



**Department of
Job and Family Services**

Mike DeWine, Governor
Jon Husted, Lt. Governor
Matt Damschroder, Director

A grey map of the state of Ohio with a pattern of small circles. The text "Office of Families and Children" is overlaid on the map.

Office of
Families and Children

Control, Connection and Meaning:
Responding to the Needs of Older Adults

Kim Kehl
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Office of Families and Children

Creating safety

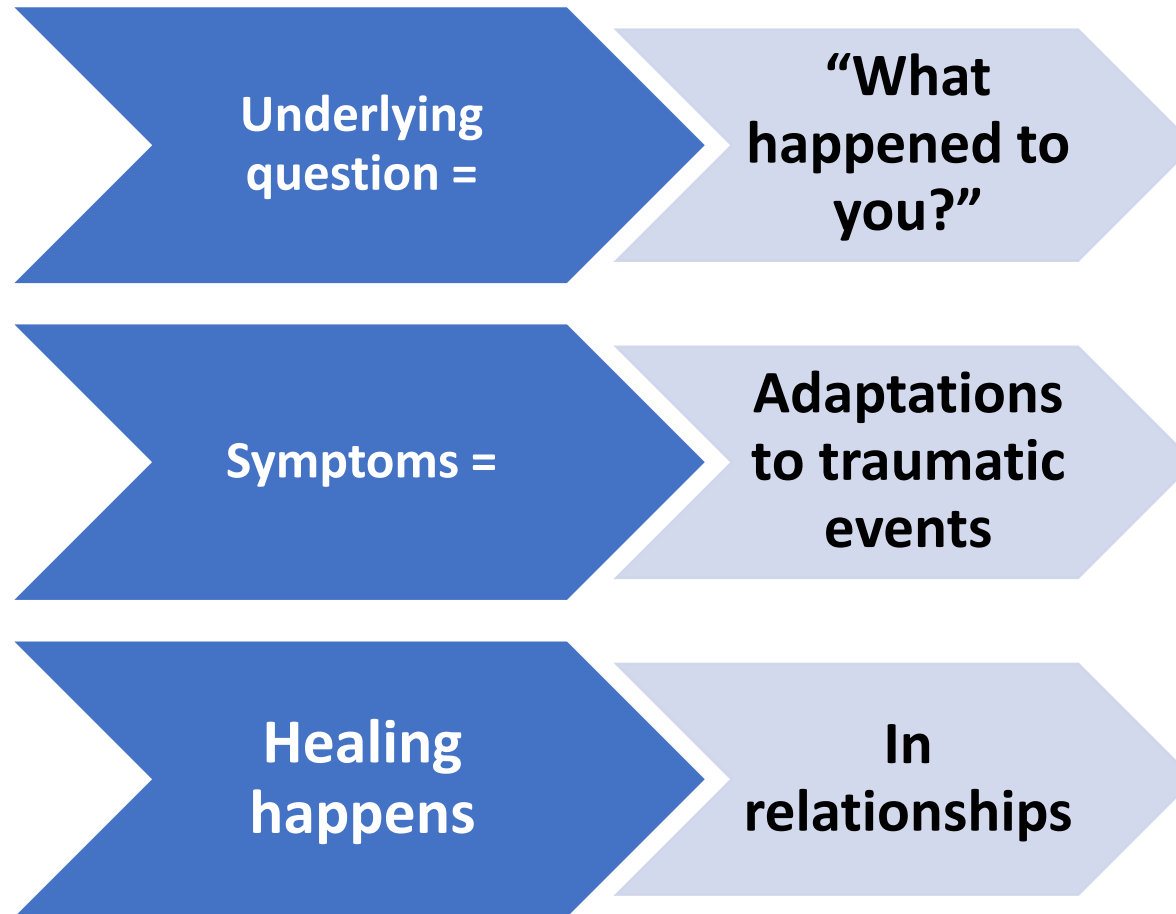
When we talk about stress and trauma, we can be reminded of events from our own lives that may cause discomfort, feelings of anxiety or other emotions.

Please assume that if there is anything you see or hear that causes you concern or uneasiness, it was not meant to, the only intent is to share information in an open and honest fashion to help care, support and serve.

