

Episode 208- Dr. Nancy Kusmaul and Lisa Kendall: Impacts of Trauma in Later Life

[00:00:08] Welcome to inSocialWork, the podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We are inSocialWork.

[00:00:37] Hi from Buffalo. The New Buffalo New York, a hot destination for millennials. The U.S. Census Bureau reports that since 2010 the Buffalo region's population of adults aged 20 to 34 has grown eight point three percent faster than the country as a whole and faster than other cities from Detroit to Cleveland and Pittsburgh. You can feel the vitality in our town. I'm Peter Sobota. The double edged sword that is later life can bring wisdom and perspective as well as diminishing capacity and increased vulnerability. With large numbers of our population living longer and creating social change, it makes good sense that helping professionals acknowledge this population's unique strengths and capacity as well as their challenges. In this episode our guests Dr. Nancy Kusmaul and Lisa Kendall discuss the possible impacts of traumatic experiences as people transition into older adulthood. They describe specific applications of a trauma perspective with elders and what helping professionals might observe in their clients to warrant further assessment. Dr. Kusmaul and Ms. Kendall highlight the distinctive opportunities and manifestations for re-traumatization with the older adult population and the trauma informed care implications for organizations and caregivers serving older adults. Nancy Kusmaul Ph.D. LMSW is an assistant professor in the baccalaureate social work program at the University of Maryland Baltimore County. Lisa Kendall LCSWR CSWG is a social work psychotherapist and clinical gerontologist who has worked with elders and their care partners for over 30 years in home health adult day programs hospitals and nursing home settings. Dr. Kusmaul and Ms. Kendall were interviewed by Jackie McGinley, one of our wonderful Ph.D. students here at the School of Social Work in June of 2016.

[00:02:43] Lisa, I want to begin by asking you what do we mean when we are referring to emotional trauma.

[00:02:51] It's really a good question because the word is used in different ways in different settings. Certainly when we're talking about trauma like PTSD Post-Traumatic Stress Disorder the Diagnostic and Statistical Manual has one definition. They talk about trauma that is the experience or witnessing of an event that really threatens physical harm or death or otherwise leads to a sense of threat or danger that comes from the American Psychological Association definition. But I kind of like the definition that comes from SAMHSA. That's the Substance Abuse and Mental Health Services Administration. And if I could just kind of read that quickly they talk about trauma as resulting from an event or series of events or set of circumstances that's experienced by an individual as physically or emotionally harmful or life threatening and that has a lasting adverse affects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. So here we're really talking about things that might really be thought of as painful memories. Right on up to PTSD. So they can be Man-Made circumstances like shaming or bullying or sexual abuse or physical abuse or neglect. Right on up to natural disasters hurricanes and wartime events. So we're really talking about a broad range of things and I like to have that more inclusive definition.

[00:04:32] And Nancy is there anything that you wanted to add to sort of further elaborate on how we define and refer to emotional trauma?

[00:04:42] I think Lisa's definition captures it well because we really are talking about a broad

range of experiences that can be on an individual level or within a neighborhood or community that's experiencing some kind of event across a community.

[00:04:59] And Nancy another follow up question for you. We realize that bad things happen to just about everyone. Are there some people who seem to be affected more than others, and when that happens to those individuals what does it look like?

[00:05:15] We like to think about this in terms of a stressor. And a stressor is anything that exceeds available resources. And when we talk about resources a lot of times people think about monetary resources. These resources can be from the very individual level, individual coping skills, personality traits to family support, age, to some of both more community level resources. The availability of mentors, financial resources within the community and things like that which leads to variability between individuals. Yes two individuals can experience exactly the same event and one may have some significant adverse effects from it and some may be able to move on with fewer adverse effects.

[00:06:11] Lisa the title of this podcast relates to the impact of emotional trauma which we've been discussing and defining but specifically on elder well-being. I wanted to ask you to explain what you mean by the term elderhood.

