

Working with Elders who have trauma histories

Gabriella Grant, Director
California Center of Excellence for Trauma Informed Care
Santa Cruz, CA
www.trauma-informed-california.org

California Center of Excellence
for Trauma Informed Care



Elders and Trauma

What is the connection?

Trauma Informed defined



Trauma- informed → safety

Trauma-informed: create a **milieu** that acknowledges the impact of trauma and strives to increase safety

Trauma-specific: services whose primary task is to **address** the impact of trauma and to facilitate trauma recovery

All treatment providers benefit from becoming trauma informed and also can choose to become trauma-specific.

Mental Health Science

Clinicians and neuroscientists propose a new umbrella discipline they call "mental health science" to marry the benefits of both disciplines by clinicians and neuroscientists working together to understand and improve psychological treatments. Neuroscience can help to

- Uncover the mechanisms of existing psychological treatments that work.
- Provide "unprecedented" insights to relieve dysfunctional behavior—practitioners can use those insights to create new and improved psychological treatments.

The next generation of clinical scientists and neuroscientists should work more closely together.

- Emily A. Holmes, Michelle G. Craske & Ann M. Graybiel, Nature Magazine, 2014.

SAMHSA: Trauma & Justice Strategic Initiative

- To reduce the pervasive, harmful and costly health impact of violence and trauma
 - By integrating trauma-informed approaches throughout the health and behavioral health care systems and
 - By diverting people with substance use and mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery

SAMHSA Lead Larke Huang

October 19, 2010

Trauma-informed recovery

- SAMHSA (12/2011):
 - “Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
 - ***“Recovery is supported by addressing trauma :*** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust as well as promote choice, empowerment, and collaboration.”
 - **TIP 57:** Trauma Informed Services for Behavioral Health

A Culture Shift: Core Values

- Safety: Increasing clients' physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing client choice and control
- Collaboration: Maximizing collaboration and sharing of power with clients
- Empowerment: Prioritizing client empowerment and skill-building

Fallot, 2011



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)

DEPRESSION AND ANXIETY 27 : 829–838 (2010)

Hoarding and trauma

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



D. Landauetal. /Journal of Anxiety Disorders, (2011) 192–202

Hoarding 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)

What is trauma?

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. (SAMHSA 2014)
- www.samhsa.gov/traumajustice/traumadefinition/definition.aspx



What is complex trauma?

Exposure to sequential or simultaneous occurrences of psychological maltreatment, neglect, physical and sexual abuse, and domestic violence

Resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues

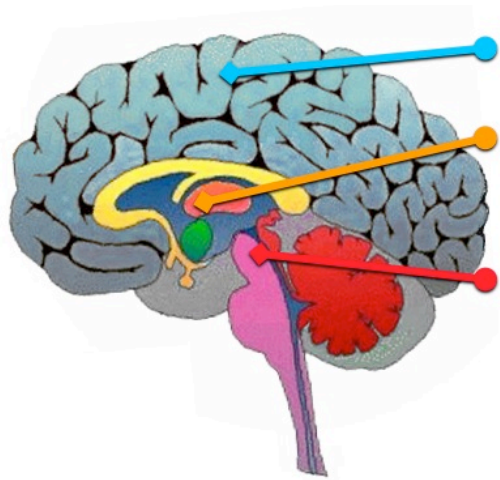
Often setting off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood

(NCTSN, 2013)

Developmental Trauma Disorder

- Chronic maltreatment or inevitable repeated traumatization has a pervasive effects on the development of mind and brain.
- Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole.
- Developmental trauma sets the stage for unfocused responses to subsequent stress leading to dramatic increases in the use of medical, correctional, social and mental health services.

