Changing States' Approach to Aging Services

A Guide on the Person-Centered, Trauma-Informed Approach for State Units on Aging

National Aging & Trauma Workgroup

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Jewish Federations of North America

Center on Aging, Trauma, and Holocaust Survivor Care

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Supported by our leadership and expert partners, the Center expands the nation's capacity to provide PCTI care and supports to Holocaust Survivors, older adults with a history of trauma, and family caregivers. The Center provides funding to grantees, offers education and training opportunities, and leads innovative research and evaluation initiatives rooted in PCTI care. Through this work, the Center can provide guidance as State Units on Aging (SUAs) consider the best strategies to implement this approach.

We recognize the hard work and dedicated commitment of SUAs to their constituents. SUAs play a vital role in supporting older adults to age in place with independence, safety, and dignity. This resource will help SUAs celebrate the PCTI work they are already practicing and provide resources and guidance on how to advance that work. SUAs are crucial partners in collaborating with older adults, service providers, care partners, and family caregivers.

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For additional resources on aging, trauma, and the PCTI approach, please visit the Center's website at www.AgingAndTrauma.org. For more information about this report, please contact Aging@JewishFederations.org.

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Introduction and Scope

Trauma is a public health issue, and by recognizing that, we can improve the effectiveness of care for aging individuals and the wellness of the workforce. When trauma is not acknowledged in this way, there are risks of inadequate treatment, disengagement from services, and misdiagnoses (Key, 2018; McCarthy & Cook, 2018). There are also risks to service providers who do not have training in how to work with older adult trauma survivors, including compassion fatigue, vicarious or secondary trauma, and burnout. Secondary or vicarious trauma is an individual's response to hearing about another person's firsthand traumatic experience or witnessing an individual's suffering associated with the traumatic experience (ACF, n.d.; McDonough, 2022).

Trauma exposure, post-traumatic stress disorder (PTSD), and moral injury (MI) are contributing factors to reduced work quality, burnout, job loss, and early retirement. Moral injury occurs in response to acting or witnessing behaviors in traumatic or unusually stressful circumstances that go against an individual's values and moral beliefs (Norman & Maguen, n.d.). The PCTI approach equips organizations to support professionals by recognizing the role of vicarious trauma, compassion fatigue, and staff burnout in their work with older adults with a history of trauma and demonstrates how to employ self-care strategies.

As many as 90% of older Americans will experience a traumatic event in their lifetime, with exposure to multiple traumatic events being the norm (Kilpatrick et al., 2013). This trauma exposure can disrupt one's sense of safety and stability, affecting their health, well-being, and resilience throughout their lives. While the prevalence and impact of trauma in general is increasingly understood, understanding the role of trauma in the aging process and aging service delivery is newly emerging. To provide the best possible care to older adults with a history of trauma and their caregivers or care partners, it is essential to provide care that is both person-centered and trauma-informed.

> **"A social problem does not exist for a society unless it is recognized by that society to exist."**
>
> **– Herbert Blumer, 1971**

Older adult survivors of trauma may have experienced trauma individually or through historical and cohort specific experiences such as war, natural disasters, Indigenous boarding schools, abuse, terrorist attacks, the enduring effects of the transatlantic slave trade, internment camps, and colonization.

Examples of individual trauma may include homelessness, emigration, poverty, and/or the loss

of a family member, spouse, or friend. Trauma experienced in childhood can also have long-term negative effects on health and well-being. These are called Adverse Childhood Experiences, or ACEs. There are three types of ACEs: (1) Abuse (physical, emotional, sexual); Neglect (physical and emotional); and Household Dysfunction (incarceration, mental illness, divorce, substance use disorder, and violence in the home) (Centers for Disease Control and Prevention [CDC], 2024).

Older adults' experiences of trauma are shaped by intersecting identities, including race, sex, ethnicity, disability, sexual orientation, socioeconomic background, and more. Intersectional PCTI care acknowledges these layered realities and avoids one-size-fits-all responses. The PCTI approach is not a specific therapy or intervention. Rather, it is a framework through which services can be provided and trauma-sensitive policies, practices, and procedures can be developed.

