

Traumatic Experiences and Coping Skills for the Elderly

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Abstract

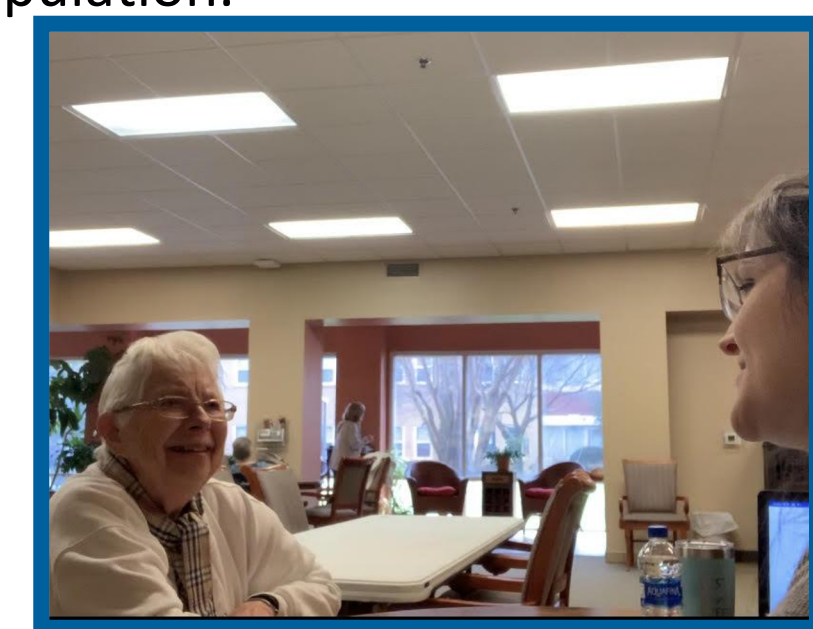
This study focuses on investigating the effects of trauma on mental health across the lifespan in older adults. This is a mixed-method study including a quantitative interview and qualitative survey. The researchers are focused on examining responses to natural disasters, life-threatening illness or injury, or exposure to sudden or violent death. The researchers found that the responses that the participants reported included themes of processed and unprocessed impacts relating to the traumatic event and resiliency. In addition to these themes, coping skills were identified by the participants. The participants' coping skills can be identified as psychological, social and spiritual methods of coping. The researchers aim to expand upon these findings by repetition of the study at other sites. This is a preliminary pilot study that hopes to aid in clinical practice and enhance trauma-informed care, especially as it relates to geriatric populations.

Introduction

- For this study, trauma is defined as, a range of experiences that threaten death, bodily harm, or violence and focused on past life events such as experiencing a natural disaster, life-threatening illness or injury, or a exposure to a sudden or violent death (American Psychiatric Association, 2013; Kusmal & Anderson, 2018).
- Older adults are a rapidly growing population, expected to comprise nearly half of trauma patients by the year 2050 (Resnik, Galik, Wells, Boltz, and Holtzman, 2015). Effective treatment efforts for older adults experiencing trauma is in need of further research, as these individuals tend to not disclose or possibly recognize trauma-related difficulties to their healthcare provider (Cook, McCarthy, & Thorp, 2017). Through a better understanding of adaptive and maladaptive coping skills professionals can develop more appropriate or effective treatment interventions. The Centers for Medicare and Medicaid Services (CMS) updated their regulations in 2016 to include trauma-informed care principles for patients (Kusmaul & Anderson, 2018).
- The researchers emphasized that the participants were survivors of trauma rather than victims. The study aims to identify themes from reported coping skills to expand on current research and ultimately improve clinical practice among this at-risk population. Currently, nursing homes do not employ a social worker unless there are 150 beds or more (Kusmal & Anderson, 2018). Through a better understanding of coping skills among this population, we can expand on trauma-informed care research and implement more effective treatments to the elderly population.



Artwork created by participants during a previous visit for research during Phase 1 of pilot study.



A participant shares a smile during her interview in Phase 2 of pilot study.

Methods

The goal in conducting this pilot study was to identify potential problems and unforeseen challenges and improve the study design prior to a full-scale study. This study is a mixed-method design and included two phases. Phase 1 of the study was comprised of a survey including the PTSD Checklist for the DSM-5 (PCL-5) and a qualitative art-work activities which allowed participants to reflect upon coping skills established from past traumas. Phase 2 of the study was the extension of Phase 1 and was conducted 8 months later. In Phase 2, the PCL-5 was again administered to participants as well as an interview.

