

OLDER ADULTS AND TRAUMA

“How Do we Respond”

A Collaboration between ODA & MHAS

- Inter-Agency Transition Team
- Regulatory action leading to closure or evacuation
- Voluntary closure
- Impact on the residents
 - Loss of their community network of professionals and friends
 - Reduced control over where they will live
 - Loss of personal items
 - Uncertainty about the future
 - In some cases, abrupt move; similar to a disaster situation
 - Isolated in a strange environment where they are a stranger
- Need to sensitize the “receiving” facilities to this trauma and provide guidance on how to mitigate it
- Trumbull County, Franklin County

Adverse Childhood Experiences (A.C.E.) Study

Collaboration between Kaiser
Permanente and CDC

17,000 patients undergoing
physical exam provided detailed
information about childhood
experiences of abuse, neglect
and family dysfunction (1995-
1997)

ACE Categories

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce
Separation



Incarcerated Relative



Substance Abuse

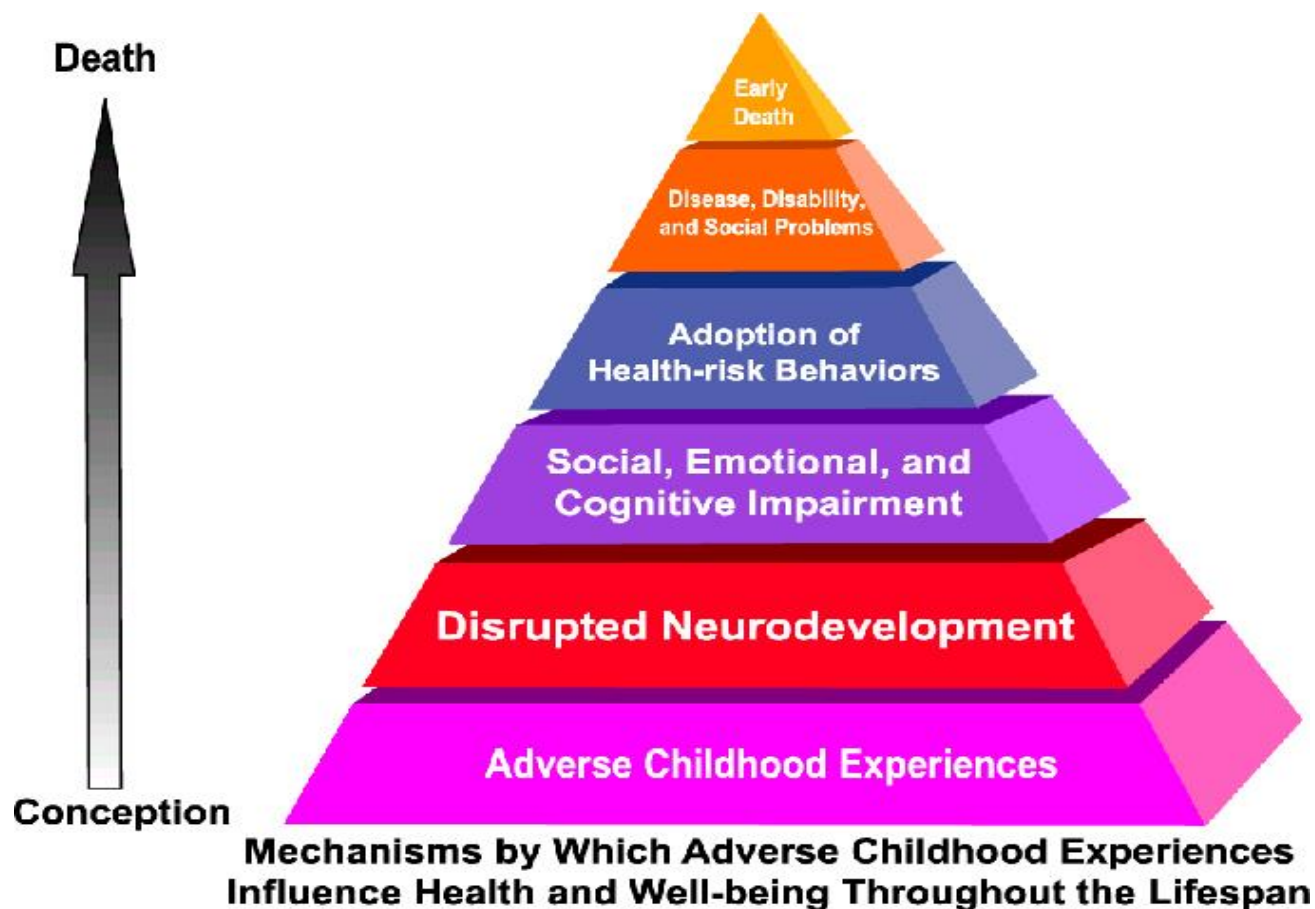
<http://acestoohigh.com/got-your-ace-score/>