This resource is designed for service providers in State Unit on Aging (SUA) settings. However, the principles, strategies, and resources can be implemented across sectors. This resource applies to a broad scope of systemic trauma and provides strategies to strengthen service provision and promote inclusiveness in aging services.

The PCTI Approach

What is Trauma?

Trauma is a response to an event, series of events, or circumstance that results in physical, emotional, and/or life-threatening harm that may have persistent adverse impacts on a person's physical, psychological, social, and/or spiritual wellness (SAMHSA, 2014).

What is the PCTI Approach?

The PCTI approach is a holistic model of care that promotes the health and well-being of individuals by accounting for the role of trauma across the life course and by resisting re-traumatization, while also focusing on the strength, agency, and dignity of the person receiving care. The PCTI approach combines the principles of the person-centered (PC) approach with the principles of the trauma-informed (TI) approach, demonstrating that trauma-informed principles must be utilized through the person-centered lens. The PCTI approach is universal; it can be used by any person at any level of any organization, in any care setting, and with any population.

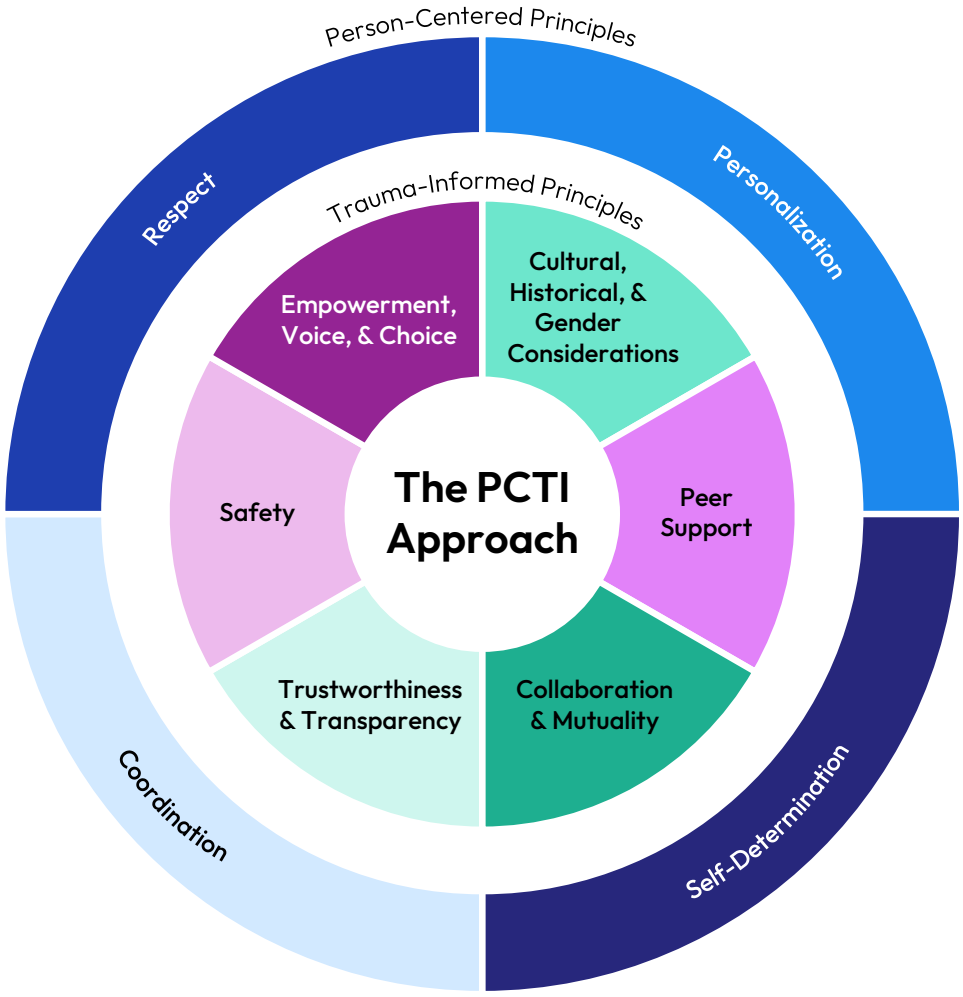
Based on the work of the Substance Abuse and Mental Health Services Administration, the six principles of the trauma-informed approach include:

1. **Safety.** Creating an environment where individuals accessing services, their families, and staff feel physically and psychologically safe.
2. **Trustworthiness and transparency.** Ensuring that operations and decisions are clear and transparent to build and maintain trust among individuals accessing services, family members, and staff.
3. **Peer support.** Connecting individuals accessing services and their family members with others who have shared experiences to offer mutual understanding, support, and self-help.
4. **Collaboration and mutuality.** Leveling power differences and recognizing all staff, individuals accessing services, and families have a key role to play in the care and support provided.
5. **Empowerment, voice, and choice.** Recognizing and building off an individual's strengths and experiences, ensuring their own choice, goal setting, and decision-making.
6. **Cultural, historical, and gender considerations.** Providing culturally responsive care and support that account for historical trauma, traditional cultural practices, justice, equity, and inclusion.

These six principles of the trauma-informed approach are interpreted and implemented through a person-centered lens, comprised of four key principles:

1. **Personalization.** Care providers personalize care based on the unique needs, goals, preferences, strengths, and values of each individual receiving support.
2. **Self-Determination.** Individuals direct their care and are empowered to identify, pursue, and achieve their own goals and full potential.
3. **Coordination.** Care providers work in partnership and coordination with an individual, their support system, and other providers.
4. **Respect.** Everyone is treated with respect, compassion, and dignity, including the people receiving care, their families, and staff.

The diagram below shows how the principles of the PCTI approach work together.



Bridging Approaches

Traditionally, the person-centered approach and the trauma-informed approach have been used separately. While care providers may have used the person-centered approach to tailor care to individuals, the role of trauma may have been overlooked. Conversely, care providers may have implemented trauma-informed principles without accounting for the goals and preferences of the person receiving care. For example, consider a scenario of a care provider specializing in treating chronic pain. Through a person-centered lens, the provider would work with each person receiving care to create individual care plans that prioritize the person's goals, strengths, and preferences. However, the provider may miss the connection between the person's history of trauma and their current health condition, symptom management, and care preferences. Through a trauma-informed lens, the provider would recognize that many of their patients have a history of trauma and that this can have a significant effect on treatment outcomes. However, the provider may use this knowledge to modify standard care plans and treatment recommendations for all patients, regardless of the unique experiences, strengths, and goals of each person.

The PCTI approach bridges the gap between the person-centered and the trauma-informed approach by blending both concepts into one holistic model. In the example of treating chronic pain, the provider would create individual care plans that prioritize the person's goals, strengths, and preferences, taking into account that this treatment plan and its success may be influenced by the person's history of trauma. By combining both approaches, the PCTI approach considers the interconnectedness of an individual's physical, mental, and social health. It provides space for individuals to lead their care, and for providers to follow their lead. As individuals lead their care, providers can identify more than surface level symptoms and recognize hidden variables such as a history of trauma. In the example of treating chronic pain, the provider would not only focus on the individual's physical symptoms, but also discuss the individual's current mental health and social health. Perhaps the provider would discover that an individual's recent social isolation is worsening their chronic pain. With this increased awareness, providers can collaborate with people to develop care plans that are comprehensive of the whole individual.

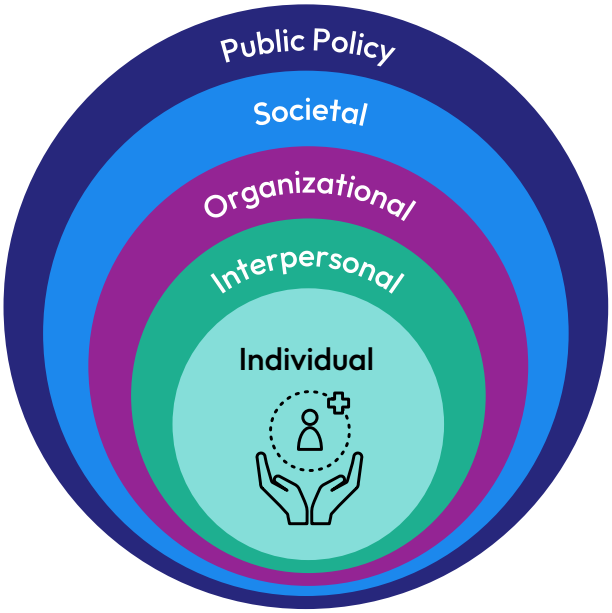
Application of the PCTI Approach

The PCTI approach has broad application as it can be used by anyone, personally or professionally. The diagram to the right illustrates the four broad levels at which the PCTI approach can be used. This includes helping individuals on an interpersonal, organizational, societal, and public policy level. The levels are defined below and shown in the model on the right.

