Reflection Paper: Implicit Association Tests

Introduction

I was not sure what I would find when completing the Implicit Association Tests (IATs). I have never taken a test like this before and when it began I was not sure how it could possibly make determinations of my biases by the clicking of a few keys. As I read through the results of my first study, I found the explanation I needed. Depending on how fast a person is able to answer or make associations between the categories determines whether or not there is any prejudice. I took all 14 tests that were available on the website. The six IATs that I will discuss here are: Race, Gender-Career, Sexuality, Age, Disability and Native American.

The majority of the results showed I had little or no bias between the groups tested. There were a couple IATs which showed a slight preference for one group over another and one test which showed a strong preference. For those of which I had a choice of writing about I have chosen to use IATs of which I have shown a strong preference one way or the other and one of which I found particularly surprising. I take the overall results to mean, in general, I have little or no unconscious bias to most groups, but could stand to improve in some areas as pertaining to particular groups.

Implicit Association Test: Race

The IAT results indicated little or no preference between African Americans and European Americans. I was not too surprised by this outcome. Not having a bias in this area may stem from myself being multiracial. My mother is half Japanese and the way I feel about others is largely due to my upbringing in my own home and around other cultures. In being surrounded by many cultures in my school, neighborhood, and even in my own family I believe I see people as people and not the colors of their skin.
To be known by their actions and treated as you wanted to be treated. The age old “golden rule” was repeated throughout my life. I stated I wasn’t too surprised, because with all that is going on in the world, especially between America and non-white races, I just slightly surprised none of that hatred and anger has seeped into my mind and skewed my bias in some way. I am happy that is has not. I choose not to discuss the Weapons IAT in this paper, but its results were the same. The impact of not being biased in either direction toward European or African Americans will impact my work with vulnerable people by improving my relationships with each individual or group. I will be able to see them as exactly who they are and what their struggles may be without having a bias due to them being either European American or African American. Being able to prevent any judgement on my part will help the client to open up and trust me which will in turn help me to better help them.

Implicit Association Test: Gender-Career

This IAT showed I have no notable association between either female and male with either career and/or family. I was not surprised by this result because I have always couples should have and equal contribution in the home and with family as well as having equal opportunities with a career outside the home. I also took a course over the summer about women trying to “have it all.” This may have also contributed to my results. By the end of the course I was not thinking about women trying to “have it all,” but thinking of how the family as a unit can do it together and share the work of the home and family as well as having careers outside of the home. Part of that is expecting more from men in the family to go against the norms and be an equal partner in child rearing and in house work.

As far as how knowing these results will impact my work with others, it can be advantageous to see genders on equal footing but it can also be perilous. By seeing them as
equals I would not tell a mother who has been home raising her children and taking care of the household she has no work skills, but I would know how society views her. Society undervalues the housewife, the homemaker and knowing that is true could help me in understanding where the client is coming from. On the other side of things working with clients who may have more traditional values of marriage and family than I have will make my bias of egalitarianism rear its head. This could be difficult as I am not there to change the way they live or to say it is wrong, but I will have to learn to keep my views to myself while helping clients with whatever need brought them to me.

**Implicit Association Test: Sexuality**

Upon completion of the IAT for sexuality, which was to determine my preference, if any, between gay or straight people, the results indicated I have no preference. I am only slightly surprised by this due to the culture I have grown up in being so against LGBTQIA peoples. Somehow through the constant stream of hate that is on television or the internet I have remained unchanged in my views.

I think what someone likes or who someone loves has nothing to do with me and harms me in no way so why do other people get so worked up about it. I suppose many people who are not biased about sexuality think much the same. It seems to be some people just need to feel superior to someone. Who is oppressed changes from time to time, but the status quo of the oppressors versus the oppressed is always present.

This lack of bias could help me in working with those who have a differently sexuality from mine as there will be no judgment and that would likely be something very welcome from a group that is so often and so publicly oppressed. I do see where it may be difficult for someone with a different sexuality to fully trust or confide in me as they may feel I would not understand
the way they feel. I see how that could hinder my ability to help in some ways as well. I have been privileged. I have not felt the particular prejudice and do not know and likely will never experience what physical or emotional torture the person has lived through before encountering me. I feel that understanding my limitations and my sort comings can help me in being a better social worker.