The Science on ACEs . . .

“New lens through which to understand the human story”

- Why we suffer
 - How are persons in the human services and aging systems treated, supported and empowered toward personal wellness
 - How we parent, raise and mentor children and treat one another
 - How we might better prevent, treat and manage illness in our medical care systems
 - How we can recover and heal on deeper levels
 - A hurt that must be healed

ACE Pyramid



The Three E's in Trauma

Events

*Events/circumstances
cause trauma.*

Experience

*An individual's
experience of the event
determines whether it
is traumatic.*

Effects

*Effects of trauma
include adverse
physical, social,
emotional, or spiritual
consequences.*

Types of Trauma

- Sexual Abuse or Assault
- Physical Abuse or Assault
- Emotional Abuse or Psychological Maltreatment
- Neglect
- Serious Accident, Illness, or Medical Procedure
- Traumatic Grief or Separation
- Victim or Witness to Extreme Personal or Interpersonal Violence
- Victim or Witness to Domestic Violence
- Victim or Witness to Community Violence
- Historical Trauma
- System-Induced Trauma and Retraumatization
- Natural or Manmade Disasters
- Forced displacement
- War, Terrorism, or Political Violence
- Military Trauma

Some of those experiences are being included in subsequent ACE studies, however they were not measured in the original ACE Study.



Health Risks & Outcomes

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



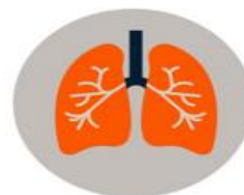
Heart disease



Cancer



Stroke



COPD



Broken bones

An AEC Score of 4 (+)

Equals Risks for Complications:

- Severe Obesity (1.6x)
- Depression (4.6)
- Alcoholism (7.4x)
- Heart Disease (2.2x)
- Cancer (1.9x)
- Stroke (2.4x)
- COPD (3.9x)
- Diabetes (1.6x)



Felitti, et. al., 1998

Reactions to Trauma

Persons react to trauma in ways that reflect their prior experiences with crisis, their distinctive personalities and problem-solving skills. There are, however, some generally shared experiences that often accompany trauma. Typical reactions may include some of the following:

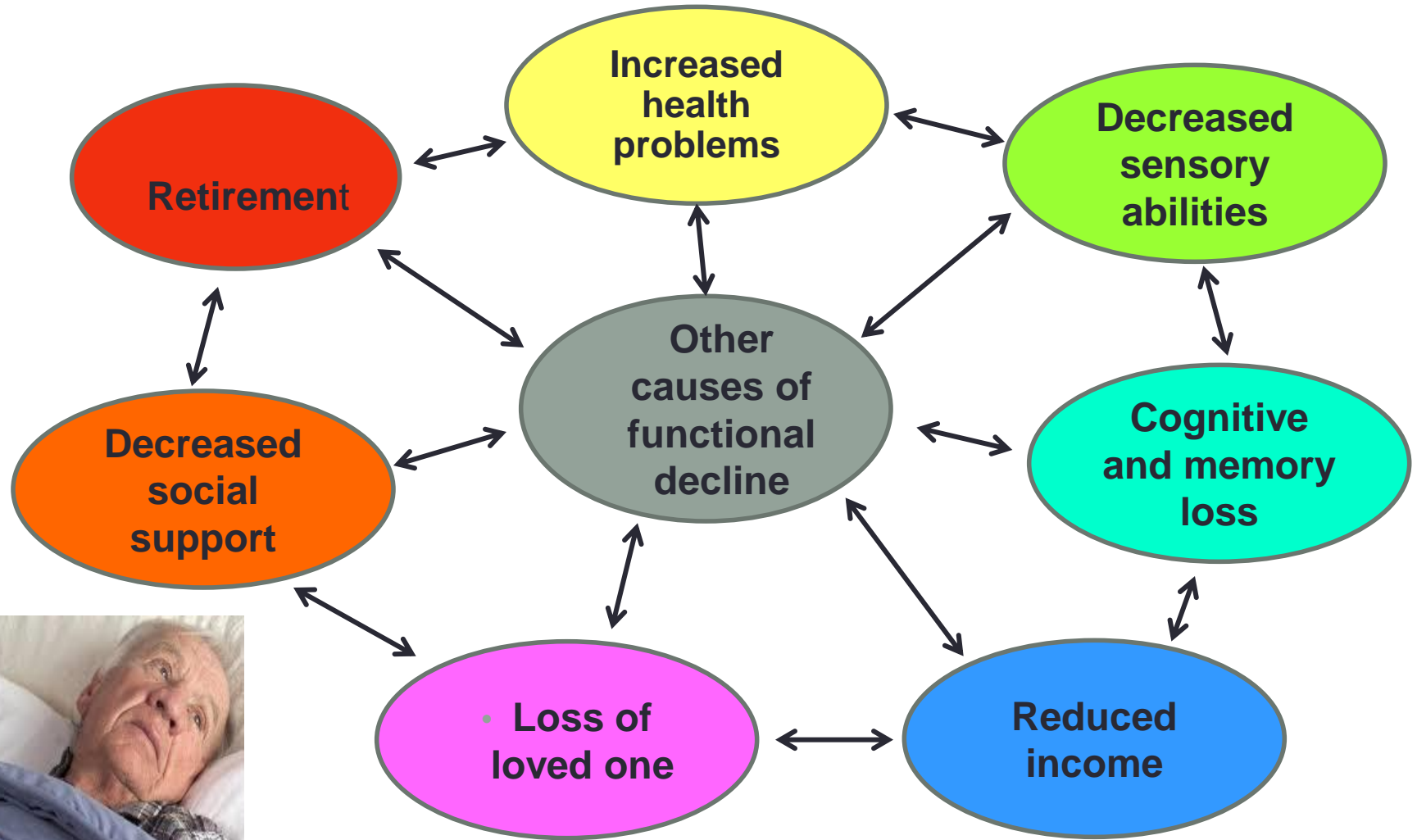
- Confusion and a sense of detachment
- A numbness or "cloudy" perspective
- Heightened startle response
- Fear of situations that serve as a reminder of the event
- Physical and emotional reactions to sights, sounds, smell and feelings associated with the trauma
- Difficulties with getting to sleep, disturbing dreams or nightmares
- Intrusive and repetitive thoughts and images
- Difficulty with concentration and memory
- Intense emotional reactions, e.g., anger, crying, guilt, fear
- Loss of appetite
- Decreased emotional and physical energy
- Susceptibility to ailments (e.g., colds, joint soreness, sore muscles)
- Fear of trusting others
- Anxiousness about the future

Elder-specific Trauma

- Loss of spouses and peers
- Chronic and life-threatening diagnoses
- Physiological changes, limitations and disability
- Cognitive and memory loss
- Loss of roles and resources
- Increased dependence on caregivers
- Retirement
- Reduced income
- Displacement (downsizing)



Role changes and functional losses make coping with memories of earlier trauma more challenging for the older adult



Trauma in Older Adults

- Approximately **one in ten** seniors over the age of 60 is abused each year.
- Of those seniors abused, the majority are **older women who live in the community** rather than in nursing homes or other senior living facilities.
- **Elder abuse is grossly underreported**, with about 1 of every 23 cases of elder abuse being reported to appropriate protective services.
- **Cognitive decline**, even mild cognitive incapacity, is a pronounced risk factor for financial capability and therefore a risk factor for financial exploitation.
- Seniors who have been abused are **more likely to be institutionalized** in a nursing home or to be hospitalized than those not abused.

