

CAPACITY OF ORGANIZATIONS TO SERVE OLDER ADULTS WITH A HISTORY OF TRAUMA:

Results from a National Survey on
Person-Centered, Trauma-Informed Care

Carmel Rabin, M.A., and Barbara Bedney, Ph.D., M.S.W.

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For more information, please contact Aging@JewishFederations.org.

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EXECUTIVE SUMMARY

The demographics of the American population are changing. In the United States, more than one in every seven Americans is 65 and older (United States Administration for Community Living, 2021). In 20 years, there will be almost 81 million older adults in the United States, more than twice as many as there were in 2000 (United States Administration for Community Living, 2021). At the same time, the older adult population is increasingly diverse – racial and ethnic minority populations have increased from 19% of the American older adult population in 2008, to 23% of older adults in 2018, and are projected to increase to 34% of older adults in 2040 (United States Administration for Community Living, 2021). While the increasing population of older adults brings wisdom, experience, and resilience, this increase in population also emphasizes the need for the expansion of aging services. One aspect of aging services that get far less attention than it should is the topic of aging with a history of trauma.

As many as 90% percent of older adults have been exposed to a traumatic event during their lifetime (Kaiser, 2021). This trauma can be individual, historical, and intergenerational. Whether it happens in childhood, adolescence, or adulthood, trauma can have a dramatic impact on the health and well-being of adults as they age, and on the family caregivers who support them. There is a growing understanding that trauma exposure is associated with physical, mental, and cognitive health conditions such chronic fatigue, cardiovascular disease, gastrointestinal disorders, anxiety, dementia, and sleep disorders. As trauma survivors age, the changes and functional losses associated with aging can re-active traumatic stress and worsen health conditions.

But even with this increased understanding, aging services providers often don't recognize the signs or symptoms of trauma in older adults. While trauma survivors can display resiliency and adaptation, older adults with a history of trauma may also hesitate to seek help, avoid disclosing a history of trauma, or minimize their symptoms. For older adults with a history of trauma, this can result in being misdiagnosed, receiving inappropriate treatments and medications, and potentially being re-traumatized through care.

In response to the omnipresent role of trauma among older adults, a new approach to care has been introduced – person-centered, trauma-informed (PCTI) care. Coined by the United States Administration for Community Living (ACL), defined by The Jewish Federations of North America (JFNA), and codified in the 2020 reauthorization of the Older Americans Act (OAA), this model is an innovative approach to service provision that infuses awareness about the prevalence and impact of trauma into health and social services as a way to promote the health and well-being of older trauma survivors (Eisinger and Bedney, 2018).

PCTI care is an approach to service delivery that incorporates knowledge about trauma into agency programs, policies, and procedures to promote the safety and well-being of clients, visitors, staff, and volunteers (Eisinger and Bedney, 2018). The PCTI care approach combines the core principles of person-centered care – self-determination and individual preference – with the principles of trauma-informed care



outlined by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) – safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (United States Substance Abuse and Mental Health Services Administration, 2014).

PCTI programs, for example, allow clients to choose the services in which they want to participate, and how they want to participate in these services. They promote a sense of safety and trust by delivering services on time and in a culturally sensitive manner. They avoid re-traumatizing clients by avoiding triggering stimuli, events, and circumstances that could remind clients of previous traumatic events.

In 2015 and 2020, JFNA's Center on Holocaust Survivor Care and Institute on Aging and Trauma (Center) received grants from ACL to build national capacity to provide PCTI care for Holocaust survivors, older adults with a history of trauma, and their family caregivers. Through these grants, the Center increased the number and type of innovations in PCTI care available for these populations. To date, the Center has funded and provided technical support to over 70 subgrantee organizations across the United States. These organizations have implemented over 300 PCTI interventions, served over 31,000 Holocaust survivors, trained over 15,000 professional service providers and volunteers, and supported over 5,000 family caregivers.

Additionally, through these grants the Center has built the capacity of aging services organizations across the country to provide PCTI care to Holocaust survivors, older adults with a history of trauma, and their family caregivers. The Center has built national capacity in PCTI care through publications, presentations, webinars, training workshops, and dissemination of information and resources on aging, trauma, and PCTI care.

As part of the grant, the Center conducted a national survey on the state of PCTI care among aging service providers. The goal of this survey was to understand the overall capacity of aging services organizations to provide PCTI care to Holocaust survivors, older adults with a history of trauma, and their family caregivers, and to track increases in capacity over time as a result of Center activities. The survey serves as an initial understanding of the degree to which United-States-based aging services organizations are aware and capable of providing PCTI care for Holocaust survivors, older adults with a history of trauma and their family caregivers.

