

The Impact of Trauma on Older Adults



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Today's Objectives

- Discuss the impact of trauma on the adult and aging population
- Interpret trauma-informed care and how to incorporate a trauma-informed care framework in services for older adults.
- Describe strategies to engage older adults affected by trauma and recognize signs of trauma in this population.



Trauma-Informed Systems

“Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.”

Ann Jennings, Editor, Center for Mental Health Services/NCTIC, 2008.

“Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services”



What is Trauma?

An emotional response to a terrible event (accident, rape, or natural disaster)

- After an event: Shock and denial are typical
- Longer-term reactions: unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea

Source: American Psychological Association

Trauma is:

- Widespread and Pervasive
- Does not happen in a vacuum but within the context of a community



Impact of Trauma on Health

1. People who have experienced trauma or PTSD have higher rates of cardiovascular disease and related risk factors (hypertension, hyperlipidemia, coronary artery disease) and other chronic illness (diabetes, osteoarthritis) as older adults.

Glasmer, Brahler, Gundell & et.al, 2011. Psychosomatic Medicine; Pieterzak, Goldstein, Southwick, et.al, 2012. Journal of American Geriatric Society – Wave 2 of National Epidemiological Survey on Alcohol & Related Conditions

2. PTSD is a risk factor for dementia.

Borson, S., 2010 Journal of American Geriatric Society

3. A large VA study indicated that individuals diagnosed with PTSD were twice as likely to develop dementia than those who were not diagnosed with PTSD.

Yaffe, Vittinghoff, Lindquist, & et.al, 2010 Archives of Gen Psychiatry



Trauma in Older Adults

- Up to 90% of older adults have experienced at least one traumatic event in their lifetime.
(Pietrzak, Goldstein, Southwick & et.al, 2012)
- Approximately 70% to 90% of adults aged 65 and up have been exposed to at least one potentially traumatic event during their lifetime.
(National Center of PTSD, 2017 / Norris, F.H., 1992)
- Suicide deaths in adults 65 years and older rose 8.1% from 2021 to 2022
(CDC Injury Center)

NOTE: Prevalence studies tend to leave older adults outside the studies, so there are limited studies that accurately report the prevalence of trauma exposure in this population.



Trauma Informed Care

Defined

- Trauma-informed care (TIC) is a framework that creates a culture that recognizes, understands, prevents, responds to and is sensitive to the effect of trauma on people, families and the workforce.
- TIC creates a safe environment for all people affected by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.



Framework

Looking Through a New Lens



What's
wrong with
you?

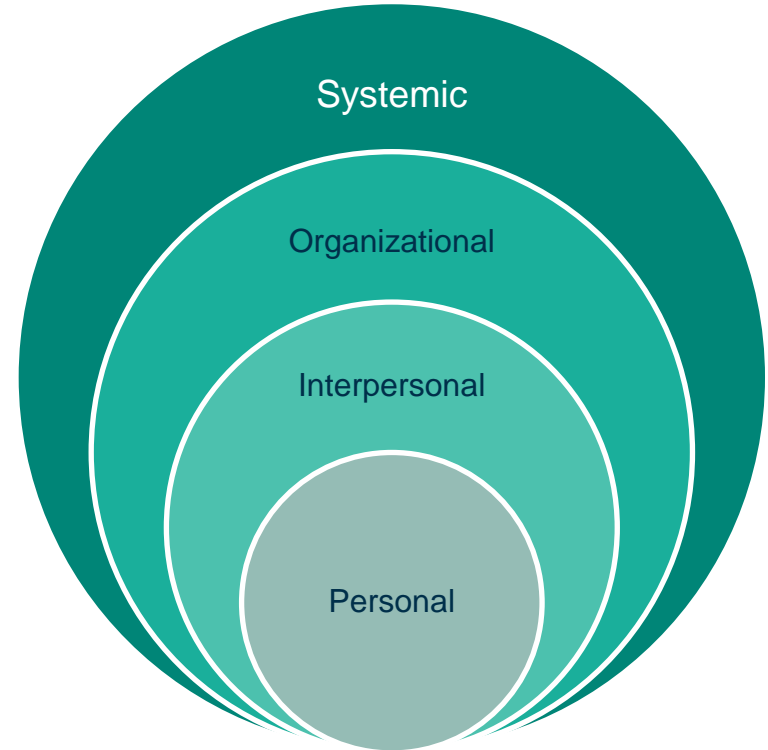


What
happened to
you



The Transformation Levels

- **Personal (Me)**
 - Internal
- **Interpersonal (You)**
 - Relational
- **Organizational (Us)**
 - Business Operations
- **Systemic (Community)**
 - Between organizations, serving systems and the community



What is Trauma?

