



## **Trauma-Informed Care with Older Adults**

**24<sup>th</sup> Annual Maine Geriatrics  
Conference  
Bar Harbor, ME  
1:15 – 2:30 pm  
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# Overview: Trauma-Informed Care

- Context, research background
- Defining terms
- T-I-C with individuals
- T-I-C with organizations/agencies

## **Background: The concept of “trauma-informed” derives from ACEs Research**

**Adverse Childhood Experiences (ACEs) research conducted in 1990s, collaboration between CDC and Kaiser Permanente in CA, conducted by Vincent Felitti and Robert Anda**

**17,000+ participants volunteered, responded to ACE questionnaire surveying traumatic experiences**

### **Findings:**

- Almost 2/3 of participants reported at least 1 ACE**
- Higher ACE score correlates to higher risks for long-term health problems later in life**

**Prior to your 18th birthday:**

**Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Was a biological parent ever lost to you through divorce, abandonment, or other reason ?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Was your mother or stepmother:**

**Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Was a household member depressed or mentally ill, or did a household member attempt suicide?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Did a household member go to prison?**

**No\_\_\_ If Yes, enter 1 \_\_**

**Now add up your "Yes" answers:**

**This is your ACE Score**

Taken from the Aces Too High website:  
<http://acestoohigh.com/got-your-ace-score/>

This is a conference focused on aging issues, why do we care about Adverse Childhood Experiences?

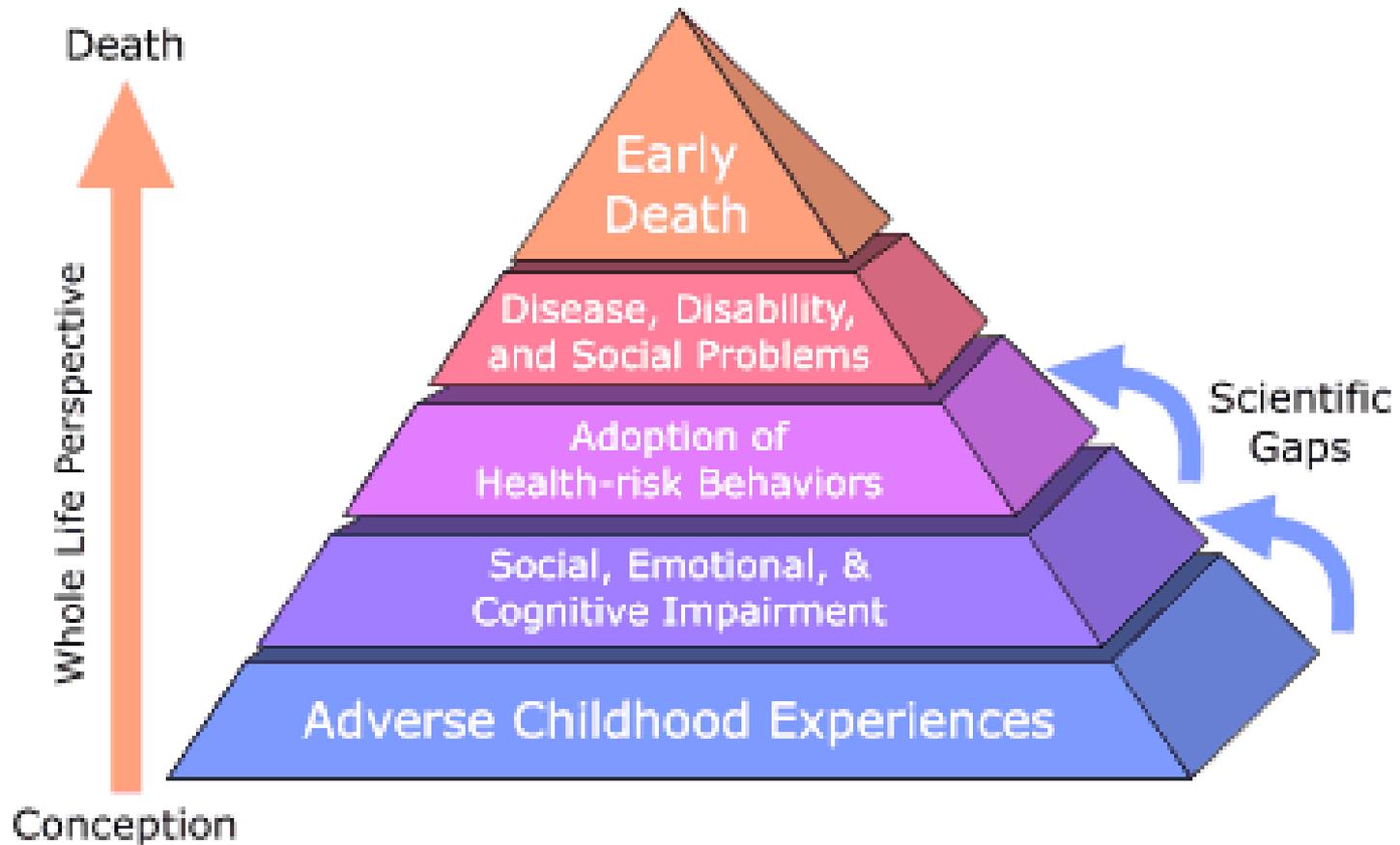
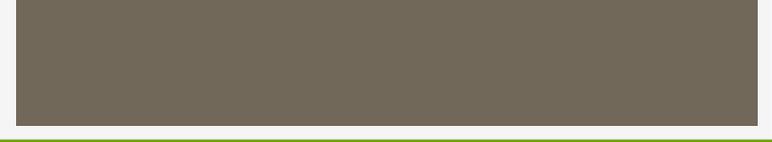