Learning objectives

- ✓ Provide introduction to trauma and trauma-informed approaches in behavioral health, human services and elder services.
- ✓ Participants will have a shared understanding of trauma.
- ✓ Participants will be able to identify Elements of Dignity
- ✓ Explain the Six Trauma-Informed Approach Principles.
- ✓ Learn about how prevalent trauma histories are among the older adults you serve.

Things to Remember



“How do I understand this person?”

rather than

“How do I understand this problem or symptom?”

The Goal

- Create safe environments for older people (and staff members) so that all services, supports and care offered — including all medical care, enrichment and socialization services
- Factor in the reality that some residents (and staff members) will respond differently because of trauma histories, and will benefit from having those offerings provided in trauma-informed ways.

The image features four smooth, dark blue stones of varying sizes and shapes, arranged in a loose, descending path from the top-left towards the bottom-right. The stones are set against a light gray, textured background. The central text is overlaid on the path of the stones.

Understanding Trauma

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 life threatening and that has lasting adverse Effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



The Three E's in Trauma

Events

Events/
circumstances cause
trauma.

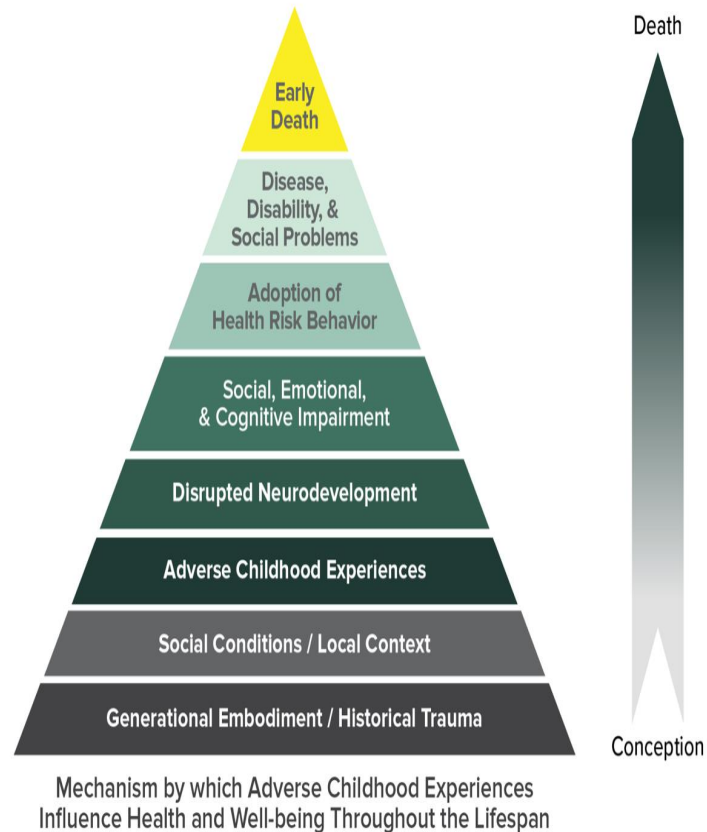
Experience

An individual's
experience of the
event determines
whether it is
traumatic.

Effects

Effects of trauma
include adverse
physical, social,
emotional, or
spiritual
consequences.

ACE 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)

This study has been replicated and validated numerous times, throughout the world and on culturally diverse populations.

ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce/Separation



Incarcerated Relative



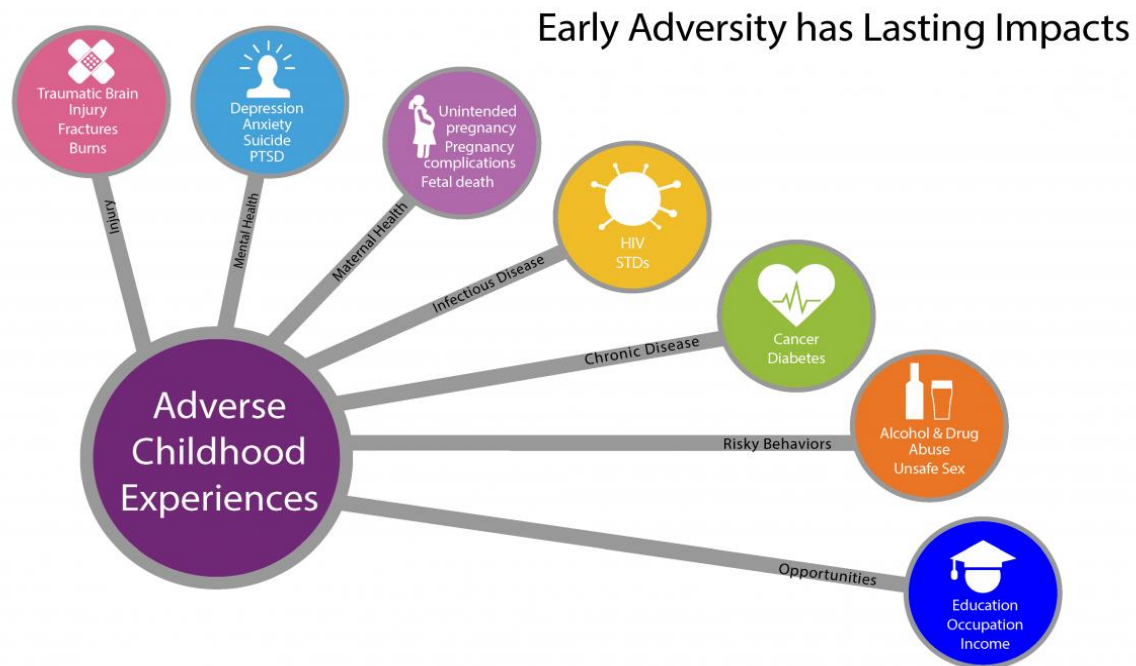
Substance Abuse

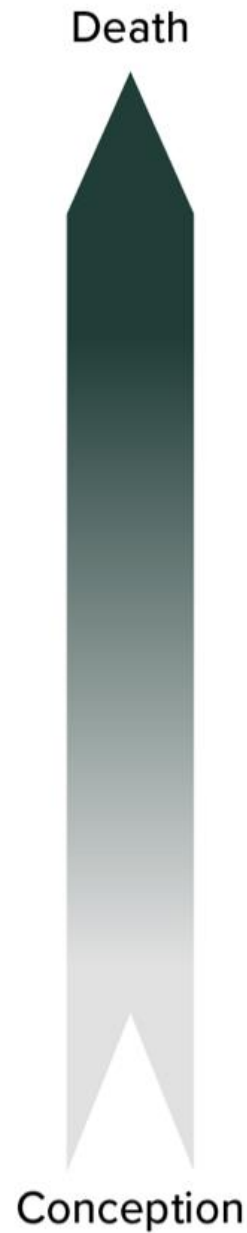
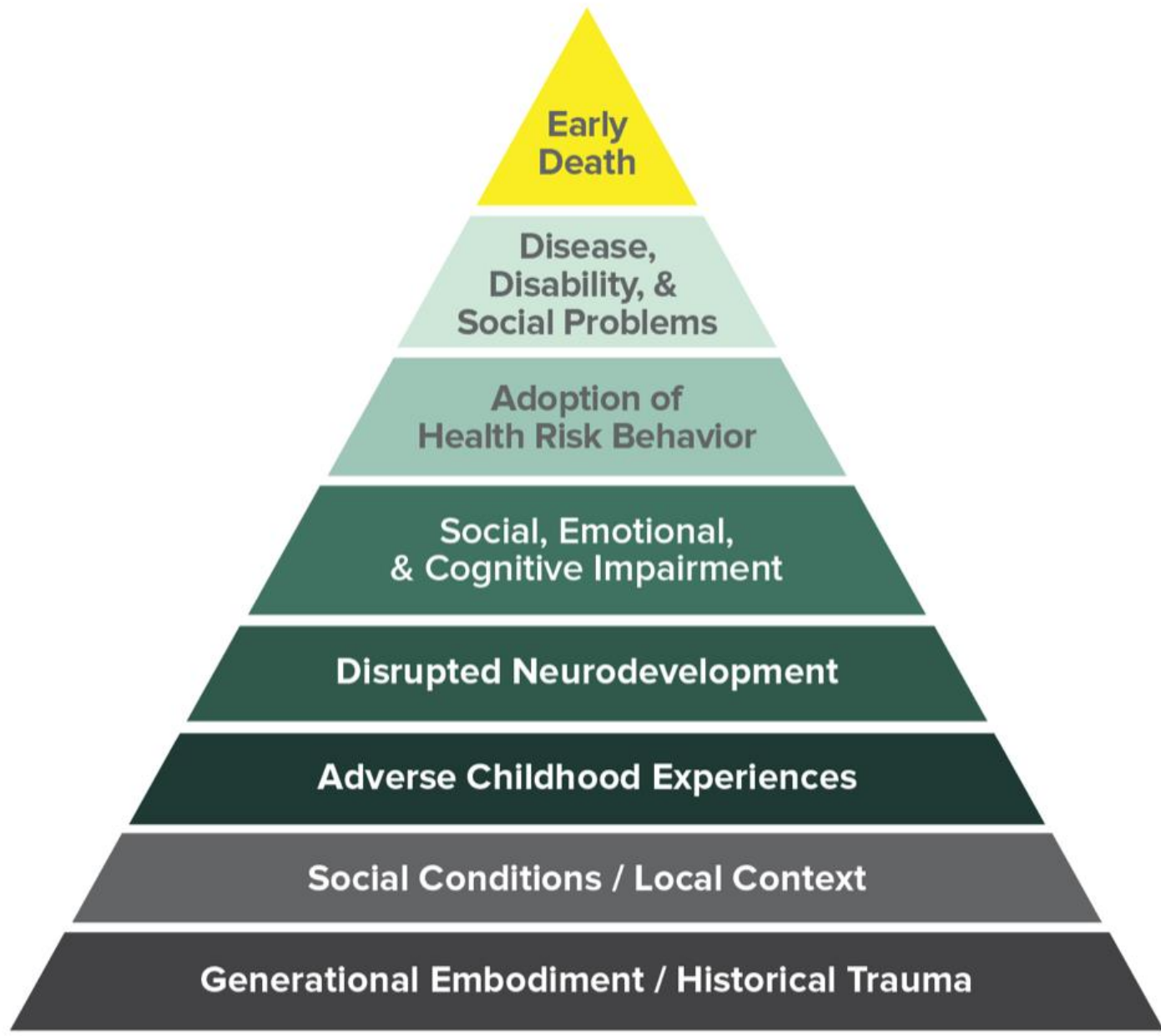
<http://acestoohigh.com/got-your-ace-score/>

