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
- Substance Abuse
- Divorce
- Separation

[Website Link](http://acestoothigh.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

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
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.
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 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 that 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)
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
Person is blamed and labeled

Person experiences further trauma

Helping organization fails to recognize trauma

Person seeks help

Person experiences trauma, chronic stress, or adversity

Vicious Cycle
## The ACE Comprehensive Chart

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Neurobiological Impacts and Health Risks</th>
<th>Long-term Health and Social Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>The more types of adverse childhood experiences…</td>
<td>The greater the neurobiological impacts and health risks, and…</td>
<td>The more serious the lifelong consequences to health and well-being</td>
</tr>
</tbody>
</table>
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

Person experiences trauma, chronic stress, or adversity

Person seeks help

Services and supports are designed to mitigate the impact of trauma and build resiliency

Less stress,
More healing and recovery, better health, more efficient and effective services

Person is asked: “What happened to you?”
Trauma Symptoms = Tension Reducing Behaviors

“How do I understand this person?”

rather than

“How do I understand this problem or symptom?”