

END-OF-LIFE CARE FOR OLDER ADULTS WITH A HISTORY OF TRAUMA AND THEIR FAMILY CAREGIVERS

Trauma-Informed Approaches and Empowerment Strategies

Dr. Barbara Ganzel, PhD, LMSW, Director of Community Program Development, Clinical Associates of the Southern Tier

Veronica Price, Family Caregiver

Toby Weiss, MSHRM, OD, Associate Vice President of Cultural Diversity, MJHS Hospice

Leah Bergen Miller, Director, JFNA Center on Holocaust Survivor Care and Institute on Aging and Trauma

SPEAKERS



Toby Weiss, MSHRM, OD
Associate Vice President of
Cultural Diversity

MJHS Hospice



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LMSW**

Director of Community
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Center on Holocaust Survivor
Care and Institute on Aging
and Trauma

OBJECTIVES

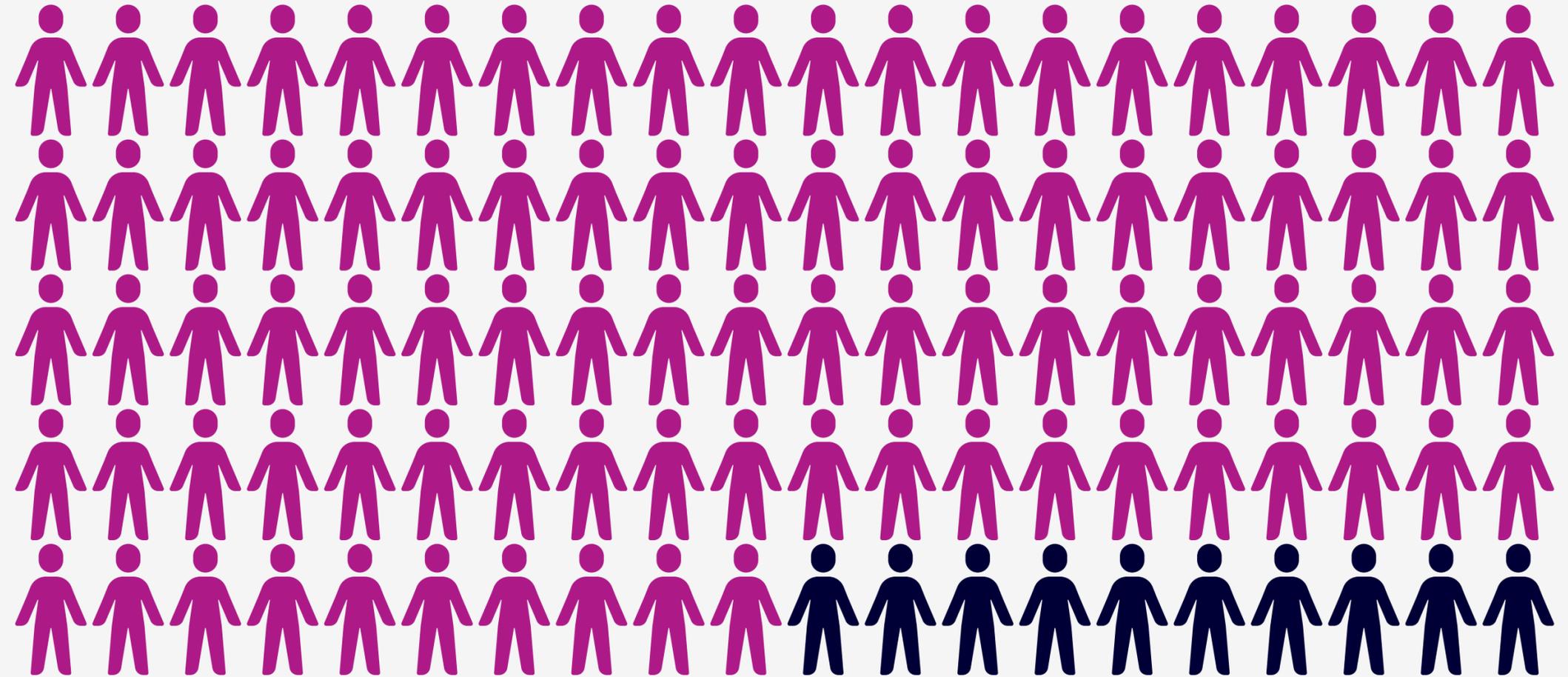
By the end of this webinar, participants will:

