Introduction to Psychological Trauma in the Context of Aging

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Who I Am

• Lifespan developmentalist
• Neuroscientist/Neuroimager
• Trauma researcher
• End-of-life caregiver
• Hospice-trained social worker
• Director, Ithaca College Gerontology Institute
• Founding member, National Hospice & Palliative Care Organization’s (NHPCO’S) Workgroup on Trauma-Informed End-of-Life Care
Learning Objectives

• Know the CMS Final Rule regarding trauma-informed care in long-term care
• Be able to discuss the prevalence and impact of psychological trauma across the lifespan
• Know three common approaches to understanding trauma and adversity (CDC, APA, SAMHSA) and which is favored in the CMS Final Rule
• Understand the need for trauma-informed care in long-term care
• Understand about the elephants
YOUR CARE PLAN

UNRESOLVED TRAUMA
Some Cases for the Day

**Enid** – Mid-to late-stage Alzheimer’s. Language is rapidly deteriorating. Becoming combative during personal care.


**Shirley** – CHF and COPD with 24-hour O2, significant frailty, and spinal stenosis. Wheelchair-bound. Recently, Shirley has stopped sleeping at night. No significant dementia.

**Morty** – Double amputee with Type 2 diabetes. Well-liked by staff. Has three children in the area. None visit or are involved in care.
Some Cases for the Day

Enid – Mid-to late-stage Alzheimer’s. Language is rapidly deteriorating. Becoming combative during personal care______________________________.


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Handout in Packet

FOR EACH CASE, PLEASE WRITE A QUICK NOTE ON HOW YOUR STAFF WOULD HANDLE THIS SITUATION (as of this morning)
• Trauma-Informed Care

HHS has also undertaken broad-based activities to support Americans that have specific needs to be considered in delivering health care and other services. Activities include raising awareness about the special care needs of trauma survivors, including a targeted effort to support the needs of Holocaust survivors living in the United States. Trauma survivors, including veterans, survivors of large-scale natural and human-caused disasters, Holocaust survivors and survivors of abuse, are among those who may be residents of long-term care facilities. For these individuals, the utilization of trauma-informed approaches is an essential part of person-centered care. Person-centered care that reflects the principles set forth in SAMHSA’s “Concept of Trauma and Guidance for a Trauma-Informed Approach,” HHS Publication No. (SMA) 14–4884, available at http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Trauma-informed care—Implemented in Phase 3.

November 28, 2019
“...Trauma survivors, including veterans, survivors of large-scale natural and human-caused disasters, Holocaust survivors and survivors of abuse, are among those who may be residents of long-term care facilities. **For these individuals, the utilization of trauma-informed approaches is an essential part of person-centered care.** Person-centered care that reflects the principles set forth in [SAMHSA's ‘Concept of Trauma and Guidance for a Trauma-Informed Approach,’ HHS Publication No. (SMA) 14-4884](http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf), will help advance the quality of care that a resident receives and, in turn, can substantially improve a resident’s quality of life”

The Model

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA’s Trauma and Justice Strategic Initiative
July 2014
### F-Tags that Support Trauma-Informed Care

<table>
<thead>
<tr>
<th>F659</th>
<th>Qualified persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>F699</td>
<td>Trauma informed care (effective 11/28/2019)</td>
</tr>
<tr>
<td>F741</td>
<td>Sufficient competent staff, behavioral health needs</td>
</tr>
<tr>
<td>F740</td>
<td>Behavioral health services</td>
</tr>
<tr>
<td>F742</td>
<td>Treatment/services for mental-psychosocial concerns</td>
</tr>
<tr>
<td>F743</td>
<td>No pattern of behavioral difficulties unless unavoidable</td>
</tr>
</tbody>
</table>

F699 §483.25(m) Trauma-informed care

“The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause retraumatization of the resident”

“..trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice…”

- CMS has not yet provided formal guidance
- SAMHSA strategies for trauma-informed care do not yet include medical settings
- Residents may be physically ill and/or cognitively impaired and/or dying
- Sooner or later, staff will have to touch them
“... accounting for residents’ experiences and preferences...”

• How do we find out about these?

SAMHSA recommends universal direct screening for history of trauma
• Evidence-based paper-and-pencil trauma history questionnaire delivered by a trained generalist

• Works for the average behavioral health client
• May not be appropriate for all LTC residents
Triggers are about **physiology**, not politics

“... in order to eliminate or mitigate *triggers* that may cause retraumatization of the resident”

The Model

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

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Trauma-Informed Care and the…
Trauma-Informed Organization

- **Realizes** the prevalence & impact of trauma
- **Understands** how to assess and treat* the signs & symptoms of trauma (*F740)
- **Integrates** this information into its policies and practices
  - **To Prevent** client re-traumatization
  - **To Promote** client/staff empowerment in a culturally sensitive framework

SAMHSA: http://www.samhsa.gov/nctic/trauma-interventions
Trauma-Informed Care and the... Trauma-Informed Organization

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Prevalence of exposure to any traumatic event (DSM-IV), including 27 target events and one open-ended question. \( N = 125,718 \).

