# Assessing, Intervening and Treating Traumatized Older Adults After Disasters

School of Psychology
HART Forum, Massey University
Palmerston North, New Zealand
August 19, 2015

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# Program Objectives

- Review of vulnerability and aging
- Examination of influence of residence on disaster outcomes
- Description of assessment issues
- Overview of intervention and treatment techniques
- Provide example of two Skills for Psychological Recovery activities
- Note barriers to treatment

# Why I Study Disasters and Older Adults

# Why Study Older Adults and Disasters?

- Worldwide, the growing number of older adults has implications for the future infrastructure and services required to meet increasing levels of demand.
- Around the world, there are large disparities in the resources, infrastructure, and availability of services.
- Although the number of disaster-related deaths for older adults greatly exceeds those of other age groups, the resources dedicated to children and teens greatly exceeds those available to older adults.
- Knowing who is vulnerable helps to prioritize limited resources, support resilience efforts, and reduce risk for adverse outcomes.

# Are All Old People Vulnerable?

Just as a toddler has different needs and abilities than a teenager - all older adults are not the same.

# Developmental Considerations

- Young-old (65-74), Old-old (75-84), and Oldest old (85+)
- Cultural differences – 65 based on UK and US retirement standards, 60 based on UN standards, 50 for Africans based on WHO standards
- Situational differences – 55 based on homeless status because hardships accelerate aging process

**Developmental considerations with older adults may not be the best approach for allocating resources**

# Are All Older Adults Vulnerable?

**A 76-year-old male living independently in the community would most likely have different strengths and weaknesses than a 76-year-old male living with assistance in a nursing home facility.**

- Age in and of itself does not make a person vulnerable
- A better approach to determine who might be vulnerable would be to consider place of residence as a proxy for physical and cognitive functioning

# Are All Old People Vulnerable?

- Regardless of age, a constellation of factors makes it more or less difficult before, during, and after traumatic events
  - Impaired cognition, mobility, or senses
  - Decreased social network or unavailable social support
  - Limited finances
  - Low literacy
  - Mental or medical problems – acute or chronic
- Many older adults may be a valuable resource during all phases of a disaster

# Three Case Studies Based on Type of Residence

- Independently living, community dwelling older adults (not in an organized retirement community)
- Homebound older adults
- Institutionalized older adults (skilled nursing care, assisted living facilities)

The ability of people to adjust and cope after a trauma is mitigated by their capacity to access tangible support and assistance

# Community Dwelling Older Adults

- Many older adults, especially those age 85 and older, have chronic physical illnesses or disabilities, which affects their ability to prepare, respond, and recover from a disaster
- Many adults are a caregiver to a spouse or parent who has a chronic physical illness or disability, which affects their ability to prepare, respond, and recover from a disaster
- If the power goes off, ability to function independently and health may be compromised

# Community Dwelling Older Adults

- Less likely to complain, ask for support, and receive services (mental health or otherwise) or resources following a disaster
- If not affiliated with a community or religious organization prior to the disaster, are at risk for not receiving services
- May be concerned if the “help” provided will really be helpful

# Community Dwelling Older Adults

- Older adults requiring assistance may be confused about who to call and unsure about which organizations are available to provide help
- May actually be overwhelmed by too many offers of help – difficult to be a discerning consumer
- May be worried about who is trustworthy
- May be feeling depressed and not able to advocate effectively

# Homebound Older Adults

- Probability of home health aid or meals on wheels service interruption is high after a disaster – blocked roads, damaged infrastructure
- Home health aide is likely to be dealing with personal or family issues after a disaster and not available to provide care
- If the power goes off, health and safety may be compromised

# Homebound Older Adults

- Impaired physical mobility, confinement to a bed or wheelchair, vision or hearing problems further compounds disaster-related stress
- Homebound adults may not have the ability to easily access public or private transportation
- Outreach programs will need to locate older adults who may not possess sufficient knowledge to access services or the physical ability to leave their homes and stand in line for assistance