1. Learn person-centered, trauma-informed methods for discussing end-of-life preparation with older adults with a history of trauma and their family caregivers that will ultimately empower families as they manage end-of-life decisions
2. Learn what is entailed in the process for assisting older adults and family caregivers with end-of-life logistics and legal documents
3. Hear how family caregivers can empower older adults with a history of trauma when they are preparing end-of-life-related decisions

TRAUMA PREVALENCE

90%

As many as 90% of older American adults may have experienced a traumatic event in their lifetime



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.

TRAUMA TRIGGER

A stimulus that prompts traumatic response and includes sound, smell, touch, sight, taste, feeling, or circumstance that reminds an individual of a past trauma. Once experienced, triggers can elicit a fight, flight, or freeze response in the body.

Immigrants

Discussing Legal Documents

Holocaust
Survivors

Planning Burial Ceremony

LGBT+

Accessing Medical Care

HEALTH & TRAUMA

An individual's trauma exposure is linked to their propensity for developing a wide range of conditions that negatively impact their physical, mental, and cognitive health.

COGNITIVE HEALTH

Dementia, sleep disorders, cognitive impairments

MENTAL HEALTH

Anxiety, depression, suicidal ideation, mood disorders, eating disorders, substance abuse

PHYSICAL HEALTH

Lung disease, gum disease, fibromyalgia, chronic fatigue, cardiovascular disease, gastrointestinal disorders, endocrine disorders, reproductive disorders

TRAUMA AFFECTS AGING

Trauma impacts individuals of all ages and the effects of trauma evolve over time.

- Symptoms of trauma can evolve after long symptom-free periods.
- Symptoms of trauma can emerge for the first time during older adulthood - decades after exposure to traumatic events.
- Symptoms of trauma emerging in older adulthood can be more extreme than previously experienced.

- 1 Changes in familial roles
- 2 Beginning of retirement
- 3 Emergence of health problems
- 4 Loss of independence
- 5 Loss of loved ones
- 6 Changes in coping mechanisms

THE CENTER

MISSION

Expand the nation's capacity to provide Person-Centered, Trauma-Informed (PCTI) services and supports for Holocaust survivors, older adults with a history of trauma, and family caregivers.

GOAL 1

Develop Innovations and Provide Services

Fund and support subgrants to develop PCTI programs for Holocaust survivors, older adults with a history of trauma, and their family caregivers.

