual knowledge of aging in patrol officers and their preference to work with older adults.

Null Hypothesis 6: There is no relationship between the actual knowledge of aging in patrol officers and their preference to work with older adults.

Pearson product moment correlations were used to determine the strength and direction of the relationships between patrol officers' actual knowledge of aging and their preference to work with older adults. The results of this analysis are presented in Table 21.

Table 21

Pearson Product Moment Correlations – Actual Knowledge of Aging and Preference to Work with Older Adults

Actual Knowledge of Aging with	N	R	p
Preference to Work with Old People (65 to 84 years)	101	.23	.02
Preference to Work with Oldest Old (85 years and older)	98	.25	.01

A positive correlation was obtained between actual knowledge of aging and a preference to work with old people, r = .23, p = .02. The correlation between actual knowledge of aging and a preference to work with the oldest old was statistically significant, r = .25, p = .01. The positive direction of these correlations indicated that as actual knowledge of aging increased, the patrol officers had higher preference for working with both old people and the oldest old. As a result of these analyses, the null hypothesis of no relationship is rejected.

Research question 7

Is there a relationship between actual knowledge of patrol officers regarding Alzheimer's disease and their preference to work with older adults with Alzheimer's disease and related dementias?

Research Hypothesis 7: There is a relationship between the knowledge of Alzheimer's disease in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 7: There is no relationship between the knowledge of Alzheimer's disease in patrol officers and their preference to work with older adults with Alzheimer's disease and related dementias.

A Pearson product moment correlation was used to determine the strength and direction of the relationship between actual knowledge of ADRD and preference to work with older adults with ADRD. The results of this analysis were not statistically significant, ($r = .15$, $p = .13$) indicating that actual knowledge of ADRD was not related to a preference to work with older adults with ADRD. Based on this finding, the null hypothesis of no relationship is retained.

Research question 8

Is there a relationship between attitudes of patrol officers toward aging and their preference to work with older adults?

Research Hypothesis 8: There is a relationship between attitudes of patrol officers toward aging and their preference to work with older adults.

Null Hypothesis 8: There is no relationship between attitudes of patrol officers toward aging and their preference to work with older adults.

Pearson product moment correlations were used to determine if the attitudes of patrol officers toward aging and their preference to work with older adults. Results of this analysis are presented in Table 22.

Table 22

Pearson Product Moment Correlations – Attitudes toward Old People and Preference to Work with Older Adults

Attitudes toward Old People	N	R	p
Preference to Work with Old People (65 to 84 years)	101	-.06	.55
Preference to Work with Oldest Old (85 years and older)	98	-.03	.79

The correlation between attitudes toward old people and their preference to work with older people was not statistically significant, $r = -.06$, $p = .55$. A nonsignificant finding was obtained between attitudes toward old people and their preference to work with the oldest old, $r = -.03$, $p = .79$. Based on the nonsignificant results of the Pearson product moment correlations, the null hypothesis of no relationship is retained. This variable demonstrated a lack of relationship between attitudes of patrol officers and their preference to work with either older adults (age 64 – 84) or the oldest old (age 85 and older).

Research question 9

Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypotheses 9: There is a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 9: There is no relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and preference to work with older adults including those with Alzheimer's disease and related dementias.

A stepwise multiple linear regression analysis was used to determine if preference to work with older adults with ADRD could be predicted from disadvantage/advantages of finding out someone as ADRD early, early knowledge of a family member with ADRD, early knowledge of ADRD in self, most people would not recognize early symptoms of ADRD, fear of a diagnosis of ADRD in a family member, fear of a diagnosis of ADRD in self, and ADRD as a societal problem. Table 23 presents results of this analysis.

Table 23

Stepwise Multiple Linear Regression Analysis – Preference to Work with Older Adults with ADRD

Predictor	Constant	*b*-Value	*β*-Weight	Δr^2	*t*	Sig
Included Variables						
Disadvantages/advantages of finding out someone has ADRD early	3.27	-.18	-.20	.04	-2.16	.03
Excluded Variables						
Early knowledge of a family member with ADRD			-.05		-.58	.57
Early knowledge of ADRD in self			-.15		-1.59	.11
Most people would not recognize early symptoms of ADRD			.11		1.13	.26
Fear of a diagnosis of ADRD in a family member			.10		1.04	.30
Fear of a diagnosis of ADRD in self			.10		1.06	.29
ADRD as a societal problem.			-.07		-.73	.47

Multiple *R*	.20
Multiple R^2	.04
F Ratio	4.65
DF	1, 110
Sig	.03

One predictor variable, disadvantages/advantages of finding out someone has ADRD early, entered the stepwise multiple linear regression equation, accounting for 4% of the variance in preference to work with older adults with ADRD, F (1, 110) = 4.65, p = .03. The positive relationship between the variables indicated that patrol officers who preferred to work with older adults with ADRD were more likely to have more positive perceptions regarding disadvantages/advantages of finding out someone has ADRD early. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of preference to

131

work with older adults with ADRD. Based on the statistically significant finding on this analysis, the null hypothesis of no relationship is rejected. The relationship between attitudes of patrol officers and their preference to work with individuals with ADRD was statistically impacted by the patrol officer's experience as it related to the advantages or disadvantages of finding out earlier than later that someone in their lives has been diagnosed with ADRD.

Research question 10

Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 10: There is a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Null Hypothesis 10: There is no relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and their preference to work with older adults including those with Alzheimer's disease and related dementias.

Pearson product moment correlations were used to determine the strength and direction of the relationship between previous experiences of patrol offices with individuals with ADRD and their preference to work with older adults including those with ADRD. The results of this analysis are presented in Table 24.

Table 24

Pearson Product Moment Correlations: Experience with Working with Individuals with

ADRD and Preference to Work with Older Adults, Including those with ADRD

Preference to Work with Older Adults	N	R	p
Working with older adults (65-84)	101	.17	.08
Working with oldest old (> 84)	98	.10	.31
Older adult with ADRD	98	.01	.91

The correlations between patrol officers' experience with working with individuals with ADRD and their preference to work with older adults, including those with ADRD were not statistically significant. Based on the lack of statistically significant correlations, the null hypothesis of no relationship was retained.

Research question 11

Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?

Research Hypothesis 11: There is a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias

Null Hypothesis 11: There is no relationship between death anxiety in patrol officers and their preference to work with older adults including with Alzheimer's disease and related dementias.

Pearson product moment correlations were used to determine the strength and relationship between death anxiety in patrol officers as measured by the Templer's Death

Anxiety Scale and preference to work with older adults, including those with ADRD.

Table 25 presents results of these analyses.

Table 25

Pearson Product Moment Correlations: Death Anxiety and Preference to Work with

Older Adults, Including those with ADRD

Preference to Work with Older Adults	N	R	p
Working with older adults (65-84)	101	.08	.44
Working with oldest old (> 84)	98	.13	.22
Older adult with ADRD	98	-.08	.42

The correlations between death anxiety and preference to work with older adults, including those with ADRD were not statistically significant, indicating that perceptions of death anxiety were not related to a preference to work with older adults. Based on the lack of statistically significant relationships, the null hypothesis was retained.

Limitations

This research was limited in that the sample was restricted to sworn active patrol officers within the State of Michigan verified by zip code of employer in the demographic portion of the survey. Therefore, the study cannot make claims to be representative of patrol officers beyond this state. Additionally, the respondent population consisted mainly of male Caucasian patrol officers from suburban locations making it difficult to generalize across all locales and ethnicities. Finally, there was the limitation of the application of the findings to other helping professions as well as other levels of law enforcement personnel as only patrol officers are included in this study.

Conclusion

The survey was completed by 112 patrol officers working in the State of
Michigan using SurveyMonkey™. The mean age of the participants was 42.27 (SD =
9.38). Most of the participants were male (n = 97, 87.4%) and Caucasian (n = 103,
92.8%). Their educational levels ranged from high school graduates (n = 27, 24.8%) to
graduate degrees (n = 28, 25.8%). Most of patrol officers were working in law
enforcement agencies located in the suburbs (n =53, 47.3%). The participants had been
working in law enforcement for a mean of 18.24 (SD = 9.78) years. The participants
generally were in agreement that they had adequate knowledge to work with older adults
(general), and either agreed (n = 69, 62.2%) or disagreed (n = 25, 22.5%) that they had
adequate knowledge to work with older adults with ADRD. The patrol officers had
participated in training both for working with older adults as well as working with older
adults with ADRD. Additional findings through the use of inferential statistics are
summarized in Table 26 which lists the research question, whether or not the null
hypothesis was retained or rejected and the findings.

Table 26

Results Summarized by Research Question

Research question	Hypotheses	Findings
1. Does the preference to work with older adults including those with Alzheimer's Disease and related dementias vary significantly by respondent demographics specifically; age, sex, educational level, ethnicity, department location and years of law enforcement experience?	Null hypothesis of no statistical significance was rejected	Patrol officers who worked in rural areas and were Caucasian were more likely to prefer working with older adults from 65 to 84 years of age. Those who preferred working with the oldest old (85 years or over) could be predicted by those who worked in rural areas and were American Indian.
2. Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?	Null hypothesis was rejected	The actual knowledge of aging could be predicted by those patrol officers who participated in recruit training and inservice training
3. Does the perception of adequate knowledge and type of workplace training of Alzheimer's Disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?	Null hypothesis was rejected	The actual knowledge of Alzheimer's disease could be predicted by those patrol officers who participated in inservice training
4. Is there a relationship between the years of education of patrol officers, type of workplace training about aging and their preference to work with older adults?	Based on mixed findings on two separate stepwise linear regression analyses, no decisions can be made to accept or reject the null hypothesis	As it related to education of patrol officers and workplace training, and the preference to work with older adults, there was no relationship between the years of education or workplace training and the preference to work with older adults (aged 65 – 84). However, the participation of officers in roll call training appeared to have a negative impact on their preference to work with the oldest old (age 85 and over)
5. Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	As it related to education of patrol officers and workplace training, there were no educational or training factors that were able to predict the preference of patrol officers to work with older adults with Alzheimer's disease and related dementias (ADRD)

Table Continues

Table 26 Continues

Results Summarized by Research Question

Research question	Hypotheses	Findings
6. Is there a relationship between the actual knowledge of patrol officers regarding aging and their preference to work with older adults?	Null hypothesis was rejected	The actual knowledge of aging was significantly related to the preference to work with older adults (age 65 – 84) as well as the oldest old (age 85 and over). This relationship was positive indicating that an increased knowledge of aging provided an impact of the preference of patrol officers to work with older adults.
7. Is there a relationship between actual knowledge of patrol officers regarding Alzheimer's disease and their preference to work with older adults with Alzheimer's disease and related dementias?	Null hypothesis was retained	No significant relationship was found between the actual knowledge of Alzheimer's disease and the preference of patrol officers to work with older adults with ADRD.
8. Is there a relationship between the attitudes of patrol officers toward aging and their preference to work with older adults?	Null hypothesis was retained	No significant relationship was found between the attitudes of patrol officers toward aging and their preference to work with either the older adult (65 – 84) or the oldest old (age 85 and older)
9. Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was rejected	The relationship between attitudes of patrol officers and their preference to work with individuals with ADRD was statistically impacted by the patrol officer's experience as it related to the advantages or disadvantages of finding out earlier than later that someone in their lives has been diagnosed with ADRD.
10. Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	No significant relationship was found between the previous experiences of patrol officers with individuals who had ADRD and their preference to work with this population
11. Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	No significant relationship was found between death anxiety in patrol officers and their preference to work with older adults including those with ADRD

A discussion of the findings and recommendations based on these findings and their relation to the review of the literature is presented in Chapter 5. In addition, limitations, implications for practice and recommendations for future research will also be presented.

CHAPTER 5.

DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

The purpose of Chapter 5 is to provide a discussion of the research, present

conclusions of the significant findings, discuss practical implications and finally make

recommendations for future studies. The topics presented in this chapter include; an

overview of the study and interpretation of the findings related to the posited hypotheses,

and discussion of how these findings relate to findings of previous studies. The chapter

also presents limitations of this study and implications for practitioners within public

service leadership. The conclusion of the chapter provides directions for future studies.

Study Overview

As the population continues to shift from younger to older, substantial changes

regarding the frequency and types of interactions between patrol officers and older

citizens within the community are occurring. Patrol officers are interacting with older

adults and those with Alzheimer's disease and related dementia (ADRD). Without a

thorough understanding of the aging process and its influence on their beliefs and biases,

these officers may encounter obstacles when placed in situations for which their training

was insufficient (Sever & Youdin, 2006). The purpose of this research study was to

investigate the presence or absence of a relationship in two related constructs. The first

was patrol officers' knowledge of the normal and pathologic aging process. The second

construct involved the attitudes of patrol officers toward both normal and pathologic

aging and older adults in general. The study findings were used to develop conclusions

regarding the presence or absence and degree of relationship between knowledge and

attitudes of patrol officers about older adults, including those with ADRD and the effect on their preference to work with older adults.

To investigate these concepts, 11 research questions and corresponding hypotheses were developed. The quantitative study used a survey instrument composed of a researcher developed demographic section and the following tools; Palmore's Facts on Aging (FAQ2), (Cupello, 2010; Hawley, Garrity & Cherry, 2005), Kogan's Attitudes Toward Old People (Kearney, Miller, Paul & Smith, 2000), Templer's Death Anxiety Scale (Harville, Stokes & Templer, 2003; Templer et al., 2006), and Alzheimer's Disease Knowledge Scale (Carpenter, Balsis, Otilingam, Hanson & Gatz, 2010). The final section included selected sections from The Impact Study (Jones, Mackel, Berthet, & Knox, 2010) to evaluate attitudes toward older adults with ADRD. The inferential statistical analyses for the various hypotheses included stepwise multiple linear regression analyses and Pearson product moment correlations to analyze the data. Interpretation of the data analyses demonstrated that while no significant difference was found either in preference of work with specific age groups or type of assignment, statistically significant relationships were identified in various aspects of knowledge and attitudes related to working with older adults including those with ADRD.

Discussion of Results

Demographics of the Sample

A study by the U. S. Department of Justice (Reaves, 2010) reported that the majority of the police officers across the country were Caucasian (74.7%) and male (88.1%) with 82% of the departments requiring a minimum of a high school diploma for employment. Additionally, the U. S. Department of Labor (2013) indicated that the

average age of police officers in 2012 was 40.0 years of age. These statistics align with the overall demographics of the responding patrol officers in this study. The mean age of the 112 patrol officers responding to the survey was 42.27 (SD= 9.38) years, and the majority of participants were male (N=97, 87.4%) and Caucasian (N=103, 92.8%).