# Institutionalized Older Adults

- Nursing home residents may fare best during disasters because of staff planning and drills
- Institutions that are closed for an extended period of time force residents to receive shelter and care outside their community
- Disruption of social network occurs
- Nursing home staff have relationships with their residents – not the same as a hospital nurse with a short-stay patient

# Institutionalized Older Adults

- Assistance provided to persons in nursing homes compared to those living in assisted living facilities is pronounced
  - State regulations for nursing homes specify staff duties and responsibilities, evacuation procedures, and required resource reserves
  - Assisted living facilities are not under the same obligation to assist residents with evacuation and care during storms

# Institutionalized Older Adults

- Emergency relocation of persons with significant cognitive impairment presents a unique set of challenges and can result in increased morbidity and mortality
- Older adults with cognitive impairment are especially vulnerable in disaster situations.
- It is estimated that there are 53,502 people with dementia in New Zealand, which is forecasted to triple to around 150,000 by 2050.

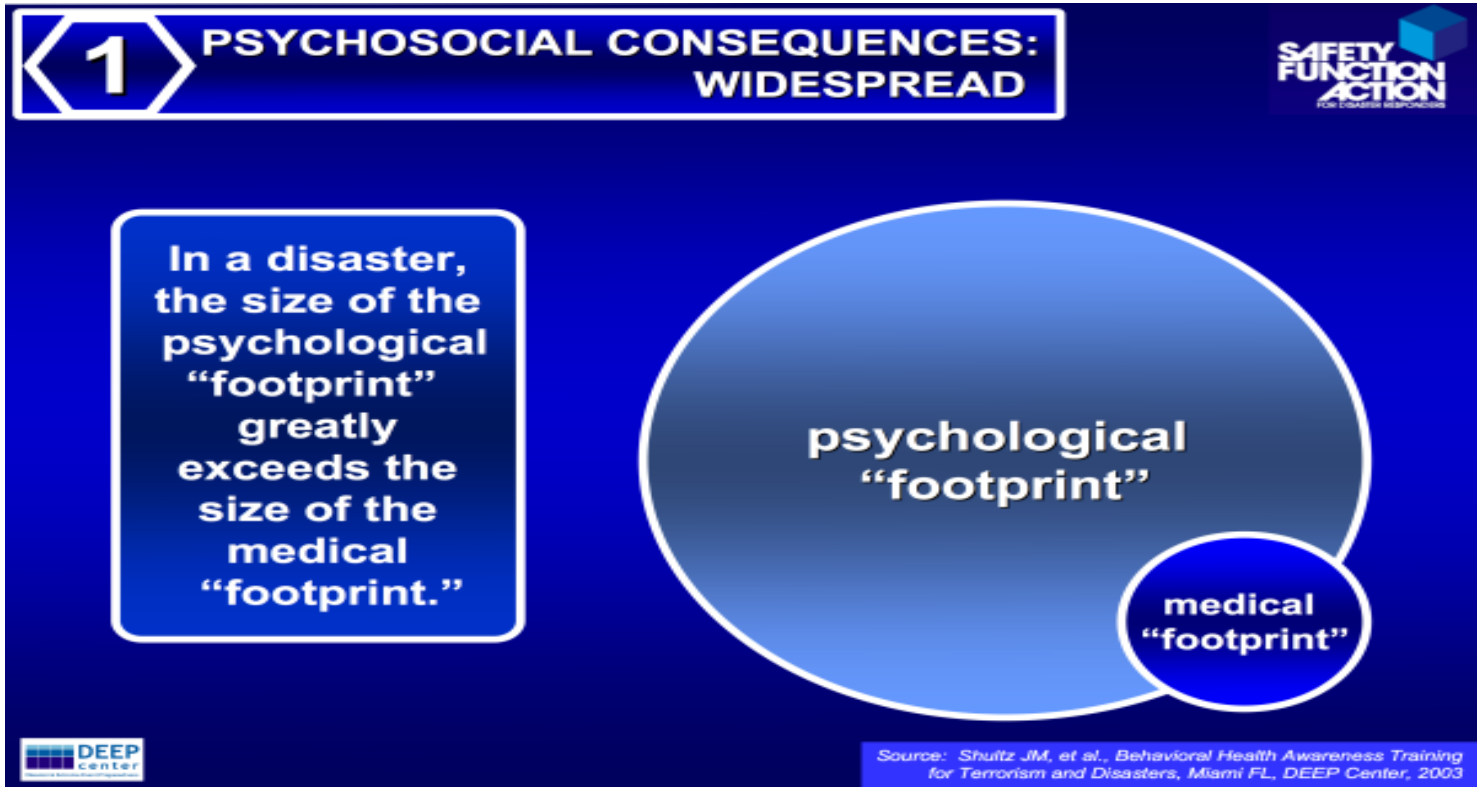
# Conditions that Increase Vulnerability for Older Adults After Disasters