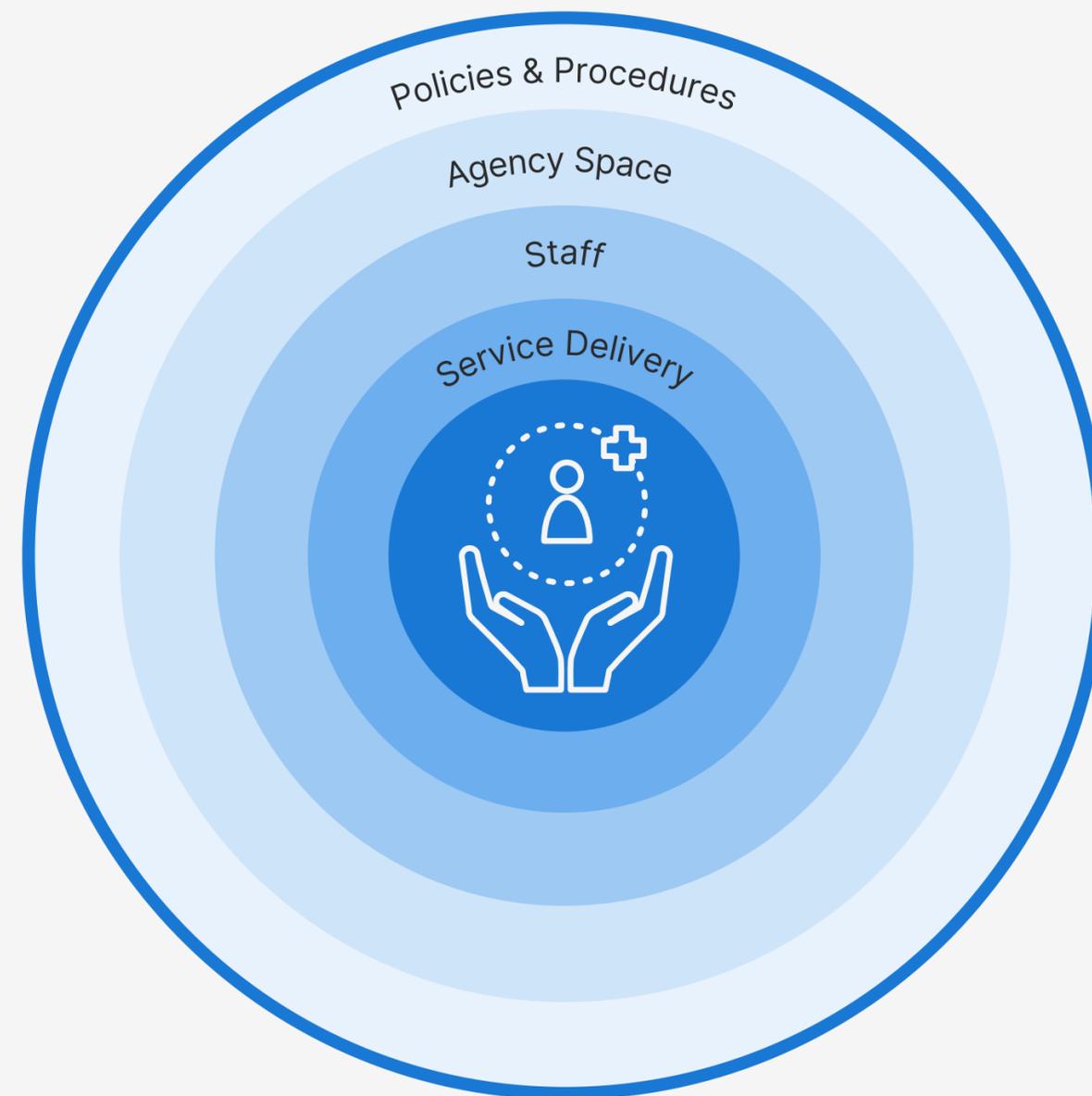
GOAL 2

Build Capacity

Increase the knowledge and skills of aging service providers to implement PCTI care for Holocaust survivors, older adults with a history of trauma, and their family caregivers.