[00:06:27] Well Elderhood is a specific phase of life and we think of that as a developmental stage that is distinct from adulthood. And I think in our Western culture we have a tendency to think of old people as just older adults and that really sort of keeps us out of the special gifts and attributes of old people which I like to think of as elders in a very positive sense of that word. And I would define elders in the way that the Eden Alternative defines elders as anyone who by virtue of their life experience is here to teach us how to live. And actually in the Eden Alternative that is somebody who is not necessarily chronologically older, could be somebody of any age who because of their special life circumstances has something special to teach us about living. But elderhood chronologically does have its own special gifts that are different from adulthood. So Dr. Bill Thomas spells this out very clearly in his book "What Are Old People For?: How Elders Will Save the World" and we do look at that in a developmental way as a specific stage of life that has its own unique tasks, one of which is making peace. It can be making peace with yourself, with your family, with your community, with your role in life and on the planet spiritually. I like to think about this as it relates to other people's theories developmental theories about life the lifespan and aging. Think about Erik Erikson's Psychosocial Stages. And he talks about the last two stages as being Generativity versus Stagnation and Integrity versus Despair. And if you have not across the lifespan been able to resolve these different developmental stages you're going to reach that last stage in a place where it will be very difficult to make peace with the past and to have a sense of integrity where all the different pieces of yourself, your thinking, your emotions, your physical sense of self, your spiritual sense of self, are really in alignment where you have integrity and have a sense of your life as "Hey I made some mistakes but I learned from them. My time on Earth had meaning. Overall I have a sense of peace." That will be very difficult to achieve if you haven't resolve those other stages of life so it's a life span approach that does look at Elderhood as its own unique stage. So that's how I look at Elder hood. And I do believe that elder hood is a time to look at trauma that may have occurred during early stages and so that's why we're talking about it.

[00:09:30] And Nancy I want to ask you a follow up question to that as I was listening to Lisa talk about Erikson and this concept of unresolved trauma and perhaps elderhood being an opportunity to look at that. Nancy I want to ask you what are some things that we might observe that could suggest to us that there might have been unresolved trauma for an individual or a practitioner is listening right now that they might observe a client?

[00:09:56] I think Lisa raises a great point about some of the very positive tasks tasks of elderhood, but I think when we think back to that stress model I gave earlier with stress and resources older adults often have fewer resources whether it's a smaller social network, and so things that they've been coping with across their adult life may also start to intrude on their ability to deal with seemingly small issues. You might see extreme reactions to things that others might think or are just small things passively and unwillingness to speak up. Depression, anxiety, reactions to personal care, physical reactions, startling combativeness, anger towards caregivers, and been looking at using that life perspective looking at maybe a history of Broken Relationships, substance abuse problems, unexplained pain, physical complains as things are changing for them in other aspects of their life.

[00:11:06] Lisa, some people might think that it's too late to deal with childhood issues when they're very old. What would be your response to an individual who feels that way?

[00:11:17] Well this developmental approach that we're taking presumes that these issues can become magnified because of that task of making peace and the pressure almost to have some sense of closure before the end of life. Erik Erikson talked about it, Dr. Thomas talks about it and the idea of life review that Robert Butler espoused as well really talks about it and I think that some of the pressures and the losses and the challenges of aging that Nancy was just mentioning also can bring these issues back to the surface. One thing that we've learned from trauma studies about veterans is that people who served in World War II for example seem to have been able to come back from military service. It seems that they got busy with families and work and may not have shown symptoms of PTSD for up to 50 years. And when you think about well why was that, how is it that they didn't have symptoms of Post-Traumatic Stress Disorder until 50 years later. And one theory is that they were very busy with other things but then maybe they weren't so busy and that served as a way to protect them in some ways. But then they also had challenges related to aging, other losses and maybe lost some sense of the roles that they were filling in other areas of their life. So PTSD symptoms can be delayed until elderhood for all these reasons that we're talking about. So we also have institutional systems of care for older people that can re-trigger or re-traumatize people. So think about the person who may be getting care in a long term care facility and really be really experiencing some traumas that perhaps may be getting personal care may be inadvertently really traumatizing a person who was sexually abused as a child. So there are lots of different examples and reasons why elderhood or later life is re-experiencing or re-traumatizing a person. These issues can and should be dealt with in later life. For a lot of different reasons. First for fulfilling those developmental tasks for a person and supporting the idea of making peace. And most importantly being built on the idea that healing and growth are possible during elderhood. We have a tendency to think about old age as a time of decline alone and that couldn't be further from the truth. I believe that elderhood is a time of growth and where healing is possible. And for the reason that healing is possible and that well-being certainly should be supported during this time of life.

[00:14:13] Nancy I want to get back to a point you made previously and also which Lisa picked up here which is that service providers often have to be thinking about what individuals are bringing into elderhood especially around unresolved trauma or just past trauma experiences. And so I wanted to ask what is trauma informed care and in what ways is it different from treatment?