SAMHSA's 3 E's of Trauma

- Individual trauma happens due to an **event** or circumstance...
- When the person **experiences** the event or circumstance as life-threatening or physically or emotionally harmful...
- And the event or circumstance has lasting adverse **effects** on the person's functioning and mental, physical, social, emotional or spiritual well-being.



Determining What's Traumatic

Individual Perception

- Loss of spouse and peers
- Chronic and life-threatening diagnoses
- Accidents, falls
- Physiological changes, limitations, disability
- Loss of roles and resources
- Increased dependence on caregivers
- Cognitive or memory loss
- Loss of home
- Abuse
- Neglect
- War, or terrorism
- Domestic violence
- Historical trauma
- Death by suicide
- Disaster
- Community violence
- Exploitation
- Attachment disruption or abandonment as a child



Adversities and Reminders

Traumatic events often generate secondary adversities, life changes and distressing reminders in people's daily lives.

Disasters, terrorism and traumatic events may create a series of events in a person's life as a result of an original event.



Distressing Reminders

Loss Reminders

- Spouse and Peers
- Chronic and life-threatening diagnosis
- Home or favorite Place
- Community
- Physical abilities
- Ability to care for self

Trauma Reminders

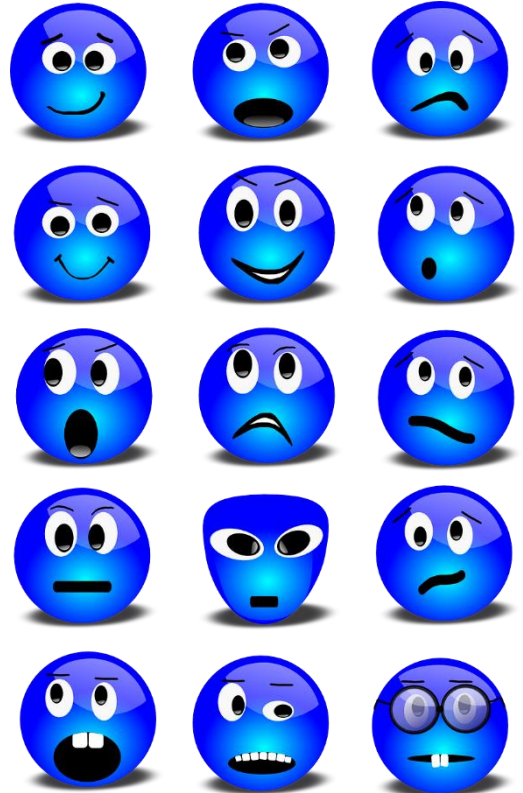
- Sensorial reminders (triggers)
- Physical locations
- Environmental reminders
- Disregard for personal space
- People in authority



Wide Range of Reactions

People can exhibit a wide range of reactions to trauma and loss after a disaster or traumatic event.

- Relief to be alive
- Stress, fear, anger
- Concern (unable to stop thinking about the event)
- High level of feeling alert or "on guard"
 - Strongly react to sounds and sights around them



Types of Reactions

Fight

Flight

Freeze



Physical

Signs and Common Responses to Trauma

- Difficulty sleeping or nightmares
- Physical complaints (headaches, digestive problems, etc.)
- Lack of appetite
- Sweating
- Changes in body temperature
- Changes in heart rate
- Sexual transmitted diseases or infections in genital area



Developmental

Signs and Common Responses to Trauma

Regression in behavior

Loss of abilities or functional losses

Changes in roles



Cognitive

Signs and Common Responses to Trauma

- Intrusive memories of the event
- Distorted beliefs or thoughts
 - Examples:
 - Self:
 - “I’m bad.”
 - “I’m dirty.”
 - Others:
 - “Men are bad.”
 - “People can’t be trusted.”
 - World:
 - “The world is a scary place.”
 - “Nothing’s ever going to change.”



