Trauma Informed Care and Older Adults: Unique Needs and Strengths

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Presenters

Beverly Briggs

Deborah Ward
1. Briefly describe new regulations for nursing homes related to trauma informed care.
2. Examine the impact of trauma and disease and non-disease states common in older adults (e.g., dementia)
3. List the unique needs and strengths of older adults and strategies for effective trauma informed care for older adults
True or False

1. Phase 3 Guidance provides a specific tool that must be used to implement TIC.

2. About 60% of Americans report experiencing some type of trauma across the lifespan.
True or False

3. TIC is only about residents, not staff.
4. Older Adults show higher levels of resilience than younger people.
F-699: Trauma Informed Care

- Quality of Care/ SQC
- Goals:
  - Provide culturally competent, trauma-informed care.
  - Meet professional standards.
  - Account for residents’ experiences and preferences.
  - Eliminate or mitigate triggers
  - Avoid re-traumatization
Avoiding Re-traumatization
Federal Partners/Resources

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

National Institute of Mental Health

VA

U.S. Department of Veterans Affairs
Timeline: Professional Identification & Response

PTSD was included in the third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III)


SAMHSA held the Dare to Vision Conference, which brought the discussion of trauma to the foreground
SAMHSA 4 R’s

- Realize
- Recognize
- Respond
- Resist
SAMHSA Six Key Principles

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

- Definition
- Staff Knowledge & Capacity
- Policies and procedures to guide response
Trauma Informed Care

“Trauma-Informed Care (TIC) is a perspective that acknowledges the pervasive influence and impact of trauma on an individual, their provider, and the organization delivering services”

- Dinnen, Kane, and Cook (2014)
TIC is not just for your residents!
TIC: What Does Competency Look Like?

- Act with Respect
- Say what you mean, mean what you say
- Intentional and present
- Listen, acknowledge & validate

- Say thank you
- Don’t assume or compare
- Ask before giving advice or touching
- Share the information appropriately
What happened to you?

What are your strengths?

How can we support you as you heal?
What is wrong with you?

Stop imagining stuff!

You need to get over it and move on
Policies and Procedures

- Training
- Screening
- Reporting and sharing information
- Impact of legal requirements
Identifying Trauma

- Prevalence
- Definition
- Signs and symptoms
- Screening Tools
Trauma

“Event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening and has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”
Dimensions

- Frequency
- Duration
- Proximity

- Experienced
- Witnessing the event
- Learning about it
- Exposed to aversive Details
Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.
Trauma Events Associated with PTSD

1. Natural Disaster
2. Fire or Explosion
3. Transportation Accident
4. Serious accident at work, home, or during recreational activity
5. Exposure to toxic substance
6. Physical Assault
7. Assault with a weapon
8. Sexual Assault
9. Other unwanted or uncomfortable sexual experience
10. Combat or exposure to a war-zone
11. Captivity
12. Life-threatening illness or injury
13. Severe Human Suffering
14. Sudden violent death
15. Sudden accidental death
16. Serious injury, harm, or death caused to someone else
1. Review the list of Trauma Events associated with PTSD.

2. Discuss how these events might relate to residents in Nursing Homes for both past and current event potential.
Signs and Symptoms of Trauma

- Thinking or talking about the event.
- Nightmares related to the event.
- Remains upset or fearful.
- Important relationships suffer.
- Unable to enjoy life or activities.
Sexual Abuse: Potential Indicators

- Sudden or unexplained changes
- Fear or avoidance of a person or a place
- Anxiety about being left alone or of the dark
- Nightmares and Disturbed sleep
Sexual Assault and Executive Functioning

- 33% of females and 15% of males
- Event most commonly associated with PTSD in civilian females
- Older adult survivors may be particularly vulnerable to greater declines in executive functioning.
Post Traumatic Stress Disorder

- Added to DSM in version 3 (1980)
- Stressor: history of a traumatic event resulting in Anxiety, helplessness, or horror
- Symptoms:
  - Intrusion / Reexperiencing
  - Avoidance
  - Alterations in Arousal or reactivity
  - Negative alteration of cognition or mood
Intrusion / Reexperiencing Symptoms