Implicit Association Test: Age

The results of the Age IAT showed no preference between young and old people. I wonder some if this means that if I am biased to one in any way that I am bias in the same amount to the other. I do sometimes find myself annoyed with both groups for different reasons. I can be an impatient person and if older or very young children are moving slowly I find myself getting annoyed or impatient. If I need something done or need to do something for a younger or older person, the task seems somewhat more difficult due to the older or younger person asking more questions or not understanding or them getting frustrated which in turn gets me frustrated.

I had not thought of these reactions until I took the IAT and found myself slightly surprised there was no bias indicated. Hence my question at the beginning of this paragraph. I am not sure the IATs can indicate in their tests the preference is lessened for either group in some way. As taking this test still opened my eyes to some bias I guess it did its job.

Knowing the way I feel towards younger or older people will cause me to contemplate how I react and associate with younger or older people in the future. I will also work on myself as far as having more patience and understanding which will help me in all aspects of life, not just in helping others. My bias as it currently stands will impact working with younger or older people in a negative way. Though I try to believe I would not be negative to a person needing my
help, unconsciously I may struggle. I will have to work on myself and developing ways to resist the biases.

**Implicit Association Test: Disability**

The Disability IAT revealed a very shocking result. The result presented that I have a strong automatic preference for abled persons. I was surprised by the result and wondered if I have ever shown any prejudice to disabled persons. I was somewhat appalled at myself and then wondered if there was an error in the test. I did not take the test again hoping for another result, though I wanted to do so. I tried to contemplate what may have caused the outcome.

I remembered a time when a woman I was visiting was caring for two mentally disabled children. I remember how I didn’t want to hold one child’s hand because it had been in his pants for some time right before he offered it to me. I recalled how his shirt was drenched with drool and I cringed slightly upon seeing the wetness. I had been polite to the woman and applauded her courageousness in rearing the children. I attempted to play with the children, but was keeping my distance at the same time. I am disappointed in the results of the test and with myself. I do not want to be someone who holds any group of people as less than in some way.

This bias can affect the way I work with disabled persons in many ways. I am afraid I would not be thinking about what the person is saying and instead may be focused on their disability or the cleanliness of their hands. If the person I am meant to help can sense this in some way, I will be no different than those they have dealt with in their past. Holding a bias such as this makes me feel ashamed, but determined to develop some way to change. I may not have ever realized the bias if not for the IAT and the completion of this assignment will help me develop an action plan to address the bias.
Implicit Association Test: Native

The results of this test showed I have a weak automatic association between American with white Americans and the association allies foreign to Native Americans. I am somewhat surprised by this result as I did not think I had any bias as to the color of one’s skin. Also, it is clear to me consciously that Native Americans were in America first. However the test says otherwise. Unconsciously there appears to be some bias which caused me to associate America with those that are white. I could hope the test was wrong and I am closer to having no automatic association, it was just my figures hitting the keys wrong and nothing to do with some unconscious bias. Whether or not that is the case, it remains that this particular test resulted in this particular result. All I can come up with is that somewhere in my brain it has been ingrained that the Europeans “shared” the land with Native Americas, not the other way around.

The fact that I know Native Americans were repeatedly killed or died of diseases unknown to them, seems to be at the forefront but unable to break the Elementary school learning I received. So little is even taught to children about Native Americans. I realized in writing this that I had not knowingly met any Native Americans until I moved to Shawnee, Oklahoma in 2005. Growing up on the South side of Oklahoma City afforded me a melting pot of a neighborhood and school mates, but when I lived in Shawnee I encountered Native Americans and tribes on a continuous basis.

