

# *Trauma Informed Care for Older Adults*

Co-Presented by  
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# Introduction



SC Safe Seniors trains service providers on how to identify and refer cases of elder abuse and provides mental health counseling at no cost to victims of elder abuse.



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# Learning Objectives

- Participants will be able to define trauma informed care
- Discern when use of trauma informed care with older adults is appropriate
- Learn strategies for identifying and referring elder abuse victims to appropriate services



# Importance

- Impactful on individual, professional, community, and national level.
  - Do you have a parent over the age of 55? Grandparent? Provide services to someone over 55?
  - Social determinants of health: safety is crucial
  - Combating stigma, ageism
  - Social, cultural, and legal meaning of vulnerable
- Consider autonomy, independence, disability
- Enhance our trauma-informed care model.



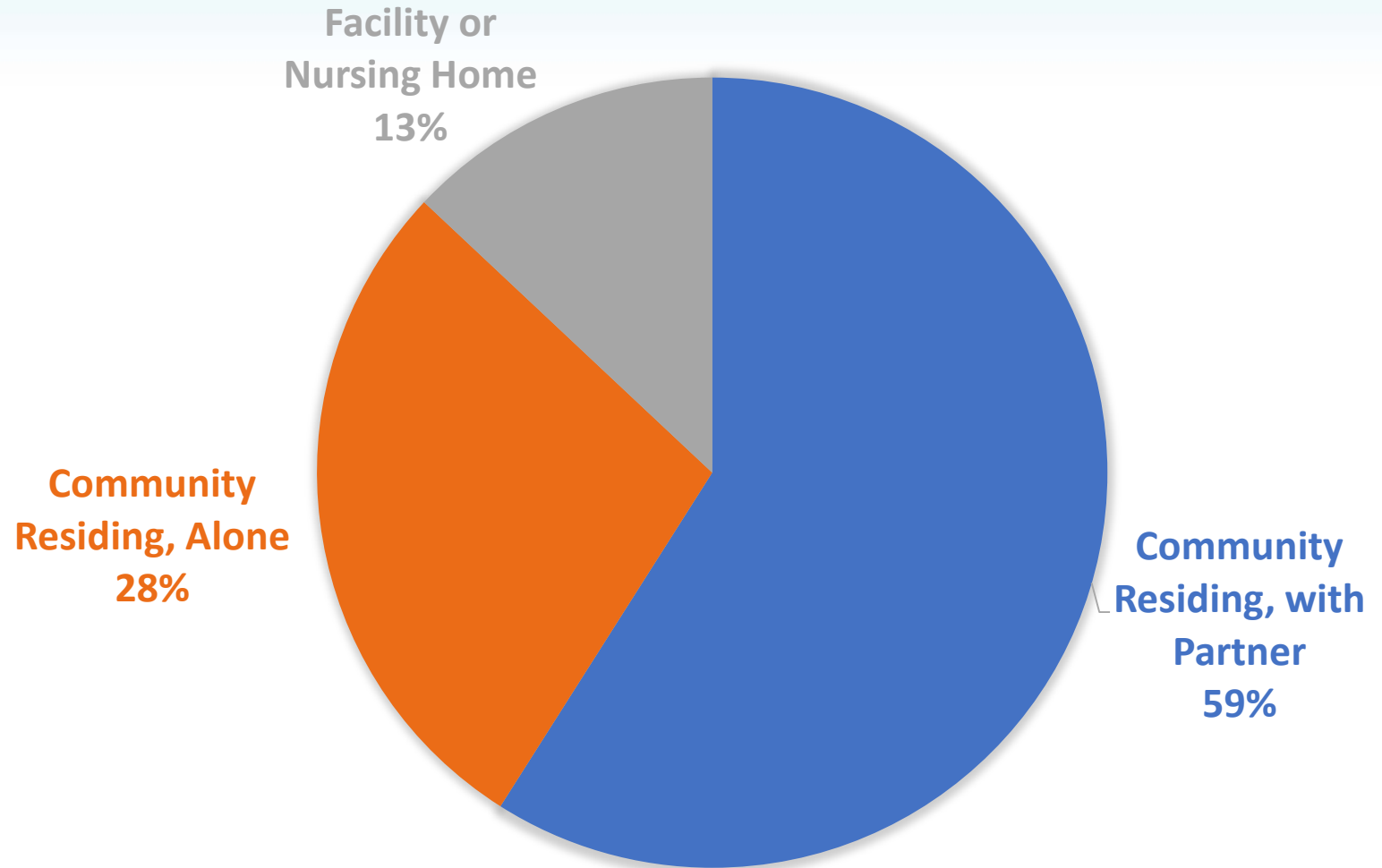
## Older Adults in South Carolina

- Persons 65 years and older make up 18.2% of South Carolina's population, roughly 937,066 of 5.149 Million (2019).
- The median income of those 65+ are \$32,654 for males and \$19,180 for females.
- As of 2020, 9.5% of adults ages 65+ live below the poverty level.