- Limited access to age-sensitive health services
- Problems with the home environment
- Social isolation
- Exclusion from decision-making
- Delays in service delivery
- Separation from family and support systems
- Poor nutrition
- Assumptions that family will care them
- Low income

# Conditions that Increase Vulnerability for Older Adults After Disasters

- Low literacy
- Frail
- Preexisting mental illness
- Preexisting substance abuse
- Chronic illness
- Cognitively impaired
- History of exposure to an extreme traumatic stressor

# Physical and Mental Outcomes




Schultz, J.M. 2010. "Psychological footprints." Disaster and Extreme Event Preparedness Center, University of Miami. Retrieved from: www.**deep**.med.miami.edu/…/(2_0)%20SFA09%20BRIEF_DISASTER%20BEHAVIORAL%20HEALTH.pdf

# Assessment Post-Disaster

Assessment is conducted not to generate a clinical diagnosis but to address the needs of three, functionally discrete subgroups of disaster survivors.

1. Those who are well-functioning and not in need of immediate assistance.
2. Those who are acutely distressed and exhibiting a **temporary** reduction in functionality.
3. Those who are or who will become dysfunctional and are not able to execute basic activities of daily living.

People in group 3 should be referred for a follow-up evaluation with a behavioral health specialist.

# Assessment of Older Adults Post-Disaster

- Use of a cognitive screen for dementia or delirium is recommended when assessing an older adult who appears confused or too quiet
- Assessment of trauma and related symptoms should be routine
- Older adults may fail to report or minimize traumatic experiences
- Older adults may want to focus on physical rather than emotional symptoms
- Suicide assessment is particularly important - older males are at greater risk for death by suicide

# Assessment of Older Adults Post-Disaster

- Allow for extra time to listen to concerns
- Maintain eye contact with older adults and be at eye level
- Normalize reactions and responses
- Do not appear to doubt or disbelieve the person's account of what happened.
- Do not inquire about details of the disaster.
- Do not ask questions or make statements that suggest that you hold the person responsible such as, "What were you doing in a place like that?"
- Older adults may be less familiar with therapy and reluctant to be referred for crisis counseling

# Intervention and Treatment Post-Disaster

Stepped care model of treatment

- A stepped care framework matches presenting needs with the least intensive therapy that is still expected to provide significant and beneficial outcomes and is adjusted or increased in steps based on lack of effect or failure of lower intensity therapies.

- Moving from intervention (i.e., psychological first aid) to formal treatment (e.g., cognitive behavioral therapy), there is an escalation in the intensity of care for those who need assistance with recovery.

# Psychological First Aid

- After disasters, psychological first aid is the early intervention of choice for the American Red Cross.
- Early intervention has been defined as "…any form of psychological intervention delivered within the first four weeks following mass violence or disasters" (National Institute of Mental Health, 2002).
- Psychological first aid is typically an undocumented, short-term intervention that is administered in response to a disaster near the location where it occurred.
- If disaster-related distress persists, crisis counseling is indicated.

**Manual is free:**
**http://riskresiliencelab.paloaltou.edu/docs/PFA_for_Older_Adults_2ndEd.pdf**

# Psychological First Aid

- If there is evidence of continuing flashbacks, dissociation, or derealization, then the survivor is likely to require more intensive psychological care provided by a behavioral health specialist (Marmar et al., 1997).