Behavioral

Signs and Common Responses to Trauma

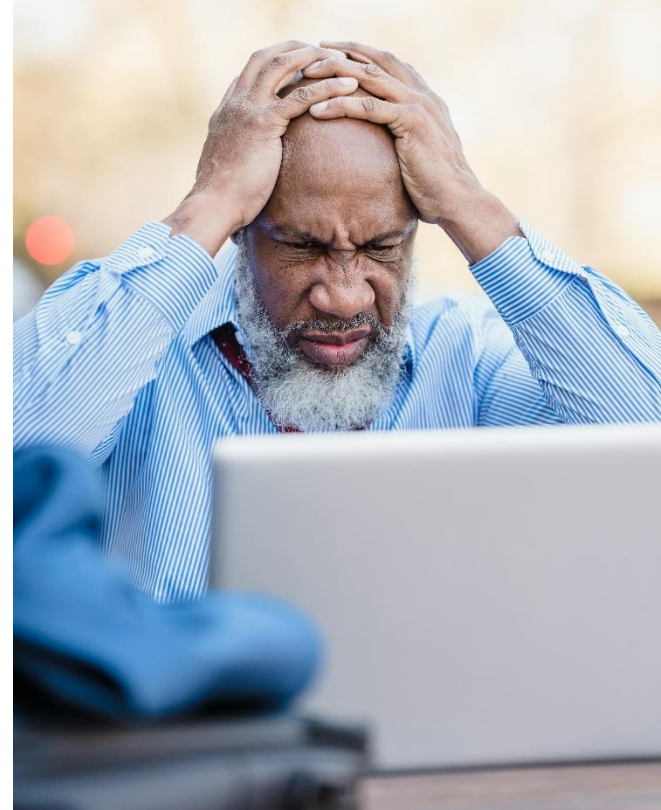


- Anger, outbursts, hostility
- Difficulty paying attention or concentrating
- Withdrawal from others or activities
- Avoidance of scary situations or people
- Re-enacting the event through complex behavioral
- Patterns of behavior or relationship patterns
- Increase use of substances as a way to cope

Emotional

Signs and Common Responses to Trauma

- Difficulty regulating emotions (e.g. unable to calm down, crying hysterically)
- Guilt
- Shame
- Anger
- Depression
- Anxiety or nervousness
- Easily startled
- Numbing



Concepts of Trauma

Changes Over the Years

- Civil War era: “soldier’s heart,” “irritable heart,” “Da Costa syndrome”
- Shell shock (1919–WWI)
- Battle fatigue or combat stress reaction (WWII)
- Gross stress reaction (1952 – American Psychiatric Association, DSM-I)
- Post-traumatic stress disorder (1980 – APA, DSM-III)
- DSM-5 (2014), PTSD is no longer related to anxiety disorders but categorized under trauma-related disorders



Helping Older Adults

Strategies

- Provide information on coping and common stress reactions and behavior changes in adults.
- Normalize the person's experience by explaining how common is for adults to have experienced a stressful event that is considered traumatic.



Support Emotional Regulations

Strategies

Ways to help someone calm down:

1. Breathing more slowly, sighing deliberately
2. Grounding: mindful presence here and now
3. Make stuffed toys and blankets available
4. Touch nose and ear (for those without functional decline)
5. Deep breathing (belly in and out)
6. Visual image
7. Touch soothing textures, blankets
8. Drums, music
9. Aromatherapy
10. Shower
11. Walk, exercise, dance



The SOS Focus Strategy

A strategy to help adults and caregivers:

- **S**low down:
 1. Take a moment to calm yourself
 2. Let your mind, body and spirit become quiet
- **O**rient yourself
 1. Focus on ONE thought that helps you remember:
 - a. Who you are
 - b. What you believe and value
 - c. What's most important to you right at this moment
- **S**elf-Check (on a scale of 1-10)
 1. Level of stress
 2. Level of personal control

Source: Ford, J., et al., 2005, TARGET –

Facilitators Guide, University of Connecticut, CT)



Provider Stress

Working with trauma-exposed people can evoke distress in providers and make it more difficult for them to provide good care.