# Nationwide Living Arrangements (2018)

- 59% of older non-institutionalized persons age 65 and over live with their spouse
- 28% of all noninstitutionalized older persons live alone
- 13% age 65 and over live in nursing homes



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement. <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf>



## Notable Statistics

- Approximately **1 out of 10** of community residing adults over 60 have suffered a type of abuse in the United States this past year. (2010)<sup>1</sup>
- Prevalence is around 15% in South Carolina.<sup>2</sup>
- Only 1 out of 24 cases is reported to the authorities.<sup>4</sup>
- Older adults report experiencing more emotional mistreatment than any other type of mistreatment.<sup>2</sup>
- Most common perpetrator is somebody the victim knows or lives with.<sup>5</sup>
- Low social support = higher chance of mistreatment<sup>1,3</sup>
- Approximately 50% of dementia patients have been victim of elder abuse or mistreatment.<sup>6</sup>



# Risk Factors

## *Potential Perpetrator:*

- History of substance abuse
- History of mental illness
- Financial dependency on older adult
- Isolation
- History of child abuse/domestic violence

## *Caregiver Unintentional Abuse Stressors:*

- Caregiver burden
- Care recipient aggression
- Quality of the relationship before the older adult became sick
- Lack of coping skills and difficulty solving problems
- Living with the person you are taking care of





“Exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear”