Image taken from Centers for Disease Control and Prevention website:  
[www.cdc.gov/violenceprevention/acestudy.pyramid.html](http://www.cdc.gov/violenceprevention/acestudy.pyramid.html)

**An individual who records 4 or more ACEs is more at risk for the following long-term health complications:**

- Severe obesity (1.6x)**
- Depression (4.6x)**
- Alcoholism (7.4x)**
- Heart disease (2.2x)**
- Any cancer (1.9x)**
- Stroke (2.4x)**
- COPD (3.9x)**
- Diabetes (1.6x)**

(Felitti, et. al., 1998)



**Regardless of childhood trauma history, though, older adults often face new traumas or stressors:**

- Transitions**
- Loss**
- Emotional adjustments**
- Potential elder abuse**

**ACEs research shows us the long-term impact of exposure to chronic stresses and trauma.**

**We can apply knowledge and concepts derived from the ACEs research to the aging population.**

# **TRAUMA-INFORMED**

**What is it, exactly?**

**How do we define “trauma?”**

**Is trauma different from stress?**

# Stress

Is a normal human response to stimuli that can include:

- Muscle tension
- Anxiety & irritability
- Disjointed thinking
- Loss of words
- Action (vs. thinking)
- Hypervigilance
- Fight-Flight-Freeze response