The test results make me wonder if there would be less bias if I had more exposure to Native American population or culture earlier in my life. I don’t believe the bias will impact how I work with Native Americans. It has caused me to contemplate some things, however I do not think holding Native Americans as closer to foreign than American will affect the care and attention they would receive from me.
Professional Development Plan

Through interpreting the results of the IATs, I have noted the need for improvement in working with disabled persons. Also, though many IATs revealed no preference to one group or the other, there are still areas of improvement in understanding the needs of some target groups in which I have not experienced prejudice. Exploring more into those specific groups will help to better me as a social worker. I chose to also explore LGBTQ in my development plan as that is a group which experiences high amounts of prejudice individually, institutionally and often within their own family.

I want to use my practicum to spend more time working directly with disabled persons and the LGBTQ community. Working with disable persons will be out of my comfort zone and very new. I hope to gain more empathy and lose the stigma I seem to have attached to those who have disabilities. Working or volunteering in nursing homes or at hospitals is a way to help expose myself to those with disabilities. For example, Easter Seals has a program to place volunteers into special education classrooms to help the teacher with everyday tasks and caring for the children. I also plan to find opportunities to volunteer or help in the LGBTQ community in any way that I can.

Articles
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Description

The authors begin by defining intellectual disability (ID) as those who suffer from learning disabilities (Ellem, O’Connor, Williams, & Wilson, 2013). The authors then put forth a more thorough definition from the American Association on Intellectual Disabilities (AAIDD) which includes limitations to the functionality and behaviors of those with a diagnosis of an ID (p. 56-57). Ellem et al. (2013) go on to point out the many challenges faced by those with an ID, both from their own limitations and the stigma society has placed on ID individuals (p. 57). These challenges include difficulties obtaining employment, high rates of victimization or exploitation and high rates of homelessness. Also, most social services are not equipped to help those with an ID.

A study was completed interviewing the staff at the Maryton Association (MA) in Bristow, Australia. MA provides many services directed at those with an ID. Staff at MA were interviewed to discover any challenges in their current approaches. The researcher’s findings revealed the best approach for workers would be a slow and patient one (p. 60). While building a relationship with the client was important, it may be more important to find a good fit for the client in the community and to help them build their own relationships and supports. Workers were in need of evaluating their own thoughts and feelings to be able to help those they are working with to recognize their own feelings (p. 64-65). Workers also had to be aware of the
accidental assumption that a client is either more competent than they may actually be or even that they are unable which may not be the case either (p. 66).

Reflection

I learned many things from this article. The first was the importance to treat those people with an intellectual disability as any other person while developing services that can work with and not only focus on their diagnoses. Secondly, it is more important to build the client’s relationships within the community than to just ensure services are in place for the individual. Thirdly, I also learned that the bias I already have in place can affect how I see the client as far as assuming what they are able to do or accomplish. I learned those with intellectual disabilities will need someone to help them learn healthy boundaries and work through specific situations to help the client understand social norms they may not be aware of. Lastly, I learned about how important it is to know whether or not a client is agreeing to complete something to be compliant or pleasing and whether they actually agree and intend to use the information provided to them. Knowing these things will help to reduce bias by making social workers aware of the potential in people we often do not bother to think thoroughly enough about.

Practice Application

I have not had a lot of experience in working with intellectual disabilities. The information provided in this article will help me as a social worker. I will utilize the information in this article by reflecting more on my bias and how it can affect how I see others. One practice application is understanding the failure to see the true potential or even short comings in a person with an ID because of my own assumptions. Another way is to read more articles on the subject to further my knowledge and inform myself of way to help those with an ID. The third step would be to use the knowledge to put myself into a situation where I can interact with people
who have an intellectual disability and lessen any stigma I may have. Whether this be through my practicum or through volunteer work. I would also like to utilize this information and what I learn through applications in the field to help others to understand the needs and supports required for those with an ID. Finally, I would use the information in this, and with any future, article to learn more about how I can help those clients that come to me whether they have an ID or not. Developing this plan helped me to understand my need for continued education and exploration in the plight of others as I have no business trying to help them if I will not take the time to try and understand them and what they have been through.