Neuro-sequential Model of Therapeutics

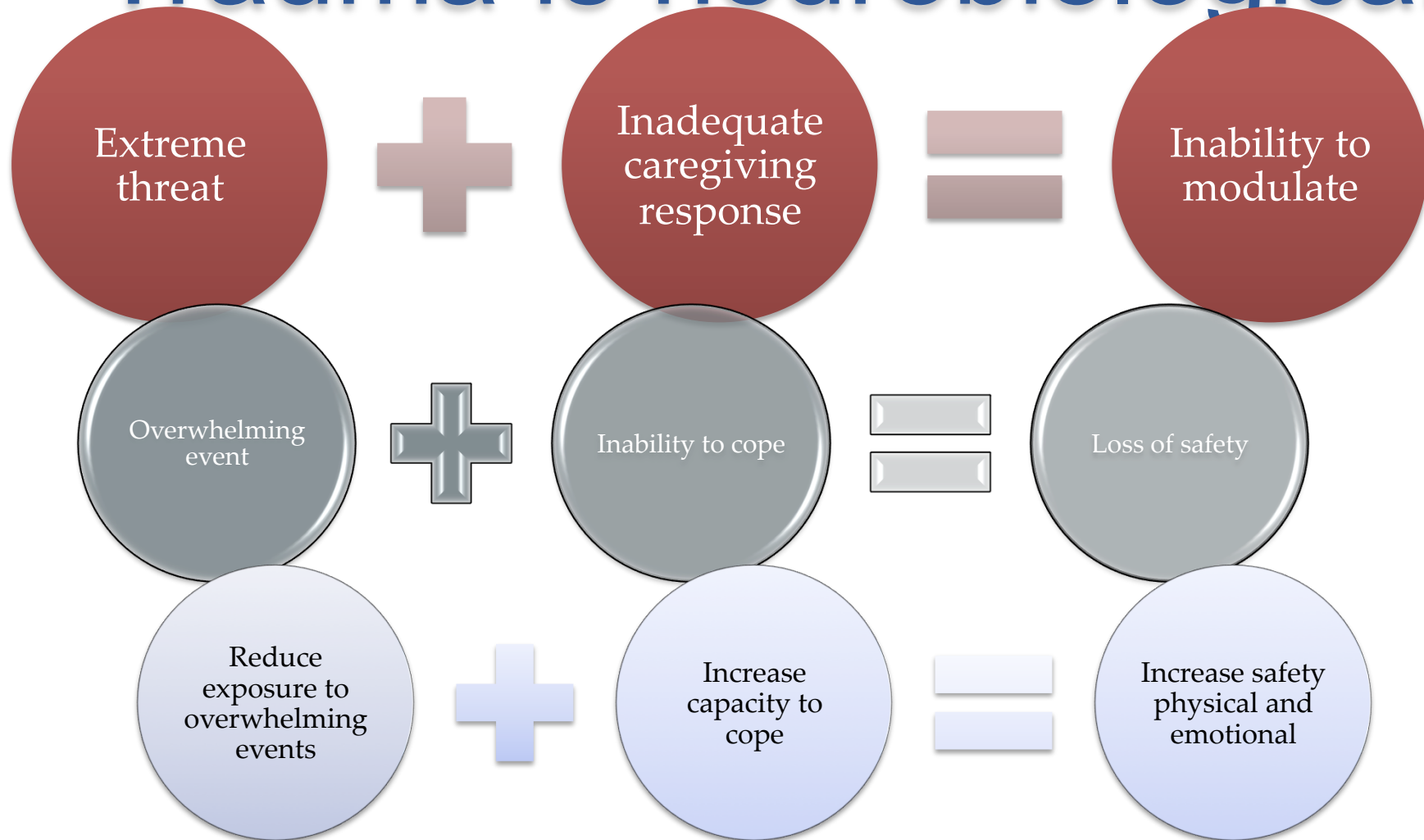


Interventions can then be more verbal and insight oriented (cortical) using any variety of cognitive-behavioral or psychodynamic approaches. (Cogitate)

Interventions can then move to more relational-related (limbic) using more traditional play or arts therapies and to improve fundamental dyadic relational skills. (Inter-relate)

Focus first on the poorly organized brainstem/diencephalon and related self-regulation, attention, arousal, and impulsivity Using any variety of patterned, repetitive somatosensory activities to provide these brain areas patterned neural activation necessary for re-organization: music, movement, yoga (breathing), and drumming or therapeutic massage. (Self-regulate)

Trauma is neurobiological!



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 behaviors inventory – Grant
- Pilot study

Unsafe thoughts

Unsafe behaviors

Unsafe relationships

Unsafe behaviors

- The neurobiological and psychological effects of a hyper-activated autonomic nervous system and disorganized attachment patterns will become well-entrenched, familiar, habitual responses:
 - Intrusive fear → violence
 - Hyper-vigilance → substance abuse
 - Chronic self-hatred → suicide, self harm
 - Alienation from self and from one's own body → self-neglect
 - Disorganized attachment behavior in relationships → unsafe sex, dating violence, isolation

(Fischer, 2003)

Common unsafe behaviors

- Suicidal ideation/actions - minimizing suicidal statements
- Substance abuse, esp. in dangerous situations, unknown sources
- Cutting, burning, hair-pulling, scratching, picking, self-mutilation
- Over/under eating, bingeing/purging
- Isolation, staying by yourself all the time
- Inactivity
- Physical aggression, fighting
- Unsafe sex, multiple partners, no birth control, sex exchanges,
- Staying in abusive relationships
- Unsafe parental interactions - arguments, etc.
- Inactivity, often along with watching TV, video games, computer, esp. with horror or violence
- Online contact with unknown people
- Going places with unknown people
- Poor self care (not going to dr appt, ignoring pain, infections, etc.)
- Skipping medication
- Neglectful, abusive, chaotic relationships
- Overspending, gambling, not paying loans/debt
- Isolation