The average years of experience in law enforcement in the current study was 18.24 (SD=9.78) with a range of 2 to 43 years. Educational levels among the patrol officers varied with 27 (24.8%) indicating a high school education and 29 (26.6%) completing some college. Twenty-five (22.8%) indicated completion of a bachelor's degree and 28 (25.8%) a graduate degree.

Of the participants, the majority worked in suburban areas (N= 53, 47.3%) followed by those working in urban areas (N=36, 32.1%). One (0.9%) individual reported working for a Tribal Council department and 22 (19.6%) reported working in rural areas. In summary, the sample from this study was primarily male, Caucasian, with an average of 18.24 years of law enforcement experience. They worked primarily in urban areas and most had either some college or a college degree.

These results also were consistent with the previous demographics obtained on the Michigan Commission of Law Enforcement Standards (MCOLES) study (2006). That study indicated that the majority of participating Michigan patrol officers were Caucasian, and male with ages ranging from 31 to 35 years of age (27.11%). The previous MCOLES study (2006) demonstrated that 31.54% (N = 1019) of their participants were from suburban areas and 29.31% (N=947) worked in urban areas. Therefore, the sample for the present study appears to be representative of police officers in Michigan as well as in the remainder of the country.

Age and Assignment Preference of the Sample

Research question 1 was designed to measure whether or not the various

demographic factors of age, sex, educational level, ethnicity, department location and

years of experience had an effect on preference to work with older adults including those

with ADRD. Table 27 highlights the research question, rejection of hypotheses and

justification of decision.

Table 27

Research Question 1

Research Question	Hypothesis	Findings
RQ1. Does the preference to work with older adults including those with Alzheimer's Disease and related dementias vary significantly by respondent demographics specifically; age, sex, educational level, ethnicity, department location and years of law enforcement experience?	Null hypothesis of no statistical significance was rejected	Patrol officers who worked in rural areas and were Caucasian were more likely to prefer working with older adults from 65 to 84 years of age. Those who preferred working with the oldest old (85 years or over) could be predicted by those who worked in rural areas and were American Indian.

Previous research by Kite, Stockdale, Whitley and Johnson (2005) demonstrated a

statistically significant trend based on neutral to negative trends regarding attitudes of

ageism in law enforcement. Attitudes of students in various helping profession programs

demonstrated more negative trends regarding the preference to work with older adults

based on the given task at hand (Kane, 2002; 2004; 2006; 2007; Nelson, 2005. Weaver

(2011) added that in helping professions the more negative attitudes might have been

internalized and unconsciously exhibited in their approach when working with the older

adult and that "negative age-based stereotypes may have a detrimental impact on

cognition" (Weaver, 2011, p. 48). Kane (2007) in his research stated that the attitudes of

students in criminal justice programs demonstrated more negative attitudes than social

work students regarding their preference to work with older adults. It is essential, then for patrol officers to be aware of their beliefs and make attempts to consciously apply positive and empowering perspectives when working with older adults.

However, in this study, patrol officers demonstrated somewhat different results. Patrol officers were asked to indicate their preference to work with various age groups. While all age categories (infants to oldest old) scored between "somewhat prefer" to "prefer" on a 4-point Likert scale, the scores for older adults (age 65 to 84) and the oldest old (85 and older) scored to the higher end of these choices. Preference to work with older adults ranked above the neutral point providing evidence that patrol officers in the study were more neutral to slightly positive regarding their work with older adults.

Using the same 4-point Likert scale, the patrol officers were asked to rate their preference for various assignments. Assignments involving older adults, in this case specifically interactions with an older adult with ADRD and searching for lost older adult with ADRD fell in the middle of the range indicating "somewhat prefer" to "prefer." This sample of patrol officers did not demonstrate any significant preference for working with a particular age group or voice any strong assignment preferences. The role of patrol officers in the community has evolved to that of a general service practitioner based on the increasing uncertainty, complexity, and diversity of problems, especially as it relates to the older population (Adams et al., 2007; Bradford & Pynes, 1999).

<center>**Knowledge**</center>

Perception versus Actual Knowledge about Aging as it Affects Preference

Research questions 2, 4, and 6 addressed knowledge of aging and education in the form of workplace training or years of education related to actual knowledge of aging as well as the influence of various types of education on the preference to work with older adults. Table 28 lists these research questions and the findings based on statistical analysis.

Table 28

Research Questions, 2, 4 and 6

Research Question	Hypothesis	Findings
RQ2. Does the perception of adequate knowledge of aging and type of workplace training on aging significantly predict the actual knowledge of aging?	Null hypothesis was rejected	The actual knowledge of aging could be predicted by those patrol officers who participated in recruit training and inservice training
RQ4. Is there a relationship between the years of education of patrol officers, type of workplace training about aging and their preference to work with older adults?	Based on mixed findings on two separate stepwise linear regression analyses, no decisions can be made to accept or reject the null hypothesis	As it related to education of patrol officers and workplace training, and the preference to work with older adults, there was no relationship between the years of education or workplace training and the preference to work with older adults (aged 65 – 84). However, the participation of officers in roll call training appeared to have a negative impact on their preference to work with the oldest old (age 85 and over)
RQ6. Is there a relationship between the actual knowledge of patrol officers regarding aging and their preference to work with older adults?	Null hypothesis was rejected	The actual knowledge of aging was significantly related to the preference to work with older adults (age 65 – 84) as well as the oldest old (age 85 and over). This relationship was positive indicating that an increased knowledge of aging provided an impact of the preference of patrol officers to work with older adults.

All helping professionals require a sufficient knowledge base related to aging. The role of patrol officers within the community often is portrayed as advocates and they are in the best position to act as gatekeepers for available services available for the older population (Cupello, 2010; Sever & Youdin, 2006). Patrol officers need a sufficient knowledge foundation of to provide comprehensive, informed solutions for each situation by making appropriate referrals to other agencies. Previous research (Allan & Johnson, 2009; Cherry, Allen, Boudreaux, Robichaux, & Hawley, 2009; Lachenamyr et al., 2000) indicated that understanding and maintaining appropriate expectations concerning the behavior of older adults, requires an adequate knowledge base of both normal and pathologic cognitive aging for helping professionals (nursing, social work, medicine and law enforcement). It is essential that individuals in these professions are able to distinguish between normal and pathologic cognitive to best serve the needs of older adults and avoid ageist stereotypes (Cherry et al., 2009). Those helping professionals with this type of knowledge base demonstrated improved attitudes when working with older adults. Bourns (2000) posited that if patrol officers' knowledge base related to aging is insufficient; their ability to provide services for the older population could be negatively affected. Sever and Youdin (2006) reiterated that patrol officers' knowledge base could be improved through various types of training offered at stated times throughout their careers.

While the largest group of officers surveyed in the present study believed they had adequate knowledge of aging to work with older adults, scores on Palmore's Facts on Aging (FAQ1) demonstrated otherwise. This tool is used to measure basic knowledge of aging including physical, mental and social facts with lower scores indicating the

presence of ageism (Cupello, 2010; Seufert & Carrozza, 2002). Seufert and Carrozza (2002) in their study cited Palmore in his observation that "one of the most tragic forms of discrimination against the aged is the tendency of many…service professions to discount symptoms and problems among the aged" (p. 281) and a lack of knowledge could create a bias when dealing with this population.

A review of the Michigan Commission of Law Enforcement Standards (MCOLES) Basic Training Curriculum and Training Objectives (2010) revealed that no educational modules are directed specifically to the process of aging, which could explain the discrepancy between patrol officers' perceived and actual knowledge of aging. Insufficient knowledge of aging may be influenced by stereotypes and other misconceptions among patrol officers who lack sufficient formal education on the topic (Cherry et al., 2009). Formal education regarding older populations is deficient in police training and can leave patrol officers at a disadvantage when working with this population (Sever & Youdin, 2006). Seufert and Carrozza (2002) asserted that most individuals, including those in helping professions, have a relatively inadequate knowledge base about aging despite the fact that complete knowledge of the aging process is necessary to providing quality service.

The different types of training (e.g., inservice training, roll call training, recruit training, promotional training, and specialized training) and perceived knowledge of aging were used to predict actual knowledge of aging. Inservice training and recruit training were statistically significant predictors of actual knowledge of aging in a positive direction. However, roll call training on the aging process was a statistically significant predictor in a negative direction on the preference to work with the oldest old (age 85 and

146

over). However, statistically significant positive relationships were found between the actual knowledge of aging and the preference to work with older adults (age 65 to 84), as well as the oldest old (age 85 and older) providing support for previous research that increased knowledge had a positive influence on preference to work with older adults. Based on these analyses, the findings were not conclusive regarding the preference of patrol officers to work with older adults and the oldest old related to training. However, a positive relationship was found between actual knowledge possessed by the patrol officer and their preference to work with older adults.

According to Page (2008), "benefits of a college education may not become apparent until paired with on-the-job experience" (p. 96). The findings of the three research questions (2, 4, 6) provided additional support for earlier findings that the lack of police academy training influenced the behavior of patrol officers in the types of interactions most frequently encountered (Bradford & Pynes, 1999). Flood and Clark (2009) argued that negative attitudes and inadequate knowledge of aging could interfere with providing quality care or services. .

Social learning theory incorporates self-efficacy to produce desired positive results in performance and when this is present, the individual perceives a deeper connection and engagement in their jobs (Flood & Clark, 2009). Flood and Clark (2009) also stated that without knowledge and experience, people demonstrate a lack of commitment to their jobs, avoiding difficult tasks or performing them with less than effective results. Education is a tool and cannot be applied in a vacuum, but rather, performance and preference also may be tempered by experience. Including educational modules on aging in basic training and continuing as a component of on-the-job training

could increase self-efficacy in patrol officers and influence their preference to work with older adults.

Perception Versus Actual Knowledge Regarding Alzheimer's Disease

Research questions 3, 5 and 7 addressed knowledge of Alzheimer's Disease and education in the form of workplace training or years of education related to actual knowledge of Alzheimer's Disease as well as the influence of various types of education on the preference to work with older adults with ADRD. Table 29 lists these research questions and the findings based on statistical analysis

Table 29

Research Questions 3, 5 and 7

Research Question	Hypothesis	Findings
RQ3. Does the perception of adequate knowledge and type of workplace training of Alzheimer's Disease and related dementias significantly predict the actual knowledge of Alzheimer's disease and related dementias?	Null hypothesis was rejected	The actual knowledge of Alzheimer's disease could be predicted by those patrol officers who participated in inservice training
RQ5. Is there a relationship between the years of education of patrol officers and type of workplace training about Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	As it related to education of patrol officers and workplace training, there were no educational or training factors that were able to predict the preference of patrol officers to work with older adults with Alzheimer's disease and related dementias (ADRD)
RQ7. Is there a relationship between actual knowledge of patrol officers regarding Alzheimer's disease and their preference to work with older adults with Alzheimer's disease and related dementias?	Null hypothesis was retained	No significant relationship was found between the actual knowledge of Alzheimer's disease and the preference of patrol officers to work with older adults with ADRD.

As people within communities continue to age, patrol officers may spend more time answering domestic calls involving the older population, with a substantial number of those calls for individuals diagnosed with ADRD (Bourns, 2000; Fowles & Greenberg, 2011; Lipson, Turner & Kasper, 2010). Examples of these calls could include those for elder abuse, traffic offenses, domestic violence, falls and critical wandering events in older adults who exhibit diminished cognitive abilities. For older adults afflicted with ADRD, repeated calls to the same location could become more frequent and time consuming creating a drain on available resources and increasing frustration of the involved patrol officers. Based on these factors, patrol officers need a solid foundation regarding pathological aging as well as tracking technologies for those who have wandered away (Lipson et al., 2010)

This study compared perceived and actual knowledge of patrol officers regarding Alzheimer's disease. The majority of study participants indicated they possessed adequate knowledge to work with older adults with ADRD. This perception was supported by the scores on the Knowledge of Alzheimer's Disease Knowledge Scale (Carpenter, et al., 2009). Research noted that the increased knowledge base of pathologic versus the normal aging process was not surprising based on two factors. First, increased exposure to ADRD in the media provided additional information on pathological aging (Cherry, Allen, Jackson, Hawley & Brigman, 2010). Second, patrol officers would have a more comprehensive knowledge base as well as an understanding of ADRD than normal aging due to "professional experience and opportunities to gain knowledge of aging through workshops and in-service training programs" (Cherry et al.,, 2009, p. 550). Previous studies by Kane (2005) demonstrated that knowledge of ADRD was associated

with an increased preference to work with this population. However, despite evidence

that perceived and actual knowledge of ADRD was similar for patrol officers in the

current study, their preference of assignment did not appear to be affected.

Attitudes

Attitudes toward aging

Research question 8 investigated the presence or absence of a relationship

between the attitudes of patrol officers toward aging in general and their preference to

work with older adults. Table 30 lists Research question 8 and its findings.

Table 30

Research Question 8

Research Question	Hypothesis	Findings
RQ8. Is there a relationship between the attitudes of patrol officers toward aging and their preference to work with older adults?	Null hypothesis was retained	No significant relationship was found between the attitudes of patrol officers toward aging and their preference to work with either the older adult (65 – 84) or the oldest old (age 85 and older)

Wortmann, Andrieu, Mackell, and Knox (2010) supported the position that there

is a growing concern among people about growing old. Consideration of attitudes toward

aging has been explained through the level of contact, frequency and types of exposure,

and personal experience. Attitudes can change based on levels of experience and

exposure (Lyons, 2009). Although no single stereotypical older adult exists, this era of

life typically is where positive characteristics of living, such as health, begin to fade

(Arnold, Cathalifaud, Thumala, Urquiza, & Ojeda, 2008). Previous studies demonstrated

that living with an older person can result in frequent contact, but does not create positive

perceptions, and in some cases has been shown to increase anxiety toward aging (Lyons, 2009).

In this study, Kogan's Attitudes toward Aging was used to measure attitudes of patrol officers toward older people. Their scores on this assessment indicated a neutral attitude toward the older population, which was unrelated to their preference to work with this group or the oldest old. Terror management theory posited that older adults comprise a group of individuals that can appear threatening in a psychological manner (Greenberg, Schimel & Martens, 2002). This fear provided insight as "attitudinal accounts of age-differentiated behavior are the notion that aging is a stigmatized condition that reminds us of our own mortality and provokes distancing" (Pasupathi & Lockenhoff, 2002, p. 230). Kane (2006), in discussing the evidence of the ageist attitudes found in various helping professions toward older adults in his study, stated, "their knowledge, skill, perceptions and attitudes may adversely affect the older populations in the type of interventions they provide to older men and women" (p. 875). While previous research demonstrated ageist attitudes by law enforcement personnel (Forst, 2002; King & Steiner, 2001), the present study of the attitudes of patrol officers demonstrated a more neutral set of attitudes toward the older population, with no relationship demonstrated between the attitudes of patrol officers and their preference to work with this population. No obvious support was made for or against ageist attitudes in this population toward older adults in general.