ACE Study

ACE Score and Health Risk

As the ACE score increases, risk for these health problems increases in a strong and graded fashion:





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Types of Trauma

- Single-episode trauma (sometimes called *acute trauma*)
- Complex trauma
- Unintentional (organizational)
- Re-traumatization (For example, multiple moves)
- Vicarious trauma

What trauma can do . . .

- (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))

Elder-specific Trauma

- Loss
- Chronic and life-threatening diagnoses
- Physiological changes, limitations and disability
- Cognitive and memory loss
- Increased dependence on caregivers
- Retirement
- Reduced income
- Abuse and neglect
- Concerns for adult children and grandchildren



Trauma is know to have lasting effects

Oftentimes trauma can be masked by symptoms which are often seen in individuals who need APS

- Major depression disorder
- Substance related disorder
- Panic disorder
- Obsessive-compulsive disorder
- Hoarding
- Social phobia

Experience of Trauma

Experience of trauma affected by:

How

When

Where

How
Often

**What
happened
next?**

The Brain Matters

- The human brain is the organ responsible for everything we do. It allows us to love, laugh, walk, talk, create or hate
- The brain - one hundred billion nerve cells in a complex net of continuous activity -allows us our humanity
- For each of us, our brain's functioning is a reflection of our experiences.

The Brain's Response to Trauma

Survival Responses	Coping Behaviors	Labeled by systems
Fight	Struggling to regain or hold on to power, especially when feeling coerced.	"Non-compliant" "In denial" "Combative" "Challenges authority" "Treatment resistant"
Flight	Giving in to whoever/whatever is in a position of power	"Passive" "Can't be helped" "Using the system"
Freeze	Disengaging completely –keeping to oneself, leaving services, abandoning housing, etc.	"Chronic" "Unmotivated"
Fawn	Try be useful, helpful and accommodating at the expense of one's self	"Chronic yes person" "Liar" "Fake"



