


Forum on Aging | March 2025

Miranda Kunkel, PhD LMSW

# Understanding Trauma and Implementing Trauma-Responsive Care for All Ages and Abilities

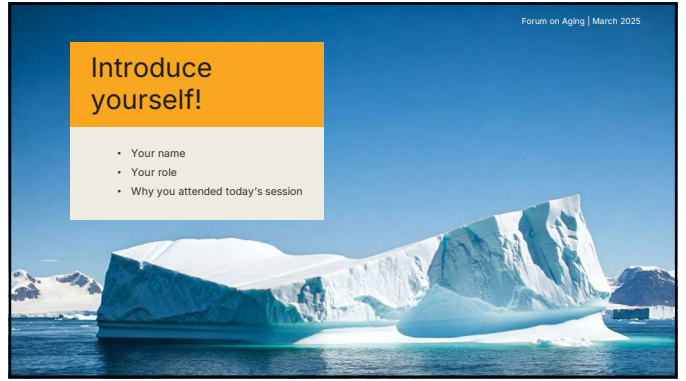


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## Introduce yourself!

- Your name
- Your role
- Why you attended today's session




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## Overview


**I. Understanding Trauma and Resilience**  
Activity #1: Case Study Analysis

**I. Implementing Trauma-Responsive Care**  
Activity #2: Applying Trauma-Informed Care  
Activity #3: Trauma-Informed Communication



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## Part I

# Understanding Trauma and Resilience

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**Power of Empathy**  
Brene Brown, PhD LMSW

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## Defining Trauma: The 3 Es




<p><b>Events</b></p> <p>Results from an <b>event</b>, series of events, or set of circumstances</p>	<p><b>Experiences</b></p> <p>That is <b>experienced</b> by an individual as physically or emotionally harmful or life threatening</p>	<p><b>Effects</b></p> <p>And that has lasting adverse <b>effects</b></p>
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Perry, Bruce D., Winfrey, Oprah. (2021). What Happened to You?: Conversations on Trauma, Resilience, and Healing. New York, Flatiron Books.  
SAMSHA's Trauma and Justice Strategic Initiative, July 2021 <https://library.samhsa.gov/sites/default/files/tmj14-4884.pdf>

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## What percentage of older adults have experienced a traumatic event?

PTSD: National Center for PTSD. [https://www.ptsd.va.gov/professional/treat/specific/symptoms\\_older\\_adults.asp](https://www.ptsd.va.gov/professional/treat/specific/symptoms_older_adults.asp)  
Kawert P., Pietrzak R. H., & Ghesmer, H. (2013). Trauma and posttraumatic stress disorder in older adults. *CMAJ*, 185(8), 685. <https://doi.org/10.1503/cmaj.120866>

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### Potential Traumatic Events


ABUSE	LOSS	CHRONIC STRESSORS
<ul style="list-style-type: none"> <li>• Emotional</li> <li>• Sexual</li> <li>• Physical</li> <li>• Neglect</li> <li>• Domestic violence</li> <li>• Witnessing violence</li> </ul>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Abandonment</li> <li>• Separation</li> <li>• Moving</li> <li>• Job / career</li> <li>• Accidents</li> <li>• Natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Racism</li> <li>• Medical procedures</li> <li>• Community trauma</li> <li>• Historical trauma</li> </ul>

SAMSHA Trauma-Informed Care in Behavioral Health Services. [https://library.samhsa.gov/sites/default/files/sma14-4816\\_1treview.pdf](https://library.samhsa.gov/sites/default/files/sma14-4816_1treview.pdf)

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## Key Considerations for Older Adults




1. Cumulative effects of trauma across the lifespan
2. Trauma in the context of aging transitions
3. The invisible nature of trauma in older adults

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### Who do we encounter that have likely experienced trauma?

- Residents, older adults
- Family, caregivers
- Staff, volunteers



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## Experience of trauma is impacted by:


How

When

Where


How Often

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRALMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRALMA-key_assumptions_and_principles_9-10-18.pdf)



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## How can the same event be traumatic for one person and not for another?

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRALMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRALMA-key_assumptions_and_principles_9-10-18.pdf)

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The effect of trauma on an individual can be conceptualized as **a normal response to an abnormal situation.**

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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How Childhood Trauma Affects the Brain and Body - The ACEs Study  
Emma McAdam, LMFT

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### Adverse Childhood Experiences (ACEs)

ABUSE	NEGLECT	HOUSEHOLD CHALLENGES
<ul style="list-style-type: none"> <li>Physical</li> <li>Emotional</li> <li>Sexual</li> </ul>	<ul style="list-style-type: none"> <li>Physical</li> <li>Emotional</li> </ul>	<ul style="list-style-type: none"> <li>Mental Illness</li> <li>Divorce</li> <li>Parent Treated Violently</li> <li>Incarcerated Relative</li> <li>Substance Abuse</li> </ul>