Attitudes toward Alzheimer's disease and Related Dementia

Research questions 9 and 10 addressed the presence or absence of a relationship between attitudes and previous experiences toward ADRD and their preference to work with adults with ADRD. Table 31 presents research questions 9 and 10 and their findings.

Table 31

Research Questions 9 and 10

Research Question	Hypothesis	Findings
RQ9. Is there a relationship between attitudes of patrol officers toward individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was rejected	The relationship between attitudes of patrol officers and their preference to work with individuals with ADRD was statistically impacted by the patrol officer's experience as it related to the advantages or disadvantages of finding out earlier than later that someone in their lives has been diagnosed with ADRD.
RQ10. Is there a relationship between previous experiences of patrol officers with individuals with Alzheimer's disease and related dementias and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	No significant relationship was found between the previous experiences of patrol officers with individuals who had ADRD and their preference to work with this population

The increasing population of older adults continues to affect the role and responsibilities of patrol officers within the community. In previous research, Bourns (2000) indicated patrol officers responding to calls for individuals who have ADRD could encounter serious situations requiring special skills and insights. Liederbach and Stelle (2010) stated that they found no empirical studies that specifically measured attitudes of patrol officers toward older adults as it related to noncriminal type of actions.

The current study asked patrol officers to indicate their experiences with older adults specifically as it related to those with ADRD. The majority of officers indicated

152

that they had had professional contact with older adults with ADRD. A substantial

number of patrol officers indicated they had participated in searches for missing adults

with ADRD or in multiple searches for the same person with ADRD. Other interactions

included incidents involving older adults with ADRD exhibiting signs of agitation and

driving incidents. These findings supported previous research by Liederbach and Stelle

(2010) who found that the number of service calls for older adults were double that of

calls involving criminal activities.

Attitudes toward ADRD were measured by several questions from the IMPACT

study used to determine attitudes and behaviors towards individual with ADRD (Jones,

Mackell, Berthet, & Knox, 2010). According to Wortmann, Andrieu, Mackell, and Knox

(2010), greater concern about aging was found among those caring for someone with

ADRD than those who had no experience with ADRD. Wortmann et al. (2010) reported

that many people who interacted with a person with ADRD might not have been the

actual caregivers, which may have affected their attitudes toward the disease and its

manifestations. In the present sample, few patrol officers indicated experience with a

family member diagnosed with ADRD or indicated they are caring for someone with

ADRD currently. This finding demonstrated that previous experience with individuals

with ADRD was based primarily on incidental (professional) contact rather than ongoing

(personal) experience.

Werner and Davidson (2004) found that 81% of their population exhibited a

stigmatism attached to those individuals with ADRD, and that this stigma affected the

individual, as well as their caregivers and the community at large. Blendon et al. (2012)

found in their study that "those with personal family experience were more likely than

those without experience to choose Alzheimer's disease as the disease they were most afraid of getting" (p. 3). Analysis of the relationship between attitudes of patrol officers and their preference to work with individuals with ADRD was affected by the patrol officer's prior experience with the disease. Their responses were related to perceptions of finding if someone has Alzheimer's disease as early as possible has disadvantages/ advantages. No significant relationship was found between previous experiences of the patrol officers with older adults with ADRD and their preference to work with this group. As the majority of the experiences were professional rather than personal, patrol officer's knowledge of someone close to them with a diagnosis of ADRD could have more of an influence on their preference to work with older adults with ADRD than the isolated and self-contained interactions with this group encountered on a day-to-day basis. Similar to the results of the present study, Werner and Davidson (2004) found no relationship between the ability to identify someone who has ADRD and specific emotional reactions toward that person. The results of this study demonstrated consistency with previous research that attitudes and preference of patrol officers to work with older adults with ADRD may not be affected by either family or professional experiences

Death Anxiety

Research question 11 investigated how the presence, absence, and direction of death anxiety in patrol officers influenced their preference to work with older adults including those with ADRD. Table 32 presents research question 11 and its findings.

Table 32

Research Question 11

Research Question	Hypothesis	Findings
RQ11. Is there a relationship between death anxiety in patrol officers and their preference to work with older adults including those with Alzheimer's disease and related dementias?	Null hypothesis was retained	There was no significant relationship between death anxiety in patrol officers and their preference to work with older adults including those with ADRD

Templer's Death Anxiety Scale was used to determine anxiety about death in the participating patrol officers. Higher scores indicated a greater degree of anxiety; however, the participants in this study scored low, demonstrating reduced levels of death anxiety. Templer et al. (2006) asserted that the degree of death anxiety is determined by psychological health, as well as specific experiences related to death. Taylor (2012) found, that when thoughts of death were central to the individual, the "defense tends to consist of rational, threat-related responses such as denying one's vulnerability or seeking distraction from thoughts of death" (p. 341). Conversely, based on the results of this question, if thoughts of death are salient but not conscious, defense tends to be indirect.

This indirect defense could include reaffirmation of the individual's worldview or affirmation of one's own value within that worldview (Taylor, 2012). "This affirmation may take the form of denigrating those who violate one's moral code…rewarding individuals who uphold cultural values…increasing identification with a relevant group…endorsing salient cultural or group norms…or articulating a self-enhancing bias" (p. 341). The law enforcement profession is characterized by unknown challenges, leaving patrol officers facing the possibility of death in any situation. While this possibility may suggest an increase in death anxiety, patrol officers in the present study

scored low on the death anxiety scale. No statistically significant relations were found between death anxiety in patrol officers and their preference to work with older adults including those with ADRD. Therefore, death anxiety was not a significant factor in determining preference to work with this population.

Thoughts of death often affect individuals in both subtle and counterintuitive ways. According to Taylor (2012), when thoughts of death are below the conscious level, defenses are displayed that can include either reaffirmation of a particular worldview or the value of individuals within their world. Terror management theorists note that encountering an older adult can create awareness that this fate is the inevitable destiny of all (Martens, Goldenberg & Greenberg, 2005). Based on this insight, individuals could view the older adult as the most threatening reminder of inevitable mortality, resulting in increased death anxiety. The evidence in this study did not support previous research as patrol officers' death anxiety was at the lower end of the continuum.

Another aspect of police officers in general is frequent exposure to potentially dangerous or life threatening encounters. According to Taverniers, Smeets, VanRuysseveldt, Syroit and vonGrumbkow (2011), "the ability to effectively cope with stress and calmness in crisis are commonly required performance characteristics. In their line of duty, police officers …can reasonably be expected to encounter hazardous situations in which errors can have life threatening consequences" (p. 114). Professions, such as law enforcement, require their personnel to display calmness in any crisis, thus being able to manage their death anxiety in day-to-day encounters.

Limitations

The limitations of this study may restrict the ability of researchers to extend the generalization of the findings beyond the current sample. This research was limited in that the sample was restricted to sworn active patrol officers within the State of Michigan. Additionally, as the sample was restricted to patrol officers, it is not possible to generalize the findings to law enforcement officers in other capacities (e.g., administration, prison guards, parole officers, private security, etc.).

Although the law enforcement agencies were identified using a random systematic sampling process and invitations were sent to the administrative chief of the agency, appropriate communication to the targeted patrol officers may not have occurred. Lack of encouragement to participate in the study by the commanding officers may have resulted in a reduced pool of perspective participants.

Based on an initial low response rate, convenience sampling was added to achieve the targeted number of participants. This type of sampling may have had some influence on the geographic response areas of patrol officers who responded to the survey. The generalization of the findings to other helping professions, as well as other levels of law enforcement personnel, was limited as only patrol officers are included in this study.

The use of a computerized survey may have limited the number of patrol officers willing to participate in the study. Patrol officers may not have had sufficient time available to complete the survey in one sitting and may have been more willing to respond to a paper and pencil survey that they could have taken with them on patrol or home.

Conclusions in this study may demonstrate an unintended bias because the population of the study was generally Caucasian men from suburban areas. This concern and limitation is somewhat offset by the demographic similarities found in previous studies conducted by the Michigan Commission of Law Enforcement Standards (MCOLES, 2006).

Literature Summary

Considering both the aging of society and projected increases in interactions between patrol officers and the older adults in the community, understanding knowledge and attitudes of these helping professionals related to working with the older population including those with ADRD is important. This study examined relationships among variables assessing knowledge and attitudes of this helping profession.

When reviewing the level of knowledge regarding the aging process, results of this study supported findings of previous research that addressed the variance in knowledge of both normal and pathological aging (Bruns, 2010; Hawley et al., 2005; Kane, 2006). This conclusion was corroborated in the current study with lower than average scores on Palmore's Facts on Aging (FAQ2) (mean score 7.27) and higher scores on the Alzheimer's Disease Knowledge Scale (mean score 22.23). Hawley et al., (2005) found that both male and female officers scored higher when tested on pathological rather than normal aging. They suggested that in order to provide optimal service to older members of the community and their caregivers, patrol officers must be knowledgeable concerning all aspects of physical and cognitive aging. Palmore (2005) summarized that ageism created "needless fear, waste, illness and misery, especially among older people" (p. 90). Kane (2006) agreed that the effect of less than adequate knowledge, skills, and

negative attitudes might have an adverse effect on the older population, especially when dealing with noncriminal interventions.

The present study supported earlier work by Godschalx that found no significant effect on the preferences of patrol officers toward older adults despite additional education about aging or increased knowledge of mental health (such as ADRD; as cited in Hawley, et al., 2005). However, the effect of knowledge on preference to work with older adults, including those with ADRD, could be predicted by additional education, specifically recruit and inservice training.

Within this study, the majority of patrol officers indicated that they had received inservice training regarding working with older adults and had attended inservice on ADRD. Previous research found that using inservice training (Lachenmayr et al., 2000) was an effective method of education. While Sever and Youdin (2006) agreed that inservice training was beneficial, they also stated that there was no particular type of training found to be the optimal option to increase knowledge. As a result of adequate education, however, patrol officers with increased knowledge of aging and ADRD provided more appropriate services to older adults, fostering increased communication and contributing to greater job satisfaction (Sever & Youdin 2006).

Kane (1999b) measured personal experience defined as knowledge and closeness to grandparents and non-familial elders as well as contact through volunteer work or employment. Based on this definition, in his study, participants also indicated little contact with older adults including those with ADRD. He found that this was a variable that influenced intention to work with older adults including those with ADRD. Lundquist and Ready (2008) concurred stating that those with closer contacts with older

adults with ADRD revealed more positive attitudes and preferences than those without. While the majority of patrol officers in the present study reported that they had contact with older adults with ADRD, no one indicated previously participating in ongoing care for an older adult with ADRD. This finding supported the position that knowledge regarding aging, both normal and pathological, was derived from professional rather than personal interactions and did not influence the preference to work with older adults including those with ADRD.

Recommendations for Practice

Based on the findings of the current study as well as several previous works, it can be posited that the increasing aging population will continue to shift the focus and responsibilities of patrol officers. They will be required to adopt additional responsibilities in capacities, such as social workers and counselors, and act as valued referral resources for older community members. Patrol officers need to be better prepared to meet these needs, with continued focus placed on education and sensitization in the initial basic educational program and ongoing training opportunities. According to Forst (2000) the need for additional patrol officers and on-going training can be expected to continue to strain municipal budgets. Seufert and Carrozza (2002) proposed that educational institutions should be encouraged to add aging studies to the law enforcement curriculum. The curriculum should be taught in the formal classroom as well as through in-service and other forms of field training (e.g., lectures, video, and other forms of mass media) to prepare patrol officers to address the needs of the aging population. Liederbach and Stelle, (2010) stressed that policy improvement regarding inservice training should incorporate topics that emphasize more service oriented calls. Adopting

policies to improve the knowledge base of patrol officers regarding aging and ADRD, the needs of older adults can be better served, allowing them to remain independent longer.

Gaining an understanding of the knowledge and attitudes of patrol officers, within the composite of helping professions, provides a foundation to continue development of policies and procedures to meet the needs of the older population. The concept of community policing has slowly gained momentum since the early 1970's (Kessler & Wartell, 1996 The central concepts of community policing are that the orientation is one of problem solving (proactive versus reactive), encouraging cooperation with various key community stakeholders and promoting change within the administrative structure to encourage and facilitate community participation in partnership with the police (Morabito, 2010) Early work in San Francisco required the patrol officers "to systematically profile their beat to develop knowledge about problems and resources and to develop patrol strategies to beat problems" (Kessler & Wartell, 1996, p. 2). This proactive approach necessitates that patrol officers need to be aware of their personal stereotypes toward the older adult and the oldest old including those with ADRD. This awareness can help prepare them to provide services to the increasing number of older adults who want to remain independent in their communities for as long as possible.

Recommendations for Future Study

In any study, options and possibilities for future research exist to improve the meaning or depth of the findings. In the present study, the majority of the respondents were male and Caucasian which may have created an unintended bias. Additional investigation into patrol officers regarding the relationship between experience and preference to work involving a more heterogeneous sample (e.g., female or ethnic

backgrounds in addition to Caucasian) may provide additional perspectives because women are more than likely to be caregivers and other ethnicities may have different cultural biases toward aging.

Based on the lack of data regarding the demand for interventions of a noncriminal nature, further research is suggested to promote a more holistic picture of the types of services that will be needed to plan appropriately for the changing demographics of the community. As no specific preferences were demonstrated for any particular assignment, further investigation into the attitudes and coping strategies related to searching for lost older adults with ADRD may be beneficial to continue policy development at the state and local levels and improve programs such as "Silver Alerts" and "Safe Return™." This research may best be addressed through an ethnographic qualitative study using interviews or focus groups to collect thoughts and impressions of patrol officers who participated in the actual search process. The questions that could be investigated are: What interventions were used based on the age of the client? What factors influenced their decisions? Are criteria that determine selection of interventions with older adults weighted similar to criteria for children or younger clients? These questions could provide insight into decision-making standards used to provide services for older adults.

Research is needed to investigate differences and similarities among the different helping professions on their knowledge and attitudes regarding working with older adults and those with ADRD. Patrol officers and other law enforcement personnel (e.g., correction officers, administrative staff, parole officers, etc.) may not have choices in the community members for whom they provide services, while other helping professionals (e.g., social workers, psychologists, and medical staff) may have more latitude in their

choice of clients. Examining the differences may provide insight into how older people and those with ADRD are treated.