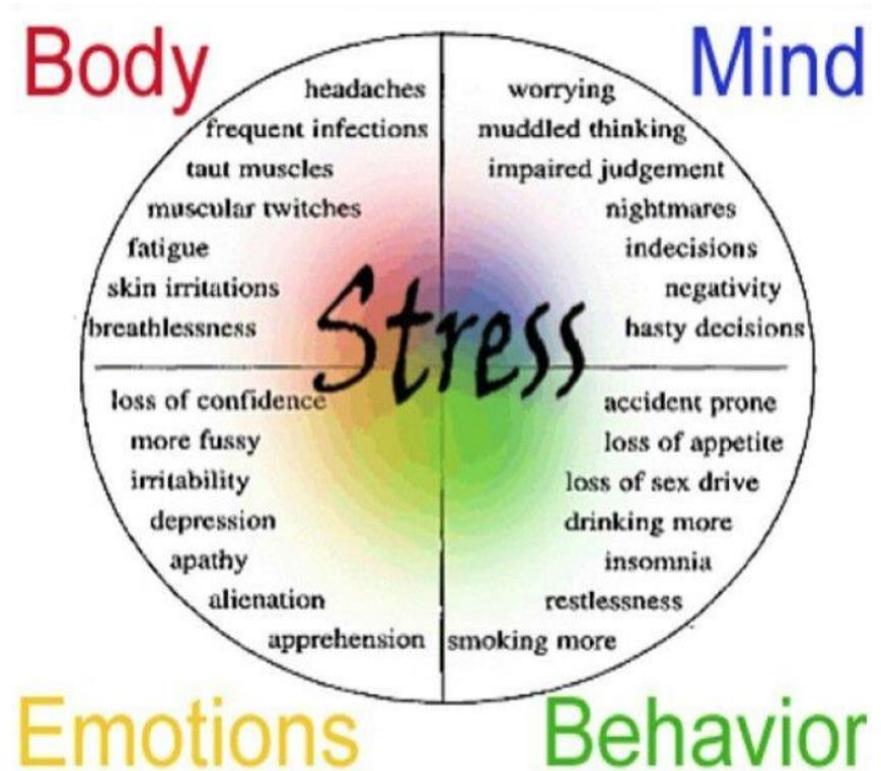


Image taken from:  
<http://www.chi-ki-holistichealth.co.uk/userfiles/Stress.jpg>



## Trauma is

**When our internal and external coping mechanisms are overwhelmed by outside event(s)**

Image taken from:  
<http://mashable.com/2011/03/30/summify/>

# Trauma-informed is

- Understanding the cumulative impacts of trauma on individuals and organizations
- Creating an environment of safety
- Promoting resilience and healing
- Promoting effective, open communication
- Asking “what happened?”



Image taken from:  
[http://johnziraldo.files.wordpress.com/2010/02/safety\\_net.gif](http://johnziraldo.files.wordpress.com/2010/02/safety_net.gif)

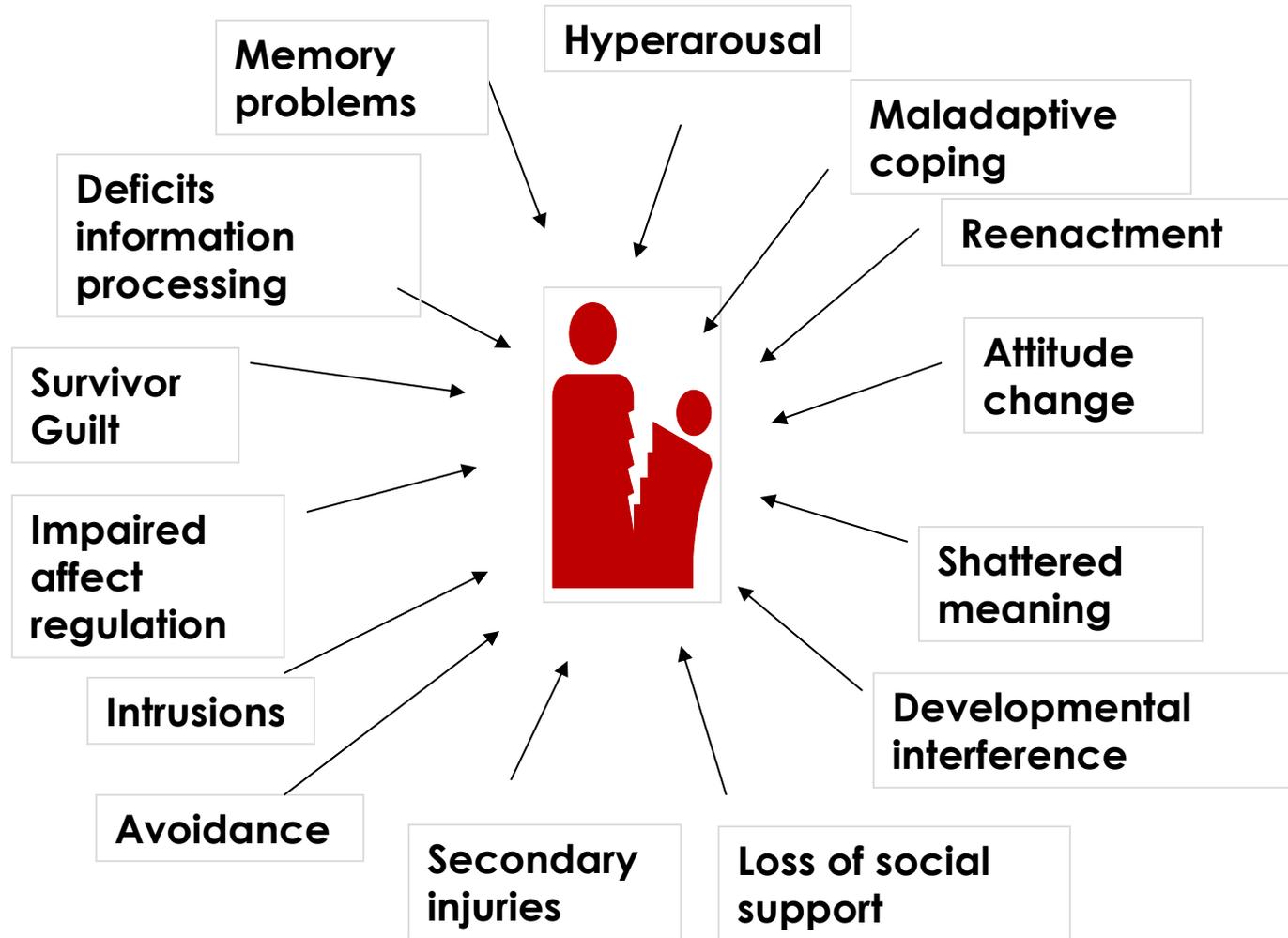
# Trauma-informed care with individuals...