- **Interpersonal.** Relationships between individuals and their families, friends, caregivers, colleagues, service providers, and others. This can include care provided to an individual or peer support between individuals receiving care or fellow caregivers.
- **Organizational.** Policies, procedures, systems, agency spaces, businesses, schools, etc. This can include an agency's intake procedures, recruitment policies, or physical spaces.
- **Societal.** Culture, norms, and traditions guiding workplaces, neighborhoods, community groups, and religious communities. This can include professional standards, religious customs, or community traditions.
- **Public Policy.** Local, state, and federal laws, regulations, and standards. This can include training mandates, treatment coverage limits, or entitlement programs.

Throughout these levels, the PCTI approach has the ability to positively impact an individual or community's health and well- being. For example,

The PCTI Approach Implementation Model



on an interpersonal level, service providers or family caregivers can use the PCTI approach to build relationships with the people they are caring for, better understanding their needs, goals, and ideal health outcomes. On an organizational level, individuals can infuse the PCTI approach into their agency's mission statements, intake processes, or staff recruitment procedures. On a societal level, community and religious leaders can use the PCTI approach to create a community welcoming of all its members. And on a public policy level, government officials can integrate the PCTI approach into government initiatives or provide grants to direct service agencies to implement the PCTI approach.

Benefits of the PCTI Approach

There are numerous benefits of the PCTI approach, including:

- **Improvements to the health and well-being of individuals accessing services.** The PCTI approach enables professionals and volunteers to have a greater impact on a person's health and well-being. This includes improved or maintained outcomes of physical, mental, social, financial, and spiritual health; improved caregiving experiences; improved access to resources; and meeting emergent needs more quickly.
- **Improvements to the service delivery experience.** The PCTI approach improves the service delivery experiences of professionals, volunteers, and individuals accessing services. This includes improved interpersonal relationships; understanding, collaboration, trust, and safety among care teams; prevention of re-traumatization; and the empowerment of people receiving care to guide their care and meet their goals.
- **Improvements to organizations providing care.** The PCTI approach provides organizations, professionals, and volunteers with a framework to support their work; increases staff knowledge about their work and the people they support; improves the quality of services; expands staff support; improves staff well-being; and reduces vicarious trauma, burnout, and attrition among staff.

The benefits listed above are not exhaustive. When applied to aging services, these benefits promote resilience and a positive outlook on aging. The applicability of the PCTI approach is universal, and there is no limit to where it can bring benefits.

Ageism and Trauma

"Age is often used to categorize and divide people in ways that lead to harm, disadvantage, and injustice, eroding solidarity across generations. This is ageism: the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) toward others or ourselves based on age."
World Health Organization, 2025

Understanding the complexities of ageism in older adulthood, especially at its intersection with trauma, is essential to aging well. **Ageism may be experienced as traumatic, resulting from individual events or collective harm,** much like racism and forms of marginalization and oppression. In fact, experiences of ageism are associated with a seven-year decrease in life expectancy and with suicide ideation (Levy, 2023; Gendron et al., 2024). Yet, how often is ageism mentioned as a possible source of trauma?

Ageism can act as a trigger for trauma. Because trauma triggers are highly individual, they can lead to a range of physical and behavioral reactions that may appear confusing or alarming to others. Unfortunately, many systems frequently used by trauma survivors are structured in ways that increase the likelihood of encountering these triggers, often through institutional practices that evoke feelings of powerlessness, loss of control, or physical and emotional danger. As a result, trauma survivors can experience re-traumatization—sometimes at the hands of the very institutions meant to help them. For older adults, ageism within medical, legal, and other support systems can intensify these harmful experiences. Moreover, ageism may cause negative reactions to re-traumatization to be mistaken for normal signs of aging, reducing the chances they will be properly recognized and addressed, and increasing the risk that they will continue (Elder Justice NYC Courts, n.d.).