Benjet et al. (2016). *Psychological medicine.*
Prevalence of Exposure to Any Traumatic Event

- Nationally representative
- Ages 18 to 99 years
- Most conservative definition of trauma

USA 82.7%

Virtually all of your residents
Virtually all of your staff

Benjet et al. (2016). *Psychological medicine.*
Includes Combat Veterans, but NOT ONLY Combat Veterans
SAMHSA: Psychological Trauma

- **Event(s) or circumstances**

- **Experienced by an individual as physically or emotionally harmful or life threatening**

- **Lasting adverse Effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being
Adverse Childhood Experiences (ACEs)

- Sexual abuse
- Physical abuse
- Neglect
- Verbal abuse
- Domestic violence
- Parental separation/divorce
- Household member with substance abuse
- Household member with mental illness
- Household member incarcerated

Felitti & Anda
Kaiser Permanente + CDC
17,000+ participants
- HMO
- Middle Class
- College Educated
- American, mostly white

https://www.acesconnection.com/
California

61.7% of adults report at least one ACE
16.7% report four or more

ACEs are NOT RARE

Similar Results Nationally
ACEs Impact Health & Mortality Across the Lifespan

The higher the score on ACE survey, the more likely people were to be in poor health:

- Liver disease
- COPD (chronic obstructive pulmonary disease)

Hostetter et al. (2016)
Adversity is Cumulative

Dose-response  The change in an outcome (e.g., cancer) is associated with differing levels of exposure (doses) to a stressor (e.g. ACEs)

As the dose of the stressor increases

The intensity of the health outcome also increases.
ACEs Increase Lifetime Risk

for 7 out of 10 of the leading causes of death in U.S.

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>PHYSICAL &amp; MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Smoking</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>Depression</td>
</tr>
<tr>
<td>Drug use</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Missed work</td>
<td>STDs</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Ganzel 11.22.19

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html
Brief Pause

to do the ACEs survey

• Completely Optional
• In your packet
• Do NOT put your name
• Only total number of ACEs
• Put sticky note in ACEs envelope
Psychological Trauma: DSM-5

American Psychiatric Association (2013)

EVENTS that threaten death, serious injury, or sexual violence e.g., rape, serious accident (DSM-5), life-threatening illness (DSM-IV-TR)

- Self or other
- Directly experienced
- Personally witnessed
- Some indirect experiences qualify

**SAMHSA’s Definition of Trauma**

...experienced as physically or emotionally harmful or life-threatening.

**Lasting adverse effects** on functioning and mental, physical, social, emotional, or spiritual well-being.

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Brief Pause

to do the life events survey

• Completely Optional
• Do NOT put your name
• Only total number of events
• Put sticky note in envelope
Delayed Reactions to Trauma Exposure

SAMHSA (2014); American Psychiatric Association (2013)

Re-Experiencing
• Unwanted upsetting memories
• Nightmares
• Flashbacks
• Emotional distress @ trauma reminders
• Physical reactivity @ trauma reminders

Trauma-Related Arousal/Reactivity
• Risky or destructive behavior
• Hypervigilance/Heightened startle
• Difficulty concentrating
• Difficulty sleeping
• Irritability or aggression
• Generalization of trauma triggers to panic and phobia-like behavior

Avoidance
• Trauma-related reminders
• Trauma-related thoughts or feelings
• Emotional & social demands

Negative Thoughts/Feelings
• Overly negative thoughts about oneself or the world
• Inability to recall key features of the trauma
• Exaggerated blame of self or others about the trauma; Preoccupation
• Negative affect
• Decreased interest in activities
• Feeling isolated
• Difficulty with positive feelings

Physiological Symptoms (post-trauma or current stressor)
++ pain, muscle tension, headache, teeth grinding, ++ blood pressure, ++ heartbeat,
increased or decreased appetite or sleep, ++ urination, diarrhea/constipation,
nausea/stomach ache, tremor, dry mouth/difficulty swallowing, ++ somatization
Brain Differences in PTSD

++ Amygdala activity  ++ Vigilance  "IS IT A SNAKE or a stick?"
-- Prefrontal activity  -- Cognitive control  "... it’s a stick"
Changes to Hippocampus  Disrupted memory
NO PTSD REQUIRED

Trauma Exposure

trauma exposure at any age

Neural and Immune Function

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

Ganzen 11.22.19

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html
Trauma Exposure is Pathogenic
Even without PTSD

- It is a predictor of immediate and lifetime increases in a wide array of mental and physical disorders e.g., Breslau et al. (1998); Kessler et al. (1995); Brown (1993); Bremner et al. (1993)

- There are significant psychophysiological effects of trauma exposure even w/o PTSD
  - Impacts emotion processing, cognition, & mental health (PTSD, anxiety, depression ... )
  - Increases symptoms of PTSD & future vulnerability

Ganzel, Morris, & Wethington (2010)  Psych Review
More than three years after 9/11, there were multiple areas with significantly lower mean gray matter volume in nonclinical 9/11-exposed adults ($p < .001$, w/ control for total grey matter volume).