**Prevalence of
trauma**

Trauma in older adults

- Older adults are vulnerable to the effects of trauma in two ways:
 - Long term effects of **trauma experienced as a child or adolescent**
 - Greater vulnerability to **trauma associated with aging**
 - Of course older people are **subject to events in the present** as well as the past, and so may have more recent or current traumas of these kinds with which to contend

Trauma experienced in old age

- In the general population, approximately **70% to 90% of adults aged 65 and up** have been exposed to at least one potentially traumatic event during their lifetime
- Approximately **one in ten** seniors over the age of 60 is abused each year
- 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**
- When controlling for all forms of abuse, the **repeated physical abuse and forced sexual intercourse** are significantly correlated with late life depression

Relationship between early and later trauma

- Older adults who suffered from physical neglect and abuse in childhood may be **more likely to tolerate poor care** later in life.
- The **experience of a prior traumatic event is** associated with increased risk of elder mistreatment.
- Seniors who have been abused **are more likely to be institutionalized** in a nursing home or to be hospitalized.

Trauma, Depression and PTSD

- Seniors with both depression and PTSD
 - More severely depressed
 - More functionally impaired
 - Have more complicated & persistent mental illness history
 - Have higher suicidal behavior and completed suicide rates
 - Associated with high medical care utilization and costs
 - PTSD has a significant impact on most areas of daily functioning

Family Trauma

- Families may be affected by trauma in many ways
- Trauma(s) may have been experienced:
 - Directly by the older adult
 - Their child or children
 - Their spouse
 - Their ancestors
 - And/or the entire nuclear or extended family.

- The older adult has **recently experienced** physical and/or emotional abuse by a family member.
- The older adult was **a refugee** from war or genocide in another country as a young adult.
- The **older adult abused** his daughter and was, himself, abused as a child.
- **The family has** lived in a violent, distressed and disinvested urban neighborhood and has witnessed and experienced violent death, poverty and racism for several generations.
- The older adult is a **combat veteran** and the effects of his post-traumatic stress has been a challenge for the family.
- **The older adult grew up** with a parent with mental illness and substance misuse, but her children do not know that.
- **The family experienced** a devastating fire that consumed their home and resulted in a loss of life.
- One **family member** has had a serious chronic illness and has experienced difficult medical procedures, some of which were painful and frightening.



Trauma-Informed Approaches

Implementing Trauma-
Informed Care: A Guidebook
LeadingAge

The Impact of Adversity is Not a Choice

Adverse or difficult life experiences affect all of us in ways that are more about neurophysiology and less about character than most of us have supposed.

Despite the commonly shared belief that ‘what doesn’t kill us makes us stronger,’ the evidence from neurobiology and public health increasingly demonstrates that **adversity causes changes in the brain and body that occur outside our awareness and are not subject to being overridden by ‘grit’ or toughness.**

Understanding Adversity Helps Us Make Sense Out of Behavior

We cannot fully understand behavior or respond to it effectively without understanding prior adverse experiences.

- **Continuously** — consciously and deliberately or unconsciously — observing behavior and interpreting what that behavior means.
- Some of this is an **ongoing** process with all human interactions.
- Some of this observation and meaning-making comes from the **training** that staff members receive in their professional disciplines.
- The capacity to assess the meaning of behavior is incomplete without the addition of a **consideration of prior adversity**.
- A **trauma-informed approach to assessing behavior does not take precedence over other rubrics** — it adds an essential missing piece to the puzzle that can help make sense out of puzzling behavior and informs our understanding about why our interventions sometimes are ineffective or even backfire.

Prior Adversity is Not a Destiny

In an environment of safety and support, change, healing and better lives are possible.

Human potential for healing across the lifespan:

Traumaspecific interventions that may be offered through behavioral health services, along with insights from neurobiology that help explain how greater resilience and healing is possible even after the brain is impacted by traumatic stress.

The role of a safe and supportive environment:

Because adverse or traumatic experiences, by definition, are the result of a lack of safety and make individuals susceptible to feeling unsafe, subsequent environments have the potential to either exacerbate the feeling of threat and danger or mitigate it.

A safe environment creates a setting in which manifestations of traumatic stress are minimized and individuals experience greater comfort and opportunity for well-being and healing.



Brene' Brown – Empathy

<https://www.youtube.com/watch?v=1Evwgu369Jw&t=29s>

From “What’s Wrong?” To “What’s Happened?”

What’s wrong?