[00:14:36] I think you picked up on a great piece there, Jackie in terms of thinking about the larger picture. When professionals care providers see older adults we have to remember that we're seeing them at a moment in time. The care needs that they present to us are very small fraction of the whole story that they bring. We don't know what the family history is, whether there's abuse between a parent and child, what any of that look like previously, we also don't know what previous coping skills were used. So you know there are several different definitions of trauma informed care. Sandra Blume, Roger Fallot, Maxine Harris. The important components of trauma informed

care that I think Lisa and I pull out this is that it's an organizational structure that involves understanding the potential of previous trauma, recognizing it when we see some of those reactions that we talked about earlier and responding to it. Emphasizing the physical, psychological, and emotional safety for both the consumers and providers and helping survivors rebuild the sense of control and empowerment. So there are a lot of different models that I think touch on a piece of this when we think about some of the nursing home culture change models that are very person-centered. There are pieces in all of it. I think it's important that we remember some of those underlying reasons as well. When we look at the individual we need to think about what has come before; strength, challenges, trauma.

[00:16:17] And I want to dig into that a little bit more because there is a lot here when thinking about trauma informed care across the life course. So a few follow up questions for you. Lisa, how do we understand and recognize and respond to the affects of all types of trauma?

[00:16:35] Well I think Nancy really set us up beautifully to start to talk about that. And I think first and foremost that this podcast is a beautiful example of raising awareness and starting to really dig into some education about this. So much is being learned now about how early trauma attachment issues and these kinds of early experiences even when we're not calling it trauma even if we talk about painful memories and how they can impact people across the lifespan physically and emotionally and in terms of wellbeing, self-esteem and so on. Raising awareness about this and talking about it openly can really help us start to change how we think about this as a culture and as practitioners. I think social workers are beautifully prepared to have this conversation and to educate the public, our clients and ourselves and our colleagues about this issue. I think we need to be mindful of how we are screening clients no matter what setting they're being seen in and there are some great resources out there that help us ask some simple questions in non-stigmatizing ways about experiences that people have had that may still be bothering them. Some simple tools that can help people get at those kinds of things and then really again sticking with our basic ethics and our values as social workers always focusing on strengths and recognizing that people's responses to unresolved painful memories or unresolved trauma are survival skills and that we need to be looking at people not as victims of trauma but as survivors of challenging situations and to always start from that strengths-based perspective and recognizing that care for people who have survived difficult circumstances is about reintegration, attachment, attunement, at one moment if you will that there are many many different approaches for this that are not all medicalised. That simple things like yoga and drumming and singing are on one end of the spectrum. That this isn't all about highly formulated approaches although there are those as well that can really help people reintegrate approaches like EMDR for people who are suffering from symptoms from PTSD. So knowing this range of symptoms if you will and the range of care options that are available to people is really important and then sticking with our approaches.

[00:19:20] And Nancy as I've heard both of you talk about trauma informed care it seems to me that we're talking about the physical psychological and emotional safety of not just the individual but also of the providers. And so I'm curious where do we start with that?

[00:19:35] I think that's absolutely true from family providers to professional caregivers. Social workers talk a lot about self care but we not see discussions about health care with some of the low wage direct care workers the nursing homes CNA's, the home health aides are going out into people's homes and often not knowing what's waiting for them there. They are often at risk themselves of being verbally, physically abused by the elders that care for, they may have trauma histories themselves, and so being aware again as social workers perfectly positioned to do that. Aware of the larger picture, aware of where this fits for the older for the caregiver and recognizing I would say the humanness of all of the individuals in the picture and creating our organizations in ways that support and respect that. Allowing time time for relationship, time care, time and value in

allowing those relationships to develop. And really allowing people to get to know each other in those caregiving situations. We're talking about intimate kinds of care here and you can't think about it in some way lying kind of way.

[00:20:57] And Nancy I want to pick up on something you mentioned right at the beginning of that response which is that we have to remember that providers are not just professional or paid providers but they're oftentimes unpaid family providers. And so do you think that researchers and organizational level providers are paying enough attention to adult survivors of abuse and neglect who may be supporting an older family member and that possibly could be an older family member who has abused or neglected that individual or just more broadly what that support looks like?

[00:21:32] I don't think there has been enough attention paid to that. I think that we have an extensive literature on caregiving but the numbers of caregivers in this country are only going to increase the amount of caregiving they do is going to increase. And I think this is a missing piece.

[00:21:53] Lisa, I want to ask you does everyone who go through a traumatic event suffer from it? Are there individuals that go on to teach others or start a foundation or raise awareness about particular issues?

