Trauma-Informed Care
“Creating Environments of Resiliency and Hope”

Older Adults and Trauma
How Do We Respond
July 27, 2016
Kim Kehl, Trauma-Informed Care Project Coordinator, OhioMHAS
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.
Individual trauma results from an **EVENT**, series of events, or a 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.
Adverse Childhood Experiences 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)
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
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.
Traumatic Events:

(1) render victims helpless by overwhelming force;
(2) involve threats to life or bodily integrity, or close personal encounter with violence and death;
(3) disrupt a sense of control, connection and meaning;
(4) confront human beings with the extremities of helplessness and terror; and
(5) evoke the responses of catastrophe.

(Judy Herman, Trauma and Recovery, (1992)
Brief Screening Tool

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

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 effect you today?
Role changes and functional losses make coping with memories of earlier trauma more challenging for the older adult.
As the ACE score increases, risk for these health problems increases in a strong and graded fashion.
Trauma in adults – Mental Health

- More than 84% of adult mental health clients will have trauma histories (Meuser et al, 2004)

- 50% of female and 25% of male clients experienced sexual assault in adulthood (Read et al, 2008)

- Clients with histories of childhood abuse will have earlier first admissions, more frequent and longer hospital stays, more time in seclusion and restraints, greater likelihood of self-injury or suicide attempts, more medication use and more severe symptoms (Read et al, 2008)
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)
“A male child with an ACE score of 6 has a 4,600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”

(Felitti, 1998)
Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?”

(Felitti, 1998)

Basic cause of addiction is experience-dependent, not substance-dependent

Significant implications for medical practice and treatment programs
**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 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

Posttraumatic Stress Symptoms among Older Adults: A Review; US Department of Veteran Affairs
http://www ptsd va gov/professional/treatment/older/ptsd_symptoms_older_adults asp
Trauma and suicide

Suicides attributable to Childhood Adverse Experiences

- 2/3rd (67%) of all suicide attempts
- 64% of adult suicide attempts
- 80% of child/adolescent suicide attempts
- Women are 3 times as likely as men to attempt suicide
- Men are 4 times as likely as women to complete suicide.

<table>
<thead>
<tr>
<th>CY</th>
<th># of Deaths</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>190</td>
<td>164</td>
<td>26</td>
</tr>
<tr>
<td>2009</td>
<td>196</td>
<td>166</td>
<td>30</td>
</tr>
<tr>
<td>2010</td>
<td>213</td>
<td>186</td>
<td>27</td>
</tr>
<tr>
<td>2011</td>
<td>204</td>
<td>170</td>
<td>34</td>
</tr>
<tr>
<td>2012</td>
<td>254</td>
<td>218</td>
<td>36</td>
</tr>
<tr>
<td>2013</td>
<td>268</td>
<td>221</td>
<td>47</td>
</tr>
</tbody>
</table>

Methods of Suicide

<table>
<thead>
<tr>
<th>CY 2013</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Poisoning</td>
<td>29</td>
</tr>
<tr>
<td>Hanging</td>
<td>20</td>
</tr>
<tr>
<td>Fire Arms</td>
<td>174</td>
</tr>
<tr>
<td>Other</td>
<td>35</td>
</tr>
</tbody>
</table>
As the population rises . . .

- Over the next 25 years, with the aging of the baby boomers
  - 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
Adverse Childhood Experiences and Current Smoking
Childhood Experiences and Adult Alcoholism

ACE Score

% Alcoholic

0 2 3 4+
ACE Score and Intravenous Drug Use

% Have Injected Drugs

ACE Score

N = 8,022      p<0.001
ACE Score and Indicators of Impaired Worker Performance

Prevalence of Impaired Performance (%)

ACE Score

- 0
- 1
- 2
- 3
- 4 or more

Absenteeism (>2 days/month)

Serious Financial Problems

Serious Job Problems
ACE Study . . .