Felitti et al. (1998). The Adverse Childhood Experiences (ACE) Study. *AJPM*, 14(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

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### Adverse Childhood Experiences (ACEs)

4+	6+	7+
<p>ACES Score Risk</p> <ul style="list-style-type: none"> <li>More likely to become obese</li> <li>More likely to develop COPD</li> <li>More likely to experience depression</li> <li>More likely to develop alcoholism</li> </ul>	<p>ACES Score Risk</p> <ul style="list-style-type: none"> <li>More likely to die 20 years younger than a person with no ACEs</li> </ul>	<p>ACES Score Risk</p> <ul style="list-style-type: none"> <li>More likely to attempt suicide</li> <li>More likely to develop lung cancer</li> <li>More likely to develop heart disease</li> </ul>

Felitti et al. (1998). The Adverse Childhood Experiences (ACE) Study. *AJPM*, 14(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

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### Effects of Trauma on the Brain

**Prefrontal Cortex**  
Regulates thoughts, emotions, behavior

**Hippocampus**  
Stores learning and memory

**Amygdala**  
Reacts to stress and emotional arousal

[https://turnaroundusa.org/wp-content/uploads/2020/03/Stress-and-the-Brain\\_Turnaround-for-Children-032420.pdf](https://turnaroundusa.org/wp-content/uploads/2020/03/Stress-and-the-Brain_Turnaround-for-Children-032420.pdf)

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### A Holistic View of Trauma

- Chronic pain
- Heart conditions
- Heightened stress response
- Fatigue
- Headaches
- Muscle tension

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**A Holistic View of Trauma** Forum on Aging | March 2025

- Anxiety
- Depression
- Hypervigilance
- Intrusive thoughts or flashbacks

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**A Holistic View of Trauma** Forum on Aging | March 2025

- Questioning faith
- Feelings of abandonment or betrayal
- Lost sense of meaning
- Anger or disconnection

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- Isolation
- Difficulty maintaining relationships
- Difficulty trusting others

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**A Holistic View of Trauma** Forum on Aging | March 2025

- Increased substance use
- Self-harming
- Trauma responses (e.g., fight, flight)

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**Trauma Responses** Forum on Aging | March 2025

**The 5 Fs**

- FIGHT**: Sense of threat - try to act to stop it
- FLIGHT**: Try to escape from danger or threat
- FREEZE**: Unable to move or act against a threat
- FAWN**: Try to please to avoid conflict
- FLOP**: Collapse, become unresponsive or faint

<https://sallyedwardstherapy.substack.com/p/understanding-trauma-responses-5fs>

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**Defining Resilience** Forum on Aging | March 2025

The ability to return to being healthy and hopeful after bad things happen

Rock Pool (2019). <https://rockpool.life/wp-content/uploads/2019/03/Boy.pdf>

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- Encourage movement and physical activity
- Promote proper nutrition
- Support sleep hygiene
- Use breathwork and relaxation techniques



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- Teach coping skills
- Normalize trauma reactions
- Use strengths-based approaches
- Provide trauma-informed therapy



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- Support meaning-making
- Encourage faith or spiritual practices
- Create rituals
- Foster connection to nature



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- Promote social connections
- Use trauma-informed communication
- Foster community belonging




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**A Holistic View of Resilience** Forum on Aging | March 2025

- Encourage advocacy and empowerment
- Promote positive habits and routines
- Provide meaningful activities




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**Small Group Activity**  
**Case Study Analysis**

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## Objectives

As a small group, review brief case studies that illustrate an older adult's experience with trauma and answer the following questions:

- 1. Identify Triggers:** What elements of the case might be triggering for the individual? Consider physical, emotional, or environmental factors.
- 1. Build Resilience:** What specific resilience-building strategies could support the individual's well-being?

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- 1. Identify Triggers:** What elements of the case might be triggering for the individual? Consider physical, emotional, or environmental factors.
- 2. Build Resilience:** What specific resilience-building strategies could support the individual's well-being?

Case Study 1: Mr. J	Case Study 2: Ms. R	Case Study 3: Mr. T
<p>Mr. J is a 75-year-old retired construction worker who is recovering from a recent heart attack.</p> <p>He appears anxious and is reluctant to undergo physical therapy due to past experiences in a medical facility that was not respectful of his boundaries.</p>	<p>Ms. R is an 82-year-old widow who has experienced multiple losses, including the recent death of her sister.</p> <p>She feels isolated and often mentions how "nothing seems to make sense anymore."</p>	<p>Mr. T is a 68-year-old veteran who has been diagnosed with dementia.</p> <p>He frequently experiences flashbacks and becomes agitated when staff approach him without warning.</p>

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## Part II Implementing Trauma-Responsive Care

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## Defining Trauma-Responsive Care


**Trauma-informed care** recognizes the presence of trauma symptoms.

**Trauma-responsive care** is the application of being trauma-informed.

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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Do you currently train staff on trauma-informed care?