Trauma in Older Adults

- Based on a community sample of older adults, about 70% of older men reported lifetime exposure to trauma; older women reported a lower rate, around 41%
- In a large sample of older adults, greater lifetime trauma exposure was related to poorer self-rated health, more chronic health problems, and more functional difficulties
- Among a community sample of older women (average age = 70), 72% had experienced at least one type of interpersonal trauma during their lives (e.g., childhood physical or sexual abuse; rape) and higher rates of interpersonal trauma were related to increased psychopathology

Trauma in Persons with Developmental Disabilities



- One out of every three children and adults will experience abuse in their lifetime (Envision 2014)
- More than 90% of the time, inflicted by the very person they rely on to protect and support them (Envision 2014)
- With limited verbal skills, they may not have been able to tell anyone. And just because the actual traumatic event is over, it continues to play out in one's response to future situations (Envision 2014)
- Choose to judge behavior less and seek to understand what might be underneath and behind it (Envision 2014)

Trauma in Adults – Mental Health

61 percent of men and 51 percent of women with a mental health issue reported experiencing at least one trauma in their lifetime

- with witnessing a trauma
- being involved in a natural disaster
- and/or experiencing a life-threatening accident ranking as the most common events

Trauma in Adults: Mental Health



Clients with histories of childhood abuse

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- More severe symptoms
(Read et al, 2005)

Trauma in Adults – Substance Abuse

- Up to 65% of all clients in substance abuse treatment report childhood abuse (SAMHSA, 2013)
- Up to 75% of women in substance abuse treatment have trauma histories (SAMHSA, 2009)
- Over 92% of homeless mothers have trauma histories, They have twice the rate of drug and alcohol dependence as those without (SAMHSA, 2011)
- Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD (National Center for PTSD)