Description

The authors posited whether or not one can reduce one’s own bias of others by feeling empathy towards the stigmatized group. Examples of movies were given, such as *Rain Man* and *Free Willy*, which tend to change the thinking of the viewer to gain education about Autism or see the plight of whales. The authors reported this is even possibly the purpose of these types of movies.

The authors stated there are several ways to help develop or feel empathy toward the stigmatized group. One was to basically put yourself in the shoes of the other person. Really thinking about the situations they have been through and how it has affected them. By doing this...
not only does a person feel empathy, but they tend to genuinely value the person to which they are empathizing. The authors reported gaining empathy for an individual’s plight may lead to empathy for the group.

Three experiments were conducted by the authors. The first was to test if empathy was enhanced toward women with AIDS, would this further increase empathy for all those diagnosed with AIDS. Participants listened to a woman with AIDS talk about her experiences and her life and were asked to really consider the woman’s feelings. The results revealed inducing empathy for women with AIDS proved to increase the empathy for all who had been diagnosed with AIDS. The subjects of the second experiment were homeless populations. Similar results were achieved: developing empathy for an individual caused increased empathy for the group in general. The third experiment involved murderers and though the participants took a slower route they ended in the same place as those in earlier experiments.

Reflection

One of the five things I learned from this article is that reading specific material or immersing oneself in the subject or group of your implicit bias can help to open your eyes to the things that group is going through. I also learned a bias can be changed easier than one would think. Thirdly, I learned being aware of your biases can even guilt a person into changing their behaviors. Another piece of information I learned is that television and movies have been causing me to empathize with one group or another without my even knowing. And lastly I learned if I can just connect and empathize with one person in the group I have a bias towards, then I can theoretically change the bias to the group as a whole. Reading this article changes my bias through education of recognition on my bias as well as tools to increase empathy and reduce the bias.
Practice Application

My strongest bias was against those with disabilities. I will watch videos like Kimbrough’s "Disabled" (Kimbrough, 2015) or Skill Booster’s Top 5- Mistakes Dealing with Disabled Persons (Skill Boosters, 2015) which shows those with disabilities and therefore heighten my understanding and my empathy through exposure. I will read more articles or books about this group, such as Disability Bias in Children's Literature (Rubin & Watson, 1987) to further my education on this group and how they feel oppression. I will also find opportunities to volunteer to expose myself to a group I do not work with often. I have found a few organizations, one is Oklahoma Foundation for the Disabled, who have volunteering opportunities in our state (http://www.okfd.org/volunteer-opportunities/). Work with the group will help me shed my bias by working closely with individuals in this group and formulating new thoughts of the group based on facts and not stereotypes. One easy and beneficial practice I have realized I can implement in everyday life is ensuring my friends and family are made aware if they use terms such as “retarded” to describe something they do not like that it is offensive and needs to stop.

Finally, interacting with this group through my practicum, possibly with hospital social work, will ensure active conversations and activities, like reading and crafts, with this group which will help me to grow and shed my bias.


http://dx.doi.org/10.1080/01634372.2011.644030
Description

This article is about the aging population who also have either an intellectual or developmental disability (IDD) and the need for social workers to be trained specifically in this area. The authors report this need will rise over the next decade due to 42% of the population over age 65 being diagnosed with a disability. By 2030, 20% of the population is projected to be people aged 65 or over.

The authors reported there is a lack of access to good healthcare for this group as they are likely to be on Medicaid and this limits doctors that will see them. The authors stated this may force the individuals to go to urgent cares or an emergency room and be seen by doctors who are not trained or experienced in working with this specific group. This in turn affects their overall health. The authors also reported the social workers assigned to this group, in the New York area, do not have Bachelor’s degrees in social work and have little or no training pertaining to IDD.

The authors posited schools of social work need to incorporate more training into their curricula centering on this specific group. The authors reference several studies which indicate only 18% out of the top 50 rated schools of social work in the US have courses in intellectual or developmental disabilities. The authors concluded by reiterating the need for social workers to be trained to work with the aging population who also have been diagnosed with either and intellectual or developmental disability as longevity increases the quality of life should not decrease.