Future research also may provide insights regarding overall stress management, coping skills, and information processing used by patrol officers in a critical event situation, such as agitated behavior or elopement regarding older adults with ADRD, and the impact of skills on the ability to provide services to their community.

Gaining insight on public opinion regarding patrol officers' service to aging individuals from a helping perspective rather than crime perspectives also is a topic for future study. This study is important as the literature regarding relationships among patrol officers and the older population generally focuses on crime related rather than service related interactions. Finally, research opportunities also exist regarding effects of death anxiety in patrol officers based on their constant exposure to possible death related interventions.

Conclusions

Based on the findings of this study, patrol officers might display some ageist perceptions based on their neutral results considering the older adults, but these perceptions appear to create no discernible difference between their attitudes and the preference to work with older adults, including those with ADRD. People who view aging as a process where ability declines are more likely to follow through with a conclusion that faulty performance of an individual assumes a declining capacity of the individual (Bandura, 1993). The present study demonstrated that a positive relationship existed between the patrol officers' actual knowledge of aging and their preferences to work with older adults. Despite better knowledge of Alzheimer's disease, no statistically

significant relationship was found between this knowledge and patrol officers' preference to work with older adults diagnosed with ADRD.

Kane (1999b, 2002, 2007) demonstrated that the attitudes of helping professionals toward older adults ranged from neutral to the negative end of the attitude continuum. He continued that some helping professionals choose to work with drug addicts, mentally impaired, or homeless people than older adults. In the present study, patrol officers indicated that their experiences with older adults with ADRD were of a more professional than personal nature. These experiences might have resulted in the lack of significance in the relationship between attitudes of patrol officers toward ADRD and their preference to work with older adults with ADRD.

Interestingly, death anxiety in this group of participants contributed no significant influence to the preference of patrol officers to work with older adults including those with ADRD. This lack of death anxiety and its influence on attitudes was hypothesized to result from patrol officers' need to cope in crisis situations on a daily basis.

The study demonstrated a need to incorporate an educational component on the normal and pathological aging processes starting at the police academy level and continuing in other formats, such as multimedia and professional development presentations throughout the careers of patrol officers. According to Liederbach and Stelle (2010), while teaching patrol officers about criminal victimization of older adults is important, learning about the ongoing every-day issues of this group is needed to adapt to changing demographic trends successfully.

Payne and Berg (2003) summarized their findings regarding the importance of a proper education by identifying four roles that evolve over patrol officers' careers. The

first is as a student, learning about the issues and developing attitudes based on knowledge and experiences. The second, as practitioners, patrol officers will encounter the older population in various capacities (Payne & Berg, 2003). These experiences could add to the knowledge base of patrol officers and refine their attitudes toward older adults including those with ADRD. Third, patrol officers could influence policy formation as leaders within their profession (Payne & Berg, 2003). Experiences and expanded knowledge of patrol officers can influence decisions in development of new programs that promote improved interactions with older adults. Finally, patrol officers could be expected to encounter the world as an older person, experiencing the various issues first hand (Payne & Berg, 2003).

This study demonstrated that knowledge and attitudes together appear to influence the patrol officers' preference to work with older adults. Patrol officers need to maintain a solid knowledge foundation of normal and pathological aging necessary to meet the needs of this population. By combining knowledge and increased self-awareness of attitudes regarding older adults, including those with ADRD, patrol officers could develop realistic expectations and display positive preferences when working with older adults.

REFERENCES

Allan, L. J., & Johnson, J. A. (2009). Undergraduate attitudes toward the elderly: The role of knowledge, contact and aging anxiety. *Educational Anxiety,* 35, 1-14. doi:10.1080/03601270802299780.

Adams, A.L., Schmidt, C.D., Newgard, C.D., Federiuk, C.S., Christie, M., Scorvo, S. & DeFreest, M. (2007). Search is a time-critical event: When search and rescue missions may become futile. *Wilderness & Environmental Medicine, 18*(2), 95-101. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17590071

Agnes, M. & Guralnik, D. B. (Editors). (2008). *Webster's New World College Dictionary* (4th ed). Cleveland, OH: Wiley Publishing, Inc.

Alzheimer's Association (2013). 2013 Alzheimer's disease: Facts and figures. *Alzheimer's & Dementia.* Retrieved from http://www.alz.org/alzheimers_disease_facts_and_figures.asp#prevalence

Alzheimer's Disease International.(n.d.). IMPACT Study Overview. Retrieved from http://www.alz.co.uk/impact study

Alzheimer's Reading Room. (2009, December 19). Sobering statistics about Alzheimer's wandering Retrieved from http://www.alzheimersreadingroom.com/2009/12/sobering-statistics-about-alzheimers.html

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.)*.* Washington, DC: American Psychological Association

Arndt, J., & Greenberg, J. (1999). The effects of a self-esteem boost and mortality salience on responses to boost relevant and irrelevant worldview threats. *Personality and Social Psychology Bulletin, 25*(11), 1331-1341. Retrieved from http://www.psp.sagepub.com/content/25/11/1331.refs.html

Arndt, J., Greenberg, J., Pyszczyski, T., & Solomon, S. (1997). Subliminal exposure to death-related stimuli increases defense of the cultural worldview. *Psychological Science, 8*(5), 379-385. Retrieved from http://www.pss.sagepub.com/content/8/5/379.short

Arnold-Cathalifaud, M., Thumala, D., Urquiza, A. & Ojeda, A. (2008). Young people's images of old age in Chile: Exploratory research. *Educational Gerontology, 34*, 105-123. doi:10.1080/03601270701700359

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28*(2), 117 -148. Retrieved from http://www.centerforefficacyandresiliency.org/assets/docs/Perceived%20Self-Efficacy%20in%20Cognitive%20Development%20and%20Functioning.pdf

Bandura, A. (2001). Social cognitive theory of mass communication. *MediaPsychology, 3*, 265-299. Retrieved from http://www.des.emory.edu/mfp/Bandura.2001.pdf

Baruch, Y., & Holtom, B. C. (2008). Survey response rate levels and trends in organizational research. *Human Relations, 61*, 1139 – 1161. doi:10.1177/0018726708094863

Becker, E. (1973). *The denial of death.* New York, NY: Simon & Schuster.

Bennett, J. O., Briggs, W. L., & Triola, M. F. (2009). *Statistical reasoning for everyday life*. Boston, MA: Pearson Education.

Blando, J. (2011). *Counseling older adults.* New York, NY: Routledge.

Blendon, R. J. et al. (2012). The impact of experience with a family member with Alzheimer's disease on views about the disease across five countries. *International Journal of Alzheimer's Disease,* 1-9. doi:10.1155/2012/903645

Boere, G. C. (n.d.) Personality theories: Albert Bandura. Retrieved from http://webspace.ship.edu/cgboer/bandura.html

Bonett, D. G., & Wright, T. A. (2000). Sample size requirements for estimating Pearson, Kendall and Spearman correlations. *Psychometrika, 65*(1), 23 – 28. Retrieved from http://www.biostat.georgiahealth.edu/journal%20club/bonett_wright_2000.pdf

Bordens, K. S., & Abbott, B. B. (2008). *Research design and methods: A process approach.* Boston, MA: McGraw-Hill.

Bourns, W.F. (2000). Police gerontology services for the older adult: A policy guide. *The Justice Professional, 13*, 179-192. Retrieved from http://www.tandfonline.com/doi/abs/10.1080/1478601X.2000.9959583#preview

Bradford, D., & Pynes, J. E. (1999). Police academy training; Why hasn't it kept up with practice? *Police Quarterly, 2*, 283-301. doi:10.1177/1098861119900200302

Brown, J., Nolan, M., Davies, Nolan, J., & Keady, J. (2008). Transforming students' views of Gerontological nursing; Realizing the potential of enriched environments of learning and care: A multi-method longitudinal study. *International Journal of Nursing Studies, 45* 1214-1232. doi:10.1016/j.ijurstu.2007.07.002

Bruns, D. (2010). Reflections from the one-percent of local police departments with mandatory four-year degree requirements for new hires: Are they diamonds in the rough? *Southwest Journal of Criminal Justice, 7*(1), 87 – 108. Retrieved from http://connection.ebscohost.com/c/articles/57310224/reflections-from-one-percent-local-police-departments-mandatory-four-year-degree-requirements-new-hires-are-they-diamonds-rough

Bryant, D. A. (2010). Community policing: Implementing programs to keep citizens safe. *FBI Law Enforcement Bulleting, 79*(6), 23-24. Retrieved from http://www.fbi.gov/stats-services/publications/law-enforcement-bulletin/june-2010/police-practice

Cahill, S., Clark, M., O'Connell, H., Lawlor, B., Coen, F., & Walsh. C. (2008). The attitudes and practices of general practitioners regarding dementia diagnosis in Ireland. *International Journal of Geriatric Psychiatry, 23,* 663-669. doi:10.1002/gps.1956

Carpenter,B., Balsis, S., Otilingam, P. G., Hanson, P. K., & Gatz, M. (2009). The Alzheimer's Disease Knowledge Scale: Development and psychometric properties. *The Gerontologist, 49*(2), 236-247. doi:10.1093/geront/gnp023

Carr, D., Muschert, G.W., Kinney, J., Robbins, E., Petonito, G., Manning, L., & Brown, J. S. (2010). Silver alerts and the problem of missing adults with dementia. *The Gerontologist, 50*(2), 149. doi:10.1093/geront/gnp102

Chan, P. A., & Chan, T. (2009). The impact of discrimination against older people with dementia and its impact on student nurses' professional socialization. *Nurse Education in Practice, 9*, 221-227. doi:10.1016/j.nepr.2008.05.005

Chasteen, A. L. (2000). The role of age and age-related attitudes in perceptions of elderly individuals. *Basic and Applied Social Psychology, 22*(3), 147-156. doi: 10.1207/S15324834BASP2203_3

Cheng, S. T., & Heller, K. (2009). Global aging: Challenges for community psychology. *American Journal of Community Psychology, 44* 161-173. doi:10.1007/s10464-009-9244-x

Cherry, K. E., Allen, P. D., Boudreaux, E. O., Robichaux, M. L. & Hawley, K. S. (2009). Knowledge of memory aging in students, caregivers, and senior service providers. *Educational Gerontology, 35*, 541-552. doi:10.1080/03601270902821343

Cherry, K. E., Allen, P. D., Jackson, E. M., Hawley, K. S.. & Brigman, S. (2010). Knowledge of normal and pathological memory aging in college students, social workers, and health care professionals. *Educational Gerontology 36*, 281 – 297. doi:10.1080/036901270903323950

Cole, H. P., & Lacefield, W. E. (1978). Skill domains critical to helping professions. *Personnel and Guidance Journal, 57*(1), 115-123. doi:10.1002/j.2164-4918.1978.tb05117.x

Cooper, D. (1997). Searching for the lost subject suffering from Alzheimer's disease. *Journal of NASAR, 15*(4), 25-28. Retrieved from http://www.mountain.rescue.org.uk/assets/files/SearchManagementPublishedElse where/Searching_for_Alzheimers_Patient.pdf

Couper, M. P. (2000). Web surveys: A review of issues and approaches. *The Public Opinion Quarterly, 6*(4), 464-494. Retrieved from http://www.jstor.org/stable/3078739

Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches.* Los Angeles, CA: Sage.

Cuddy, A. J.C., & Fiske, S. T. (2002). Doddering but dear: Process, content and function in stereotyping of older persons. In Nelson, T. D. (Ed.), *Ageism; Stereotyping and Prejudice against Older Persons*. Cambridge, MA: MIT Press.

Cupello, M. S. (2010). Law enforcement knowledge of elder laws and beliefs about aging (Master's thesis). Retrieved from ProQuest LLC. (UMI Number 1480367).

Damron-Rodriguez, J. (2009). Respecting ethnic elders: A perspective for care providers. In Sung, K. T. & Kim, B. J. (Ed.). *Respect for the Elderly: Implications for Human Service Providers* (pp. 117-132). Lanham, MD: University Press**.**

Detroit Police Department (n.d.). Police Stations. Retrieved from http://www.detroitmi.gov/DepartmentsandAgencies/PoliceDepartment/PoliceStati ons.aspx

Dieckmann, L., Zarit, S. H., Zarit, J. M., & Gatz, M. (1988). The Alzheimer's Disease Knowledge Test. *The Gerontologist, 28*(3), 402-407. doi: 10.1093/geront/28.3.402

Doron, I., & Werner, P. (2008). Facts on law and ageing quiz: older people's knowledge of their legal rights. *Aging & Society, 28,* 1159-1174. doi:10.1017/S0144686X0800754X

Downee, R. S., & Telfer, E. (2009). Respect for persons as ends. In Sung, K. T. & Kim, B. J. (Ed.). *Respect for the Elderly: Implications for Human Service Providers*. Lanham, MD: University Press.

Drag, L. L., & Bieliaukas, L. A. (2010). Contemporary review 2009: Cognitive Aging. *Journal of Geriatric Psychiatry, 23,* 75-93. doi:10.1177/0891988709358590

Dubois, B., Feldman, H.H., Jacova, C., DeKosky, S.T., Barberger-Gateau, P., Cummings, J., & Scheltens, P. (2007). Research criteria for the diagnosis of Alzheimer's disease: revising the NINCDS-ADRDA criteria. *The Lancet,* 1-13. doi:10.1016/S1474-4422(07)70178-3

Easom, L. R. (2003). Concepts in health promotion: Perceived self-efficacy and barriers in older adults. *Journal of Gerontological Nursing, 29*(5), 11-18. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12765007

Edburg, M. (2007). *Essentials of health behavior: Social and behavioral theory in public health.* Sudbury, MA: Jones & Bartlett Publishing

Evers, W., Tomic, W., & Brouwers, A. (2001). Effects of aggressive behavior and perceived self-efficacy on burnout among staff of homes for the elderly. *Issues in Mental Health Nursing, 22*, 439-454. doi:0161-284/01

Flin, R., Pender, Z., Wujec, L., Grant, V., & Stewart, E. (2007). Police officer's assessment of operational situations. *Policing: An International Journal of Police Strategies and Management, 30*(2), 310-323. doi:10.1108/13639510710753289

Flood, M., & Clark, R. B. (2009). Exploring knowledge and attitudes toward aging among nursing and non-nursing students. *Educational Gerontology, 35*, 587-595. doi:10.1080-03601270802605333

Foos, P. W., & Clark, M. C. (2008). *Human aging* (2nd ed,)*.* Boston, MA: Pearson.