PCTI CARE

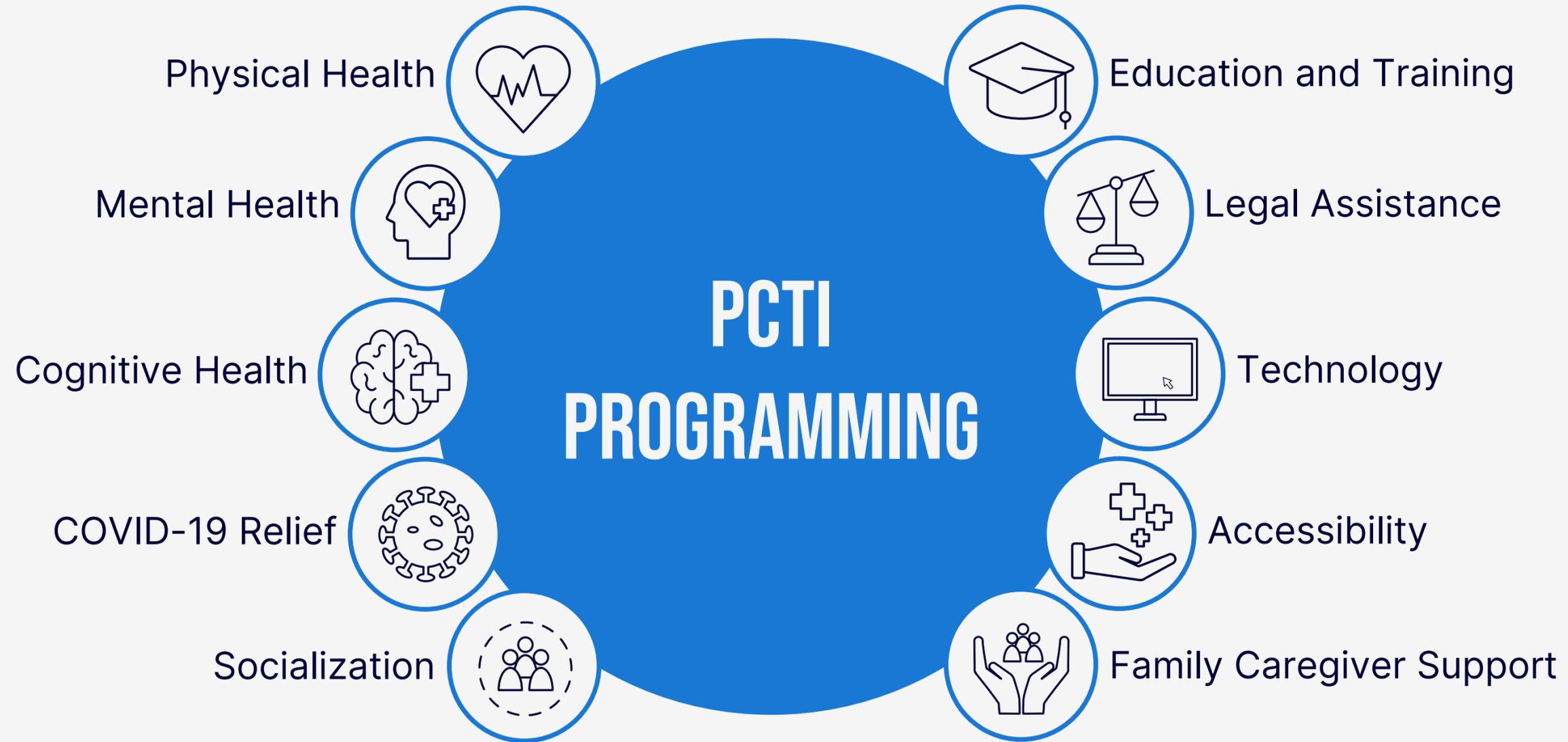
Person-centered, trauma-informed (PCTI) care is a holistic approach to service delivery that promotes trust, dignity, strength, and empowerment of all individuals by incorporating knowledge about trauma into agency programs, policies, and procedures.



SAMHSA PRINCIPLES OF TRAUMA- INFORMED CARE

- 1** Safety
- 2** Trustworthiness & Transparency
- 3** Peer Support
- 4** Collaboration & Mutuality
- 5** Empowerment, Voice, & Choice
- 6** Cultural, Historical, & Gender Issues

PCTI SERVICE DELIVERY



TOBY WEISS, MSHRM, OD

Associate Vice President of Cultural Diversity, MJHS Hospice

A large elephant is the central focus of the image, standing in a room with a red wall. The elephant's head is turned slightly to the right. In the background, a potted plant with green leaves is visible on the right side. The overall scene is brightly lit, and the elephant's skin texture is clearly visible.