Reflection

I learned even though the aging population has services and there are also services in place for those who have a disability, there is a significant amount of overlap that may not be
accounted for in formal training. I learned top schools of social work do not provide courses specific to this group. Prior to reading this article I was unaware how high the population is of those over 65 with an IDD. The authors raised my awareness of the focus on children with disabilities and the need for continued education for social workers to help service our clients throughout the person’s life not just in the beginning. I also learned there is a need for advocates for this particular group who are generally addressed as two separate groups. I learned social workers can be the ones to connect with services and create change and educational opportunities to improve services used or needed by this group. This article changed my bias by further educating me on the needs of those aging with disabilities and the fact those with disabilities are more than their label. This article helped me to recognize I still pigeonhole people with disabilities and need to continue to work on my implicit bias.

Practice Application

First, this article made it clear I will need to bring my bias to the forefront of my mind. I do not really take notice of those with disabilities. By thinking about this group and looking for them when out in public I can train my mind to see them as just another person one encounters through daily living. I was able to find a volunteering service through the Areawide Aging Agency. (www.areawideaging.org). In their volunteering service I can be trained to be an ombudsman and advocate for the aging to help improve their quality of life. As the authors of this article reported 42% of those over the age of 65 have an IDD. Volunteering for a program like this would still provide contact with those with disabilities to help me to lessen my implicit bias through exposure. The authors cited an article leading me to discover a manual written by Factor, Heller, and Janicki (2012). Factor et al. (2012) report some best practices such as knowing how to recognize an older individual who also has a disability to ensure they are
receiving the services they need. This practice can be easily done by talking and really listening to the client about their needs and abilities. Fourth, continuing to research this group through educational training and videos, for instance *Health Care Issues Affecting Aging Adults with Intellectual and Developmental Disabilities* (Riedle, 2014) helps shed light on specific needs of the group. Being aware of these issues helps me to put myself in their shoes to try and understand and empathize with them which reduces bias. I can also work on trying to converse with people who have disabilities during everyday tasks to reach whatever unconscious part of my brain that holds this bias to see the commonalities between us.


Description

The authors report 10-12% of youth identify as lesbian or gay. The authors reported that those people who identify as lesbian or gay are generally aware of this at a young age. Also, many youth are able to adapt and grow resilient in the face of their adversity However, others are so affected by the societal oppression and discrimination that there is a high risk of suicide. The authors stated as social workers we have the most important job, which is helping the families of these youths to understand their impact and that they also must be educated in the oppression their children are likely to encounter. Families must have this education to advocate for their children and be able to navigate the truth from the oppressive lies and stereotypes in the world today.
The authors report it is extremely important to talk about heterosexism and how it might prevent a person from seeing how loving a person of the same sex and loving a person of the opposite sex are, at the core, the same notion. Another critical practice to be aware of is the language being used by service providers. An example was given about a 15 year old girl going to speak with a therapist for the first time and during the rapport building he asked her if she had a boyfriend yet and she shut down. She had come to therapy to discuss her confused feeling about a female classmate. Losing the only outlet she thought she had she talked to no one and months later made a suicide attempt. The authors encourage gender neutral terms to be more effective and prevent placing a potential wall between service providers and clients.

The authors finish by urging service providers to champion acceptance in parents while encouraging and showing support to their children through this time as they are coming to terms with coming out. The authors encourage parents not to go into the closet themselves and hide but to embrace their children and help them by introducing them to positive websites, social media and organizations. Parents should also be aware that the school their child attends has a duty to keep that child safe physically and emotionally.

Reflection

One thing I learned from this article is the term “family of choice” and its importance. Meaning the people we choose to have around us that are supportive and caring that may not be related to us. These people serve as outlet for the youth and can either be supplemental to their biological family or completely replace them. I learned of a new resource, a website for an organization dealing solely with reaching youth in public school (www.gslen.org). Third, I learned how important it is to watch what language is used around other so that I am not offending others or oppressing them with my ignorance of their oppression. I also learned many
parents want to be encouraging and help their children navigate their feelings and anxieties but due to the heterocentric world we have all grown up in, they need lots of education and help.