[00:22:07] Jackie, I am so glad that you asked me that question because again we tend to think about when bad things happen people are damaged in some way. And again as social workers we want to look at strengths and certainly trauma is one of those areas where we're starting to learn the different ways that people grow from these experiences. And again looking at why some people do seem to grow or gain something and other people do not. Other people seem to suffer more as a result of bad things happening to them. There is some wonderful research happening in this area. And if you just google Trauma Growth you will come upon some of those studies and the research that's being done there's an institute that studying trauma growth and what this shows is that a certain percentage of people who've been through an incident think about the loss of a child for example or even a rape or a murder in the family will go on to the way they measure this is the they score higher on certain measures than peers who have not been through a similar experience and measures such as compassion for others or understanding sensitivity things like that. So there is growth that can happen from going through these difficult circumstances.

[00:23:34] When we began our discussion the three of us were noting that Nancy you focus a lot on the organizational implications of emotional trauma in Elderhood and across life course. And Lisa you've looked at it also at the organizational level but mostly at the individual level and so. Nancy I want to ask you for our listeners that want to learn more. Are there resources that are available that might be of interest to them when thinking about emotional trauma on elder well-being?

[00:24:03] I think that when we're thinking about organizations when we're thinking about all of those kinds of person centred care models we need to honor the tasks of elderhood. We need to think about healthy boundaries for both workers, family members, the older adults who provide care to. I think that there's a vast array of resources that are starting to look at this starting with some of the person centered care models that Lisa mentioned the Eden Alternative and the Eden trainings to some of the resources that SAMHSA has put out on trauma informed care. Some of those are more specific to other types of organizations like substance abuse treatment organizations. But a lot of the information that they provide can be brought into elder care organizations. And considering that older adults also receive care in organizations that treat all age groups. For example hospitals and things like that.

[00:25:04] And Lisa, are there any resources that you might recommend to our listeners?

[00:25:08] Yeah Nancy mentioned the Person Directed Care Movement, the Culture Change Movement and I would certainly mention the Pioneer Network as a leading culture change organization that sort of brings all those partners together. And she mentions that the SAMHSA has their trauma informed care in behavioral health services. Materials are very extensive and they are free to download from the Internet and you could just find them if you look up SAMHSA TIP Series 57. I would say if there was one book that a social worker might want to get that would look over all of the trauma research and its impact on individuals and the care approaches that are available.

[00:25:56] I would say look at Dr. Bessel van der Kolk's book "The Body Keeps the Score." That's a book that's available Dr. van der Kolk has been director of the trauma center at Massachusetts General Hospital for the last 30 years. And he really has looked at all of the research and is familiar with a variety of care approaches and he's looked at people of many different ages has looked at many different kinds of trauma as well and his book is very comprehensive and an easy read but very thorough in terms of evidence based practices.

[00:26:31] So Nancy and Lisa, I know I directed many of his questions at each of you specifically. So I want to offer you each the opportunity to comment back on things that you would like to have shared earlier in our discussion or if there's some area that you have wanted to talk a little bit more as it relates to emotional trauma on Elder well-being so I'll invite Nancy to speak first. Nancy is there anything, final last words that you would like to share?

[00:26:57] I think just the fact that whoever is listening out there is listening to this podcast this is an important step to consider elder services, trauma informed care and elder services and the continued growth that is possible in late life. Trauma informed care is really important in older adult services because of past experiences of both the elders and the family members and it systematically recognizes these experiences and prevents re-traumatization or is aware of the possibility of returning motivation through care practices. And again recognizes that potential for growth in individuals of all ages.

[00:27:40] And Lisa, any final words from you?

[00:27:43] I full heartedly agree with what Nancy said and I would just like to add as a social work therapist who's working directly with elders on these issues, you may be able to think of people that this seems pretty obvious that this is an obvious issue with but I can tell you that there are folks who really appear to be very functional in their lives they've raised families successfully they've had careers but in their hearts they're carrying a lot of shame or guilt or other kinds of feelings of responsibility or hurt from experiences that happened many many decades ago. And I think that if we are more aware of the impact of trauma or painful memories on people across the lifespan I think we can really help folks achieve a kind of peace in Elderhood that can bring tremendous healing to people and being aware that in the different kinds of environments where we work can go a long way towards intergenerational healing for Folks and that growth is certainly possible and desirable during elderhood and can help us down through the generations.

[00:28:59] I want to thank you both so very much for sharing your knowledge and your insights with our audience. And also for your contributions to this field of research and practice I am incredibly grateful.

[00:29:12] Thank you.

[00:29:12] Thank you Jackie. Thank you Nancy.

[00:29:17] You've been listening to Dr. Nancy Kusmaul and Lisa Kendall discuss trauma in later life on inSocialWork.

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