End-of-Life Care for Older Adults with a History of Trauma

*JFNA's Center on Holocaust Survivor Care and Institute on Aging
and Trauma*

*Barbara Ganzel PhD, LMSW
Clinical Associates/Pathways
Ithaca, NY*

Today

- Why conversations can go awry at end-of-life
- Who's got trauma?
- What's age got to do with it?
- What can help?



When planning takes unexpected turns,

**When trying to understand
a someone's "behavior"**

Could it be related to trauma?

TRIGGERS are Trauma Reminders

Sending the Body into High Alert

“Trauma affects the entire human organism – body, mind and brain. In PTSD, the body continues to defend against a threat that belongs to the past.”

(Van der Kolk, *The Body Keeps the Score*)

“A trigger can be *any* stimulus that was paired with the trauma whether we remember it or not.”

(Pease-Banitt, *Trauma Tool Kit*)



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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

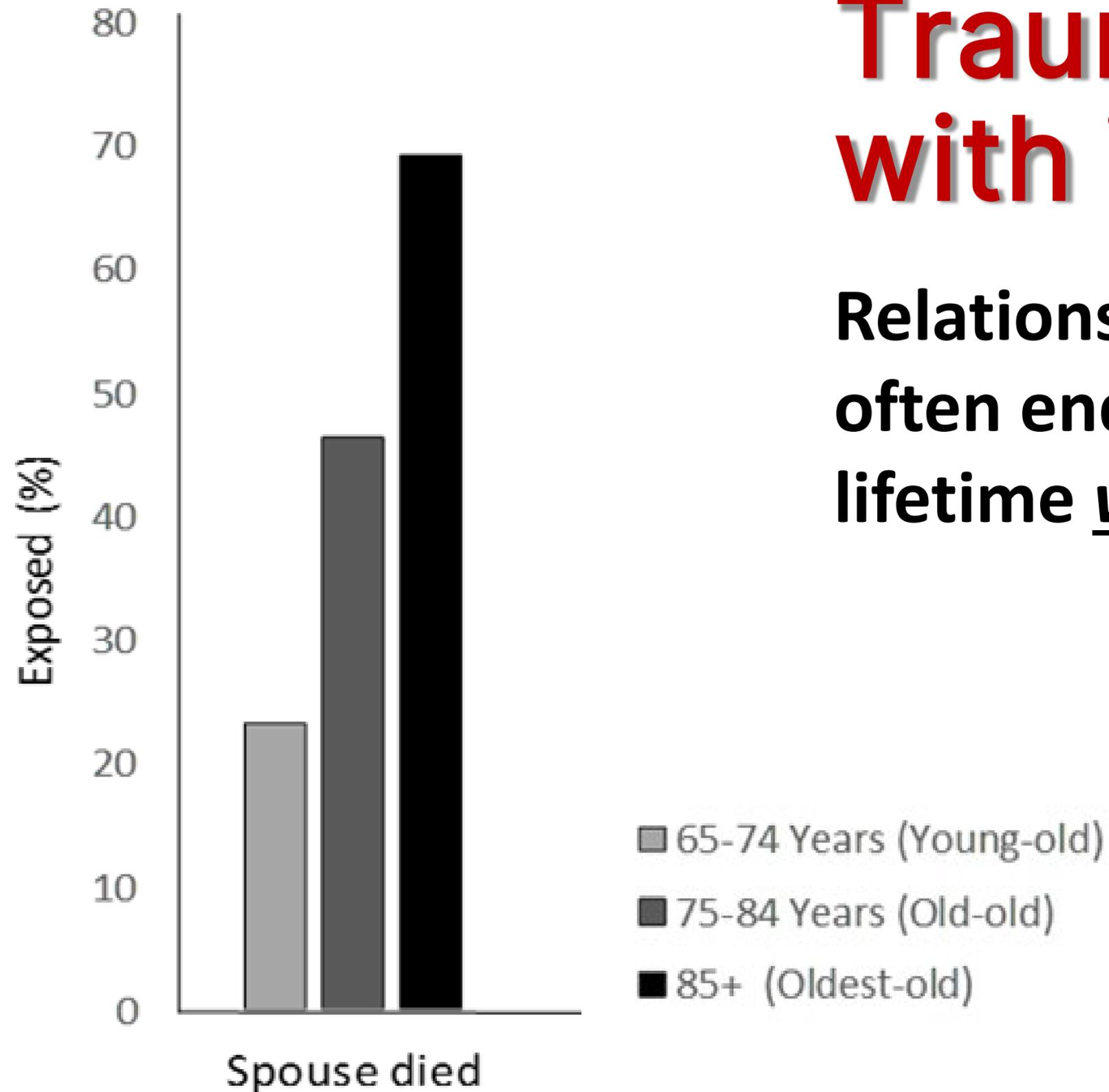
Mean # of traumatic events = 6.14

**Trauma
exposure
accumulates
with age**



Traumas accumulate with increasing age

Relationship traumas are often endorsed as lifetime worst trauma



Pietrzak et al. (2012)

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)



Sources of Trauma

Undisclosed Sexual Assault

❖ **300,000** women (**90,000** men) raped yearly

U.S. Dept of Justice/ National Violence Against Women Survey (Tiaden & Theonnes, 2000)

❖ Nearly **23 million** women, **1.7 million** men raped or attempted rape in lifetime

CDC/ 2017 National Intimate Partner and Sexual Violence Survey

❖ About **1 in 3** women and nearly **1 in 6** men experience “contact sexual violence” in lifetime

CDC 2017 National Intimate Partner and Sexual Violence Survey

Worse in Dangerous Environments

❖ Poverty. Prison. War.

Historically Hidden/Discounted

❖ esp. before about 1990

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



Sources of Trauma

Delirium

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 (covid!)
- ❖ Few recover by discharge; Can last months
- ❖ **Delirium predicts PTSD symptoms**



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)