Individual

Group

Interpersonal

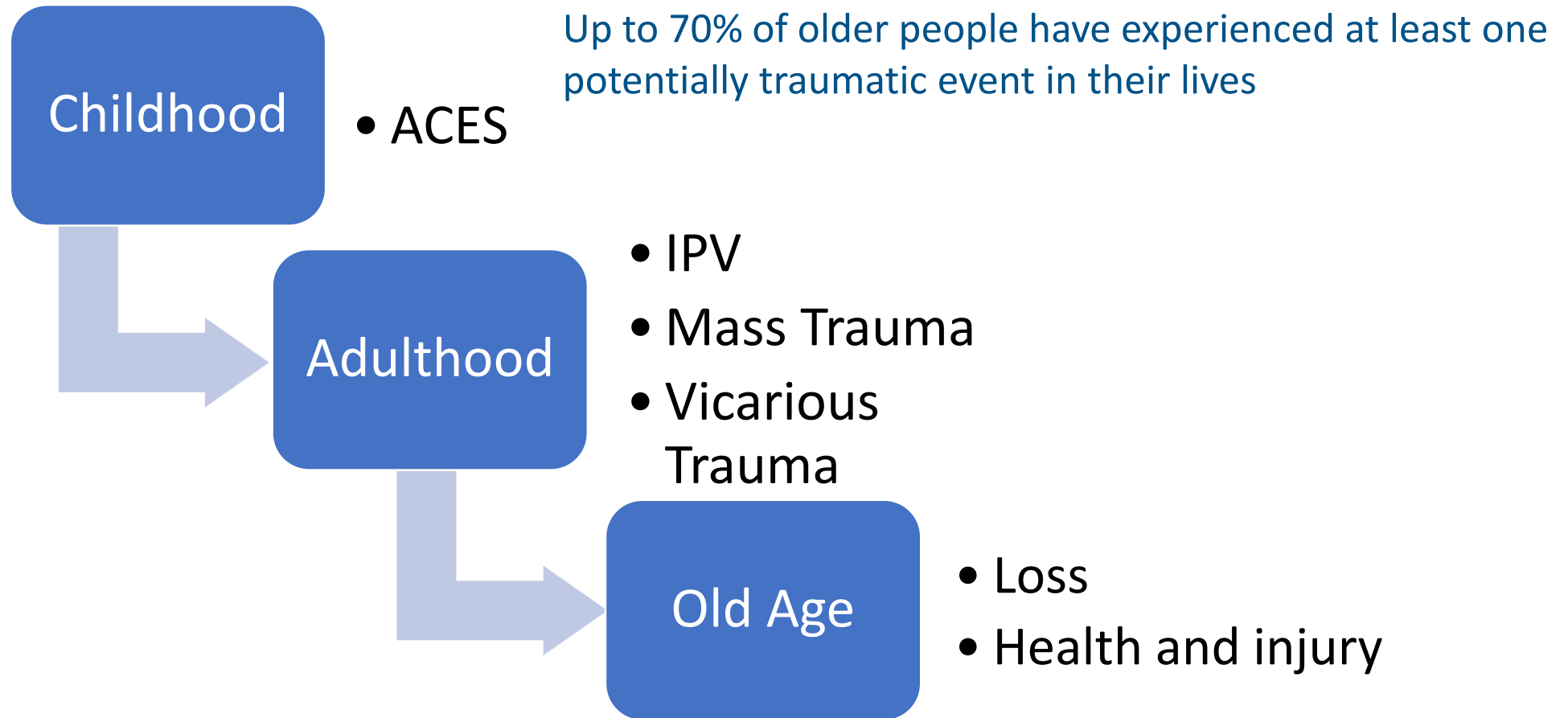
Mass

Developmental

War/Political



# Trauma across the lifespan



# COVID-19 Presents Additional Challenges to Our Older Adults

Older patients are now particularly vulnerable to:

- social isolation, lack of social support
- financial hardship
- difficulties accessing needed care and supplies
- mental health effects such as anxiety and depression



# Trauma Informed Care

“A strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”

—SAMHSA, 2014

*Being trauma-informed does not mean trauma-trained*

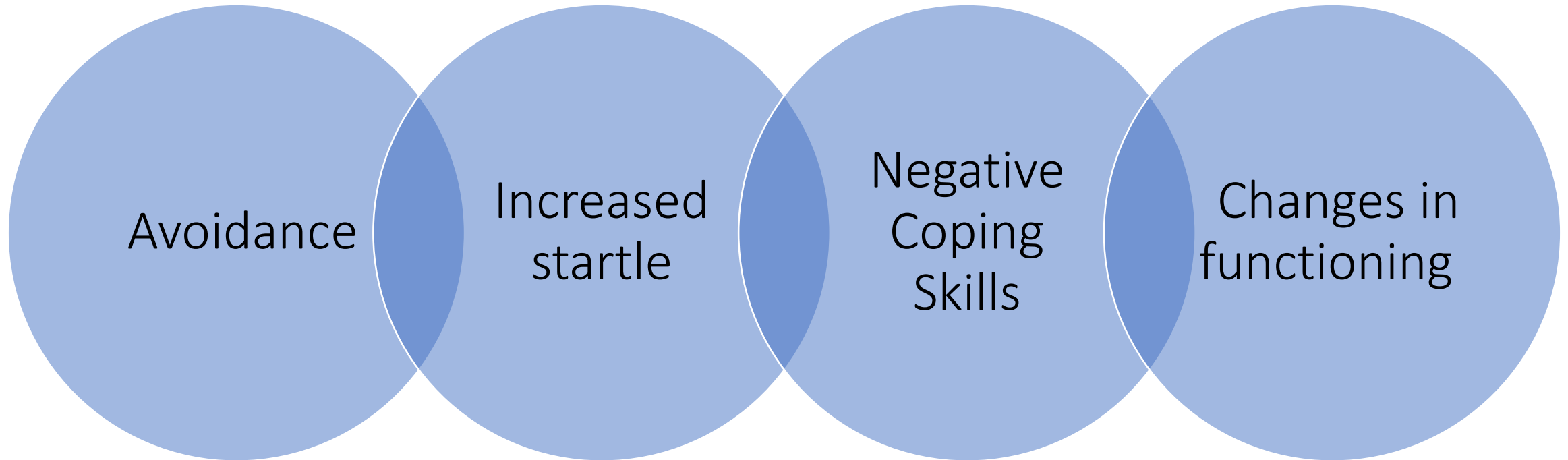


## Key principals

- Acknowledging trauma
- Person-centered care
  - Establishing safety and trust
  - Collaboration to promote control
- Inclusive practices



# Acknowledging Symptoms



# Acknowledging Symptoms: Emotional Abuse

- Depressed mood, mood swings
- Withdrawn, lack of interest in usual activities
- Unusual behavior, such as biting or rocking
- Lack of, or avoiding eye contact
- Nervous or fearful behavior, especially around the caregiver
- Self-blaming, low self esteem
- Feeling worthless, excessive/inappropriate guilt
- Weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue
- Decreased concentration
- Thoughts of death and suicide
  - Victims are **4 times** more likely to have suicidal ideation
  - Victims are **13 times** more likely to have attempted suicide