Participant eligibility was determined by age (55+) and physical and cognitive capabilities of individuals living in retirement community facilities. The researchers concluded that residents requiring skilled nurses or memory care would not be appropriate due to the nature of the study. For Phase 1, the assisted living facility was contacted via an invitation letter which communicated the design, purpose and goals of collecting research. 21 adults age-ranged 55-95 years participated in Phase 1 of the study. There were eight distinct categories of traumatic events, of which it was found that 27% of the participants experienced an unspecified stressful event, 25% experienced a natural disaster, and 19% of the participants experienced a serious illness or injury. For Phase 2, researchers contacted the assisted living facility via invitation letter to ask that participants reporting trauma symptoms in relation to a natural disaster, exposure to a sudden or violent death, or a serious illness or injury participate in Phase 2. This poster aimed at presenting the data collected and analyzed from the interview in Phase 2.

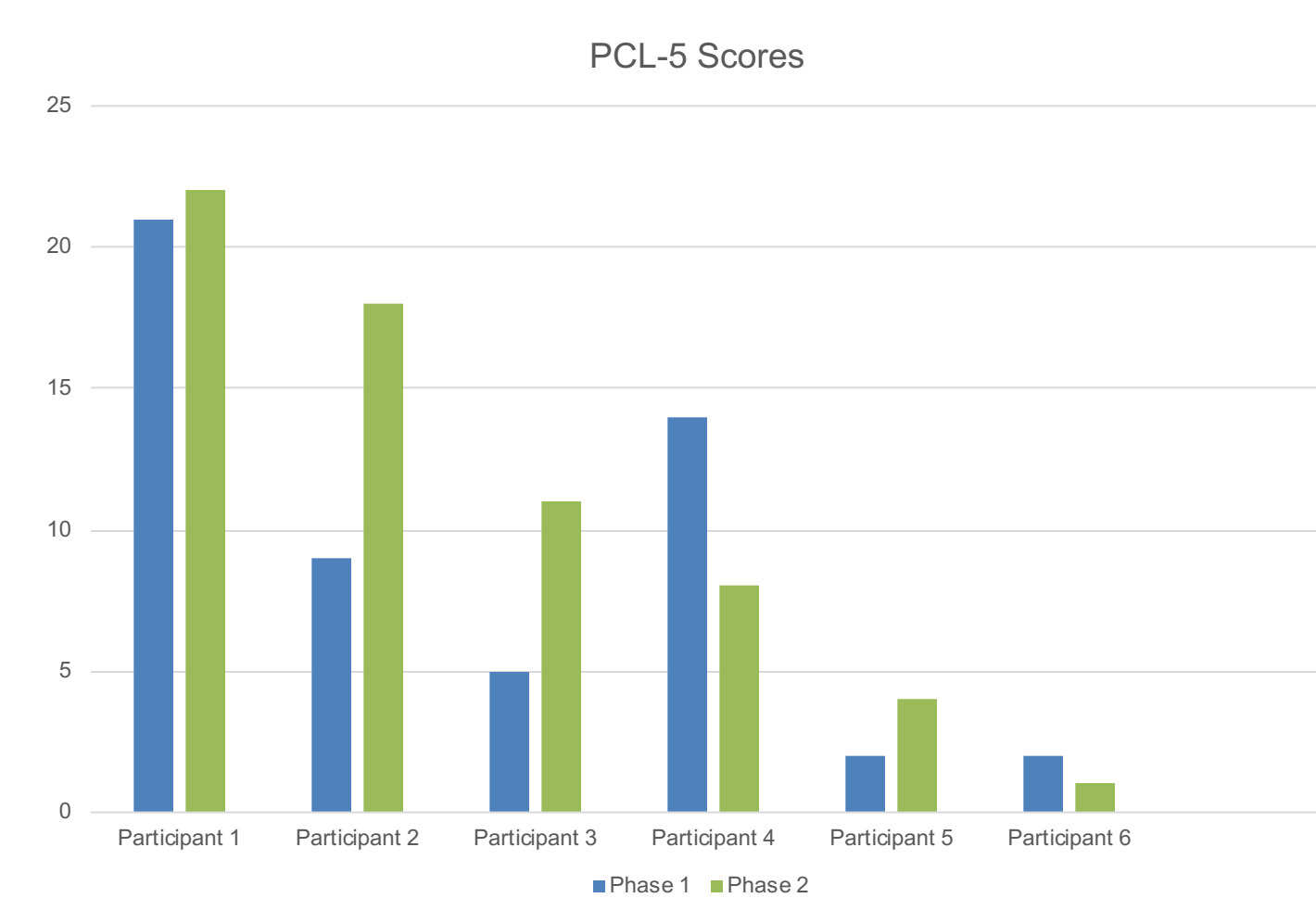
Six participants agreed to participate in the follow-up study. All participants consented to video recording in order to obtain data from the interview. The interview consisted of (1) reminding participants about information disclosed on the survey from the previous study (2) asking them to pick the most stressful event disclosed to focus on (3) completing the PCL-5 with participants to gauge participants for trauma symptoms and (4) interviewing participants using an 11-item open-ended questionnaire developed by the researchers about the previous traumatic event that was disclosed. The participants included six Caucasian women, age-ranged 84-99 years, with a mean age of 92. Four participants were from the Gulf Coast area originally, and two were from the North East. Three participants reported on the sudden or violent death of a loved one, two participants reported on the exposure to a natural disaster, and one participant reported on a life-threatening illness or injury (See Figure 1). One-half of the participants choose to report on sudden or violent death of a loved one as their most stressful experience. This is consistent with current research which reveals that unexpected death has frequently been identified by older adults as one of the worst stressful events experienced (Cook & Simiola, 2017). Participants PCL scores showed that 33% of participants scores went down within 8 months since the first date of assessment (See Figure 2). All scores did not reflect a score that would qualify participants for a diagnosis of Posttraumatic Stress Disorder (PTSD).