- Unwanted upsetting memories
- Flashbacks
- Bad dreams
- Frightening thoughts
- Emotional distress or physical reactivity after exposure to reminders
Avoidance

- Staying away from situations that trigger trauma experiences or memories
- Avoiding thoughts or feelings
Arousal and Reactivity

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating or sleeping
Cognition and Mood

- Inability to recall key events of the trauma
- Overly negative thoughts
- Exaggerated blame
- Negative affect or difficulty experiencing positive affect
- Feeling isolated
- Loss of interest in activities
Often Underdiagnosed in Older Adults

1. Failure to assess multiple sources of trauma
2. Past work has focused on veterans
3. Late-onset cases are often not counted
4. Symptoms are attributed to physical conditions
5. Diagnostic Criteria are validated on younger populations
Screening

- Tools
  - Life Events Checklist (LEC-5)
  - 5 Item Screen for PTSD
- Readiness: staff and operations
- Expect unreported trauma
Trauma & Disease in Older Adults
PTSD, Dementia, and Traumatic Brain Injury
Trauma and Dementia

- Relationship
- Direction of effect
PTSD and Dementia

- Protective factors
- Susceptibility factors

PTSD

Dementia

Uneventful course

Recurrence / worsening of PTSD

Delayed-onset PTSD

Early-life
Mid-life
Late-life

Time (years)

Birth
Death
- 296 Danish Older Adults (average age 73)
- Two months after the death of a spouse

PTSD and Grief

**Bereaved**
- 16% PTSD
- 37% mild to severe depression

**Control**
- 4% PTSD
- 22% mild to severe depression
Delayed Onset PTSD

- BPSD Symptoms
- PTSD is underdiagnosed in Older Adults
- Case Studies
- Trauma awareness allows for appropriate diagnosis and treatment
mTBI$_1$
Mild Traumatic Brain Injury

SUD$_2$

PTSD

NCD

Worse symptoms

1.77 – 2.31x more likely

Dementia

1 – Bryant et al, 2010
2 – Lemke & Schaefer, 2010
- Retrospective study
- California
- N= 164,661
- TBI vs. Non-TBI Trauma (NTT)

![Bar chart showing comparison between TBI and NTT in terms of dementia incidence.](chart)
Anxiety and PTSD after TBI: Medicare Beneficiaries

- Highest rate of hospitalization and mortality after TBI
- Neuropsychiatric disturbances are common
  - Depression
  - Anxiety
  - Agitation
  - PTSD
- Increased symptomology is associated with decreased cognitive and functional recovery
Unique Strengths of Older Adults

- Resilience
- Predictive Factors
- Strategies
Resilience
An individual’s ability and protentional to develop significant psychological and emotional skills, as well as the ability to use familial, social, and external support to better deal with stressful life events or experiences.
Resilience & Older Adults

- Limited Research
- Can be fostered across the lifespan
- Associated with improved health outcomes
- Requires adversity!
Factors associated with Resilience

- Perceived social support and connectedness
- Strong coping skills
- Lower levels of stigma re: treatment seeking
- Volunteering (Veterans)
- A life-time of confronting adversities
- Physical activity
- Gender
- Personality Traits
Personality Traits

- Mastery
- Internal locus of control
- Self-efficacy
- Determination
- Optimism
- Sense of meaning & purpose
Bi-Directional Effect?
Unique Strengths of Older Adults

- Perceived high levels of well being
- Increased resilience with age for women
- Ability to savor positive experiences
- Desire to engage and help others
- Establish and maintain social connections
Building Resiliency

- Limited research on outcomes for Older Adults
- Process vs. Trait
- Reducing risk factors
- Increasing coping skills and strategies
- Screening for risk factors
- Cognitive Behavioral Therapy, Mindfulness, focused activities that enhance happiness
Strategies

- Match cognitive capacity to therapeutic technique
- Reminiscence therapy: limited or even detrimental
- Environmental modifications may help minimize misinterpretation of neutral cues
- Address physical symptoms (e.g. pain) to reduce distress and minimize the association with triggers
- Embrace Plasticity
TIC: What are Your Strengths
1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historic, and Gender Issues