• As the ACE Study demonstrated, the effects of childhood adversity can continue well into adulthood.
• From hundreds of recent studies, we know that adverse experiences can affect men and women in five key domains of functioning
• They can:
  
  ➢ Negatively impact your beliefs about yourself or others
  ➢ Cause health problems
  ➢ Lead to harmful behaviors
  ➢ Create relationship challenges
  ➢ Manifest through emotional difficulties
### 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>
The Four R’s

A trauma-informed program, organization, or system:

<table>
<thead>
<tr>
<th>Realizes</th>
<th>Recognizes</th>
<th>Responds</th>
<th>Resists</th>
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<tbody>
<tr>
<td>• <em>Realizes</em> widespread impact of trauma and understands potential paths for recovery</td>
<td>• <em>Recognizes</em> signs and symptoms of trauma in clients, families, staff, and others involved with the system</td>
<td>• <em>Responds</em> by fully integrating knowledge about trauma into policies, procedures, and practices</td>
<td>• <em>Seeks to actively Resist</em> re-traumatization.</td>
</tr>
</tbody>
</table>
Trauma Symptoms =
Tension Reducing Behaviors

“How do I understand this person?”
rather than

“How do I understand this problem or symptom?”
“What Happened to you?”

“What’s wrong with you?” vs “What happened to you?”

<table>
<thead>
<tr>
<th>He/she isn’t fitting in well here, he/she has limited social skills and isn’t make any friends.</th>
<th>Has he/she experienced a significant loss or transition recently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>He/she doesn’t remember anything, he/she like a sieve.</td>
<td>Consider: Is there a medical condition? Is there a trauma history?</td>
</tr>
<tr>
<td>I don’t understand why he/she is suddenly making things up. He/she is lying or doesn’t make any sense.</td>
<td>Is there a medical condition? Is there a trauma history?</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
Implications

• Know Thyself
• We don’t fix people or their problems
• Be clear as to why you are sharing
• Creating safe space is everyone’s duty
• Use appropriate channels and resources
• Be less judgmental
Key points to remember

- All behavior has meaning
- Symptoms are ADAPTATIONS
- We build on success not deficits
SAMHSA’s Definition of Recovery

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.
What we CAN do . . .

• **Treat everyone with universal precaution:** Assume that the person has experienced trauma even if you don’t know their personal history.

• **Create a welcoming environment that promotes a feeling of safety and non-violence** – pay attention to physical space, tone of voice, loudness of music or side conversations and eliminate anything that could be intimidating or anxiety provoking.

• **Be very aware of personal space.** Realize that some painful memories may be triggered by touching, hugging, behaving authoritatively, standing over the person or blocking their exit in a closed space, etc.
What we CAN do . . .

• **Recognize that certain practices** (e.g., seclusion and restraint) may create trauma and trigger traumatic memories. Make a commitment to non-violence in words, actions and policy/practices.

• **Support meaningful power-sharing and decision-making** – Voice and Choice!

• **Use tools/approaches that help calm** fear/anxiety/anger/defensiveness as a preventative and healing method rather than engaging in confrontational approaches that focus on coercion or control of external behavior.
What we CAN do . . .

• Understand that **troubling behaviors that we may find uncomfortable likely helped** the person cope/survive under extreme circumstances. Seek to understand their experiences and identify a path to healing.

• **Show genuine concern and be sensitive** to physical or intellectual barriers, gender and cultural issues.

• **Help link** the person with trauma responsive services and ensure continuity of care between organizations and across systems.

• Ask “What happened to you?” instead of “What’s wrong with you?”
Putting it all together

First ask, “What happened to you?”

Then, support a survivor, in 4 difficult sentences:

1. I believe you.
2. Thank you for trusting me enough to tell me.
3. I am sorry that happened to you.
4. I support you whatever you choose to do.

Then, listen and be present. And then, listen and be present some more.

- You’ll experience an urge to take care of the person. That’s normal, because you care. But you must, must, must sit still with it and let the person take care of herself or himself.
- Trauma is (in part) about having control over your body and your choices taken away. Survivors need safe environments where they can take back control.
- Sit still, notice that you care, be kind to yourself, and sit still some more.
- You have given the greatest gift you can give; yourself. Your caring attention.

- And then go take really good care of yourself!
Ohio's TIC Initiative Overview

The Ohio Departments of Mental Health and Addiction Services (OhioMHAS) and Developmental Disabilities (DODD) collaborate on a statewide Trauma-Informed Care (TIC) Initiative intended to improve the use of trauma-informed practices in a variety of sectors, including: Mental Health, Addiction Services, Developmental Services, and Juvenile Justice. The initiative is guided by the principles of Safety, Trustworthiness, and transparency, Peer Support, and Cultural and Linguistic Competence.

OhioMHAS has developed a Trauma Informed Care Institute (TIC Institute) to provide training, resources, and support to individuals and organizations committed to implementing TIC principles.
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