Discussion

Participants reported utilizing a combination of psychological, social and spiritual coping mechanisms throughout their lifetime to cope with stressful situations. Psychological coping was found to be the most prevalent among the participants with two identifying this as their only means of coping. Mindset plays a big role in resiliency and developing coping strategies for older adults with PTSD. Social supports also play a large role in resiliency in older adults (Alici, Smith, Lu, Bailey, Shreve, Rosenfeld, Ritchie, & Casarett, 2010). Resilient individuals are less likely to develop PTSD symptoms following a traumatic event. (Thompson, Fiorillo, Rothbaum, Ressler, & Michopoulos, 2018). When transitioning into hospitalization, older adults can demonstrate a decline in performance of daily living (Resnik et. al., 2015). Participants that identified social and spiritual coping skills shared how improvements in these areas (relation to others and change in philosophy, mainly increased faith) helped them experience growth through their perceived traumatic event (Eve & Kangas, 2015). Current literature suggests that older adults fare better than younger adults when faced with trauma (Acierno, Gray, Kilpatrick, Resnick, & Best, 2002).

Participants who reported on exposure to a sudden or violent death reported that they felt that, as more time passed, and as they employed social and psychological coping skills that they were able to process the loss of their loved one. One participant had a recent exposure to a violent death (within the last 3 months) and felt that she had not processed that death. While, she had experienced a sudden death nearly 6 years earlier, and felt she had processed or as she described, "come to terms" with this loss (See Figure 1). Unresolved or unprocessed traumatic and adverse experiences can lead to older adults suffering from psychological problems. Treatments such as Eye Movement Desensitization and Reprocessing (EMDR) can be helpful for older adults in processing their past traumas (Gielkens, Vink, Sobczak, Rosowsky, & Alphen, 2018). 50% of participants reported that they had trouble remembering the stressful experience. 50% of participants also reported that they avoided memories, thoughts or feelings related to the stressful experience. 33% of participants reported that they actually avoid external reminders of the stressful experience. This is consistent with literature that older adults use avoidance symptoms increase in age as it pertains to traumatic events (Acierno, Gray, Kilpatrick, Resnick, & Best, 2002).

Figure 2 (right)



Acknowledgements

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Further Information

If interested in collaboration or future findings, please email our team at: mkwong@uwf.edu, erh23@students.uwf.edu, or lew28@students.uwf.edu The University of West Florida, Pensacola, FL.

