Working with Elders who have trauma histories

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Seniors and Trauma
What is the connection?
Elder-specific traumatic experiences

• 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

• With a neighbor, discuss
  ○ How does having a trauma history compound these later-in-life traumas?

Trauma complicates aging

• Trauma poses a threat to the successful aging process by interfering with interpersonal relations and productive activity.
  (Cisler et al, 2010; Rowe & Kahn, 1997)

• Contrary to previous assertions of resiliency in older adult populations, there is reason to suspect greater vulnerability to emotional difficulties following exposure to traumatic stressors in this population.
  (Grey & Acierno, 2002)
The over-institutionalization of older adults is in part due to poorly trained service providers that believe the mental disturbances in older adults are untreatable.  

Allers et al., 1992

Common misdiagnoses in elderly

- Chronic depression
- Dementia
- Personality disorders (borderline, narcissistic, antisocial)
- Bipolar, Schizophrenic, Demented diagnoses

(Allers, 1992)
Depression and PTSD

• Depression is nearly 3 to 5 times more likely in those with PTSD than those without PTSD.

• Similar risk factors: history of depression, event severity, childhood abuse, and female gender.

• Symptoms of PTSD and depression that commonly occur together include:
  • Trouble concentrating
  • Avoidance of social contacts
  • Irritability
  • Abuse of drugs or alcohol

(National Comorbidity Study, 1995; Breslau et al, 1998)

Depression and PTSD

• Seniors with comorbid depression and PTSD (compared with patients with depression alone or PTSD alone):
  • More severely depressed
  • More functionally impaired
  • Have more complicated and persistent mental illness history
  • Have higher suicidal behavior and completed suicide rates
  • Associated with high medical care utilization and costs

(Oquendo et al., 2003; Zayfert et al., 2002; Felker et al., 2003; Gradus et al., 2010; Simon et al., 1995; Greenberg et al., 1999; Samson et al., 1999; Kramer et al., 2003).
Hoarding

The acquisition of, and failure to discard, a large number of possessions resulting in clutter that precludes the use of living spaces for their intended purposes.

(Institute of Living, Yale University School of Medicine, New Haven, Connecticut)


Hoarding and trauma

• Research shows:
  
  o Link between trauma, life stress, and hoarding
  
  o No link between levels of material deprivation and hoarding.

Hoarders and trauma

- Adults who hoard reported a greater lifetime incidence (compared to controls):
  - Possessions taken by force (31%)
  - Physically handled roughly during adulthood (42%)
  - Forced sexual activity during adulthood (27%)
  - Forced intercourse during adulthood (27%)
  - Physically handled roughly during childhood (46%)
  - Forced sexual activity during childhood (31%)
  - Forced intercourse during childhood (27%)

(Hartl et al., 2005)

Elder abuse in the present and child abuse in the past

* A connection not predicted by chance...
Elder abuse cases are complex situations, fraught with complex family dynamics, in which the “bad guy” is not always so obvious and the most apparent “cures” might be worse than the disease.

Karen F. Stein, Director
Clearinghouse on Abuse and Neglect of the Elderly, 2006

Unsafe behaviors red flags for prior child abuse

- Re-victimization (DV, elder abuse)
- Depression
- Suicidal behaviors
- Self harming and self-neglect
- Dementia or delirium diagnoses
- Drug use, alcohol abuse and smoking
- Multiple, chronic, complex illnesses
- Insomnia, eating disturbances, poor self care
- Helplessness, hopelessness, pessimism
- Noncompliance with medication and treatment
Unsafe then and now

- Older women who experienced child abuse report
  - Substance abuse and addiction
  - Promiscuous sexual behavior (CSA)
  - Lack of personal boundaries (CSA)
  - Isolation and difficulty trusting others
  - Humiliation and self-blame
  - Shame, low self-esteem
  - Inability to form meaningful relationships
  - Inflated sense of power due to the care-giving demands made on the survivor as a child
  - Sense of not belonging anywhere

(Bright and Bowland, 2008)

Past victimization predicts future victimization

- Studies of older adults and abuse or neglect at the hands of a caregiver or partner found childhood abuse to be a notable risk factor. (Allers et al., 1992; Fulmer et al., 2005; Hines & Malley-Morrison, 2005).