Not only may ageism function as a traumatic event, but when providers and clinicians hold and act upon negative stereotypes about aging, it can contribute to misdiagnoses and missed opportunities for recovery, health, growth, and thriving (Brown, 2009). When providers make assumptions about people because of their age, they may fail to recognize how trauma experienced across the lifespan continues to manifest and disrupt health and well-being. P**ositive social connection is an antidote for experiences of trauma and of ageism.** Conversely, ageism (whether individual or structural) can exacerbate trauma recovery and increase social isolation by impacting social support, sense of belonging, and the perception of being a burden.

Implementation Strategies

Understanding Trauma & Aging

While older age can bring positive attributes—such as life experience, wisdom, deep insight, and crystallized intelligence—it also increases the likelihood that an individual has experienced multiple traumas, or cumulative trauma, over their lifetime. Greater exposure to trauma across the life course is associated with a higher risk of developing symptoms related to post-traumatic stress disorder (PTSD) (Ogle, Rubin, & Siegler, 2014).

Trauma responses may arise from a single incident or cumulative exposure. Trauma histories, combined with age-associated physiological changes, diminished cognitive ability, and emotional, psychological, and/or social losses, can profoundly impact aging and well-being (Rabin, Bedney, & Rubenstein, 2023). These changes, often accompanied by a loss of roles, responsibilities, and autonomy may expose older adults to additional stressors and may lead to a re-emergence or exacerbation of thoughts, memories, or feelings related to past traumatic events, compounding harm (Davidson, et al, 2016).

The first step to PCTI implementation is to be aware that trauma is a public health issue (trauma-aware), and that trauma can impact all aspects of the bio-psycho-social aging process (trauma-sensitive). **Being trauma-informed is an ongoing process where everyone at an organization is trained in trauma-informed care, and the agency has a plan in place for ensuring the principles are infused into all programs, policies, and procedures. However, there is a significant difference between trauma-focused therapy and the PCTI framework.** Trauma-focused therapy is a clinical intervention that requires specialized training in the treatment of trauma symptoms, whereas the PCTI framework is an approach that can be used by anyone and considers the role of trauma in all aspects of interactions, environments, and situations. The PCTI framework assumes that individuals may have experienced trauma in their lifetime .

Organizational Trauma Preparedness

To facilitate the beginning stages of organizational change, conducting an organizational trauma readiness assessment is a good place to start. Here are four examples:

1. **Organizational Assessment Grid**
   Trauma Transformed
   https://www.traumatransformed.org/resources/assessment-grid.asp

2. **Trauma-Informed Care Implementation Resource Center**
   Center for Health Care Strategies
   https://www.traumainformedcare.chcs.org/resource/trauma-informed-organizational-assessments/

3. **Trauma-Informed Care Toolkit**
   Virginia Commonwealth University
   https://tictoolkit.vcu.edu/organization/assessment/

4. **Trauma-Informed Workplaces Toolkit**
   Campaign for Trauma-Informed Policy & Practice
   https://www.ctipp.org/post/toolkit-trauma-informed-workplaces

Next, identify areas in which your agency can demonstrate internal and external commitment to trauma-informed care and ageism awareness. What does it look like for your agency to start building PCTI principles into programs, policies, and procedures? Some areas to review include interviewing, hiring, onboarding practices, internal forms and communication, meeting structure, and/or the physical office environment. Do these challenge ageist stereotypes and promote inclusivity and cultural sensitivity? Engage staff at all levels: create a committee of PCTI champions to get staff excited, keep the organization accountable, and continue to move efforts forward.

The essence of PCTI change encourages an atmosphere that fosters open communication, shared decision-making, and opportunities for collaboration and feedback. It empowers employees to contribute ideas and take ownership of the change helps create a sense of shared purpose.

Recommendations for Getting Started

Paul Farmer, renowned physician and anthropologist, coined the term "biocracies" to describe organizations as living, evolving systems. With that in mind, PCTI care should be seen not as a "checked box," single project, or a one-time initiative, but rather as an ongoing, dynamic process. It represents a cultural shift and continuous evolution that requires active listening and learning.