Almost 200 organizations from across the United States responded to the survey, conducted between February and April of 2021. Survey respondents represent a diverse group of aging service organizations ranging in size, sector, geography, religious affiliation, service type, and client demographic. The findings of the National Survey show that while PCTI care is growing among aging services providers, there remain significant gaps in PCTI care across organizations and client demographics.



Awareness of Aging, Trauma, and PCTI Care

Organizations are increasingly recognizing the PCTI approach and gaining deeper understanding of how trauma impacts aging. Seventy-two percent of respondents noted that their organization was aware of PCTI care before participating in the survey. Additionally, 58% of respondents noted that their organization has a deep understanding of the topic of aging and trauma. There remains significant work ahead to make the PCTI care approach the normative practice among aging service organizations as 28% of respondent organizations were not aware of PCTI care and 42% of respondent organizations did not have a deep understanding of aging and trauma.

The survey reveals two important findings to consider when attempting to close this gap. First, an organization's awareness of PCTI care is not the same as knowledge of aging and trauma. Organizations can be aware of the PCTI approach but not its application to older adults, or vice versa. While efforts to increase PCTI care awareness and understanding of aging and trauma may be complementary and mutually reinforcing, they are not interchangeable. And aging services providers could benefit from increased educational materials on both the PCTI approach as well as how trauma affects their older adult clients. Second, an organization's prior service to vulnerable client populations does not necessarily translate to an organization's awareness of PCTI care or understanding of aging and trauma. Most organizations participating in the survey showed a limited connection between prior service to older adult populations with a history of trauma and their organization's PCTI care awareness and understanding of aging and trauma. Although prior service to vulnerable clients furthers an organization's ability to serve future clients, educational materials on PCTI care and aging with a history of trauma can benefit all organizations – even those organizations that have been working in this field for years.

Capacity to Provide PCTI Care

Smaller than the percentage of those organizations aware of PCTI care, 30% of respondent organizations demonstrated a deep capacity to provide this care to clients. Conversely, 70% of respondent organizations had limited or no capacity to provide PCTI care. While the portion of organizations with demonstrated PCTI care capacity shows the exciting growth of this field, there is significant work ahead to ensure that all older adults with a history of trauma and their family caregivers have access to PCTI care through their local service providers.

Additionally, there is significant work to ensure all older adults with a history of trauma have equal and equitable access to PCTI care. At the same time, we need to ensure that family caregivers have access to PCTI care, as PCTI care for family caregivers is lagging behind PCTI care for older adults with a history of trauma. Respondent organizations reported disparities in PCTI care availability and capacity based on client demographic and family caregiver status. Organizations responding to the survey noted higher capacity to serve older adults with a history of trauma compared to providing the same care to the family and friends that care for older adults. Additionally, there was a wide range of reported PCTI care capacity and availability across the 13 client demographics studied. Organizations reported the highest PCTI care availability



and capacity to serve Holocaust survivors and older adult survivors of domestic and sexual violence. Organizations reported the lowest PCTI care availability and capacity for American Indian, Native Hawaiian, or Alaska Native; Asian American; Latin American; and veteran older adults.

The survey reveals two important findings to consider when increasing the percent of aging service organizations capable of providing PCTI care to clients. First, an organization's PCTI care awareness does not necessarily translate to an organization's PCTI care capacity. While 72% of respondent organizations noted that their organization was aware of PCTI care prior to the survey, only 30% of organizations demonstrated deep capacity to provide PCTI care to clients. Being aware of PCTI care is a relatively simple task; however, developing PCTI care capacity requires an organization to actively implement and prioritize PCTI principles. Second, organizations tend to overestimate their capacity for PCTI care. When comparing an organization's self-reflections to its objective measures of PCTI care capacity, approximately half of organizations participating in the survey overestimated their PCTI care capacity. Thus, when building PCTI care capacity, aging services providers would benefit from objective measures and tools to build their capacity.

Benefit of Providing PCTI Care

While the gaps in PCTI care awareness and capacity signal room for improvement, the increasingly understood benefits of PCTI care are encouraging. Of those organizations aware of PCTI care prior to receiving the survey, respondents associated PCTI care with improvements to service delivery, client outcomes, and organizational operations. Respondents reported that PCTI care in their organization resulted in improved client empowerment, understanding, safety, relationships, feedback, decision-making, peer support, mental health, well-being, service access, physical health, and socialization. Respondents also noted that PCTI care supported their organization's service delivery by providing a structured work approach, furthering staff knowledge, and contributing to organizational sustainability. Additionally, respondents noted that PCTI care improved service to family caregivers and engaged family caregivers in better service delivery for their loved ones.

