Statewide APS Training Project/Academy for Professional Excellence presents

Trauma-Informed Services for Elders with Abuse Histories

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California Center of Excellence for Trauma Informed Care

Who am I?

• Gabriella Grant, director of the California Center of Excellence for Trauma Informed Care.

• Not a clinician - do facilitate ‘seeking safety’ groups for PTSD + sub abuse.

• Master in policy studies, specifically criminal justice policy and the female offender from the Johns Hopkins University.

• Worked for MD parole and probation, the CA Judicial Council, and contracted with the CA Dept of Public Health, most recently.
Today’s webinar goal

1. Increase general knowledge related to trauma-informed concepts, research and resources
2. Understand the connection between earlier abuse and current APS involvement
3. Learn about universal screening and universal precautions

Seniors and Trauma

What is the connection?
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)

PTSD worsens depression

• Seniors with depression and PTSD report more problems:
  
  o More severely depressed
  o More functionally impaired
  o Have more complicated and persistent mental illness history
  o Have higher suicidal behavior and completed suicide rates
  o Associated with high medical care utilization and costs

  (compared with patients with depression alone or PTSD alone)

  (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).
Trauma: risk for hoarding

- 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...
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 associated with increased risk of elder mistreatment, a finding also observed in the literature on younger adult mistreatment. (National Elder Maltreatment Study, 2009)

Unsafe then and now

- Older women who experienced child abuse report higher rates of
  - 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)
Unsafe behaviors today = 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

  • Allers, 1992

APS/Aging staff interventions

- Psychological First Aid for Seniors (Crisis Intervention)

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

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

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

- Responding to Violent Crimes Against Persons with Disabilities

- Preventing suicide and promoting wellbeing
  o [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
Universal screening

- **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

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Briefest screen ever

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

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

- Did you feel safe in your home of origin?
  - If not, how does that affect you today?

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Developed by G Grant
Universal precautions

• If there is no specific information, assume trauma anyway!
• Notice that thinking trauma first provides solutions
  o rather than feeling blamed or overwhelmed, becoming angry, or struggling to know what to say.
• If disclosure, recognize the bravery and ask what the person would like you to do.
• Focus on the present: Ask “How does this still affect you today”
• Know mandated reporting laws and speak to supervisor (at least generally) after any disclosure.

  • G. Grant, 2012

Trauma is the key...

...but is rarely on the radar
A common denominator:

Trauma is the most common, the most preventable, and the most treatable factor affecting recipients of social services.

Current PTSD rates

<table>
<thead>
<tr>
<th>Category</th>
<th>PTSD Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male general pop</td>
<td>4%</td>
</tr>
<tr>
<td>Female gen. pop</td>
<td>5%</td>
</tr>
<tr>
<td>Bereaved seniors</td>
<td>16%</td>
</tr>
<tr>
<td>Dev disability</td>
<td>17%</td>
</tr>
<tr>
<td>WWII vets</td>
<td>17%</td>
</tr>
<tr>
<td>Prisoners</td>
<td>21%</td>
</tr>
<tr>
<td>Primary care</td>
<td>23%</td>
</tr>
<tr>
<td>Homeless youth</td>
<td>24%</td>
</tr>
<tr>
<td>Serious MI</td>
<td>28-43%</td>
</tr>
<tr>
<td>Major depression</td>
<td>35%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>42%</td>
</tr>
<tr>
<td>Female SA victims</td>
<td>41%</td>
</tr>
<tr>
<td>Prostitutes</td>
<td>42%</td>
</tr>
<tr>
<td>HIV+ women</td>
<td>42% (+22%)</td>
</tr>
<tr>
<td>Juvenile setting</td>
<td>up to 50%</td>
</tr>
<tr>
<td>Outp. sub abuse tx</td>
<td>50%</td>
</tr>
<tr>
<td>S.A. foster care</td>
<td>64%</td>
</tr>
<tr>
<td>Male SA victims</td>
<td>65%</td>
</tr>
<tr>
<td>DV victims</td>
<td>up to 84%</td>
</tr>
</tbody>
</table>

Bender et al., 2010; Ford et al., 2008; Goff et al., 2007; Lieboshutz et al., 2007; Mueser et al., 1998, 2004; Valero, 2000; Arroyo, 2001; Garland et al, 2001; Teplin et al, 2002; Martinez et al., 2002; Ryan, 1994; Kessler et al., 1995; Ullman, 2002; Jones et al., 2001; Dubner and Motta, 1999.
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

Academy of Violence and Abuse
“Time doesn’t heal, time conceals.”

Dr. Vincent Felitti
ACE Principal Investigator

ACE – Before 18

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect
ACE Score and Drug Abuse

ACE Score
- 0
- 1
- 2
- 3
- 4
- >=5

Percent With Health Problem (%)
- Ever had a drug problem
- Ever addicted to drugs
- Ever injected drugs

ACEs and Suicide Attempts

Childhood Experiences Underlie Suicide Attempts

ACE Score
- 0
- 1
- 2
- 3
- 4+

Percent
ACEs and Impaired Childhood Memory

ACE Score and Impaired Memory of Childhood

ACE Score

ACEs and Depression

ACE Score
ACEs and Hallucinations

ACE Score and Hallucinations

ACE Score and Teen sexual behavior

ACE Score and Teen Sexual Behaviors
Adverse Childhood Experiences Underlie Being a Victim of Rape

- Attributable to ACEs
  - People with an ACE score of 4 or more are over 8 times more likely to be a victim of rape than people with an ACE score of 0.

**ACE Score and the Risk of Being a Victim of Rape**

**ACE Score and the Risk of Being a Victim of Domestic Violence**

Well-being
ACEs and 50+ Sexual Partners

Adverse Childhood Experiences vs. Likelihood of > 50 Sexual Partners

Adjusted Odds Ratio

0 1 2 3 4 or more

ACE Score

Adverse Childhood Experiences vs. History of STD

Adjusted Odds Ratio

0 1 2 3 4 or more

ACE Score
ACEs and Smoking

Adverse Childhood Experiences vs. Smoking as an Adult

ACE Score

ACEs and Worker Performance

ACE Score and Indicators of Impaired Worker Performance

- Absenteeism (>2 days/month)
- Serious Financial Problems
- Serious Job Problems

Prevalence of Impaired Performance (%)
Effect of ACEs on Mortality

Age Group

ACE Score

Percent in Age Group

- 19-34
- 35-49
- 50-64
- >=65

Effect of ACEs on Mortality

Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Felitti, 2009
What is conventionally viewed as a problem is actually a solution to an unrecognized prior adversity.

- Dr. Vincent Felitti, MD

Trauma ➔ lack of safety

Safety = Empowerment and connection

Trauma = disempowerment and disconnection

J. Herman, 1992
The key is safety

1. Ask about trauma (clients can choose not to answer) while focusing on the present.
2. Help seniors to focus on safe coping, compassionate self-talk and self-care today.
3. Hand out the Safe Coping Sheet from Seeking Safety http://www.seekingsafety.org/7-11-03%20docs/2012_basic-handouts.pdf
4. Emphasize your agency’s mission to help seniors stay independent and safe now.
5. Remember: voluntary services and choice of services promotes safety.

Great news!

- APS services are voluntary!
- APS services focus on safety!
- APS services can increase cooperation by giving seniors choices!
- APS services can focus on the present (and how the past still affects the senior today!)
- Since no license is required to focus on increasing safe coping and reducing unsafe behavior today, all APS workers can do it!
Thank you!

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