- What is your diagnosis?
- What are your symptoms?
- How can I best help or treat you?

What happened?

- What is your story?
- How did you end up here?
- How have you coped and adapted?
- How can we work together to figure out what helps?

The “What’s Wrong Approach”

He’s having trouble making friends

- **Because...**
 - Difficulties with relationships
 - Limited social skills
 - Difficulty adjusting to new living situation

The TIC Approach

What happened that is affecting his ability to make friend?

- **Understands ...**
 - Adversity can negatively impact a person's ability to form trusting relationships
 - Due to truth issues

She forgets everything lately, it's like she's not listening.

- **Because...**
 - Not paying attention
 - Intentionally forgetful
 - Sick or not listening

The TIC Approach

What happened to affect her memory of attention?

- **Understands ...**

- Under stress, she perceived threat. Information important or survival is marked.
- There may be an underlying medical condition causing the memory loss.

The “What’s Wrong Approach”

- I can’t believe anything he says
 - **Because...**
 - He’s always lying
 - You can never believe anything he says
 - He’s always got some sort of big story

The TIC Approach

What happened that he's suddenly making things up; he's lying or he doesn't make sense

- **Because ...**
 - There may a medical condition or a medication interaction.
 - History of trauma and something may triggering.

OTHER Possible trauma responses

Behavioral

- Blowing up when being corrected
- Fighting when criticized or teased
- Resisting changes
- Protective of personal space
- Reckless or self-destructive behavior
- Seeking attention
- Reverting to younger behaviors

Emotional/Physical

- Nightmares
- Sensitive to noise or touch
- Fear of being separated from family
- Difficulty trusting
- Emotional swings
- Unexplained medical problems

Psychological

- Confusing what is safe and what is dangerous
- Trouble concentrating
- Difficulty imagining the future

Remember:

- All behavior has meaning
- Symptoms are ADAPTATIONS
- We build on success not deficits



Shorts

Brene' Brown – *Blame*

https://www.youtube.com/watch?v=RZWf2_2L2v8



ESSENTIAL ELEMENTS of DIGNITY

What we extend to others
and would like for ourselves

Donna Hicks
Weatherhead Center for International Affairs
Harvard University

Defining Dignity

- “An internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things...”
- “Treat people as they want to be and you help them become what they are capable of being”
- “Seeing, hearing, and acknowledging what people have suffered....caring and attending to those who have endured unspeakable atrocities help(s) to recover their sense of worth...”
- “...Often a missing link in the understanding of conflicts...”

Indignities

- Unaddressed indignities are at the core of all entrenched conflicts and will block your attempts to resolution, healing and peace...
- The wounds of indignities do not go away over time...the person's story needs to be heard, the person needs to be cared for and attended to...
- Most of us when we have violated other's dignity, have done so accidentally and because of not being mindful and understanding of our impact on the other person...

Ten Essential Steps of the Dignity Model

1. Acceptance of Identity:

- Approach people as neither inferior or superior to you
- Give people the freedom to express their authentic selves without fear of being negatively judged
- Interact without prejudice or bias
- Assume others have integrity

Ten Essential Steps of the Dignity Model

2. Inclusion: make others feel as if they belong; whatever the relationship, whether they are your family, community, classroom, organization or nation. Making people feel valued and welcomed...

3. Safety: Put people at ease

- Physically so they are safe from bodily harm
- Psychologically so they are safe from being humiliated
- Help them to speak without fear of retribution
- Acknowledging their suffering, acknowledging their strengths...

Ten Essential Steps of the Dignity Model

4. Acknowledgement:

- Give people your full attention by listening, hearing, validating, and responding to their concerns, feelings, and experiences
- This can be done simply and can be very powerful...this can be overlooked so easily too...

Ten Essential Steps of the Dignity Model

5. Recognition:

- Validate others for their talents, hard work, thoughtfulness, and help.
- Be generous with praise and gratitude to others for their contributions and ideas
- The importance of leadership being educated on dignity: its power and the cost of indignities

6. Fairness:

- Treat people justly with equality in an even-handed way according to agreed upon laws and rules.
- People feel their dignity is honored when you treat them without discrimination or injustice.