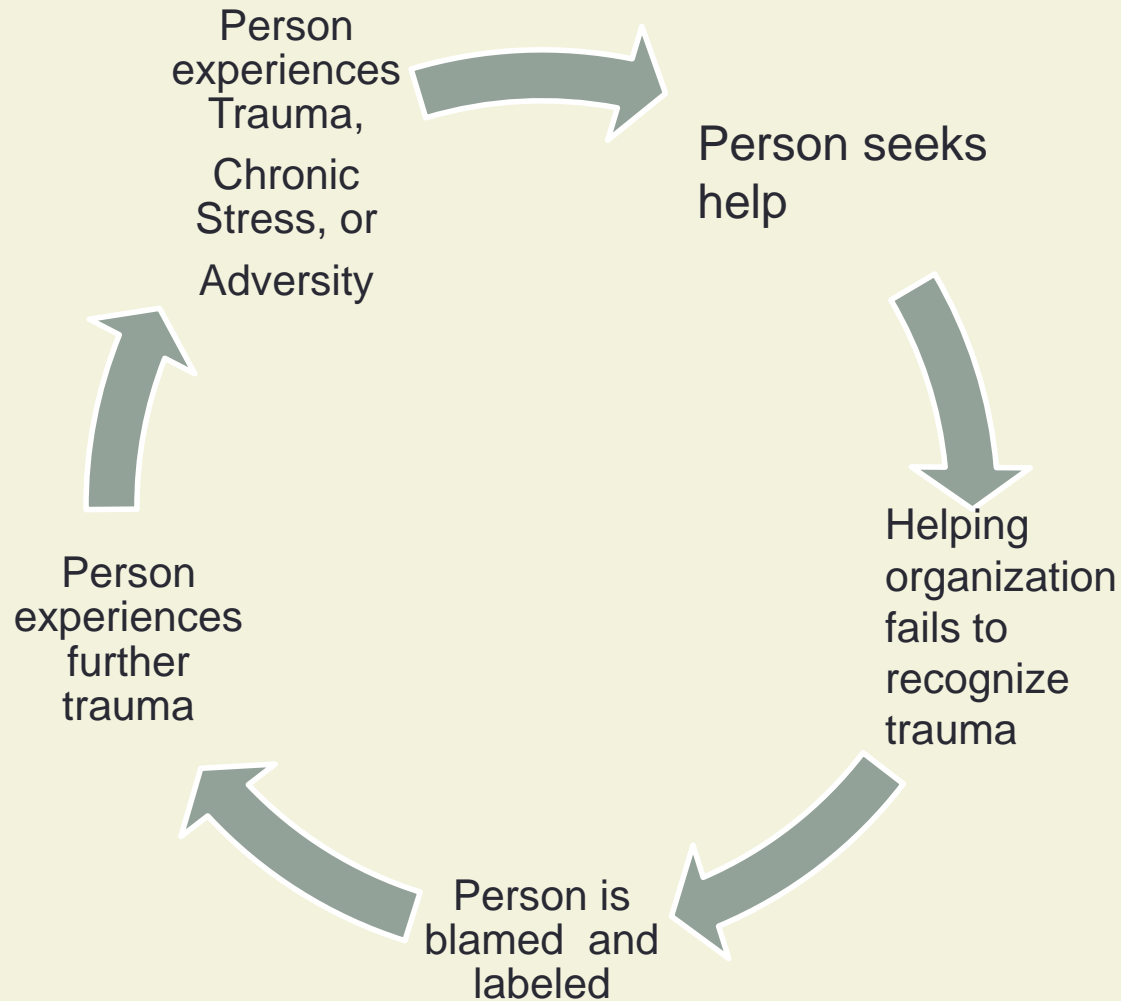
Trauma – Suicide

- 2/3rd (67%) of all suicide attempts
- 64% of adult suicide attempts
- 80% of child/adolescent suicide attempts
- Are attributable to Adverse Childhood Experiences
- Women are 3 times as likely as men to attempt suicide
- Men are 4 times as likely as women to complete suicide

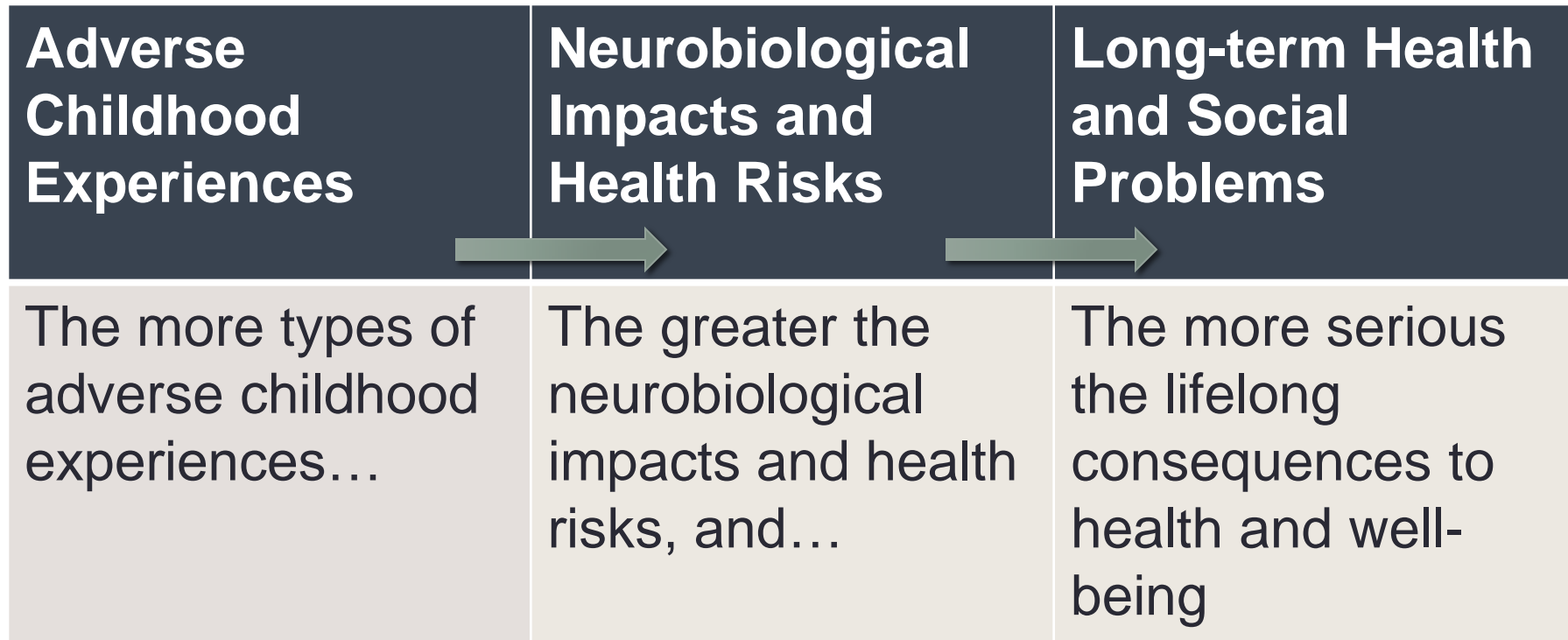
As the Population Rises . . .