Ganzel et al., *NeuroImage* (2008)
Differences in grey matter volume
Whole-brain ANOVA (Comparison > 9/11)

- Anterior Cingulate
- Medial PFC
- Insula
- Amygdala
- Anterior HC

All implicated in the evaluation and regulation of emotional stimuli in humans

Ganzel et al., *Neuroimage* (2008)

Ochsner et al. (2004)
Phan et al. (2002)
Sources of Trauma

**Being Old**

It’s just statistics
University of North Carolina Alumni Study

Alumni + Spouses
2,515 respondents born in the 1940’s (mostly Baby Boomers)
Mean age = 60.8 years
mostly white, most finished college

Mean # of traumatic events = 6.14

Trauma exposure accumulates with age
Traumas accumulate with increasing age

Relationship traumas are often endorsed as lifetime worst trauma
Sources of Trauma

Being Old

Accrual, Losses, Life Review

Reactivation of old trauma memories

- **Can reactivate prior PTSD**
  - ++ in the context of ill health
- **Can result in new PTSD**
  - even if the initial trauma didn’t

McLeod (1994); Andrews et al. (2007, 2016), Potter et al. (2013)

**LOSS** - Late Onset Stress Symptomatology
Sources of Trauma

Being Sick

INTENSIVE MEDICAL INTERVENTION
CAN BE...

A Trauma
Sources of Trauma

Being Treated for Cancer

PTSD symptoms:
- 20% of patients with early-stage cancer
- 80% of those with recurrent cancer

National Cancer Institute
http://www.cancer.gov/cancertopics/pdq/supportivecare/post-traumatic-stress/HealthProfessional/page1/AllPages/Print; also see Kaas et al. (1993)
Sources of Trauma

Being Sick

Increased PTSD symptoms with...

• Myocardial infarction e.g., Gander et al. (2006); Sheldrake et al. (2007); Tedstone & Tarrier (2003)
• Subarachnoid hemorrhage e.g., Noble et al. (2011)
• Acute leukemia e.g., Rodin et al. (2013)
• HIV e.g., Kimerling et al. (1999)
• Dialysis Tagay, Kribben, Hohenstein, Mewes, & Senf, 2007)
• Any delerium Partridge et al. (2014)
33% to 75% of older hospital patients have delirium

- One third of general hospital patients over 70 Y.O.
- 50% after high-risk surgeries (e.g., hip repair)
- 75 - 80% after intubation
- Few recover by discharge; Can last months
- Delirium predicts PTSD symptoms

Hapca et al. (2018); Marcantonio (2017); Partridge et al. (2014)
Clinically significant postoperative traumatic stress occurs in approximately 20% of ALL patients following surgery (higher in older adults).

El-Gabalawy et al. (in press). Canadian journal of anesthesia.
Sources of Trauma

Critical Care

- Sedation
- Restraint
- Intubation
- Light
- Noise

- 75 - 80% of mechanically-vented ICU patients experience delirium
- Delirium predicts PTSD, cognitive declines, six-month mortality
- Full PTSD in 18 - 34% of ALL patients after ICU care

Granja et al. (2008); Haseman et al. (2011)
Medical Trauma is Usually Silent

Patients are socialized to endure medical treatment – there is shame if they don't or can't.

- We ask, "How is your pain?"
- or "Any side effects of the medications?"

Medical Trauma is Usually Silent

- We rarely ask about "fear, sadness, worry and the myriad emotions people face as a consequence of their medical illness."

-- Michelle Flaum Hall, EdD, LPCC-S

Slide credit to Paige Hector

Source: Medical Trauma by Scott Janssen, MSW, LCSW
“ROCK HARD
Bloodied mountain climber poses for smiling photos moments after 50ft cliff plunge ...”
- Harvey Sullivan, The Sun, 11 Sep 2018

“Brave Magdalena Michalowska, 41, posed for a smiling photo after falling 50ft down a cliff”

“AMAZING pictures show a bloodied mountain climber smiling for the camera
Trauma Symptoms in Medical Patients Matter

From the Research -
PTSD Symptoms predict...

- Perceived Pain
- Anxiety, Depression, Distrust, Anger
- Avoidance of trauma reminders
  - including medical settings and medical personnel
- Patient-staff collaboration
- Patient care

Feldman et al. (2014); Otis et al. (2003); Roth et al. (2013); Shemesh et al. (2004)
Stress & Trauma at End-of-Life

Old

- Losses
- Reactivation of trauma memories
- Reactivation of trauma memories
- Intensive medical intervention

Old+Sick+Dying = End-of-Life

- Disease progression
- “failed” intensive medical intervention

LOCUS of medical trauma, re-activated trauma, and posttraumatic stress

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STAY TUNED for Universal Precautions and then Trauma-Specific Precautions

Sex-Related Trauma  Veterans  Holocaust  Refugees

UP NEXT