Ten Essential Steps of the Dignity Model

7. Benefit of the Doubt:

- Treat people as they are trustworthy
- Start with the premise that others have good motives and are acting with integrity

8. Understanding:

- Believe that what others think matters
- Give them the chance to explain and express their points of view
- Listen to understand


Ten Essential Steps of the Dignity Model

9. Independence:

- Encourage people to act on their own so that they feel in control of their lives and experience a sense of hope and possibility

10. Accountability:

- Take responsibility for your actions.
- If you have violated the dignity of another person apologize
- Make a commitment to change your hurtful behaviors



Principles of Trauma-Informed Approaches

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**

Principle 1: Safety

- Throughout the organization, staff and the people they serve, feel physically and psychologically safe.
- Do personal interactions promote a sense of safety?
- How do persons served define safety?
- What changes need to be made to address safety concerns?
- Does the organization work on risk management principles or is the organization risk averse?

Principle 2: Trustworthiness and Transparency

- Operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
- Is the organization constantly building trust?
- Do people really understand their options?

Principle 3: Peer Support:

- Key to establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.
- Does the organization practice principles of peer support?
- Is there peer support for staff?
- Are the staff prepared to accept peer supporters?



Principle 4: Collaboration and Mutuality

- Partnering and leveling of power differences between staff and clients and among organizational staff
- Demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making
- Everyone has a role to play; one does not have to be a therapist to be therapeutic
- Is there true partnership between people served and staff and between management and staff?



Principle 5: Empowerment, Voice, and Choice

- Individuals' strengths and experiences are recognized and built upon
- The organization fosters a belief in resilience
- Clients are supported in developing self-advocacy skill and self-empowerment
- How are successes celebrated in the organization?



Principle 6: Cultural, Historical, and Gender Issues

- The organization actively moves past cultural stereotypes and biases
- Offers gender-responsive services
- Leverages the healing value of traditional cultural connections
- Recognizes and addresses historical trauma



Creating a TIC Environment

An organization or system that is trauma-informed:

- Realizes the widespread prevalence and impact of trauma
- Understands potential paths for healing
- Recognizes the signs and symptoms of trauma and how trauma affects all people in the organization, including:
 - Residents
 - Staff
 - Family
 - Others involved with the system
- Responds by fully integrating knowledge about trauma into practices, policies, procedures, and environment.

Trauma Informed Organization

What does it look like for staff?

Understands the cumulative impacts of trauma on individuals and organization:

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

The Four R's

A trauma-informed program, organization, or system:

Realizes

- *Realizes* widespread impact of trauma and understands potential paths for recovery

Recognizes

- *Recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively *Resist* re-traumatization.

The background of the slide features four smooth, dark blue stones arranged in a path that leads from the top left towards the bottom right. The stones are set against a light, textured surface, possibly sand or a fine-grained material. The lighting is soft, creating gentle shadows and highlights on the stones' surfaces.

Healing and Recovery

What helps healing?

- Understand that **trauma impacts a wide range human experience**, our physical, emotional, intellectual and spiritual well being.
- **Promote self-assurance** by reminding the older adult that they survived a painful experience and that it takes time to heal.
- **Avoid comparing** oneself to how others are handling their experience.
- **Seek out persons who care for and support** the older adult.

What helps healing cont . . .?

- Have them share reactions, thoughts and how the experience impacted them.
- Know that the reactions to trauma described are normal responses to a very abnormal experience.
- Have the older adult consider writing a journal of their experience.

What helps healing cont . . .?

- Help them gain perspective on the experience.
- Trauma places stress on the human body and may result in illnesses that decrease energy and ability to concentrate.
- Have the older adult promote their sense of hardiness through healthy nutrition and exercise.

What does this mean for you?

- First ask, “What happened to you?”
- Then, support people, in 4 different belief statements:
 - ❖ I believe you.
 - ❖ Thank you for trusting me enough to tell me.
 - ❖ I am sorry that happened to you.
 - ❖ I support you whatever you choose to do.

Only in the presence of compassion will
people allow themselves to see the
truth.

~ A.H. Almaas

Resources

- ***Implementing Trauma-Informed Care: A Guidebook***; Published 2019 by LeadingAge Maryland; Baltimore, MD
- Substance Abuse and Mental Health Services Administration. ***Trauma-Informed Care in Behavioral Health Services***. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
- Substance Abuse and Mental Health Services Administration. ***SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach***. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Questions

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