- A referral should be made if the survivor has
  - A problem that is beyond the responder's capability or level of training
  - Difficulty communicating - does not appear to be oriented to time, place, person, or situation.
  - A medical or mental health problem that needs immediate attention
  - A medication need
  - Difficulty performing activities of daily living
  - Desire for additional counseling – some older adults may want to speak with a religious figure/counselor
  - Suspected or discovered elder abuse, neglect or criminal activity
  - Threatened to harm him/herself, you, or others and/or there is a concern for the safety of the survivor, others, or yourself.

# Crisis Counseling Client vs. Traditional Psychotherapy

## Psychotherapy

- Self-identified or court ordered to obtain treatment because of emotional, interpersonal, or mental illness
- If you build it, they will come

## Crisis Counseling

- Self-identified as having disaster related distress
- Setting (where the older adult lives) and existing infrastructure affects ability to access resources

# Crisis Counseling (Skills for Psychological Recovery)

- In the weeks and months post-event, those who require or desire more assistance with psychological recovery are offered crisis counseling.
- The goal of crisis counseling is to help survivors cultivate adaptive coping skills and recover to their pre-disaster state of functioning.
- Crisis counseling services are delivered by laypeople who have attended a training workshop. Most have college degrees.
- Crisis counseling services are delivered at a variety of nontraditional sites (i.e., schools, homes, mental health clinics, community centers) located in the affected community.

# Crisis Counseling (Skills for Psychological Recovery)

- Crisis counselors do not make diagnoses and no records of the sessions are kept.
- Crisis counselors meet survivors where they are in the recovery process and tailor their intervention accordingly.
- People who need more intensive treatment are referred to licensed clinicians who can deliver formal behavioral health care.
- Only a small but significant number of people receive formal psychotherapy after mass casualty events.
- A referral should be made if the survivor has
  - Ongoing difficulties with coping
  - Severe stress reactions that are not lessening in intensity
  - Worsening of a pre-existing medical, emotional, or behavioral health problem
  - Requested traditional psychotherapy or more intense services

**Manual is free:**
**https://www.google.co.nz/search?q=skills+for+psychological+recovery&ie=utf-8&oe=utf-8&gws_rd=cr&ei=jdvHVfB85tOaBZH9nPAB**

# Two Examples from Skills for Psychological Recovery

Manual helps guide educated, trained laypeople people in providing beneficial services to people recovering from disasters

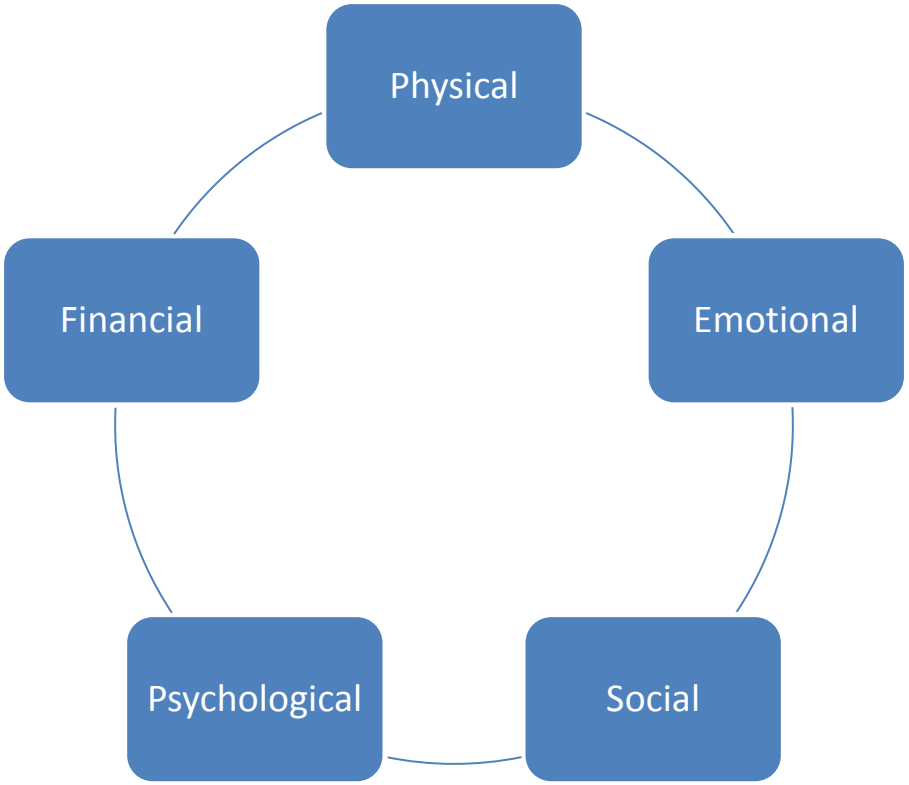
- Promoting positive activities
- Rebuilding health social connections