- Recognizes that everyone experiences difficulties
- Understands that adversity shapes how we react and behave
- Believes everyone possesses resilience and the ability to heal
- Asks the question “what happened to you?”

## **“What’s wrong with you?” versus “What’s happened to you?”**

- **“He isn’t fitting in well here, he has limited social skills and isn’t making friends.”**
- **“She doesn’t remember anything, she’s like a sieve.”**
- **“I don’t understand why he’s suddenly making things up. He’s lying or he doesn’t make sense.”**
- **Has he experienced a significant loss or transition recently?**
- **Consider: is there a medical condition? Is there a trauma history?**
- **Is there a medical condition or a trauma history?**

# Post trauma responses



The “what’s wrong ”  
approach:

“He’s having trouble  
making friends.”



**BECAUSE...?**

- **difficulty with relationships**
- **limited social skills**
- **difficulty adjusting to new living situation**

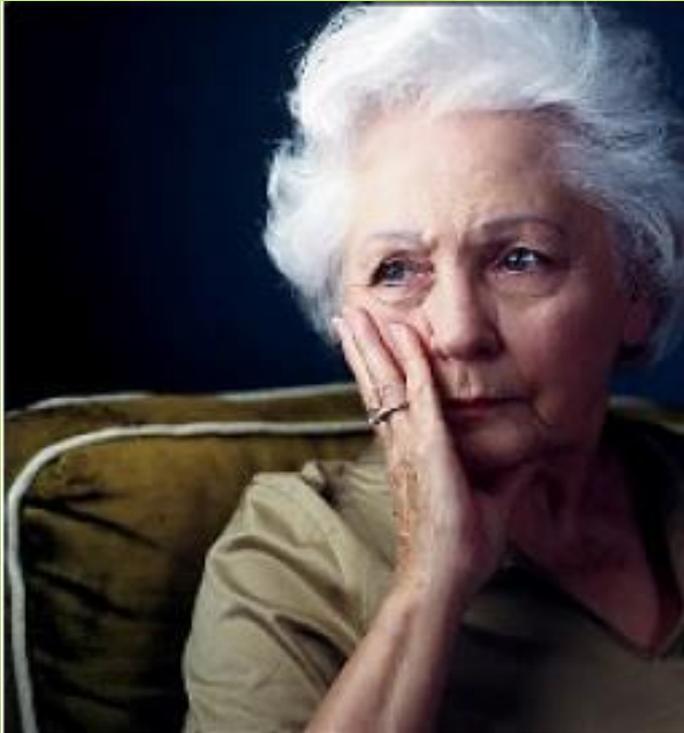


The trauma-informed approach:

“What happened that is affecting his ability to make friends?”