- “Older adults who suffered from physical neglect and abuse in childhood may be more likely to tolerate poor care later in life.” (Fulmer, et al, 2005)

- The experience of a prior traumatic event was also associated with increased risk of elder mistreatment, a finding also observed in the literature on younger adult mistreatment.

(National Elder Maltreatment Study, 2009)
The over-institutionalization of older adults is in part due to poorly trained service providers that believe the mental disturbances in older adults are untreatable.

Allers et al., 1992

APS/Aging staff interventions

- Psychological First Aid for Seniors (Crisis Intervention)
  - [http://amhd.cbcs.usf.edu/docs/pfanh2ed.pdf](http://amhd.cbcs.usf.edu/docs/pfanh2ed.pdf)

- Seeking Safety (PTSD & Substance Abuse)
  - [www.seekingsafety.org](http://www.seekingsafety.org)

- Cognitive Behavioral Therapy (CBT) for Late-Life Depression

- IMPACT (Depression)
  - [http://impact-uw.org](http://impact-uw.org)

- Responding to Violent Crimes Against Persons with Disabilities

- Preventing suicide and promoting wellbeing
  - [http://store.samhsa.gov/product/SMA10-4515](http://store.samhsa.gov/product/SMA10-4515)
Asking about trauma

Childhood trauma and elder neglect

When screening for neglect, screen for childhood trauma and poor social support.

Fulmer et al., 2005
Identifying trauma

Events
- Post Traumatic Disorder Checklist
  - Validated for older adults (Hudson, et al, 2008)
  - Stressful life experiences checklist
  - ACE questionnaire

Symptoms
- Trauma Symptom Checklist – 40 (Briere)
  - General for adults (age specific for children)

Unsafe behaviors
- Unsafe thoughts
- Unsafe actions
- Unsafe relationships

PTSD Assessment for Elders
- Post Traumatic Disorder Checklist
  - Validated for older adults (Hudson, et al, 2008)

- Trauma Symptom Checklist – 40 (Briere)
  - General for adults (age specific for children)

- Stressful life experiences checklist

- ACE questionnaire – average age 59
Briefest screen ever

• Do you feel safe speaking to me today?
  o If not, what would help you feel safer?

• Do you feel safe at home today?
  o If not, how can we help you feel safer?

• Did you feel safe at home as a child?
  o If not, how does that affect you today?

Developed by G Grant

Universal precautions

• If there is no specific information, assume trauma!
  o Notice if thinking trauma first provides more solutions
  o Alternative to finding blame, feeling overwhelmed, becoming triggered, struggling to know what to say.

• Ask how this still affects elder today - redirect to the present.

• If disclosure, recognize the bravery and ask what the person would like you to do, if anything.

• Know mandated reporting laws and speak to supervisor after any disclosure.
Adult diseases can best be understood as the manifestations of distant childhood events.

Dr. Vincent Felitti,
ACE Principle Investigator
August 2010

www.COLEVA.net

- Ob-Gyn
- Allergies
- Endocrine
- Ophthalmology
- Infectious disease
- Cardiovascular
- Gastrointestinal
- Genito-urological
- General/other categories

- ENT
- Dental
- Surgery
- Oncology
- Orthopedics
- Neurological
- Rheumatology
- Dermatology
- Respiratory/pulmonary
- Mental/Behavioral health
Becoming trauma-informed
Stages of Trauma Recovery

Stage 1:
- Establishing Safety:
  - Securing Safety
  - Stabilizing symptoms
  - Fostering self-care

Stage 2:
- Remembrance and mourning
  - Reconstructing the trauma
  - Transforming traumatic memory

Stage 3:
- Reconnection:
  - Reconnection and forgiveness of self
  - Reconnection with others
  - Resolving the trauma

Simple suggestions

- Increase self care!!
- Emphasize safety in rules and regulations.
- Model the behaviors that you want to see.
- Listen to behavior.
- Emphasize agreement and alignment.
- Focus on safety and supporting success.
- Allow for choice and empowerment.
Trauma-informed services are 'safety increase' oriented

An approach to services that looks at safety as the key to helping people who are struggling

Thank you!

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