# SPR Section 4 - Promoting Positive Activities

Goal of activity:

- Make the survivor feel more in control and that life is more “normal”
- Help the survivor feel less sad, hopeless, fearful, or low in energy
- Remind survivors who feel overwhelmed to make time to do things that improve their health and well-being

# Recovery Considerations



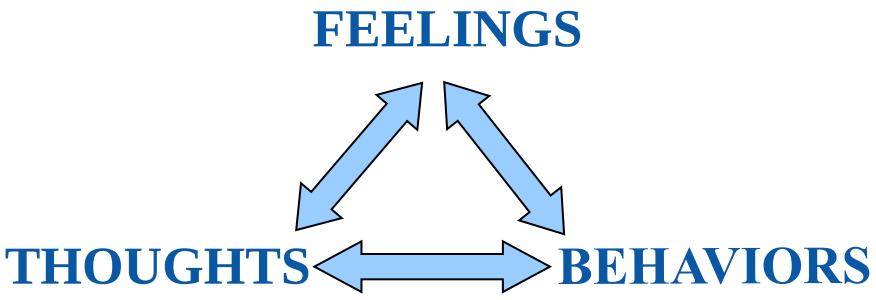

If the person is safe and their medical needs are appropriately met, what is most important to the individual?

# Rationale for Promoting Positive Activities

- People stop doing rewarding things because:
  - They are too busy coping with other problems
  - They just don't feel like it anymore
  - They are avoiding reminders of the disaster
- People become sad, down, or apathetic when they no longer engage in rewarding or meaningful activities
- Everything feels effortful