Simultaneously, organizations are learning about the PCTI care model and its benefits from a growing and diverse set of sources. Organizations are learning from their peers, professional networks, conferences, and trainings. Additionally, organizations are learning by reflecting on their history of service and by leveraging the skills of their staff. The increasing sources for PCTI learning, as well as the view of PCTI care as beneficial to clients and organizations, makes it easier for aging services providers to adopt PCTI care.

Impact of Center Activities

While significant work remains to close the gaps in PCTI care, the survey revealed that out of all variables, Center funding had the most significant effect on organizational PCTI care awareness and capacity. Organizations funded by the Center reported higher rates of PCTI care awareness and capacity across all measures when compared to organizations that did not receive Center funding. Of Center-funded respondents, 93% were aware of PCTI care across their organization, 87% reported a deep understanding



of aging with a history of trauma, and 70% demonstrated a deep capacity to provide PCTI care to clients. Of respondents not funded by the Center, 66% were aware of PCTI care across their organization, 47% reported a deep understanding of aging with a history of trauma, and 9% demonstrated a deep capacity to provide PCTI care to clients.

While the variability of PCTI care availability and capacity remain, organizations funded by the Center showed increased ability to provide PCTI care across all client demographics. When compared to organizations that did not receive Center funding, organizations receiving Center funding reported higher rates of PCTI care availability and capacity for Black or African American older adults; American Indian, Native Hawaiian, or Native Alaskan older adults; Asian American older adults; crime survivor older adults; older adults with disabilities; disaster survivor older adults; sexual and domestic violence survivor older adults; first responder older adults; immigrant or refugee older adults; Latin American older adults; LGBTQ older adults; and veteran older adults. As for Holocaust survivors, 88% of Center-funded organizations reported a deep capacity to provide PCTI care to Holocaust survivors. However, 23% of organizations that did not receive Center funding reported similar capacity to serve Holocaust survivors.

In understanding the influence of Center funding, the survey revealed two important findings. First, the efforts of the Center to build the PCTI care capacity of organizations has proven to be successful. Through expanding innovations in PCTI care, the Center provides PCTI coaching, training, and evaluation support to each subgrantee organization. Additionally, through capacity building initiatives, the Center produces publications, presentations, webinars, training workshops, and disseminates informational resources on aging, trauma, and PCTI care. Organizations funded by the Center benefit from all these efforts and demonstrate increased PCTI care awareness and capacity.

Second, the influence of Center funding not only points toward the success of the Center, but also highlights the importance of dedicated funding for PCTI care. Center funding is often used to supplement staffing costs, finance program activities, and transform physical spaces to be more PCTI. Additionally, through applying for, accepting, and implementing a Center grant, organization leadership and staff make a commitment to implementing the PCTI care approach. Increasing funding dedicated to PCTI care could help organizations overcome informational, resource, and commitment barriers and further build PCTI care capacity among aging services providers. If the goal is to improve aging services organizations' understanding and ability to provide PCTI care, then providing dedicated funding for this endeavor is likely to yield positive results.



Recommendations

Although the field of PCTI care has grown tremendously, there remain significant gaps in PCTI care awareness and capacity among aging service providers. Based on the National Survey findings, the Center makes the following recommendations for aging services professionals working on policy, advocacy, grant making, and service delivery. The network of aging service organizations should:

1. Raise awareness and understanding about topics of aging and trauma.

Increase the understanding of aging services practitioners on the topics of aging and trauma so that aging services organizations have a broader and deeper understanding of the role of trauma in the aging process of their clients. This can be done by adding the topics of aging and trauma into, for example, dental, healthcare, legal, social service, or business administration curricula, or continuing professional education.

2. Raise awareness and understanding of the PCTI care approach.

Leverage diverse learning sources to increase awareness of the PCTI care model so that aging services organizations have a deeper understanding of its relevance and the application of PCTI care for older adults with a history of trauma and their family caregivers.

3. Deepen organizational capacity to provide PCTI care.

Increase the understanding of aging services professionals of PCTI care capacity. Engage in organizational PCTI care capacity building efforts, so that organizations can provide PCTI care to all clients through all services.

4. Acknowledge and overcome disparities in PCTI care.

Work to address disparities in PCTI care by acknowledging that PCTI care availability and capacity is unevenly distributed based on client demographic groups and between older adults with a history of trauma and their family caregivers. Broaden the understanding that all clients can benefit from PCTI care and direct resources to overcome disparities in care with flexibility and cultural competency.

5. Provide dedicated resources for PCTI care.

Proactively dedicate resources for PCTI care capacity building so that organizations have dedicated funding, infrastructure, knowledge and skill, partnerships, and organizational climate to infuse the PCTI care model and principles throughout all areas of their organizations.

By implementing these recommendations to increase PCTI care awareness and capacity among aging services organizations, we can ensure that more older adults with a history of trauma can age in place with safety and dignity.



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