Executive Summary

Aging with a History of Trauma:
Strategies to Provide Person-Centered, Trauma-Informed Care to Older Adults and Family Caregivers

October 2023

The Center on Holocaust Survivor Care
Institute on Aging and Trauma
Acknowledgments

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The JFNA Center thanks its Board of Trustees and their chair, Julie Platt, for their heartfelt support of this endeavor.

The Center is grateful for the contributions of the Aging & Trauma Work Group. The Aging & Trauma Work Group is composed of organizations serving American Indian and Alaska Native, Asian American and Pacific Islander, Black or African American, elder abuse survivors, first responder, Hispanic or Latin American, LGBTQ (Lesbian, gay, bisexual, transgender, queer/ questioning, and others), refugee and immigrant, and veteran older adults. Members of the Aging & Trauma Work Group helped guide the content and recommendations of this publication.

This publication would not have been possible without the work of JFNA Center subgrantees who have developed best practices in person-centered, trauma-informed care for Holocaust survivors, older adults with a history of trauma, and family caregivers. The JFNA Center would like to thank all organizations providing critical services to older adults with a history of trauma and their family caregivers.

This work is supported by the Administration for Community Living (ACL), United States Department of Health and Human Services (HHS) as part of a financial assistance award totaling $5,922,000 with 75% funded by ACL/HHS and $1,974,000 and 25% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the United States Government.

For more information about this publication or the JFNA Center’s work on person-centered, trauma-informed care, including a list of subgrantees and future grant announcements, please visit www.AgingandTrauma.org or contact the JFNA Center at Aging@JewishFederations.org.

Recommended Citation

Rabin, C., Bedney, B., & Rubenstein, V. (2023). Aging With a History of Trauma: Strategies to provide person-centered, trauma-informed care to diverse older adults and family caregivers. Center on Holocaust Survivor Care and Institute on Aging and Trauma, The Jewish Federations of North America.
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Acronyms and Abbreviations

ACE
Adverse childhood experience

ACL
Administration for Community Living

Center
Center on Holocaust Survivor Care and Institute
on Aging and Trauma

HHS
United States Department of Health and Human
Services

JFNA
The Jewish Federations of North America

LGBTQ+
Lesbian, gay, bisexual, transgender, queer/
questioning, and others

PCTI
Person-centered, trauma-informed

PTSD
Post-traumatic stress disorder

SAMHSA
Substance Abuse and Mental Health Services
Administration
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In 1998, Felitti and colleagues shocked the world by documenting how common adverse childhood experiences (ACEs) were among Americans. In their study, more than half of adults experienced at least one ACE such as emotional, physical, or sexual abuse, and household dysfunction (Felitti et al., 1998). Today, we can no longer afford to be shocked by these adverse experiences. Not just ACEs, but trauma itself has become one of the preeminent public health challenges facing America today. It is estimated that as many as 90% of Americans will experience a traumatic event in their lifetime, such as violence, war, disaster, and discrimination (Kilpatrick et al., 2013).

Exposure to a traumatic event can leave indelible scars that last a lifetime. When traumatic response is left untreated, its effects can impact an individual’s mental and physical, and overall well-being. To list a few, trauma exposure is associated with an increased risk for health conditions such as heart disease, immunologic disorders, anxiety, depression, hypertension, dental problems, and dementia (McFarlane, 2010; D’Andrea et al., 2011; Jankowski, 2016; de Oliveira Solis et al., 2017; Rouxel et al., 2016; Mohlenhoff et al., 2017; Yaffee et al., 2010). Conversely, the treatment and resolution of traumatic response can build resilience as individuals adapt and recover.

While there is growing recognition of the prevalence and impact of trauma, awareness of the impact of trauma on older adults is lacking. There is limited research on the impact of trauma on the aging process, diverse older adult populations, and family caregivers. Much of the literature on trauma focuses on its effects on youth rather than treating trauma as a life course issue. Simultaneously, there are limited services for older adults with a history of trauma and their family caregivers. Medical and social service providers may not screen for, recognize the signs of, or know how to treat, trauma in older adults. Policy makers and funders may not dedicate sufficient resources to programming for older adults with a history of trauma and their family caregivers.

Trauma itself has become one of the preeminent public health challenges facing America today.
Given these trends, a new approach to service provision called person-centered, trauma-informed (PCTI) care has been developed to support those who have experienced trauma.

PCTI care is a holistic approach to service provision that promotes the dignity, strength, and empowerment of individuals with a history of trauma by incorporating knowledge about the role of trauma into agency programs, policies, and procedures (Eisinger & Bedney, 2018).

PCTI care combines the principles of person-centered care (self-determination, choice, empowerment, and individual preference) with the principles of trauma-informed care (safety, trust and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural competency) (United States Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). By infusing these principles throughout all functions of an organization, aging service providers can support the health and well-being of older adults with a history of trauma. Whether or not a provider knows that a person has a history of trauma, the PCTI approach can help.

In 2015, the United States Administration for Community Living (ACL) awarded The Jewish Federations of North America (JFNA) a five-year grant to build the capacity of the Aging Network to care for Holocaust survivors and their family caregivers. In 2020, ACL awarded JFNA with another, more expansive, five-year grant to continue building the capacity of the Aging Network to care for Holocaust survivors and their family caregivers, and expanding the capacity of the Aging Network to provide PCTI care for older adults with a history of trauma and their family caregivers. The Aging Network is a national network of State and Area Agencies on Aging, and Native American aging programs that plan and provide services for older adults to age independently and remain in their homes and communities (ACL, 2023a). Beyond the Aging Network, the work of these grants builds the PCTI care capacity of all who work in aging services. This includes direct service providers, policy makers, funders, volunteers, and researchers.