Fowles, D., & Greenberg, S. (2011). A profile of older Americans: 2011. *Administration on Aging, Department of Health and Human Services.* Retrieved from http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf

Forst, L.S. (2000). *The aging of America – A handbook for police officers.* Springfield, IL: Charles C, Thomas Publisher, Ltd.

Frey, W. H. (2007). *Mapping the growth of older America: Seniors and boomers in the Early 21st Century*. (Metropolitan Policy Program, The Brookings Institution, Living Cities Census Series). Retrieved from http://www.brookings.edu/research/papers/2007/06/12demographics-frey

Frey, W. H. (2010). Baby boomers and the new demographics of America's seniors. *Journal of the American Society on Aging, 34*(3), 28-37. Retrieved from http://www.frey-demographer.org/reports/R-2010-1_Gens_34_3_p_28_37.pdf

Friedmann, R., & Cannon, W. J. (2007). Homeland security and community policing: Competing or complementary public safety and policies. *Journal of Homeland Security and Emergency Management, 4*(4), 1-18. Retrieved from http://www.bepress.com/jhsem/vol4/iss4/2

Furer, P., & Walker, J. R. (2008). Death Anxiety: A cognitive-behavioral approach. *Journal of Cognitive Psychotherapy: An International Quarterly, 22*(2), 167-182. doi:10.1891/0889-8391.22.2.167

Geiger, D. L. (1978). Note: How future professionals view the elderly: A comparative analysis of social work, law and medical student's perceptions. *The Gerontologist, 18*(6), 591-594. Retrieved from http://gerontologist.oxfordjournals.org/by GSA Member on October 23, 2011.

Giles, H., & Reid, S.A. (2005). Ageism across the lifespan: Towards a self-categorization model of ageing. *Journal of Social Issues, 61*(2), 389-404. doi:10.1111/j.1540-4560.2005.00412.x

Goldenberg, J.L., Pyszczynski, T., Greenberg, J., & Solomon, S. (2000). Fleeing the body: A terror management perspective on the problem of human corporeality. *Personality and Social Psychology Review, 4*(3), 200-218. Retrieved from http://plaza.ufl.edu/phallman/terror%20management%20theory/4701009.pdf

Greenberg, J., Schimel, J., & Martens, A. (2002). Ageism: Denying the face of the future. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 27-48). Cambridge, MA: MIT Press.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements. *Advances in Experimental Social Psychology, 29,* 61-139. Retrieved from http://dx.doi.org/10.1016/S0065-2601(08)60016-7

Hagestad, G., & Uhlenberg, P. (2005). The social separation of old and young: A root of ageism. *Journal of Social Issues, 61*(2), 343-360. doi:10.1111/j.1540-4560.2005.00409.x

Happell, B. (2002). Nursing home employment for nursing students: Valuable experience or a harsh deterrent? *Journal of Advanced Nursing, 39*(6), 529-536. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12207750

Harmon-Jones, E., Simon, L., Greenberg, J., Pyszczynski, T., Solomon, S., & McGregor, H. (1997). Terror management theory and self-esteem: Evidence that increased self-esteem reduces mortality salience effects. *Journal of Personality and Social Psychology, 72*(1), 24-36. Retrieved from http://www.socialemotiveneuroscience.org/pubs/hj_etal97tm.pdf

Harris D. K., & Changas P. S. (1994). Revision of Palmore's Second Facts on Aging Quiz from a true-false to a multiple choice format. *Educational Gerontology, 20*(8), 741-754. doi:10.1080/0360127940200802

Harris, D. K., Changas, P. S., & Palmore, E. B. (1996). Palmore's first facts on aging quiz in a multiple-choice format. *Educational Gerontology, 22*(6), 575-589. doi: 10.1080/0360127960220605

Harris, F. J. (2012). Measurement in quantitative methods. In G. Hastings, K. Angus, & C. Bryant,(Eds.), *The Sage Handbook of Social Marketing* p. 225-239. Thousand Oaks, CA: Sage. doi:10.4135/9781446201008.n16

Harville, M., Stokes, S. J., Templer, D. I., & Rienzi, B. (2003). Relation of Existential and religious variables to the death depression scale revised. *Omega – Journal of Death & Dying, 48*(2), 165-184. Retrieved from http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,5,6;journal,70,259;linkingpublicationresults,1:300329,1

Hawley, K. S., Garrity, A. W., & Cherry, K. E. (2005). Knowledge of normal versus pathological memory aging among police officers. *Educational Gerontology, 31* 1-17. doi:10.1080/03601270590522161

Hunt, L. A., Brown, A. E., & Gelman, I P. (2010). Drivers with dementia and outcomes of becoming lost while driving. *The American Journal of Occupational Therapy, 64*(2), 225-232. doi: 10.5014/ajot.64.2.225

Hutchinson, E. D., & Charlesworth, L. W. (2003). Theoretical perspectives on human behavior. In E.D. Hutchison (Ed.) *Dimensions of human behavior: Person and environment* (4th ed., p 46-93). Thousand Oaks, CA: Sage.

Jayakar, J.P., & Huang, J. (2010). Alzheimer's disease: a review of diagnostic criteria. *University of Western Ontario Medical Journal, 79*(2), 7-9. Retrieved from http://www.uwomj.com/wp-content/uploads/2011/04/v79n2.pdf#page=7

Jones, R.W., Mackel, J., Berthet, K., & Knox, S,.(2010). Assessing attitudes and behaviours surrounding Alzheimer's Disease in Europe: Key findings of the important perspectives on Alzheimer's care and treatment (IMPACT) survey. *The Journal of Nutrition, Health & Aging, 14*(7), 525-530. doi:10.1007/s12603-010-0263-y

Kakar, S. (1998). Self-evaluations of police performance: An analysis of the relationship between police officers' education level and job performance. *Policing, 21*(4), 632. doi:10.1108/13639519810241665

Kane, M (1999a). Mental health issues and Alzheimer's disease. *American Journal of Alzheimer's Disease and Other Dementias*, *14*(2), 102-110. doi:10.1177/153331759901400203.

Kane, M. (1999b). Factors affecting social work students' willingness to work with older adults with Alzheimer's disease. *Journal of Social Work Education, 35*(1), 71-86. Retrieved from http://www.jstor.org/stable/23043444

Kane, M. (2002). Awareness of ageism, motivation, and countertransference in the care of older adults with Alzheimer's disease. *American Journal of Alzheimer's Disease and Other Dementias, 17*(2), 101-109. doi:10.1177/153331750201700206.

Kane, M. (2004). Ageism and intervention: What social work students believe about treating people differently because of age. *Educational Gerontology, 30,*767-784. doi:10.1080/03601270490498098.

Kane, M. (2006). Ageism and gender among social work and criminal justice students. *Educational Gerontology, 32,* 859-880. doi:10.1080/036012706000846543.

Kane, M. (2007). Social work and criminal justice students' perceptions of older adults. *Journal of Social Service Research,* 34(1), 13-26. doi:10.1300/J079v34n01_02

Kart, C. S., & Kinney, J. N. (2001). *The realities of aging: An introduction to gerontology* (6th ed.). Boston, MA: Allyn and Bacon.

Kearney, N., Miller, M., Paul, J., & Smith, K. (2000). Oncology healthcare professional's atttitudes toward elderly people. *Annals of Oncology,11*(5), 599-601. Retrieved from http://annonc.oxfordjournals.org/content/11/5/599.short

Kennedy, D. B. (1983). Toward a clarification of the police role as a human services agency. *Criminal Justice Review, 41*(8), 41-45. Retrieved from http://heinonline.org/HOL/LandingPage?collection=journals&handle=hein.journals/crmrev8&div=22&id=&page=

Kenner, A. M. (2008). Securing the older adult body: Dementia, surveillance, and the politics of "aging in place". *Surveillance & Society, 5*(3), 252-269. Retrieved from http://www.surveillance-and-society.org/articles5(3)/elderly.pdf

Kessler, K., & Wartell, J. (1996). Community law enforcement: The success of San Diego's Volunteer Policing Program. Reason Foundation. Retrieved from http://reason.org/files/22f12ca88cede926a2c2bf8d98f1f906.pdf

Khachaturian, Z. S., & Radebaugh, T. S. (1996). *Alzheimer's disease: Cause(s), diagnosis, treatment and care.* New York: CRC Press.

King, K. & Steiner, B. (2001). Book Review Essay: The aging of America: Myth, reality, and future directions. *Criminal Justice Review, 26*(2), 263-270. doi:10.1177/073401680102600208

Kite, M. E., & Smith-Wagner, L. (2002). Attitudes toward older adults.   In T. D. Nelson (Ed.). , *Ageism; Stereotyping and Prejudice against Older Persons*. Cambridge, MA: MIT Press.

Kite, M. E., Stockdale, G. D., Whitley, B. E., & Johnson, B. T. (2005). Attitudes toward younger and older adults: An updated meta-analytic review. *Journal of Social Issues, 61*(2), 241-266. doi:10.1111/j.1540-4560.2005.00404.x

Knickman, J. R., & Snell, E. K. (2002). The 2030 problem: Caring for aging baby boomers. *Health Services Research, 37*(4), 849-884. doi:10.1034/j.1600-0560.2002.56.x

Koester, R. (1998). The lost Alzheimer's and related disorders search subject: New research and perspectives. *Response 98 NASAR Proceedings, Chantilly, VA.* National Association of Search & Rescue, 165-181. Retrieved from http://www.asrc.net/asrc/Uploads/training/alzheimer.pdf

Koester, R. J. (2001). Alzheimer's disease and related disorders SAR research: Wandering overview (How big is the problem?). Retrieved from http://www.dbs-sar.com

Koester, R. J. (2008). *Lost person behavior: A search and rescue guide on where to look – for land, air & water.* Charlottesville, VA: dbs Productions.

Koester, R. J., & Stooksbury, D. E. (1995). Alzheimer's research paper: Behavioral profile of possible Alzheimer's disease patients in Virginia search and rescue incidents. *Wilderness and Environmental Medicine, 6*, 34-43. Retrieved from http://www.dbs-sar.com/SAR_Research/WEM_article.htm

Kogan, N. (1961). Attitudes toward old people: The development of a scale and an examination of correlates. *Journal of Abnormal and Social Psychology, 62* (1), 44-54. doi:10.1037/h0048053

Lachenmayr, S., Denard-Goldman, K, & Brand, F. (2000). Safe Return: A community based initiative between police officers and the Alzheimer's Association to increase the safety of people with Alzheimer's disease. *Health Promotion Practice, 1,* 268-278. doi:10.1177/152483990000100313

Latham, G., & Saari, L. (1979). Application of social-learning theory to training supervisors through behavioral modeling. *Journal of Applied Psychology, 64*(3), 239-246. doi:10.1037/0021-9010.664.3.239.

Laws, G. (1995). Understanding ageism: Lessons from feminism and postmodernism. *The Gerontologist, 35*(1), 112-118. doi:10.1093/geront/35.1.112

Lee, Y. S. (2009). Measures of student attitudes on aging. *Educational Gerontology, 35*, 121-134. doi:10.1080/03601270802523577.

Levy, B. R., & Banajim, M. R. (2002). Implicit ageism. In T. Nelson (Ed). *Ageism: Stereotypes and prejudice against older persons* (pp. 49- 75). Cambridge, MA: MIT Press

Lichtenberg, P. A. (2012). Misdiagnosis of Alzheimer's Disease: Case studies in capacity assessment. *Clinical Gerontologist, 35*(1), 42-56. Retrieved from doi:10.1080/07317115.2011.62516

Liederbach, J., & Stelle, C. D. (2010). Policing a graying population: A study of police contacts with older adults. *Journal of Crime and Justice, 33*(1), 37-68. doi: 10.1080/0735648X.2010.9721279

Lipson, G. S., Turner, J. T., & Kasper, R. (2010). A strategic approach to police interactions involving persons with mental illness. *Journal of Police Crisis Negotiations, 10,* 30-38. doi:10.1080/15332581003757297

Lundquist, T. S., & Ready, R. E. (2008). Young adult attitudes about Alzheimer's disease. *American Journal of Alzheimer's Disease and Other Dementias, 23*(3), 267-273. doi:10.1177/1533317508317818.

Lyons, I. (2009). *Public perceptions of older people and ageing: A literature review*. Dublin: National Centre for Protection of Older People. Retrieved from http://www.ncpop.ie/Year%201%20Reports/ Microsoft%20Word%20-%20NCPOP%20Lit%20Rev%201%20IL%2001_12_09 Cover%20inc22_01_10.pdf

Martens, A., Goldenberg, J. L., & Greenberg, J. (2005). A terror management perspective on ageism. *Journal of Social Issues, 61*(2), 223-229. doi:10.1111/j.1540-4560.2005.00403.x

McAfee, J. K., & Musso, S. L. (1995). Training police officers about persons with disabilities. *Remedial and Special Education, 1*(16), 53-63. doi:10.1177/074193259501600107

McDermott, R., & Zimbardo, P. G. (2007). The psychology of terrorist alerts. In B. Bongar, L. M. Brown, L. E. Beutler, J. N. Breckenridge, & P. G. Zimbardo (Eds.), *Psychology of terrorism* (pp. 357-372). New York: Oxford University Press.

McKhann, G. M., Knopman, D. S., Chertekow, H., Hyman, B. T. & Jack, C. R. . . . Phelps, C. H. (2011). The diagnosis of dementia due to Alzheimer's disease: Recommendations from the National Institute of Aging and the Alzheimer's Association workgroup. *Alzheimer's Dementia, 7(3) 263-269.* doi: 10.1016/j.jalz.2011.03.005

McShane, R., Gedling, K., Keene, J., Fairburn, C., Jacoby, R. & Hope, T. (1998). Getting lost in dementia: A longitudinal study of a behavioral symptom. *International Psychogeriatrics, 10*(3), 253-260. DOI: doi:10.1017/S1041610298005365

Michigan Commission of Law Enforcement Standards(2006). Statewide job analysis of the patrol officer position: Final Report. Retrieved www.michigan.gov/mcoles/0,4607,7-229--161687--,00.html - 31k - 2010-08-04

Michigan Commission of Law Enforcement Standards (2010). Basic Training Curriculum and Training Objectives. Retrieved from http://www.michigan.gov/documents/mcoles/MCOLES_Basic_Training_Manual _2010_389180_7.pdf?20130714143024

Michigan Commission of Law Enforcement Standards (2012, April 23,), MCOLES Directory, Michigan Law Enforcement Agencies. Retrieved http://www.michigan.gov/documents/mcoles/LEAPhoneDirectory_250363_7.pdf

Michigan State Police (n.d.). Michigan State Police Posts. Retrieved from http://www.michigan.gove/msp/0,4643,7-123-59471,00.htmlMintzer, J., & O'Neill, C. (2011). Depression in Alzheimer's Disease: Consequence or contributing factor? *Expert Review of Neurotherapeutics. 11*(11):1501-3. DOI:10.1586/ern.11.145

Moore, D. H., Algase, D., Powell-Cope, G., Applegarth, S., & Beattie, R.A. (2009). A framework for managing wandering and preventing elopement. *American Journal of Alzheimer's Disease and Other Dementias, 24*, 208-219. doi: 10.1177/1533317509332625

Morabito, M. S. (2010). Understanding community policing as an innovation: Patterns of adoption. *Crime & Delinquency, 56*, 564 – 587. doi: 10.1177/0011128707311643

Muliyuala, K. P., & Varghese, M. (2010). The complex relationship between depression and dementia. *Annals of Indian Academic Neurology, 13*, 69-73. doi: 10.4103/0972-2327.74248

Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues, 61*(2), 207-221. doi:10.1111/j.1540-4560.2005.00402.x

Neutens, J. J. & Rubinson, L. (2010). *Research techniques for the health sciences,* (4th ed.). SanFrancisco, CA: Pearson.