Normal stress

Toxic stress

Burnout

Compassion fatigue

Secondary traumatic stress



Strategies to Alleviate Stress

- Pace yourself
- Take deep breathes
- Step away and take a break
- Establish self-care daily routines
- Ask for help



Source: EpicTop10.com via Flickr



Trauma-Informed vs. -Focused

Trauma-Informed (Organizational level)

Includes all departments
administrative and direct care

1. Fosters consumer voice through partnership, collaboration in services and administrative tasks
2. Services are delivered in a way that prioritizes safety and prevents re-traumatization
3. Addresses the vicarious impact of trauma exposure on the workforce: secondary traumatic stress

Trauma-Focused (Program level)

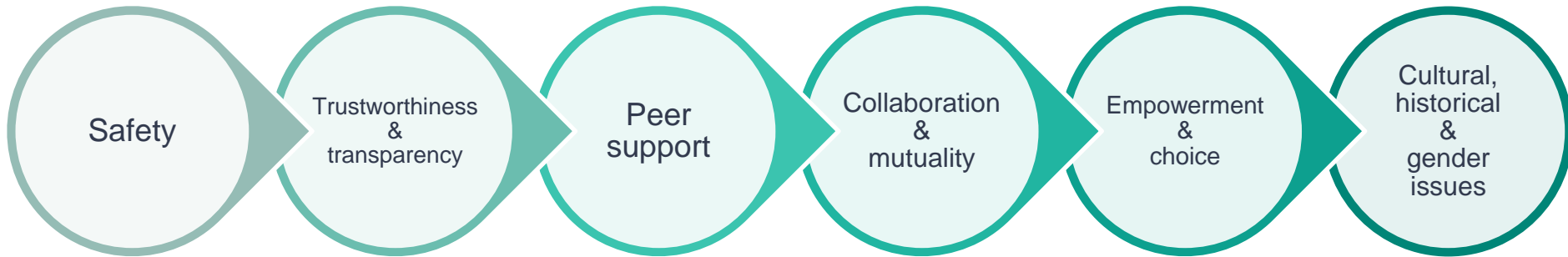
Includes prevention, intervention
or treatment

1. Includes only direct-care providers
2. Incorporates consumer voice in the planning of care of services only



Guiding Principles

Trauma-Informed Care



Domains of Implementation

1. Early Screening and Comprehensive Assessment
2. Consumer-Driven Care and Services
3. Trauma-Informed, Educated and Responsive Workforce
4. Trauma-Informed Evidence-based and Emerging Best Practices
5. Safe and Secure Environments
6. Community Outreach and Partnership Building
7. Ongoing Performance Improvement and Evaluation



Practice

Early Screening and Comprehensive Assessment

1. Workforce is trained in:
 - a. How to recognize the signs and reactions of trauma
 - b. How to refer and where to refer people (clients and staff) affected by trauma
 - c. How to screen and ask about trauma
 - d. Clinical staff is trained and knowledgeable in trauma assessment and screening tools
2. Screening tools are readily available in multiple languages and are culturally appropriate
3. Universal trauma screenings: screen all adults in services
4. Comprehensive assessment
5. Use trauma data for decision support



Care and Services

Consumer-Driven

1. Adults and their family drive the care of their services
2. Services are person-centered
3. Staff engages and partner in a collaborative mutual and trustworthy manner by sharing their power
4. Peer providers are key members of the workforce that provides direct care and supports persons and families in services
5. Consent is a continuous daily process.



Workforce

Trauma-Informed Educated and Responsive

All staff are trained in TIC

1. Clinical staff are trained in trauma-focused evidence-based practices
2. Supervisors have the skills and knowledge to support staff (reflective supervision)
3. Human resources elements support TIC (Employee Assistance Program, wellness, personal leave, flexible schedules) to prevent secondary traumatic stress and care for the workforce.
4. Hiring practices consider TIC
5. Disaster preparedness and response teams and debriefing support teams use TIC



Thank you!

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