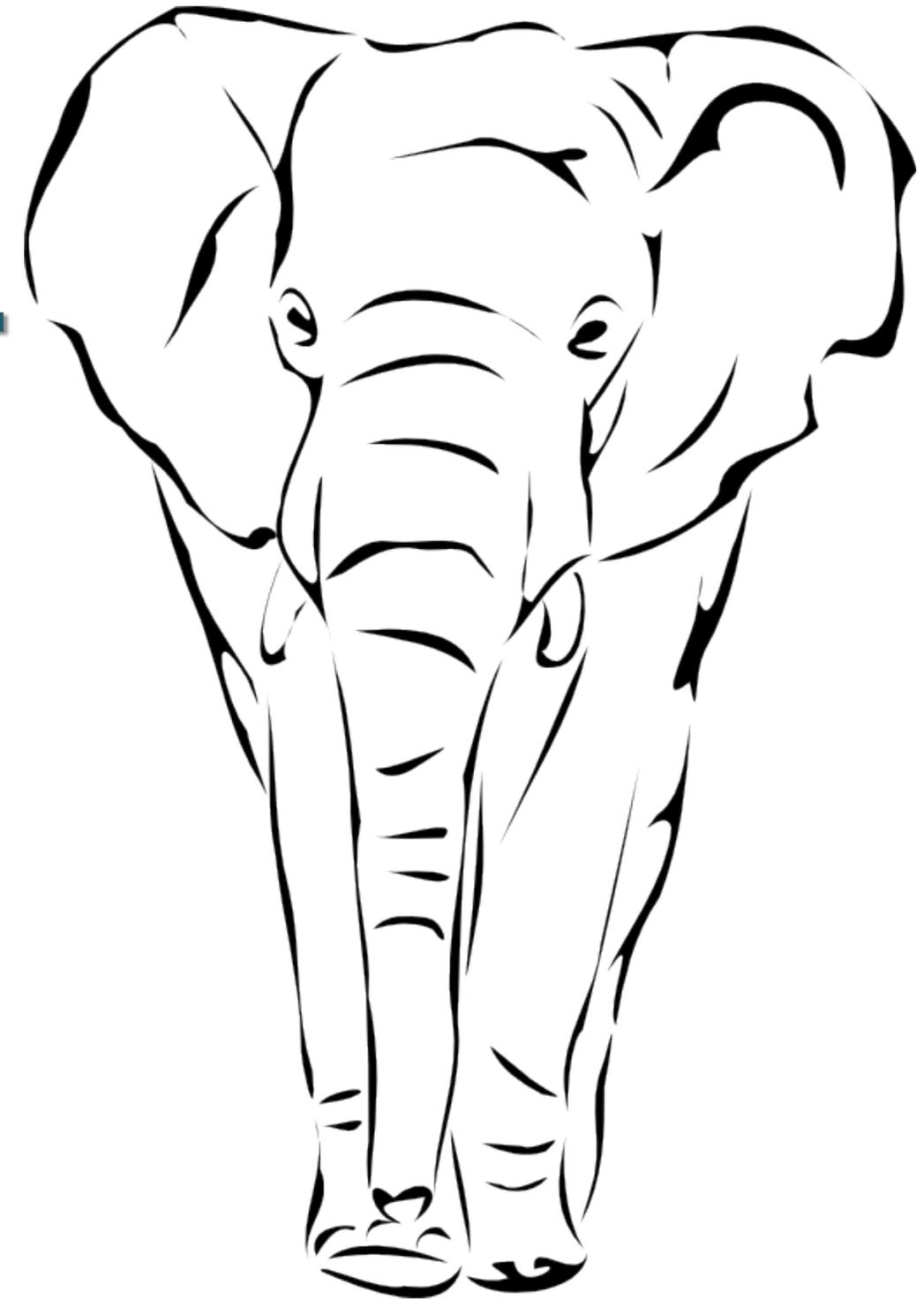


Sources of Trauma

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 delirium**
Partridge et al. (2014)