Is trauma-informed care in your mission, vision, or values?

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## Six Principles of Trauma-Informed Care

<b>Safety</b>	<b>Trustworthiness &amp; Transparency</b>	<b>Peer Support</b>
<b>Collaboration &amp; Mutuality</b>	<b>Empowerment, Voice, &amp; Choice</b>	<b>Cultural, Historical, and Gender Issues</b>

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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## Principle #1. Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

Who defines safety?

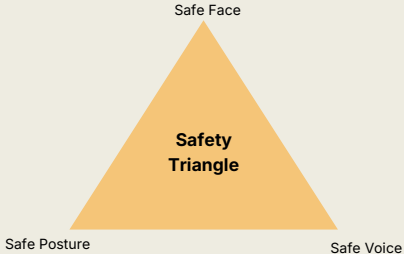
- People who use services
- Staff and providers

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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## Principle #1. Safety



Porges, S. W. (2011). The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. W W Norton & Co. The Safety Triangle with Mary Vicario, Butler County Family and Children First Council. <https://www.youtube.com/watch?v=vwMwDn5rUPw&t=1s>

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## Principle #2. Trustworthiness & Transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

Examples


- Making sure people really understand their options
- Use plain language
- Directly addressing limits to confidentiality

**How can you promote trust throughout your organization?**

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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How can we promote trust throughout the organization?

Do the people served trust staff? How do you know?

What changes could be made to address trust concerns?

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## Principle #3. Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

Examples

- Mutual support groups (e.g., AA, grief group)
- Peer-run programs (e.g., respite care)

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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## Principle #4. Collaboration & Mutuality

Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.


Examples

- Involve clients in co-designing programs/services
- Train all staff on trauma-informed care

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)

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Can you think of examples from your organization of true partnership between staff and people served?

What about partnership between top-level administrators and direct care staff?

What changes would decrease power differentials in your organization?

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## Principle #5. Empowerment, Voice, & Choice

Individual's strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.

Examples

- Providing multiple options
- Allow clients to set the pace of discussions

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_9-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_9-10-18.pdf)



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## Principle #6. Cultural, Historic, and Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Examples

- Training staff on relevant historical trauma
- Ensure LGBTQ+ inclusivity

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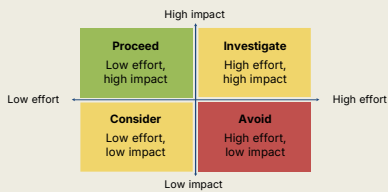


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## Applying Trauma-Informed Care

- Consider choosing one of the TIC principles for initial efforts
- Identify current practices that will have a negative impact if not addressed
- Pick low-hanging fruit



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## Small Group Activity

# Applying Trauma-Informed Care

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## Applying Trauma-Informed Care


In small groups or individually, think through at least one trauma-informed care (TIC) change you'd like to see in your organization. It could be related to a currently practiced TIC effort that could be improved, or a new opportunity to implement TIC.

Item	Staff or Clients	Trauma Connection	Solutions	Priority	Measure for Change

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## Small Group Activity (Time Permitting) Trauma-Informed Language

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## Trauma-Informed Communication




Certain phrases or communication styles can either foster safety and trust or unintentionally re-trigger trauma for older adults.

The principles of trauma-informed care also apply to language!

SAMSHA Trauma-Informed Approach: Key Assumptions and Principles (2018). [https://www.nasmhpd.org/sites/default/files/TRAUMA-key\\_assumptions\\_and\\_principles\\_8-10-18.pdf](https://www.nasmhpd.org/sites/default/files/TRAUMA-key_assumptions_and_principles_8-10-18.pdf)

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## Objectives

As a small group, work through the sample phrases and complete the following:

- 1. Identify** why the original statement might be problematic or triggering.
- 1. Rephrase** each statement using trauma-informed language, considering how to convey respect, give control to the patient, or reduce stress.

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- 1. Identify** why the original statement might be problematic or triggering.
- 1. Rephrase** each statement using trauma-informed language, considering how to convey respect, give control to the patient, or reduce stress.

"I need to see you."

"You don't need to worry about that. Let me handle it."

"I need you to relax so we can continue with the exam."

"This will only hurt for a second."

"Why didn't you tell me that sooner?"

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"I need to see you."	→	"I'd like to talk to you about an update I have on your case."
"You don't need to worry about that. Let me handle it."	→	"I'm here to support you through this. I'll keep you informed every step of the way so you know what to expect."
"I need you to relax so we can continue with the exam."	→	"I can see this might feel overwhelming. Let's take a moment and if you're comfortable, we'll proceed at your pace."
"This will only hurt for a second."	→	"This may be uncomfortable or painful, but it will be over quickly. Would you like me to count down?"
"Why didn't you tell me that sooner?"	→	"Thank you for sharing that with me. It helps us understand how best to support you."


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# THANK YOU!

Any questions?

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