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

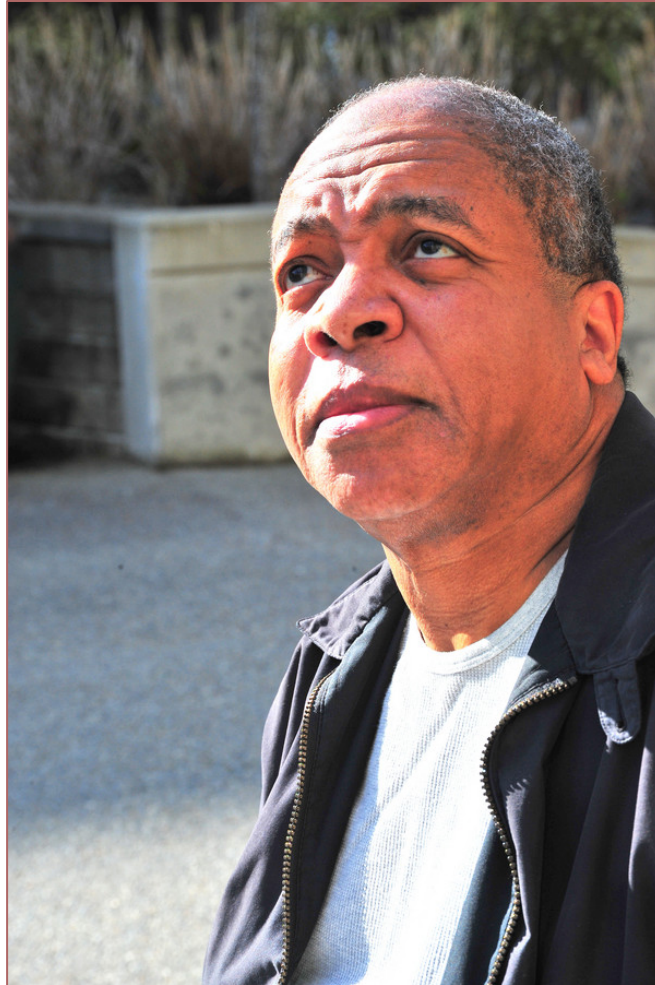
- Studies of older adults and abuse or neglect at the hands of a caregiver or partner found childhood abuse to be a notable risk factor. (Allers et al., 1992; Fulmer et al., 2005; Hines & Malley-Morrison, 2005).
 - “Older adults who suffered from physical neglect and abuse in childhood may be more likely 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>
- Seeking Safety (PTSD & Substance Abuse)
 - www.seekingsafety.org
- Cognitive Behavioral Therapy (CBT) for Late-Life Depression
 - <http://oafc.stanford.edu/projects/cbt.html>
- IMPACT (Depression)
 - <http://impact-uw.org>
- Responding to Violent Crimes Against Persons with Disabilities
 - <http://www.safeplace.org/page.aspx?pid=358>
- Preventing suicide and promoting wellbeing
 - <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?**
 - 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 at home as a child?**
 - If not, how does that affect you today?

Developed by G Grant



Universal precautions

- If there is no specific information, think trauma!
 - Notice if thinking trauma first provides more solutions
 - 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.



Polyvagal theory

- Unconscious, autonomic, hierarchical
 - Safe
 - Dangerous
 - Life threatening
- Through a process called “neuroception”, the nervous system is continuously evaluating risk and safety in the environment – wholly unconsciously
- People with trauma “neurocept” a “nonthreatening person” as dangerous or life threatening leading to a sympathetic nervous system response (defensive) rather than a spontaneous social engagement that is typical of non-traumatized people



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



2 Safeties

Physical safety

- Expectation of physical integrity and absence of physical threat of harm
- The risk is immediate or imminent. Right now!
- Rules (laws), procedures, practice, system response

•

Emotional safety

- Expectation of respect and absence of humiliation.
- The risk is not immediate, there is some time.
- Choices, agreements, support, progress, review

•

2 Safeties

Physical

- Threat to physical integrity; objective
- Injury – imminent risk
- Health – immediate risk
- Imminent threat
- Disaster, accidents
- Property damage
- Significant financial harm

•

Emotional

- Threat to emotional integrity; subjective
- Cumulative impact
- Longer term health risk
 - Behavioral change
 - Relationships challenges
 - Disclosure of needs, concerns
 - Risk of trying something new
 - Decisions
 - Commitments

•

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 current safety and supporting success.
- Allow for choice and empowerment.



Make phones into safety phones!

Physical

- OnWatch
- Circle of 6
- Guardly
- Stay Safe
- Flashlight
- Hollaback!
- Help!!
- bSafe
- SirenSounds
- Guardian Safety Net

Emotional

- Breathe2Relax
- PTSD Coach
- T2 Mood Tracker
- Relax Completely
- Nature Sound
- Restful Radio
- Give Me Hope
- Heat Pad Lite
- Daily Yoga
- Respect Not Fear

•

•

“The therapist must first adopt the attitude that nothing, not even the patient's feelings, is more important than safety and stability.... What we want to model is our constant concern and interest in safety and self-care. ”

- Janina Fisher

The Work Of Stabilization In Trauma Treatment, 1999

A photograph of a sunset over a body of water. The sun is low on the horizon, creating a bright orange and yellow glow that reflects on the water. The sky is filled with dark, dramatic clouds. In the distance, a pier and a boat are visible on the water. The text "There is hope!" is overlaid in white serif font.

There is hope!

improve, often in quite short
timeframes.

– Dr. Lisa Najavits, Harvard medical School



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!

Gabriella Grant, Director

gabbygrant@me.com

CA Center of Excellence for Trauma Informed Care

www.trauma-informed-california.org

916-267-4367

**California Center of Excellence
for Trauma Informed Care**