Figure 1 (below)

Participants	Traumatic Event	Method(s) of Coping	Notable Quotes
1	Hurricane Ivan	Social/Spiritual	<ul style="list-style-type: none"> "Community came together." "I wish I had gotten into my faith at a younger age."
2	Sudden death of sister	Spiritual	<ul style="list-style-type: none"> "Everything is in divine order." "Face it head on."
3	Serious Heart Condition	Psychological	<ul style="list-style-type: none"> "Come to terms with it." "Stay guided by intuition." "My mother was always there for me."
4	Sudden death of husband	Psychological/Spiritual/Social	<ul style="list-style-type: none"> "Spend time with your family." "Stay positive." "I wish I had more time with my husband."
5	Sudden death of daughter	Social	<ul style="list-style-type: none"> "Stay positive." "I wish I had more time with my husband."
6	Hurricane Ivan	Psychological/Social	<ul style="list-style-type: none"> "Stay positive." "I wish I had more time with my husband."

Conclusions

- The results of this pilot study will help the researchers create a more refined study at future sites.
- Participants' PCL scores showed that 33% of participants scores went down within 8 months since the first date of assessment. The remaining participants scores might have risen due to focus being on the most stressful experience. This was explained one-on-one with participants and seemed to be understood the survey questions more effectively than when previously assessed in Phase 1.
- The implications from the study thus far have led the researchers to begin a focus on how psychological, social and spiritual coping skills can serve as protective factors for resiliency in older adults and be integrated into treatment interventions after experiencing a traumatic event.
- Strengths:
 - one-on-one data collection allowed for participants to comprehend better
 - open-ended questions allowed participants to expand on the details of the traumatic event as it relates to the coping mechanisms used which expanded the range of data collected
 - mixed-method study appeals to the interest of participants
- Limitations:
 - small sample size, lacking in diversity

Literature Cited

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed., pp. 274-275). American Psychiatric Association.
- Acierno, R., Brady, K., Gray, M., Kilpatrick, D. G., Resnick, H., & Best, C. L. (2002). Psychopathology following interpersonal violence: A comparison of risk factors in older and younger adults. *Journal of Clinical Geropsychology*, 8(1), 13-23.
- Alici, Y., Smith, D., Lu, H. L., Bailey, A., Shreve, S., Rosenfeld, K., Ritchie, C., Casarett, D. (2010). Families' perceptions of veterans' distress due to post-traumatic stress disorder-related symptoms at the end of life. *Journal of Pain and Symptom Management*, 59(3), 507-514.
- Cook, J. M., McCarthy, E., Thorp, S. R. (2017). Older adults with PTSD: Brief state of research and evidence-based psychotherapy case illustration. *Am J Geriatric Psychiatry*, 25(5), 522-530.
- Cook, J. M., & Simiola, V. (2017). Trauma and PTSD in older adults: Prevalence, course, concomitants and clinical considerations. *Current Opinion in Psychology*, 14, 1-4.
- Eve, P., & Kangas, M. (2015). Posttraumatic Growth Following Trauma: Is Growth Accelerated or a Reflection of Cognitive Maturation? *The Humanistic Psychologist*, 43, 354-370.
- Gielkens, E., Vink, M., Sobczak, S., Rosowsky, E., & Van Alphen, B. (2018). EMDR in older adults with posttraumatic stress disorder. *Journal of EMDR Practice and Research*, 12(3), 152-141.
- Kusmaul, N., Anderson, K. (2018). Applying a trauma-informed perspective to loss and change in the lives of older adults. *Social Work in Health Care*, 57(5), 355-375.
- Resnik, Barbara, Galik, Elizabeth, Wells, Chris, Boltz, Marie, Holtzman, Lauren (2015). Optimizing physical activity among older adults post trauma: Overcoming system and patient challenges. *International Journal of Orthopaedic and Trauma Nursing*, 19(1), 194-206.
- Thompson, N. J., Fiorillo, D., Rothbaum, B. O., Ressler, K. J., Michopoulos, V. (2018). Coping strategies as mediators in relation to resilience and posttraumatic stress disorder. *Journal of Affective Disorders*, 228(1), 153-159.