**UNDERSTANDS...**

**Adversity can negatively impact a person's ability to form relationships (no trust)**



The “what’s wrong ”  
approach:

“She forgets everything  
lately, it’s like she’s not  
listening.”

**BECAUSE...?**

- not paying attention
- forgetful (intentionally or unintentionally)
- Sick or not listening



**The trauma-informed approach:**

**“What happened to affect her memory or her attention?”**

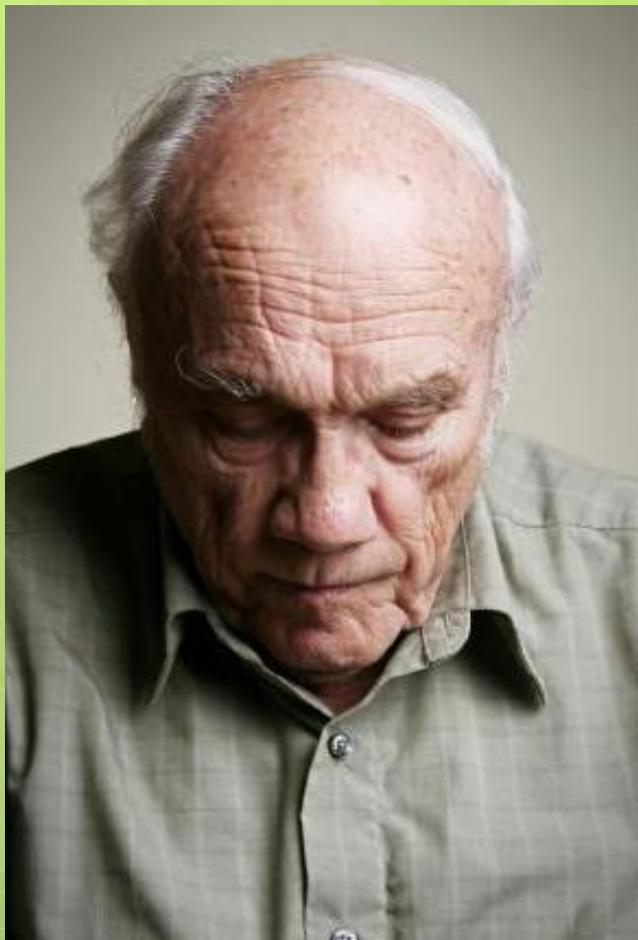
### **UNDERSTANDS...**

**Under stress, we attend to the perceived “threats.” Information important for survival is marked.**

**There may be an underlying medical condition causing the memory loss or inattention.**

Image take from:

<http://injuredworkerslawfirm.com/blog/wp-content/uploads/2013/05/depression-elderly.jpg>