Below are examples of how to promote trauma-awareness, trauma-sensitivity, and adopting trauma-informed change within organizations. This list is not exhaustive, and each organization can create their own roadmap for PCTI culture change.

Trauma-Aware

- Understand the need for PCTI implementation. Raise awareness and understanding about aging, abuse, trauma, and the value of applying the PCTI approach.
- Provide PCTI training for all staff to strengthen their knowledge and skills.
- Understand that conducting culturally tailored work requires listening, learning, and cultural humility.

Trauma-Sensitive

- Adopt language that honors the aging process for older adults.

- Establish PCTI champions to help lead discussions and establish strategies for culture change.
- Validate personal strengths and capabilities while recognizing individual and collective trauma histories.
- Include the older person's perspective and preferences in the design and delivery of services to promote elder autonomy, agency, and ability.
- Integrate trauma-informed peer-support groups, safe spaces, culturally diverse literature, and culturally sensitive signage.
- Promote activities that recognize and celebrate aging and older adults.

Trauma-Informed

- Review your organization's public-facing platforms, assess how they reflect PCTI values, and make changes accordingly.
- Provide dedicated resources for PCTI care to build organizational capacity.
- Develop and adopt culturally responsive interventions and resiliency-based solutions that address individual, interpersonal, contextual, and societal needs and create physical and psychological safety.
- Understand the service recipients. Foster inclusive and sensitive practices that emphasize active listening, openness to learning, and awareness of power dynamics in community and institutional settings. PCTI implementation involves continual learning and adapting to each individual's unique cultural experience.
- Raise staff awareness of the organization's strategic plan and demonstrate how the PCTI approach is included.
- Measure PCTI initiatives by surveying staff and service recipients regularly. Use the data to guide program, policy, and procedure modifications.

The State of Texas: A Case Study

"Addressing trauma from a systemwide perspective requires a multipronged public health approach involving public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. Services must be provided in an organizational or community context that is trauma-informed."
- Texas Health and Human Services

The Texas Health and Human Services Commission (HHSC) has applied a trauma-informed framework to help clients, service providers, and systems of care advance a coordinated statewide approach in delivering timely and accessible services. This work is rooted in local partnerships and collaboration across sectors to advance PCTI training and services. HHSC has established a Trauma Transformation Team with representatives from different divisions and departments within the agency.

For more information, see the PCTI for Older Adults in Texas presentation.
https://www.advancingstates.org/sites/default/files/u34008/%28105%29 Trauma Informed Care for Older Adults with a History of Trauma %28PDF%29.pdf

Training Opportunities

Identifying Partners

Developing partnerships across aging services is integral to creating a PCTI network. If older adults must re-tell their stories to each organization they encounter, the risk for an emergence of trauma triggers, retraumatization, and disengagement from services is higher. Conversely, if each partner within a system or referral network is trained in and utilizing the PCTI approach, we have created a consistent, comprehensive, and supportive path for older adults to move successfully across organizations to access the care they need and deserve. **SUAs play a key role in bringing providers together; therefore, identifying and exploring collaboration with partners and leveraging relationships is an integral part of the PCTI approach.**

Importance of PCTI Training for SUAs

We are in a time of significant change in care provision in the United States. Adequate training for aging service providers can be of significant value to SUAs who are looking to ensure that their care systems balance the needs of older adults and families in the state, improve care outcomes, and efficiently use an evolving mix of federal funding resources. The Center offers an online, self-paced training for anyone working or volunteering in aging services: PCTI Essentials for Aging Services. This course can be accessed at https://holocaustsurvivorcare.jewishfederations.org/pcti_training.

This self-paced, online course is designed to educate professionals and volunteers on the impact of trauma on health, aging, and service delivery. The course is delivered through written instruction complemented by videos, downloadable resources, and exercises which include group discussions, reflections, scenarios, and knowledge assessments.

Course participants will learn how to:

1. Explain how trauma impacts health and well-being, aging, family caregiving, and service delivery.
2. Explain the PCTI approach and its relevance in serving older adults and family caregivers.
3. Apply the PCTI approach in different contexts, including across roles and populations.