Lastly, I learned a new term: affiliative orientation which has been used by the authors instead of sexual orientation as they stated though sex may play a role it is a human action to make a romantic affiliation with another person. My IAT did not show a bias against LGBTQ but I want to be more educated with how to best serve this group.

Practice Application

I will read the definitions provided on the Out & Equal website to ensure I have the knowledge needed when clients tell me how they identify and I will continue to follow up and learn new terms as they may arise (www.outandequal.org). To further educate myself and be a better social worker for the LGBTQ clients I work with, I will read more articles, such as Social Work Practice with LGBT Seniors (Gratwick, Holloway, Jihanian, Sanchez & Sullivan, 2014).

To increase my knowledge base to not only include the youth. Third, I will take the pledge to spread the message of respect online with It Gets Better (www.itgetsbetter.org/). I will be an advocate for those who may be closeted at work or elsewhere by discouraging derogatory speech or harmful jokes, making it known I will not tolerate it as those who are closeted or even openly LGBT may be at more risk for speaking their minds about the discrimination. Finally, to better help clients I need to further my education in LGBTQ subjects and I know I can always learn more. I will read articles like Feminizing HRT (for Male-to-Females) (O’Mara, n.d.) and 10 Misconceptions about Being a Trans Woman (Valens, n.d.).

**Description**

Beaulaurier and Taylor (2001) report social workers must adjust their practice to fit with new legislation and the need most people with a disability have for more autonomy and inclusion. The authors stated society is not built to suit all of its inhabitants and those who have a disability are not thought about and therefore are not given accommodations in many public places.

The authors reported the focus is to help someone with a disability to learn how to better navigate the world as it is and to basically hide their limitations. This kind of instruction can lead someone with a disability to feel shame and unworthiness as they appear to have to hide part of themselves. There are organizations which help advocate and lobby for the rights of people who are disabled who are working to change this type of medical attention.

The authors go on to talk about how the medical profession tends to work with a person and their disability to attempt to get them to a “normal” level or standard for a certain activity. The authors stated that because of this social workers have to advocate for the individual’s wants and/or needs to optimize their treatment and deter technological dependence. In doing so the outcome will lead to greater independence. The authors stated social workers also need to make contacts with independent living coordinators or facilities who will have information on resources that include volunteers or low cost services. The authors also stated the need for social workers to be abreast of all issues in the disabled community.
Reflection

I never knew it used to be a common practice to incarcerate and sterilize people with disabilities. I also learned when talking about the want and need for independence there are actually two different kinds. Medical professionals tend to work toward physical independence whereas advocates and people with a disability are striving for social independence. Social independence is the ability for the individual to make decisions toward their own future and the care they receive. The article mentioned a website I was not aware of called ADAPT, which is an activist organization (http://www.adapt.org/). I also learned this group does not like being called disabled people or handicapped. Preferred terms are people with disabilities as it is about putting the person first. I also learned other than my implicit bias I have been subject to and likely affected by the stereotypes television and movies. This being that if a person with a disability is on screen they are depicted as either a villain or virginal. This has changed my bias by raisin my consciousness to all the things I have been privileged to and therefore ignored. Such as the times when a building has steps, but no ramp or there is no elevator. A person with a disability is just another person that deserves the same rights without being looked down upon because they are different in some way.

Practice Applications

First I will further education myself with videos to help further educate myself about stereotypes so I can avoid them. One video I can watch is *Sex with disabilities?* (Green, 2014). Another is video I can watch that is more about showing how the label of “disabled” diminishes how able the person really is and what they are capable of (Kumar, 2015). I will attend a meeting for Sooner AMBUCS who report they are always in need of volunteers to help provided services to people with disabilities (http://www.soonerambucs.org/). To become more knowledgeable of
the ways I can help to improve quality of care and quality of life I will read "Disabled or Enabled?" (Churchill, 2005). Lastly, I would be able to interact with this group more often through a practicum with the Developmental Services Department at OKDHS and shed my bias by building relationship with the clients.

References