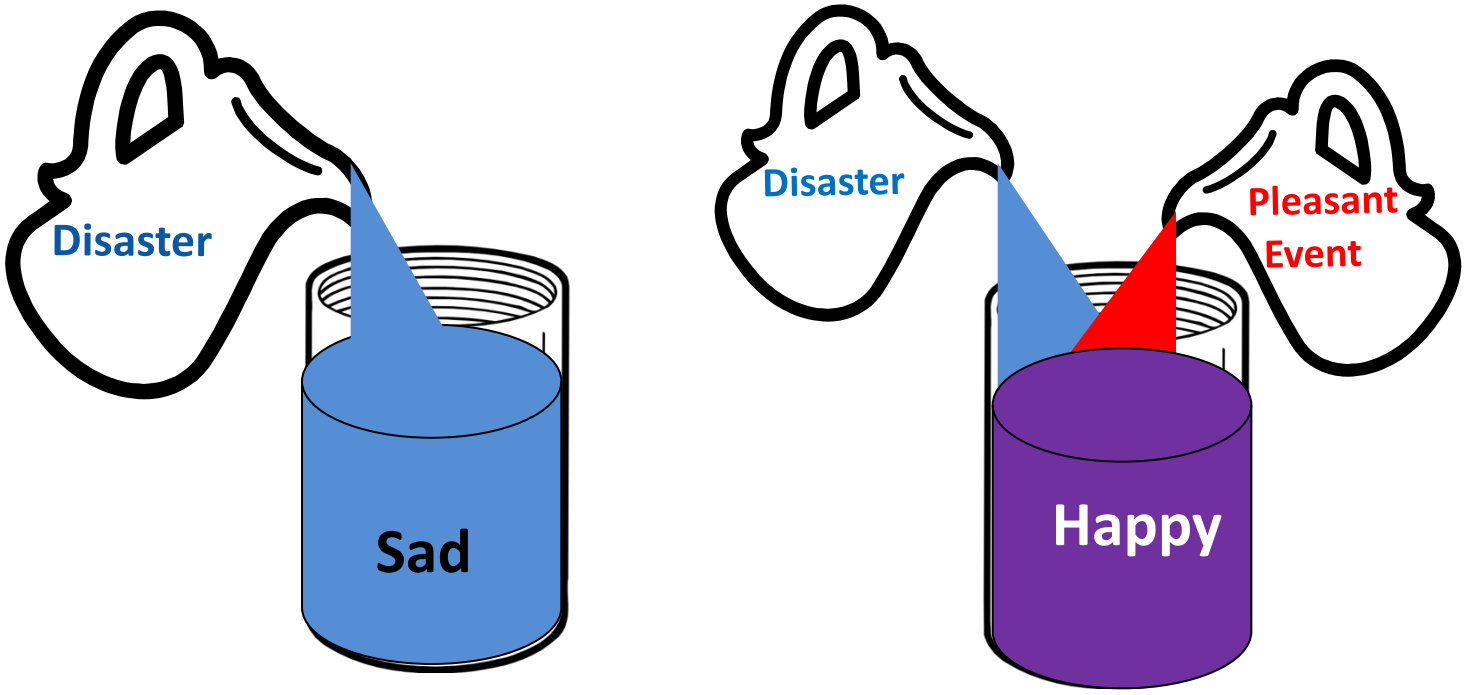
# Rationale for Promoting Positive Activities

Problems with focusing on changing feelings:




- Feelings are very difficult to change
- Telling yourself to feel good does not work
- It is easier to change behaviors, which will inturn change feelings

# Offer a Rationale for Promoting Positive Activities
# California Older Person's Pleasant Event Schedule (COPPES)




http://oafc.stanford.edu/coppes_files/Manual2.pdf

# Anticipatory Pleasure

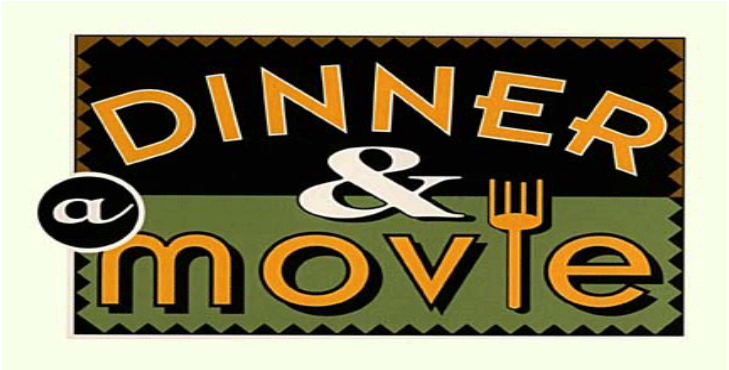
COPPES - 66 items assessing the pleasantness and frequency of each activity

# Steps of Promoting Positive Activities

After explaining rationale:

1. Identify and plan one or more activity

2. Schedule activities in a calendar




# Provider Alert

Caution survivors:

- Activities may not be as enjoyable as before
- It’s still important to do them
- Include activities that give a breather from  everyday stress
- Validate that it has been a trying time

# Step 1: Identify and Plan a Positive Activity

- Use the worksheet/handouts to:

- Review the list of activities – if person is depressed it will be difficult for them to generate a list of their own – easier to select from COPPES

- Brainstorm to pick activities that provide:
  - ✔ "Downtime" or relaxation
  - ✔ A sense of safety
  - ✔ Feeling closer to loved ones
  - ✔ Coping with a new situation
  - ✔ Increasing social  time with others

