Special Considerations for Working with Geriatric Trauma Survivors

MUSC Spring Social Work Conference
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2:00 pm – 2:45 pm

Introduction

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South Carolina Office of the Attorney General Victims of Crime Act Program VOCA1V18130.

Purpose

This presentation will increase awareness of the need for trauma-informed assessment and care to improve the healthcare safety net for older geriatric trauma survivors. We will review the special considerations for best practice when working with victims of elder abuse and mistreatment, and how best to tailor intervention with a person-centered approach.

Learning Objectives

- Increase awareness of the need for trauma-informed assessment and care
- Identify common risk factors and warning signs of elder abuse
- Understand special considerations necessary for best practice service delivery when working with victims of elder abuse

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)[1]

- Prevalence is around 15% in South Carolina.[2]
- Only 1 out of 24 cases is reported to the authorities.[4]
- Older adults report experiencing more emotional mistreatment than any other type of mistreatment.[2]
- Most common perpetrator is somebody the victim knows or lives with.[5]
- Low social support = higher chance of mistreatment[1,3]
- Approximately 50% of dementia patients have been victim of elder abuse or mistreatment.[6]

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, *100*(2), 292–297. http://doi.org/10.2105/AJPH.2009.163089

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

Mental Health Effects on Victim

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

More likely to develop anxiety

Risk of **drug use** is increased x**3.5.**

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

Risk of **alcohol abuse** is increased x**4.**

Risk of **cigarette use** is increased x**2.**

Common Presentations at MUSC

- Forensic Nurse Examiner/MAP Social Worker Roles
- Elder vs Vulnerable Adult – state definition
- Reporting guidelines
- Community and facility residing
- Most seen at MUSC

Symptoms from a Trauma-Informed Lens

- Pt tells you
- Changes in behavior around certain individuals
- Pt/family stories contradict
- CG speaks for the pt, stressed, impatient
- CG lacks understanding of pt needs
- Unexpected changes from baseline
- Injury doesn't match report
- Bruising/fractures in addition to other markers
- Various stages of healing (fractures)
- Frequent ED visits, physician/hospital changes

Bruising

- Anticoagulation medications
- Recent studies - bruises caused by accidents usually on arms/legs (90%).
- Bruises on face, head/neck, lateral and/or anterior arms, back, buttocks, soles of feet, and trunk are more often from abuse rather than an accident
- Patterned (fingers, object like strap/belt)
- Older adults with accidental bruises usually do not remember where they came from (<25%)
- 90% of older adults with bruises caused by abuse, can usually tell you how they got them (including those with dementia)
- Look at sizes - studies show that more than ½ of abused elders found to have bruises had at least one that was large (>5cm)

What is Trauma-Informed Care?

Trauma – result of an experience or circumstances that are perceived to be harmful, whether physically or emotionally. Effects long term, pervasive. Lasting adverse effects on a person's mental, physical, social, emotional, or spiritual well-being. Trauma is subjective.

Examples: physical, emotional, sexual abuse, childhood abuse/neglect, exposure to violence, combat, discrimination, poverty

SAMHSA defines TIC as:

"a program, organization, or system that is trauma-informed, realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (SAMHSA, 2014)

Providers in all settings should assess and modify the care provided by having this basic understanding of how trauma impacts the life of an individual

Principles of TIC in Practice

- Trauma Awareness
- Safety and Trustworthiness
- Choice, collaboration, and empowerment
- Cultural, gender, age sensitivity
- Compassion
- Resilience and recovery

Interventions

Focus on collaboration with patient and encourage autonomy

- Ask open ended questions
- Help develop the patient's goals based on their needs
- Give options and discuss referrals
- Determine how much assistance the patient wants vs needs
- Include caregivers and family members in the conversation if appropriate

Reporting and Community Resources

- SC Safe Seniors: free mental health support and referrals
- Alzheimer's Association: free screenings and support
- SC Assistive Technology Program: Free phones and assistive technology
- MAP: MUSC Abuse and Neglect Social Worker Program:
- Adult Protective Services:
- Local Area Agency on Aging
- Palmetto Project

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
- Available through telehealth state-wide and in-person, as needed, in the Tricounty 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
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•843-284-6628

Q+A

True or False: Trauma informed care includes communicating expectations for follow up after the victim leaves the hospital.

True or False: Having knowledge about the victim's culture is not important when giving trauma informed care.

What special considerations are necessary when assisting a geriatric trauma survivor?
A. A person-centered approach to assessment and intervention
B. Cognitive impairments (short term, long term, undiagnosed, etc.)
C. Interpersonal relationships (caregivers, spouse, community)
D. All of the above

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Thank you!

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Sources

1. Poldon, S., Duhn, L., Camargo Plazas, P., Purkey, E., & Tranmer, J. (2021). Exploring How Sexual Assault Nurse Examiners Practise Trauma-Informed Care. Journal of forensic nursing, 17(4), 235–243.
2. Hernandez-Tejada, M. A., Skojec, T., Frook, G., Steedley, M., & Davidson, T. M. (2021). Addressing the psychological impact of elder mistreatment: Community-based training partnerships and telehealth-delivered interventions. Journal of Elder Abuse & Neglect, 33(1), 96–106. https://doi.org/10.1080/08946566.2021.1876578