# Acknowledging Symptoms: Neglect/Self-Neglect

- Dirty clothes, soiled diapers
- Bedsores
- Unusual weight loss
- A home that's unusually messy, especially if it wasn't before
- Lack of needed medical aids, such as hearing aid, cane, glasses





# Acknowledging Symptoms: Physical and Sexual Abuse

- Bruising in unusual locations, especially face, back, or arms, often larger in size
- Patterned injuries such as hand slap or bite marks
- Marks or scars around wrists, ankles, or neck suggesting inappropriate restraint
- Unexplained fractures
- Injuries in different stages of healing
- Explanation does not make sense of unintentional injury
- Dehydration, malnutrition, medically unexplained weight loss
- Intraoral soft tissue injuries (broken teeth, swollen lips)
- Frequent UTIs
- Bruising around the genitals/thigh area



# Acknowledging Symptoms: Diagnosis and Comorbidity

30-50% of  
victims  
develop  
**depression**

More likely to  
develop anxiety

Risk of **drug**  
**use** is  
increased  
**x3.5.**

30-50% of  
victims  
develop  
**PTSD**

Risk of **alcohol**  
**abuse**  
is increased **x4.**

Risk of **cigarette**  
**use**  
is increased **x2.**



# Assault-Related PTSD Symptoms

- Re-Experiencing – intrusive thoughts, images, dreams; flashbacks
- Avoidance – of thoughts, feeling, people, places, things that could be potential triggers,
- Negative Cognitions and Mood – blocking out important aspects of trauma, diminished sense of self
- Arousal – increased irritability, inability to concentrate, overly alert, elevated startled response



## Person-Centered Care

Control

Communication

Accommodations

Help promote feelings of  
safety and trustworthiness



# Person-Centered Care: Identifying Potential Cases of Elder Abuse and Mistreatment

Screen



Assess



Intervene



# Elder Abuse Suspicion Index (EASI)

Introduction: "I'd like to ask you a few questions about events that may occur in lives of older adults"

Q.1-Q.5 asked of patient; Q.6 answered by doctor. Within the last 12 months:

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?

YES

NO

(Dependency)

2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?

YES

NO

(Neglect)

3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?

YES

NO

(Psych / Emotional)

4) Has anyone tried to force you to sign papers or to use your money against your will?

YES

NO

(Financial / Material)

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

YES

NO

(Physical / Sexual)

6) Provider: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

YES

NO

(Observational)



# Person-centered Care: Assessment

- Refer the case if you are not comfortable
- Don't ask if you're not prepared to help
- May not take resources
- Continue to follow-up if able



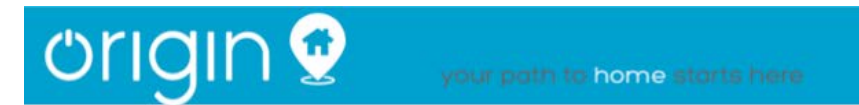
# Person-centered care: Offering resources

Resources may include:

- Rental Assistance, utility assistance
- Meals on wheels
- Home health
- Medical, dental, OT, PT, Mental Health



**SC ASSISTIVE TECHNOLOGY PROGRAM**





# SC Safe Seniors Offers Mental Health Treatment for Victims of Elder Abuse or Mistreatment

*Available at NO COST*

- Treatment is delivered by a licensed professional counselor in a setting that is safe for the patient.
- Available through telehealth state-wide and in-person in the Tri-County area.
- Focuses on working through the negative mental health effects of abuse and aims to help the older adult restore and maintain well-being.



# Mental Health Counseling for Victims of Elder Abuse or Mistreatment

## *Eligibility for treatment:*

- Adults aged 55 and older
- Resident of South Carolina
- Have experienced at least one episode of abuse or neglect within lifetime

## *Referral process:*

- Seniors can self-refer
- Non-self-referral can contact Theresa Skojec to discuss eligibility
- Contact and schedule

Contact: Theresa Skojec, LPC, Therapist and Mental Health Services Manager

• [skoject@musc.edu](mailto:skoject@musc.edu)

• 843-284-6628



**Thank you!**

**Questions? Comments?**

**SC Safe Seniors**

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