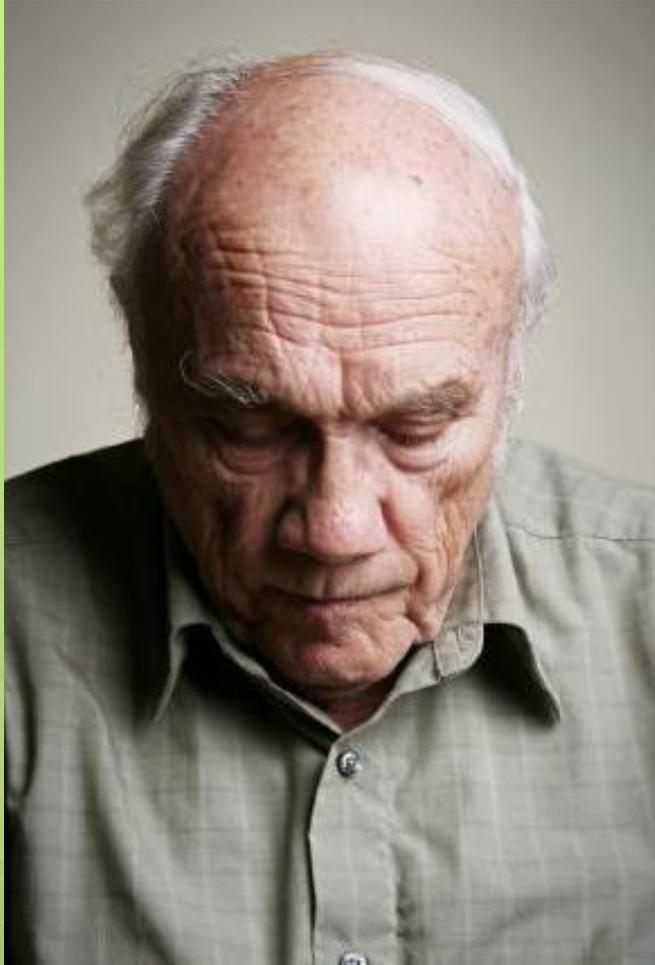


The “what’s wrong ”  
approach:

“He’s making things up  
Either he’s lying or he  
doesn’t make sense.”

### **BECAUSE...?**

- not a very good liar,  
gets caught in his own  
inconsistencies
- “losing it”
- sick
- must be a bad person



**The trauma-informed approach:**

**“What happened that explains the gaps or lapses?”**

**UNDERSTANDS...**

**Traumatic dissociation is a coping skill during the period of stress.**

**There may be an underlying medical condition.**

# Trauma-informed is

- Understanding the cumulative impacts of trauma on individuals and organizations
- Creating an environment of safety
- Promoting resilience and healing
- Promoting effective, open communication
- Asking “what happened?”



Image taken from:  
[http://johnziraldo.files.wordpress.com/2010/02/safety\\_net.gif](http://johnziraldo.files.wordpress.com/2010/02/safety_net.gif)

# Trauma-informed care with/for organizations...

- Recognizes that organizations, and individuals within organizations, experience adversity & stress
- Understands that adversity shapes how we react and behave
- Believes everyone possesses resilience and the ability to heal, including organizations
- Asks the question “what happened?”

**Organizational stresses:**  
Financial pressures  
Policy compliance  
Social pressures  
Political environment  
Staff turnover

**Staff Stresses:**  
Caseloads  
Billing requirements  
Compassion fatigue  
Burnout  
Secondary traumatic stress

**Client stresses:**  
Transitions & loss  
Illness  
Abuse & neglect  
Financial  
Substance abuse



# What is a “trauma-informed agency?” What does that look like?

- Understanding the cumulative impacts of trauma on individuals and organizations:

- Promotes staff self-care
- Supports professional development
- Vacation and sick leave are used (regularly)
- Lunch is eaten... and not at the desk
- Regular supervision



# What is a “trauma-informed agency?” What does that look like?



- **Creating an environment of safety:**
  - **Asking permission (empowering & respecting)**
  - **The “meeting after the meeting”**
  - **Open, transparent communication & decision-making**
  - **Non-judgmental**

**Provider Resilience (app)**

**Relax and Rest Guided Meditation (app)**

**Professional Quality of Life (ProQOL) survey**

[http://www.proqol.org/ProQol\\_Test.html](http://www.proqol.org/ProQol_Test.html)

**Mathieu, F. (2012). *The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization*. (New York, NY: Routledge).**

**The Sanctuary Institute: Sanctuary Model of Trauma-Informed Care**

<http://www.thesanctuaryinstitute.org/>

**THRIVE Initiative**

<http://thriveinitiative.org/>

**National Child Traumatic Stress Network (NCTSN)**

<http://www.nctsnet.org/>

**Adverse Childhood Experiences (ACEs) study information**

<http://www.cdc.gov/violenceprevention/acestudy/>

<http://acestoohigh.com/>

## References

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Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review* (5) 4. Pp. 233-253.

Glisson, C. and Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect* (22) 5. Pp. 401-422.

The Sanctuary Institute , a division of ANDRUS, <http://www.thesanctuaryinstitute.org/>

Thank you!

# Questions and Closing Thoughts?





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