Page, A. D. (2008). Judging women and defining crime: Police officers' attitudes toward women and rape. *Sociological Spectrum, 28*(4), 389-411. doi: 10.1080/02732170802053521

Palmore, E. B. (2005). Three decades of research on ageism. *Generations, Journal of the American Society of Aging, 29*(3), 87-90. Retrieved from http://connection.ebscohost.com/c/articles/19399890/three-decades-research-ageism

Park, D. C. (2000). *The basic mechanisms of accounting for age related decline in cognitive function*. In D. C. Park, & N. Schwarz, (Eds.). *Cognitive Aging,* Philadelphia, PA: Psychology Press.

Pasupathi, M. & Lockenhoff, C. E. (2002). Ageist behavior. In T. D. Nelson, (Ed.). *Ageism: Stereotyping and Prejudice against Older Persons.* Cambridge, MA: MIT Press.

Payne, B. K. & Berg, B. L. (2003). Criminal justice students understanding or misunderstanding of issues facing elderly persons. *Journal of Criminal Justice Education 14*(1), 53-65. doi:10.1080%2f10511250300085651

Peacock, R., Hopton, A., Featherstone, I. & Edwards, J. (2012). Care home staff can detect the difference between delirium dementia and depression. *Nursing Older People 24*(1), 26 – 30. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/22432362

Police, (2001). In S. Phelps (Ed.) *World of Criminal Justice*. (2001). Farmington Hills, MI: Thompson Gale.

Pomerantz, J. M. (2006). Solving the problem of the wandering patient. *Drug Benefit Trends*, *18*, 556–557., Cliggot Publishing Company.

Powell, D. H. (1994). *Profiles in cognitive aging.* Cambridge, MA: Harvard University Press.

Prati, G., & Pietrantoni, L. (2010). The relation of perceived and received social support to mental health among first responders: a meta-analysis review. *Journal of Community Psychology, 38*(3), 403-417. doi:10.1002/jcop.20371

Pyszczynski, T., Greenberg, J., & Solomon, S. (1999). A dual-process model of defense against conscious and unconscious death-related thoughts. An extension of terror management theory. *Psychological Review, 106*(4), 835-845. doi:10.1037/0033-295X.106.4.835

Pyszczynski, T., Greenberg, J., Solomon, S., & Maxfield, M. (2006). On the unique psychological import of the human awareness of mortality:Theme and variations. *Psychological Inquiry, 17,* 328 –356. doi:10.1080/10478400701369542

Reaves, B. A. (2010, Dec.). Office of Justice Programs; Local police departments, 2007. *Bureau of Justice Statistics, U. S. Department of Justice.* Retrieved from http://www.bjs.gov/content/pub/pdf/lpd07.pdf

Reynolds, C. F., Hoch, C. C., Kupfer, D. & Buysee, D. J., Houck, P. R., Stack, J. A., & Campbell, D. W. (1988). Bedside differentiation of depressive pseudodementia from dementia. *American Journal of Psychiatry, 145*(9), 1099-1103. Retrieved from http://ajp.psychiatryonline.org/article.aspx?articleid=165308

Richley, P., Manes, F., & Bresten, J. (2012). Depression and Alzheimer's Disease. In A. Kanner (Ed.). *Depression in Neurologic Disorders: Diagnosis and Management,* Hoboken, NJ: Blackwell Publishing

Riley, M. W., & Riley, J. W. (2000). Age integration: Conceptual and historical background. *The Gerontologist, 40,* 266-270. doi: 10.1093/geront/40.3.266

Rowe, M. A. (2003). People with dementia who become lost: Preventing injuries and death. *American Journal of Nursing, 103*(7), 32-39. Retrieved from http://journals.lww.com/ajnonline/Citation/2003/07000/People_with_Dementia_Who_Become_Lost__Preventing.16.aspx

Rowe, M. A., Fineglass, N. G., & Wiss, M. E. (2004). Persons with dementia who become lost in the community: A case study, current research and recommendations. *Mayo Clinic Proceedings, 79*(11), 1417-22. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15544021.

Rowe, M. A., & Glover, J. C. (2001). Antecedents, descriptions and consequences of wandering in cognitively-impaired adults and the Safe Return (SR) program. *American Journal of Alzheimer's Disease and Other Dementias, 16*(6), 344-352. doi:10.1177/153331750101600610

Salthouse, T.A. (1982). *Adult cognition: An experimental psychology of human aging.* New York: Springer-Verlag.

Schewe, C. D., Meredith, G. E. & Noble, S. E. (2000). Defining moments: Segmenting by cohorts. *Marketing Management, 9*(3), 48-53. Retrieved from http://academic.udayton.edu/JohnSparks/tools/readings/cohort.pdf

Scholl, J. M., & Sabat, S. R. (2008). Stereotypes, stereotype threat and ageing: implications for the understanding and treatment of people with Alzheimer's disease. *Ageing & Society, 28*, 103-130. doi:10.1017/S0144686X07006241

Seufert, R. L., & Carrozza, M. A. (2002). A test of Palmore's Facts on Aging Quizzes as alternate measures. *Journal of Aging Studies 16,* 279 – 294. Retrieved from http://www.ese.ualg.pt/gerontologia/Journal%20of%20Aging%20Studies/Seufert%202002.pdf

Sever, B., & Youdin, R. (2006). Police knowledge of older populations: The impact of training, experience and education. *Professional Issues in Criminal Justice: A Professional Journal, 1*(2), 35-54. Retrieved from https://kucampus.kaplan.edu/documentstore/docs09/pdf/picj/vol1/issue2/Police_Knowledge_of_Older_Populations.pdf

Siebert, D. C., & Siebert, C. F. (2007). Help seeking among helping professionals: A role identity perspective. *American Journal of Orthopsychiatry, 77*(1), 49-55. doi: 10.1037/80002-9432.77.1.49.

Silverstein, N.M., Flaherty, G. & Tobin, T.S. (2002). *Dementia and wandering behavior: Concern for the lost older adult.* New York: Springer Publishing Co.

Sneed, J. R., & Whitbourne, S. K. (2005). Models of the ageing self. *Journal of Social Issues, 61*(2), 375-388. doi:10.1111/j.1540-4560.2005.00411.x

Snowden, J., & Lane, F. (1994). A longitudinal study of age-associated memory impairment. *International Journal of Geriatric Psychiatry, 9*, 779-787. doi: 10.1002/gps.930091003

Sung, K., & Dunkle, R. (2008). How social workers demonstrate respect for elderly clients. *Journal of Gerontological Social Work, 52*, 250 – 260. doi: 10.1080/01634370802609247

Tangioshi, H., Kontos, A. P., & Remley, T. P. (2008). The effectiveness of individual wellness counseling on the wellness of law enforcement officers. *Journal of Counseling & Development, 86*, 64-74. doi:10.1002/j.1556-6678.2008.tb00627.x

Taverniers, J., Smeets, T., Van Ruysseveldt, J., Syroit, J., & von Grumbkow, J. (2011). The risk of being shot at: Stress, cortisol secretion and their impact on memory and perceived learning during reality-based practice for armed officers. *International Journal of Stress Management, 18*(2), 113 – 132. doi:10.1037/a0023742

Taylor, L. D. (2012). Death and television: terror management theory and themes of law and justice on television. *Death Studies, 36*, 340 – 359. doi: 10.1080/07481187.2011.553343

Templer, D. I. (1970). The construction and validation of a death anxiety scale. *The Journal of General Psychology, 82,* 165-177. doi: 10.1080/00221309.1970.9920634

Templer, D. I., Awadalla, A., Al-Fayez, G., Frazee,J., Bassman, L., Connelly, H. J., Arikawa, H., & Abdel-Khalek, A. (2006). Construction of a death anxiety scale-extended. *Omega, 53*(3), 209-226. Retrieved from http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,6;journal,50,259;linkingpublicationresults,1:300329,1

Tracey, J. L. Hart, J. & Martens, J. P. (2011). Death and science: The existential underpinnings of belief in intelligent design and discomfort with evolution. *PLoS ONE, 6*(3) e17349, p 1-13. doi:10.1371/journal.pone.0017349

Trusty, J. (2011). Quantitative articles: Developing studies for publication in counseling journals. *Journal of Counseling and Development: JCD, 89*(3), 261-267. doi:10.1002/j.1556-6678.2011.tb00087.x

United States Census Bureau (2013). American Fact Finder. Retrieved from www.factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2012_PEPPAGEX&prodType-table

United States Department of Labor. (2013). Labor Force Statistics from the Current Population Survey. Retrieved from: http://www.bls.gov/cps/occupation_age.htm

Van Dijk, K. R., Van Berven, P. W., Van Boxtel, M., Van der Elst, W., & Jolles, J. (2008). No protective effects of education during normal cognitive aging: Results from the 6-year follow up of the Maastricht Aging Study. *Psychology and Aging, 23*(1), 119-130. doi:10.1037/0882-7974.23.1.119

Van Horn, S. (2008). Seniors and law enforcement: Providing assistance to an aging population, 1-6. doi 204150499

Varma, A. R., Snowden, J. S., Lloyd, J. J., Talbot, P. R., Mann, D. M., & Neary, D. (1999). Evaluation of the NINCDS-ADRDA criteria in the differentiation of Alzheimer's disease and frontotemporal dementia. doi:10.1136/jnnp.66.2.184

Vogt, W. P., & Johnson, R. B. (2011). *Dictionary of statistics and methodology: A nontechnical guide for the social sciences, (fourth edition).* Los Angeles, CA: Sage.

Wang, C. C., Liao, W. C., Kuo, P. C., Yuan, S. C., Chuang, H. L., Liao, H. Y., Elaine, M., Lee, M. C., & Yen, C. H. (2010) The Chinese version of the Facts on Aging Quiz scale: reliability and validity assessment. *International Journal of Nursing Studies, 47*(6), 742-52. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20022322

Weaver, H. N. (2011). Serving multicultural elders: Recommendations for helping professionals. *Care Management Journals, 12*(2), 42-49. doi:10.1891/1521-0987.12.2.42

Weiss, I. (2005). Special section: Innovations in gerontological social work education: Interest in working with the elderly: A cross-national study of graduating social work students. *Journal of Social Work Education, 41*(3), 379-391. doi:10.5175/JSWE.2005.200300342

Werner, P., & Davidson, M. (2004). Emotional reactions of lay persons to someone with Alzheimer's disease. *International Journal of Geriatric Psychiatry, 19,* 397-397. doi:10.1002/gps.1107

Wilkinson, J. A., & Ferraro, K. F. (2002). Thirty years of ageism research. In T. Nelson,. (Ed.), *Ageism: Stereotyping and prejudice against older persons.* Cambridge, MA: The MIT Press.

Wofford, K., & Vacchiano, C. (2011). Sorting through the confusion: Adverse cognitive change after surgery in adults. *AANA Journal, 79*(4), 335-341. Retrieved from http://www.aana.com/newsandjournal/documents/jcourse3_0811_p335-342.pdf

Wortmann, M.,Andrieu, S., Mackell, J., & Knox, S. (2010). Evolving attitudes to Alzhiemier's Disease among the general public and caregivers in Europe: Findings from the IMPACT survey. *The Journal of Nutrition, Health & Aging, 14*(7), 531-536. doi:10.1007/s12603-010-0264-x

Yan, T., Silverstein, M., & Wilber, K. H. (2011). Does race/ethnicity affect aging anxiety in American Baby Boomers? *Research on Aging, 33,* 361-378. doi: 10.1177/0164027511403009.

Yokum,N. & Wagner, D. L. (2011). *The aging networks: A guide to programs and services* (7th ed). New York,NY: Springer Publishing.

Zastrow, C., & Kirst-Ashman, K. K. (2007). *Understanding human behavior and the social environment, seventh edition.* Belmont, CA: Thomson Higher Education.

Zulkosky, K. (2002). Self-efficacy: A concept analysis. *Nursing Forum, 44*(2), 93-102. doi:10.1111/j.1744-6198.2009.00132.x

APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

> Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

> Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

> Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA *Publication Manual*.

Learner name and date	Susan M. Miedzianowski, November 4, 2013
Mentor name and school	Paige Krabill PsyD, School of Public Services Leadership

APPENDIX B. SURVEY INSTRUMENT

AGEISM: An Investigation of Knowledge and Attitudes of Patrol Officers as it Relates to Their Preference to Work with Older Adults Including those with Alzheimer's Disease and Related Dementias

Investigator: Susan Miedzianowski School: Capella University
Email: smiedzianowski@capellauniversity.edu Phone: 586-321-1182

The researcher wants to find out how patrol officers view older adults including those with Alzheimer's disease and related dementias based on their knowledge and attitudes toward aging in general and Alzheimer's disease and related dementias in particular.

INFORMED CONSENT

INFORMED CONSENT FORM

Study Title: AGEISM: An Investigation of Knowledge and Attitudes of Patrol Officers as it Relates to Their Preference to Work with Older Adults Including Those with Alzheimer's disease and Related Dementia.
Researcher: Susan M. Miedzianowski
Email Address and Telephone Number: smiedzianowski@capellauniversity.edu Research Supervisor: Paige Krabill, Psy D
Email Address: paige.krabill@capella.edu

You are invited to be part of a research study. The researcher is a doctoral learner at Capella University in the School of Human Services. The information in this form is provided to help you decide if you want to participate. The form describes what you will have to do during the study and the risks and benefits of the study.
If you have any questions about or do not understand something in this form, you should ask the researcher. Do not participate in the study unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?
The researcher wants to find out what police officers think and know about the process of growing old. Also, the researcher wants to compare this information to the interest of police officers to work with older adults especially those who may have Alzheimer's disease or other forms of dementia.

