

# Trauma and Older Adults

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# Potential Trauma is Universal

## **Centers for Disease Control and Prevention (CDC)**

- Adverse Childhood Experiences (ACEs)
- Focuses on the impacts of childhood experiences in adulthood

## **American Psychiatric Association (APA)**

- Defines trauma in the context of trauma-related mental disorders

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

- Event, experience, effect; use of trauma-informed care in behavioral health services

# Key Take Aways

Not everyone who experiences a traumatic event has a negative effect.

Negative effects can be seen long after the traumatic event.

Two people can experience the same event and have different outcomes.

# Age and Trauma

- Age predicts trauma exposure
  - Trauma exposure accumulates with age
  - One study found that the mean number of potentially traumatic events in an older population was six
- Age is linked with greater trauma symptoms
  - Occur during normal developmental processes such as life review
  - Reactivation of old trauma memories
  - Can create trauma symptoms that not there before

# Special considerations in dementia

- Person may not actively remember traumatic event
- Person may re-experience trauma as cognition declines
- Family members may be unaware of past trauma due to stigma/taboo
- Research related to trauma and dementia is limited
- Ability to engage in evidence based treatments is reduced due to cognitive impairment

# Trauma Informed Care

- Allows us to address the symptoms without being aware of the origins of the underlying trauma
- Relieves distress for older adults, persons living with dementia, families, and caregiving staff

# Three Things

- 1. Consider trauma when evaluating older adult mental health, even if it seems remote or unrelated
- 2. Create trauma informed and age friendly service environments
- 3. Incorporate staff needs into trauma informed planning in organizations