- Over the next 25 years
 - Largest increase in the numbers of people over age 65 in the history of mankind
- What is less well-known is the fact that the numbers of older people with mental illness
 - Increase at a disproportionately faster rate than those in the general population
- This will be, in part, because of higher incidence of depression, anxiety disorders and substance use disorders among people born after the World War II than in those born earlier
- Decreasing social stigma, resulting in a larger proportion of older people being diagnosed with and treated for mental illness
- Increase in the average life span of people with serious mental illness, which is currently 20 years shorter than that in the general population

Vicious Cycle



The ACE Comprehensive Chart



SAMHSA's Six Key Principles of a Trauma-Informed Approach

- **Safety**
- **Trustworthiness and Transparency**
- **Peer Support**
- **Collaboration and Mutuality**
- **Empowerment, Voice, and Choice**
- **Cultural, Historical, and Gender Issues**

What Impacts the Work?

Organizational stresses:

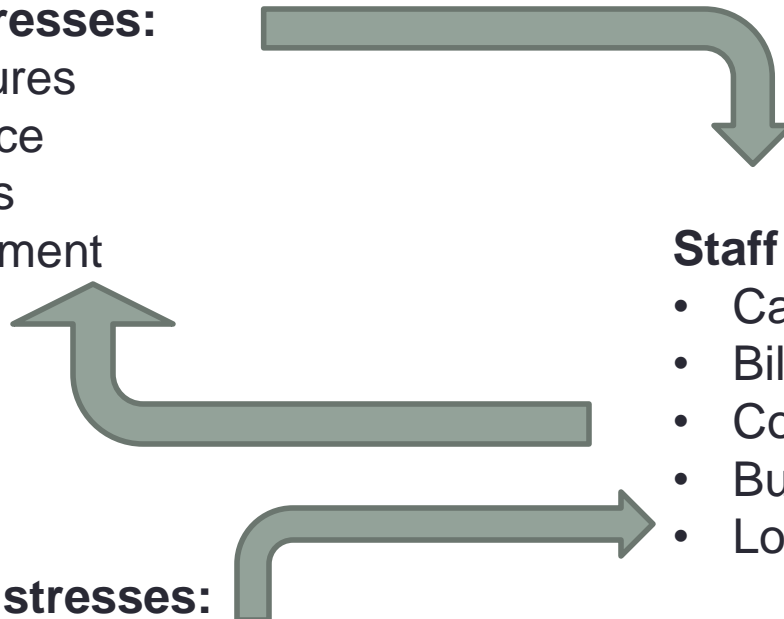
- Financial pressures
- Policy compliance
- Social pressures
- Political environment
- Staff turnover

Staff stresses:

- Caseloads
- Billing requirements
- Compassion fatigue
- Burnout
- Low pay/long hours

Client stresses:

- Transition & loss
- Illness
- Abuse & neglect
- Financial
- Substance abuse



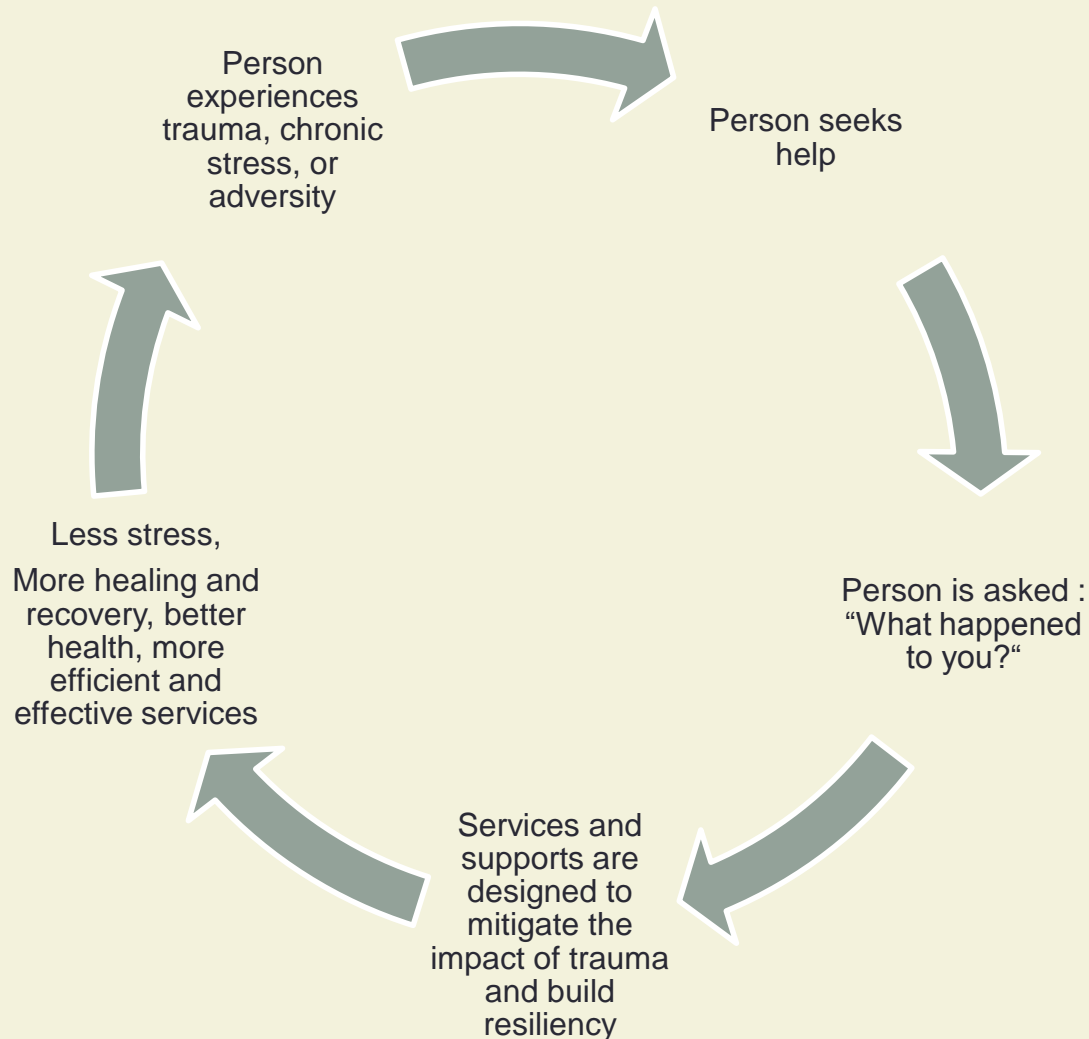
What Helps Healing

- Understand that **trauma impacts a wide range human experience**, our physical, emotional, intellectual and spiritual well being. No part of the human experience is immune from the stress associated with trauma.
- **Promote self-assurance** by reminding the older adult that they survived a painful experience and that it takes time to heal.
- **Avoid comparing** oneself to how others are handling their experience.
- **Seek out persons who care for and support** the older adult.
- **Have them share** reactions, thoughts and how the experience impacted them.
- Know that the **reactions to trauma described are normal responses** to a very abnormal experience.
- Consider **writing a journal of their experience**. Help those who care about them become aware of **how they might react** in certain situations.
- Help them **gain perspective on the experience**, **supports** aids may include meditation, reading, spiritual reflection or involvement in support groups.
- Remember trauma places stress on the human body and **may result in illnesses** that decrease energy and ability to concentrate
- Have the older adult **promote their sense of hardiness** through healthy nutrition and exercise.

What First Steps Can We Take

- ✓ Help staff in in-home, day and residential programs understand the prevalence of trauma and its impact on the body, brain, and development
- ✓ Find safe and helpful ways to inquire and assess for trauma
- ✓ Develop approaches and practices to mitigate the impact of trauma and develop resiliency
- ✓ Design intensive trauma-responsive practices and supports for people with disabilities who have experienced significant trauma

A New and Virtuous Cycle



Trauma Symptoms = Tension Reducing Behaviors

“How do I understand this person?”

rather than

“How do I understand this problem or symptom?”