HOW MANY PEOPLE WILL BE IN THIS STUDY?
About 111 participants will be in this study.

WHY AM I BEING ASKED TO BE IN THE STUDY?
You are invited to be in the study because you are:
   • Active sworn law enforcement officer in the State of Michigan
   • Your primary daily responsibility is that of a patrol officer All participants will be between 18 and 65.
If you do not meet the description above, you are not able to be in the study.

WHO IS PAYING FOR THIS STUDY?
The researcher is not receiving funds to conduct this study.

WILL IT COST ANYTHING TO BE IN THIS STUDY?
You do not have to pay to be in the study.

HOW LONG WILL I BE IN THE STUDY?
If you decide to be in this study, your participation will last about 2 hours or less. The time will depend on the length of time it takes to answer all of the survey questions.

WHAT WILL HAPPEN DURING THIS STUDY?
If you decide to be in this study and sign this form, you will do the following things:
   • give a small amount of information about yourself, such as your age, gender, occupation, and education level.
   • complete a survey with several sections to evaluate your knowledge and attitudes toward aging, Alzheimer's disease and dying.
While you are in the study, you must:
   • Follow the instructions for each section of the survey.

WILL BEING IN THIS STUDY HELP ME?
Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?
No study is completely risk-free. However, we don't expect that you will be harmed or distressed during this study. You may

stop being in the study at any time if you become uncomfortable.

You should be aware, however, that there is a small possibility that responses could be viewed by unauthorized parties

computer hackers because your responses are being entered and stored on a web server)

WILL I GET PAID?
You will not receive anything for being in the study.

DO I HAVE TO BE IN THIS STUDY?
Your participation in this study is voluntary.
You can decide not to be in the study and you can change your mind about being in the study at any time. There will be no penalty to you.
If you want to stop, then you may exit out of the survey at any time. CONTINUED...

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study will be kept confidential. In any written reports or publications, no one will be able to identify you. The web service will not retain your IP address, therefore no connection can be made back to the computer used to complete the survey.

The researcher will keep the information you provide in a password protected USB drive in her office safe and only the researcher, research supervisor and research assistant will be able to review this information.

Limits of Privacy (Confidentiality)

Generally speaking, the researcher can assure you that she/he will keep all information for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

• The researcher finds out that a child or vulnerable adult has been abused
• The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
• The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to take action if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask the researcher questions about the study at any time by calling or sending an email. Please call the researcher at the phone number listed on page 1 of this form if you have questions about the study procedures.

The Capella Research Integrity Office (RIO) has been established to protect the rights and welfare of human research participants. Please contact us at 1-888-227-3552, extension 4716, for any of the following reasons:

• You have questions about your rights as a research participant.
• You wish to discuss problems or concerns.
• You have suggestions to improve the participant experience.
• You do not feel comfortable talking with the researcher.

You may contact the RIO without giving us your name. We may need to reveal information you provide in order to follow up if you report a problem or concern.

DO YOU WANT TO BE IN THIS STUDY?

By clicking the link below you agree to the following statement:

I have read this form, and I have been able to ask questions about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above. I have not given up any of my legal rights to participate in this study. I will print a copy of this consent information for my records.

IF YOU WISH TO CONTINUE CLICK ON 'NEXT' TO ENTER THE SURVEY.

ZIP code of law enforcement agency

Zip Code of Law Enforcement Agency

AGE

Age of participant

Sex

☐ Male

☐ Female

Years of Formal Education

Years of education

Years of Law Enforcement Experience

Years of experience

Department Location

☐ Urban

☐ Suburban

☐ Rural

☐ Tribal Council

Ethnicity

☐ African American

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Caucasian (European American)

☐ Hispanic

☐ Other

Other (please specify)

I believe that I have an adequate knowledge base to work with older adults

Strongly Disagree   Disagree   Agree   Strongly Agree

I believe that I have an adequate knowledge base to work with older adults with Alzheimer's disease and related dementias.

Strongly Disagree   Disagree   Agree   Strongly Agree

On-the-Job Training Definitions

ROLL CALL TRAINING - a common type of training can occur daily in some departments. THis type of training is conducted at the beginning of the shift and covers current events pertinent to work detail.

RECRUIT TRAINING - occurs at the beginning stages of thepatrol officer's career but is longer in duration. PROMOTIONAL

TRAINING: required of officers at the time of promotion to a higher rank. At this level, the training applies to the protocol and standard procedures needed for the position.

INSERVICE TRAINING: required training for all officers regardless of rank. Officers must usually complete a specified number of in-service training hours annually. This training could serve as a review of many of the issues covered in recruit training or it could center on contemporary issues involving specific populations.

SPECIALIZED TRAINING: provided to officers who have been selected to receive training on an issue critical to the department and only a few officers may be trained in this particular area.

FIELD TRAINING: follows recruit training although is usually a more informal process used to orient inexperienced officers through assignment to a more experienced officer while on the job.

Check all types of on-the-job training received about aging

- Roll call training

- Recruit training

- Promotional training

- Inservice training

- Specialized training

- Field training

Check all types of on-the-job training received regarding older adults with Alzheimer's disease and related dementias

- Roll call training

- Recruit training

- Promotional training

- Inservice training

- Specialized training

- Field training

194

Indicate all of the following scenarios that you have experienced regarding interactions with older adults including those with Alzheimer's disease or related dementias

- I have had contact with older adults with Alzheimer's disease or related dementias.

- I have been involved in one or more searches for a missing older adult with Alzheimer's disease or related dementias.

- I have been involved in more than one search for the same missing older person with Alzheimer's disease or related dementias.

- I have investigated a situation as a result of agitated behavior on the part of an older adult with Alzheimer's disease or related dementias.

- I have investigated a situation about an older adult with Alzheimer's disease or related dementias involving driving a car.

- I currently have a family member diagnosed with Alzheimer's disease or related dementias.

- I have previously participated in ongoing care for an older adult with Alzheimer's disease or related dementias.

- I am currently taking care of a person with Alzheimer's disease or related dementia.

Rate your preference for working with these different age groups

	Least preferred	Somewhat preferred	Prefer	Most preferred
Children (0 - 4 years)	○	○	○	○
Children (5 - 12 years)	○	○	○	○
Adolescents (13 - 18 years)	○	○	○	○
Young adults (19 - 24 years)	○	○	○	○
Adults (25 - 44 years)	○	○	○	○
Adults (45 - 64 years)	○	○	○	○
Older Adults (65 - 84 years)	○	○	○	○
Oldest Old (85+ years)	○	○	○	○

Rate your preference to work on these various types of assignments.

	Least preferred	Somewhat prefer	Prefer	Most preferred
Medical problem/EMS assist				
General welfare checks				
Disabled vehicle assist				
Lost child				
Older adult with Alzheimer's disease or related dementia				
Lost older adult with Alsheimer's disease or related dementia				
Suspicious person/vehicle				
Motor vehicle accident				
Domestic disturbance				
Homeless/vagrancy				
Public nuisance				
Crimes against persons				
Crimes against property				
Narcotics related crimes				

This section is composed of multiple choice questions[i]. Select the one best answer.

In old age, a person's height

- [ ] Does not change
- [ ] Only appears to change
- [ ] Tends to decline
- [ ] Depends on how active one is
- [ ] I don't know

As compared to younger persons, more older persons (65 or over) are limited in their activity by which type of illness?

- [ ] Acute illnesses (short term)
- [ ] Colds and flu
- [ ] Infections
- [ ] Chronic illnesses
- [ ] I don't know

Which type of illnesses do older persons have less frequently than younger persons?

- [ ] Chronic illnesses
- [ ] Colds and flu
- [ ] Infections
- [ ] Acute illnesses
- [ ] I don't know

Compared with younger persons, older persons have:

- [ ] More injuries in the home
- [ ] Have about the same number of injuries in the home
- [ ] Have less injuries in the home
- [ ] Are twice as likely to be injured in the home
- [ ] I don't know

Older workers:

- ☐ Have higher rates of absenteeism than younger workers

- ☐ Cannot be depended upon

- ☐ Have about the same rates of absenteeism as younger workers

- ☐ Have lower rates of absenteeism than younger workers

- ☐ I don't know

The life expectancy of African Americans at age 65:

- ☐ Is higher than that of Caucasions

- ☐ Is lower than that of Caucasions

- ☐ Is the same as that of Caucasions

- ☐ Has never been determined

- ☐ I don't know

Men's life expectancy at age 65 as compared to women's life expectancy:

- ☐ Is lower

- ☐ Tends to be returning to what it was in the 1940s

- ☐ Is about the same

- ☐ Is higher

- ☐ I don't know

What percent of medical expenses for the aged does Medicare pay?

- ☐ Nearly 50 percent

- ☐ Nearly 70 percent

- ☐ Nearly 100 percent

- ☐ About 15 to 20%

- ☐ I don't know

Social Security benefits

- ☐ Automatically increase with inflation

- ☐ Are not subject to change

- ☐ Are not adjusted to meet inflation

- ☐ Are often cut back in times of inflation

- ☐ I don't know

Supplementary Security Income (SSI)

- Guarentees a minimum income for needy older adults

- Provides extra income for all the older adults

- Supplements the income of the older adults in nursing homes

- Pay medical expenses for the older adults

- I don't know

As far as the aged getting their proportionate share of the nation's income:

- Most of the aged live below the poverty level

- The aged are the poorest group in our society

- The aged do get their proportionate share of income

- The income gap between the aged and other adult groups continues to widen

- I don't know

Compared to persons under 65, rates of criminal victimization among the older adults are:

- Higher

- Lower

- Much the same

- Steadily increasing

- I don't know

Regarding crime and the older adults:

- They are more fearful of crime than are younger persons

- They fear crime the same as other age groups

- They are less fearful of crime than are younger persons

- Most elderly persons have no fear of crime

- I don't know

The most law abiding of all adult age groups are:

- The middle-aged

- Person's in their 30s

- Young couples

- The older adults

- I don't know

199

Regarding the number of widows and widowers among the aged:

☐ Their numbers are about equal

☐ There are nearly 5 times as many widows as widowers

☐ There are about twice as many widowers as widows

☐ The number of widows is rapidly increasing

☐ I don't know

When it comes to voter participation rates:

☐ The aged seldom vote

☐ Those ages 35 - 44 have higher rates than the older adults

☐ College students have higher rates than do the older adults

☐ Older people have higher rates than the rest of the population

☐ I don't know

In reference to public office:

☐ There is no relationship between age and public office

☐ Older people are seldom in public office

☐ There are proportionately more younger persons in public office

☐ I don't know

The proportion of African Americans among the aged is:

☐ Growing

☐ Declining

☐ Very small compared to other minority groups

☐ Staying about the same

☐ I don't know

Participation in voluntary organizations:

☐ Usually does not decline among healthy older persons

☐ Drops among healthy older persons

☐ Is highest among the youth

☐ I don't know

The majority of old people live:

- Alone
- In institutions
- With their spouses
- With their children
- I don't know

The rate of poverty among the older adults:

- Is lower than among those under 65
- Is higher than among those under 65
- is the same as it is for other age groups
- Is high as a result of their having fixed incomes
- I don't know

The rate of poverty among aged African Americans:

- Is less than that of Caucasians
- Is about the same as that of Caucasions
- Is about triple that of Caucasions
- Continues to increase
- I don't know

Older persons who reduce their activity tend to be:

- Happier
- Not as happy as those who remain active
- More well adjusted than those who remain active
- Healthier
- I don't know

When the last child leaves home, the majority of parents:

- Have serious problems of adjustment
- Have higher levels of life satisfaction
- Try to get their grandchildren to come back home
- Suffer from the 'empty nest syndrome'
- I don't know

The proportion of the widowed among the aged:

- Is gradually decreasing

- Is rapidly increasing

- Has remained the same in the last half century

- Is unrelated to increasing longevity

- I don't know

202

For the next set of questions, choose the one option that best describes how you feel about these statements.[ii]

It would probably be better if most older people lived in residential units with younger people

Stongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

If old people expect to be liked, their first step is to try to get rid of their irritating faults

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people are cheerful, agreeable and good humored

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people are irritable, grouchy and unpleasant

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

When you think about it, old people have the same faults as anybody else

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

It is foolish to claim that wisdom comes with age

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

There are a few exceptions, but in general most old people are pretty much alike

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people can generally be counted on to maintain a clean attractive home

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it
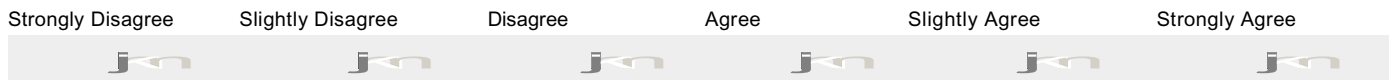
Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people need no more love and reassurance than anyone else

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people would prefer to quit work as soon as pensions or their children can support them

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
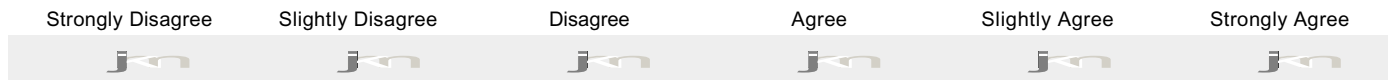
Most old people should be more concerned with their personal appearance; they are too untidy

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people tend to let their homes become shabby and unattractive

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
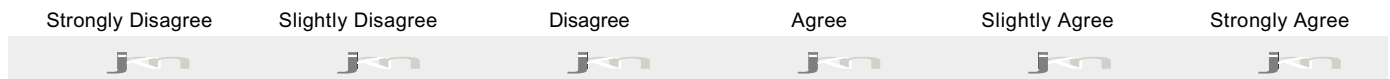
Most old people are very relaxing to be with

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
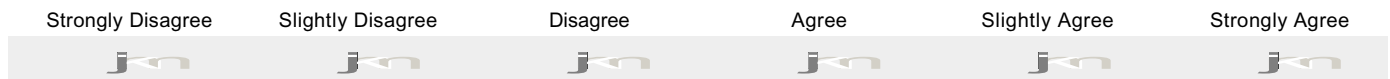
Most old people tend to keep to themselves and give advice only when asked

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
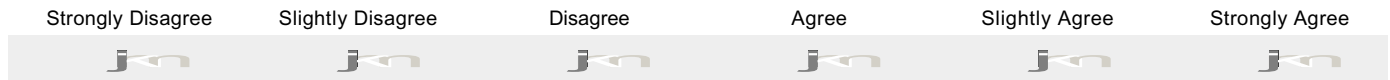
Old people should have power in business and politics