Specifically, **PCTI Essentials for Aging Services can help SUAs use a PCTI framework to inform multiple aspects of their own work in ways that are likely to improve quality measures while reducing costs.** Trauma is a large barrier to accessing benefits and services. However, when an organization and its staff are equipped to use the PCTI approach, there is potential to create an environment that invites older adults to seek services, increasing

engagement and reducing adverse outcomes, such as social isolation, premature institutionalization, loneliness, or emergency room visits, which could result in retraumatization of the older adult and/or their caregiver.

As a first step, we recommend that SUA leadership enroll in PCTI training. A key tenant of the PCTI philosophy is that the approach is embraced at all levels of an organization. Having established a PCTI framework in their own structure, SUAs can then leverage PCTI training resources to help county and local policymakers and practitioners engage with the PCTI approach and enhance their efforts to better support older adults. As a next step, we recommend that SUAs establish mechanisms/incentives to facilitate PCTI training completion to foster adoption of this training across all county/local agency levels and by practitioners working within the state who care for older adults.

Area Agencies on Aging (AAAs)

At the county and local levels, Area Agencies on Aging (AAAs) are critical levers for change and implementation. We recommend taking the boldest steps possible to encourage both SUAs and AAAs to buy in and promote PCTI training. The Center, alongside crucial partners such as USAging, could work with local AAAs to ensure PCTI training reflects the specific needs and strengths of diverse communities and provide guidance to ensure that local agencies understand the significant value that PCTI training can provide in strengthening service provision and care outcomes for older adults.

Accreditation Strategy

The Center recognizes that organizations may want to formally identify themselves as PCTI certified. While there is no standard certification in PCTI care, when an SUA, AAA, or other organization completes PCTI Essentials for Aging Services, certificates of completion and continuing education units (CEs) for licensed social workers are available. Should an agency require or request additional information, the Center can engage in customized work agreements to help organizations access additional metrics such as evaluation reports reflecting level of course engagement, the status of learning outcomes, and other data analysis reports. Center staff can contract with organizations in a technical assistance capacity to provide guidance on next steps to implementing the PCTI approach in their day-to-day work. The Center understands the value of codifying additional steps to bring the PCTI framework into action beyond training completion. An important consideration is ensuring that self-described PCTI adherence should have verifiable processes and metrics, both so that the Center can assess the true impact of these practices and so that older adults and families can have confidence in the application of PCTI practices within the organization.

Resources

The following resources may be helpful for those advancing the PCTI approach across SUAs.

Jewish Federations' Center on Aging, Trauma, and Holocaust Survivor Care Website
www.AgingandTrauma.org

Guidance for Aging Services: Aging with a History of Trauma
Jewish Federations' Center on Aging, Trauma, and Holocaust Survivor Care
https://cdn.fedweb.org/fed-42/2/Aging%2520with%2520Trauma_Full_Report_10162023.pdf

Age and Ability Inclusion Toolkit for Senior Living
Virginia Commonwealth University (VCU)
https://ageismtoolkit.vcu.edu/

Trauma-Informed Toolkit for Nursing Homes
Virginia Commonwealth University (VCU)
https://tictoolkit.vcu.edu/organization/assessment/

World Health Organization Ageism Resources
World Health Organization (WHO, Ageism)
https://www.who.int/health-topics/ageism#tab=tab_1

Tips and Tools for Person-Centered, Trauma-Informed Care of Older People at the Intersection of Trauma, Aging, and Abuse
National Center on Elder Abuse (NCEA)
https://eldermistreatment.usc.edu/wp-content/uploads/2023/07/NCEA_TT_PCTICare_web.pdf

Reframing Aging Through Images: Fact Sheet,
FrameWorks
https://www.frameworksinstitute.org/resources/reframing-aging-through-images-fact-sheet/?gad_source=1&gclid=Cj0KCQiA4fi7BhC5ARIsAEV1YibEPjpXasoWEM0gywBzoCIVL2KGEHHYu2UNMg94Wg3_Tz6Zohx7DqsaAkNqEALw_wcB

Trauma, Aging, and Elder Abuse: Frequently Asked Questions
The Harry and Jeanette Weinberg Center for Elder Justice
https://theweinbergcenter.org/wp-content/uploads/2020/10/FAQ-Trauma-WEB-FINAL.pdf

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