This work is implemented by the JFNA Center on Holocaust Survivor Care and Institute on Aging and Trauma (Center). Capacity building efforts of both grants have included subgrants to agencies implementing innovative PCTI care projects, and raising national awareness and understanding of PCTI care through publications and presentations. Since 2015, the JFNA Center has awarded subgrants to 87 organizations that have developed over 500 innovative PCTI projects in areas of mental health, socialization, family caregiver support, physical wellness, and PCTI training. These projects have served approximately 45,000 Holocaust survivors, 10,000 older adults with a history of trauma, and 7,000 family caregivers; and trained approximately 20,000 professional service providers and volunteers. Results of these projects show the effectiveness of the PCTI approach in improving social connection, health, and well-being of older adults with a history of trauma and their family caregivers.
In 2021, ACL awarded the JFNA Center a supplemental grant to produce a guidance memorandum with up-to-date guidance for the Aging Network on how to deliver PCTI care to Holocaust survivors, older adults with a history of trauma, and their family caregivers. This publication is an updated and expanded version of the guidance memorandum published by the ACL in 2017 (ACL, 2017). That memo provided recommendations on conducting outreach and service provision to Holocaust survivors. In addition to updates about the needs of Holocaust survivors, this publication includes background information about PCTI care, diverse older adult populations with a history of trauma, and family caregivers.

This guidance memorandum is divided into four sections. The first section introduces the topics of trauma and PTSD, how trauma influences the aging process, and how the PCTI approach can help. The second section provides recommendations as to how aging service professionals and volunteers can better care for older adults with a history of trauma, and their family caregivers, through the PCTI approach. Recommendations provided in this section are based on the JFNA Center’s work with Holocaust survivors, scholarly research, and input provided by contributors to this publication. The third section reviews trauma history and service considerations for several older adult populations with higher rates of trauma than the general United States population. This includes Holocaust survivors; racial and ethnic minoritized groups; LGBTQ+ individuals; immigrants, refugees, and asylees; survivors of crime; survivors of disasters; individuals in high-risk professions; veterans; and individuals with disabilities. The fourth section turns to the impact of trauma on family caregivers of older adults with a history of trauma. Throughout these sections, a few themes will emerge:

- **The impacts of trauma are omnipresent, complex, and profound.**

  By the time individuals reach older adulthood, most have experienced one or more traumatic events which can result in physical, mental, and cognitive health conditions. The aging process itself can be traumatic, as it is often accompanied by declines in health, changes in roles and status, and the loss of family members and friends. Symptoms associated with trauma can be challenging to understand and treat in older adults, as trauma presents differently across the lifespan, and trauma symptoms are often hidden by health conditions.

- **Trauma impacts everyone differently.**

  People may be exposed to various traumatic events through their profession, geography, or social group. These events may not be perceived as traumatic for all, as everyone may have different coping mechanisms for and reactions to similar traumatic events. For every person, trauma exposure can lead to negative health outcomes, resilience, both, or neither. It is important to understand the overall trends in trauma exposure and its impact while viewing individuals as a combination of their unique circumstances.

- **Trauma impacts family caregivers.**

  The experience of caring for a loved one can be traumatic. Bathing and dressing a parent, providing connection for a spouse with
dementia, or planning for end-of-life care can be challenging. Caring for an individual with a history of trauma may be even more complex, as loved ones have to manage trauma symptoms and behaviors. This experience can compound previous traumas with which family members and friends enter their caregiving responsibilities.

• Trauma can be individual, secondary, communal, and intergenerational.

An individual’s exposure to traumatic experiences is multilayered. People are exposed to trauma through events that threaten their personal safety, stories of traumatic experiences of others, oppressive systems of institutional discrimination, and the collective memories of trauma of their community and ancestors. Trauma does not have to be experienced directly to have an impact on one’s health and well-being. Members of racial, ethnic, sexual, and gender minoritized groups often carry the traumatizing experiences of their ancestors and communities, compounding the traumatic experiences they may encounter on their own.

• PCTI care can help.

The PCTI approach has emerged as a best practice in aging services, as it has improved the social connection, health, and well-being of Holocaust survivors and their family caregivers. Based on these results and the prevalence of trauma among the United States population, PCTI care has the potential to improve services for all older adults and their family caregivers. The principles of PCTI care can be integrated into all aspects of policy making, funding, service design and delivery, and organizational operations. By infusing principles of PCTI into medical and social services, all older adults with a history of trauma and their family caregivers can get the care they need and deserve.

Based upon these themes, the publication concludes with a set of recommendations for those working in aging services, in both professional and volunteer capacities. These include:

1. Research issues of trauma, aging, service needs, and PCTI care.

2. Raise awareness and understanding about aging with a history of trauma, and how PCTI care can help.

3. Raise awareness and understanding about the experiences, trauma triggers, trauma prevalence, and service needs of diverse communities.

4. Deepen organizational capacity to provide PCTI care.

5. Build and strengthen PCTI care partnerships.

6. Remove barriers for PCTI service access and utilization.

7. Reduce stigma about trauma and service utilization.

With these recommendations, professionals and volunteers across the United States can infuse PCTI considerations into their work to best serve Holocaust survivors, older adults with a history of trauma, and family caregivers in their communities.