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
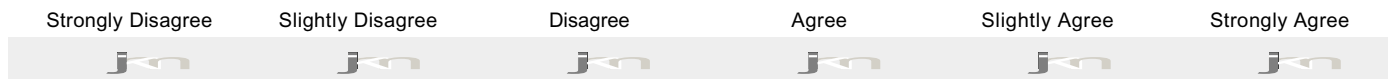
There is something different about most old people; it's hard to find out what makes them tick

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
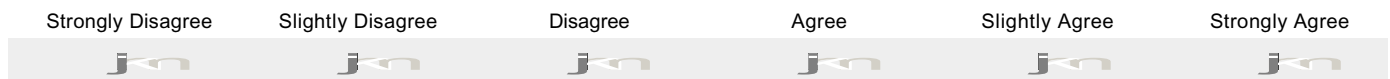
Most old people spend too much time prying into the affairs of others and giving unsought advice

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
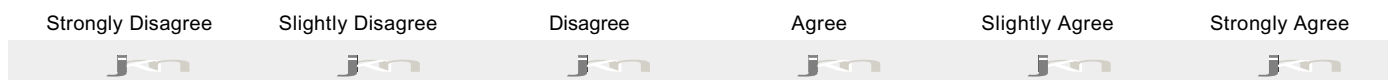
People grow wiser with the coming of old age

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
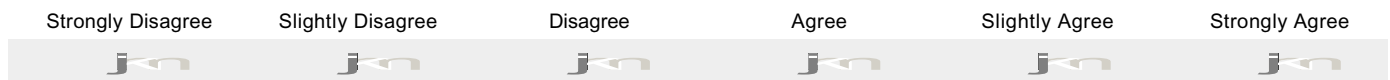
Most old people are really no different from anybody else; they are as easy to understand as younger people

204

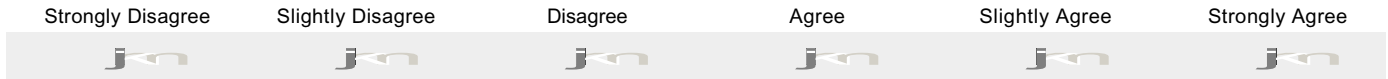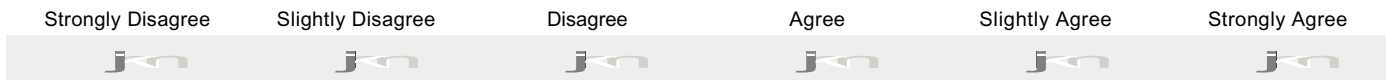Strongly Disagree   Slightly Disagree   Disagree   Agree   Slightly Agree   Strongly Agree

In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

Most old people bore others by their insistence on talking about the 'good old days'

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
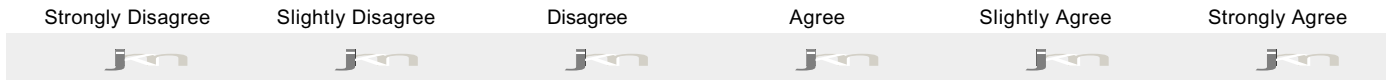
Most old people make more excessive demands for love and reassurance than anyone

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

It is evident that most old people are very different from one another

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
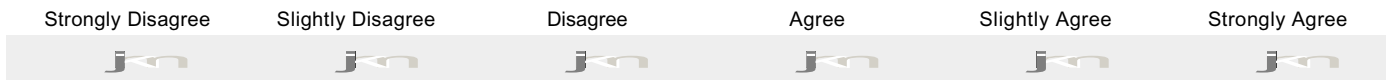
Most old people make one feel ill at ease

Disagree strongly	Disagree slightly		Disagree	Agree	Slightly agree	Strongly agree
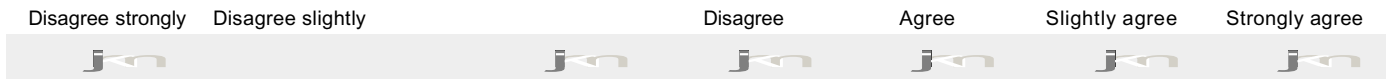
It would probably be better if most old people lived in residential units with people their own age

Disagree strongly	Disagree slightly	Disagree	Agree	Agree slightly	Agree strongly
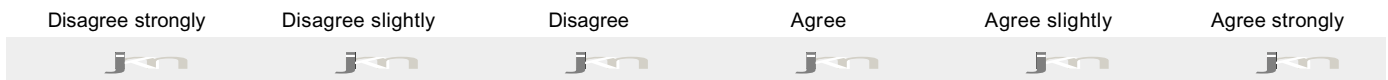
Old people have too much power in business and politics

Disagree strongly	Disagree slightly	Disagree	Agree	Agree slightly	Agree strongly
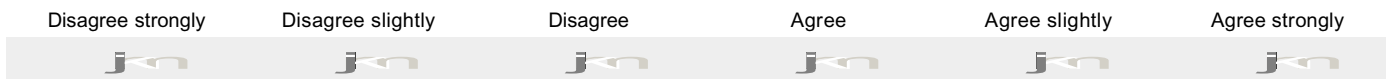
One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.

Disagree strongly	Disagree slightly		Disagree	Agree	Agree slightly	Agree strongly
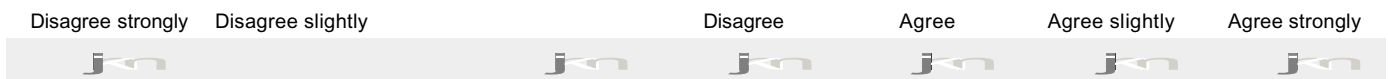
Most old people are capable of new adjustments when the situation demands it

Disagree strongly	Disagree slightly	Disagree	Agree	Agree slightly	Agree strongly
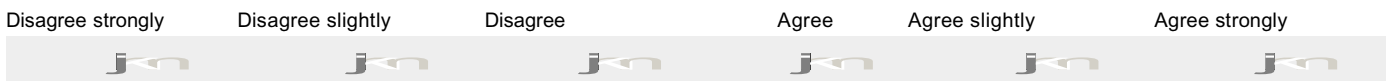
One seldom hears old people complaining about the behavior of the younger generation

Strongly disagree	Slightly disagree	Disagree	Agree	Slightly agree	Strongly agree

Most old people get set in their ways and are unable to change

Strongly disagree	Slightly disagree	Disagree	Agree	Slightly Agree	Strongly Agree

206
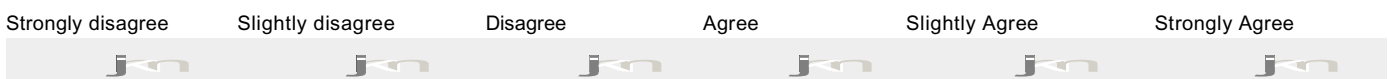
Most old people seem quite clean and neat in their personal appearance

Strongly disagree	Slightly disagree	Disagree	Agree	Slightly agree	Strongly agree
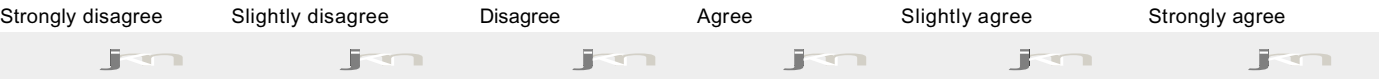
Most old people are constantly complaining about the behavior of the younger generation

Strongly disagree	Slightly disagree	Disagree	Agree	Slightly agree	Strongly agree
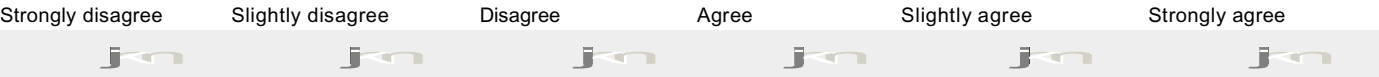
For this next section, determine if the statement is mostly true or mostly false as it applies to you.[iii]

I am very much afraid to die

☐ True

☐ False

The thought of death seldom enters my mind

☐ True

☐ False

It doesn't make me nervous when people talk about death

☐ True

☐ False

I dread to think about having to have an operation

☐ True

☐ False

I am not at all afraid to die

☐ True

☐ False

I am not particularly afraid of getting cancer

☐ True

☐ False

The thought of death never bothers me

☐ True

☐ False

I am often distressed by the way time flies so very rapidly

☐ True

☐ False

I fear dying a painful death

☐

True

False

The subject of life after death troubles me greatly

☐ True

☐ False

I am really scared of having a heart attack

☐ True

☐ False

I often think about how short life really is

☐ True

☐ False

I shudder when I hear people talking about a World War III

☐ True

☐ False

The sight of a dead body is horrifying to me

☐ True

☐ False

I feel that the future holds nothing for me to fear

☐ True

☐ False

Below are some statements about Alzheimer's disease. Please read each statement carefully and circle whether you think the statement is TRUE or FALSE. If you aren't sure of the right answer, make your best guess. It's important to indicate an answer for every statement, even if you're not completely sure of the answer[iv]

People with Alzheimer's disease are particularly prone to depression

☐ True

☐ False

It has been scientifically proven that mental exercises can prevent a person from getting Alzheimer's disease

☐ True

☐ False

After symptoms of Alzheimer's disease appear, the average life expectancy is 6 to 12 years

☐ True

☐ False

When a person with Alzheimer's disease becomes agitated, a medical examination might reveal other health problems that caused the agitation.

☐ True

☐ False

People with Alzheimer's disease do best with simple, instructions given one step at a time.

☐ True

☐ False

When people with Alzheimer's disease begin to have difficulty taking care of themselves, caregivers should take over right away

☐ True

☐ False

If a person with Alzheimer's disease becomes alert and agitated at night, a good strategy is to try to make sure that the person gets plenty of physical activity during the day.

☐ True

☐ False

211

In rare cases, people have recovered from Alzheimer's disease

☐ True

☐ False

People whose Alzheimer's disease is not yet severe can benefit from psychotherapy for depression and anxiety

☐ True

☐ False

If trouble with memory and confused thinking appears suddenly, it is likely due to Alzheimer's disease

☐ True

☐ False

Most people with Alzheimer's disease live in nursing homes

☐ True

☐ False

Poor nutrition can make the symptoms of Alzheimer's disease worse

☐ True

☐ False

People in their 30s can have Alzheimer's disease

☐ True

☐ False

A person with Alzheimer's disease becomes increasingly likely to fall down as the disease gets worse

☐ True

☐ False

When people with Alzheimer's disease repeat the same question or story several times, it is helpful to remind them that they are repeating themselves

☐ True

☐ False

Once people have Alzheimer's disease, they are no longer capable of making informed decisions about their own care

☐ True

☐ False

Eventually, a person with Alzheimer's disease will need 24 hour supervision

☐ True

☐ False

Having high cholesterol may increase a person's risk of developing Alzheimer's disease

☐ True

☐ False

Tremor or shaking of the hands or arms is a common symptom in people with Alzheimer's disease

☐ True

☐ False

Symptoms of severe depression can be mistaken for symptoms of Alzheimer's disease

☐ True

☐ False

Alzheimer's disease is one type of dementia

☐ True

☐ False

Trouble handling money or paying bills is a common early symptom of Alzheimer's disease

☐ True

☐ False

One symptom that can occur with Alzheimer's disease is believing that other people are stealing one's things

☐ True

☐ False

213

When a person has Alzheimer's disease, using reminder notes is a crutch that can contribute to decline

☞ True

☞ False

Prescription drugs that prevent Alzheimer's disease are available

☞ True

☞ False

Having high blood pressure may increase a person's risk of developing Alzheimer's disease

☞ True

☞ False

Genes can only partially account for the development of Alzheimer's disease

☞ True

☞ False

It is safe for people with Alzheimer's disease to drive, as long as they have a companion in the car at all times

☞ True

☞ False

Alzheimer's disease cannot be cured

☞ True

☞ False

Most people with Alzheimer's disease remember recent events better than things that happened in the past.

☞ True

☞ False

In this final section, choose your best answer(s) to each statement.[v]

I would want to know as early as possible if a family member had Alzheimer's disease

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

I would like to know as early as possible if I had Alzheimer's Disease

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

I would think there are more disadvantages than advantages to finding out if someone has Alzheimer's Disease as early as possible

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

Most people would not recognize the early signs of Alzheimer's Disease

| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

Which of the following conditions would you be fearful of a family member suffering from in the future? Select all that apply:

- Cancer
- Alzheimer's Disease
- Stroke
- Heart Disease
- Diabetes Mellitus
- Parkinson's Disease
- AIDS/HIV
- Depression
- Osteoporosis
- Arthritis
- None of these

Which of the following conditions would you be fearful of suffering from in the future?

- Cancer
- Stroke
- Parkinson's Disease
- Depression
- Osteoporosis
- Alzheimer's Disease
- Heart Disease
- AIDS/HIV
- Diabetes Mellitus
- Arthritis
- None of these

To what extent do you believe Alzheimer's disease is a major societal problem?

I strongly believe it is a major societal problem	I somewhat believe it is a major societal problem	I do not believe it is a major societal problem

216

Thank you so much for participating in this survey.

If you would like a copy of the findings, please email the investigator at smiedzianowski@capella.edu

217

[i] From Cupello, 2010; Hawley, Garrity, & Cherry, 2005. Palmore's Facts on Aging (FAQ2). Copyright 1981 by E. B. Palmore. Reprinted with permission.

[ii] From Kogan, N., 1961. Attitudes toward old people: The development of a scale and an examination of correlates. *Journal of Abnormal and Social Psychology, 62*(1), 44-54. doi: 10.1037/h0048053. Reprinted with permission.

[iii] From Templer, D. I., 1970. The construction and validation of a death anxiety scale. *Journal of General Psychology, 82*, 165-177. doi: 10.1080/00221309.1970.9920634. Reprinted with permission.

[iv] From Carpenter, B., Balsis, S., Otilingam, P. G., Hanson, P. K., & Gatz, M., 2009. The Alzheimer's Disease Knolwedge Scale: Development and psychometric properties. *The Gerontologist, 49*(2), 236-247. Reprinted with permission.

[v] Jones, R. W., Mackel, J., Berthet, K., & Knox, S., 2010. Assessing attitudes and behaviors surrounding Alzheimer's Disease in Europe: Key findings of the important persepective on Alzheimer's care and treatment (IMPACT) survey. *The Journal of Nutrition, Health, and Aging, 14*(7), 5250530. doi: 10.1007/s12603-010-0263-y. Reprinted with permission.