Stress & Trauma at End-of-Life

Old

- ❖ Losses
- ❖ Reactivation of trauma memories

Old+Sick

- ❖ ++ 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



Trauma Symptoms in Older Adults – *It Matters*

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**

**YOUR PLANS for a
Conversation**



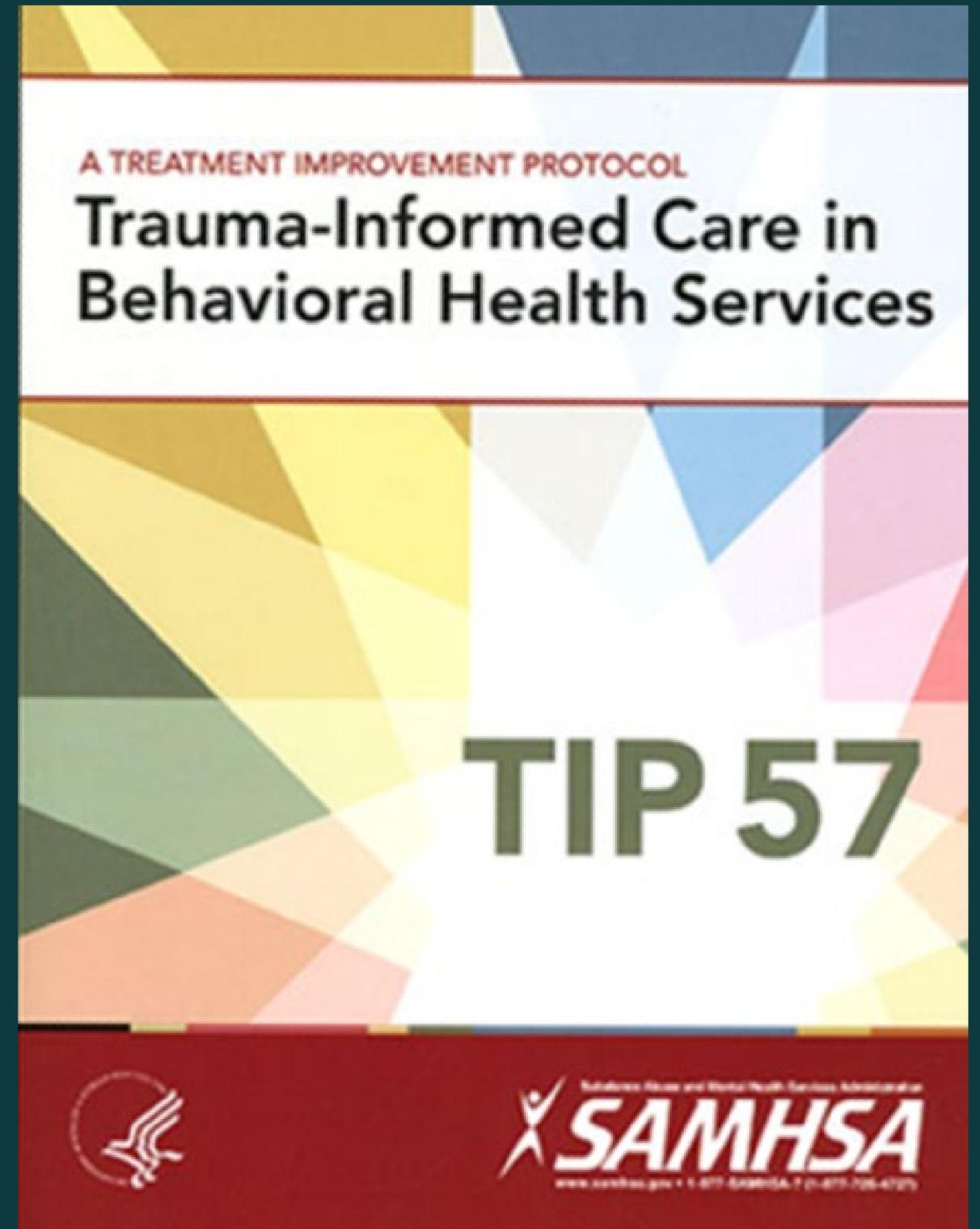
**UNRESOLVED
TRAUMA**

Strategies

- **Elicit permission** to have difficult conversations with patients & caregivers
- **Assess everybody's understanding** of the serious illness and its trajectory
- **Have pre-meetings** before family meetings to assess the presence of traumas and trauma triggers
- **Be nimble. Be smart. Be kind. And ...**

We're talking about a cultural
shift from

*“What’s wrong
with you?”*
to *“What
happened
to you?”*



Making peace
with the past



An elephant is rearing up on its hind legs in a savanna, reaching its trunk towards the top of a large, leafy tree. The background shows a vast, open landscape with dry grass and scattered trees under a clear sky.

THANKS

**for thinking about this
important topic with me**

blg4@cornell.edu

VERONICA PRICE

Family Caregiver

QUESTIONS?

CENTER ON HOLOCAUST SURVIVOR CARE
JEWISH FEDERATIONS INSTITUTE ON AGING AND TRAUMA



The Jewish Federations®
OF NORTH AMERICA

CALL TO ACTION

- 1** Strategize how you will be more person-centered, trauma-informed when discussing end-of-life decisions
- 2** Read the resources here: <https://holocaustsurvivorcare.jewishfederations.org/past-webinars>
 - "Cultural Sensitivity at the End of Life" by MJHS
 - "Cultural Assessment Packet" by MJHS
 - "Health Care Proxy Form" by MJHS
 - "Delayed Reactions to Trauma Exposure" by Dr. Barbara Ganzel
 - "Five Wishes"
- 3** Participate in the JFNA Training Workshop on May 7-9, 2023, in Dallas, Texas.

THANK YOU!

To learn more, go to www.AgingAndTrauma.org

For questions, E-mail Aging@JewishFederations.org

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