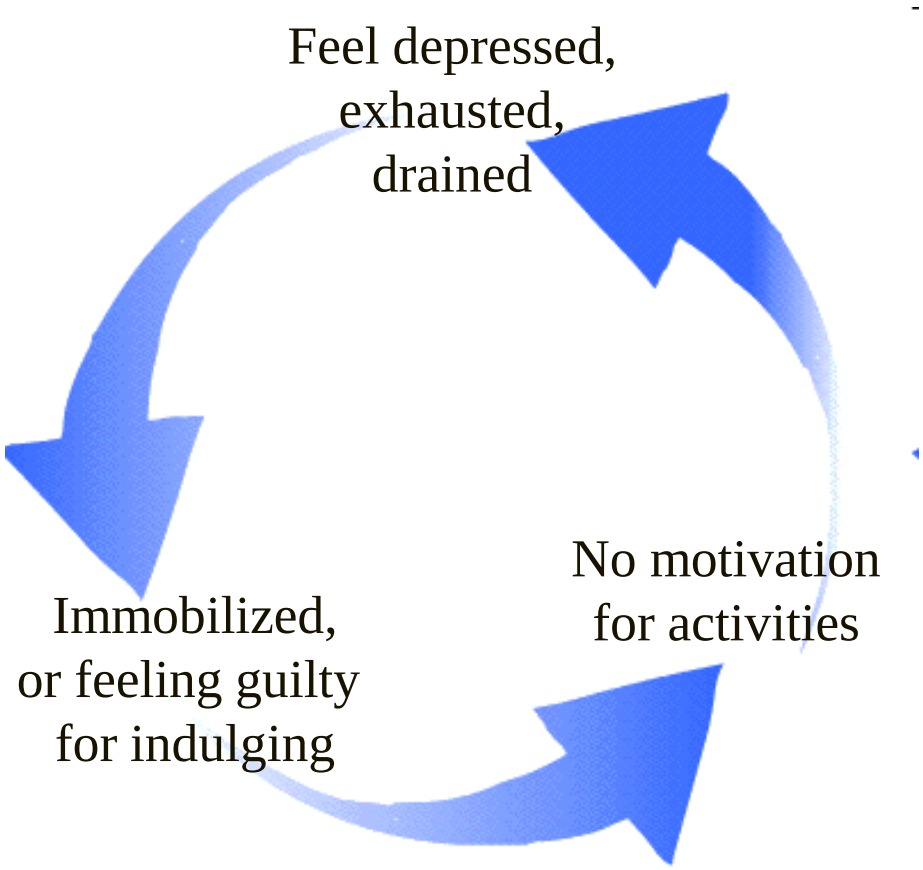
# Step 1: Select Activities

- Identify at least 3 different activities to engage in this next week

- Help survivors choose activities that:
  - ✓They think they would enjoy
  - ✓They think they would actually do (achievable)
  - ✓They can set up fairly easily (practical)

# Step 2: Schedule Activities in Calendar

- Survivors can get "stuck" in a cycle
- Use the calendar & make a concrete plan so they don't get caught up in this cycle



# Review Promoting Positive Activities

- Look for successes
- Reward small steps
- Ask about lack of follow-through
- Make a new set of activities

# Section 7 - Rebuilding Healthy Social Connections

- Increase connections to positive relationships and community supports

- Individuals may feel isolated due to:
  - Moving from their community
  - Loss of friends and family
  - Sadness, fear, and lack of motivation

# Rationale for Rebuilding Healthy Social Connections

- Positive social support is a proven protective factor in disaster survivors
- Lack of social support or negative social support leads to worse outcomes
- Social support after a disaster helps survivors meet their emotional and practical needs

# Rationale for Rebuilding Healthy Social Connections

- Positive social support can help survivors:
  - Feel understood and cared for
  - Feel like they fit in and belong
  - Feel needed and wanted
  - Feel like they are NOT alone or isolated
  - Build confidence that they can handle problems
  - Feel reassured that others will be there
  - Get good advice when facing a difficult situation

# Steps for Rebuilding Healthy Social Connections

After explaining rationale, use handouts and worksheets to:

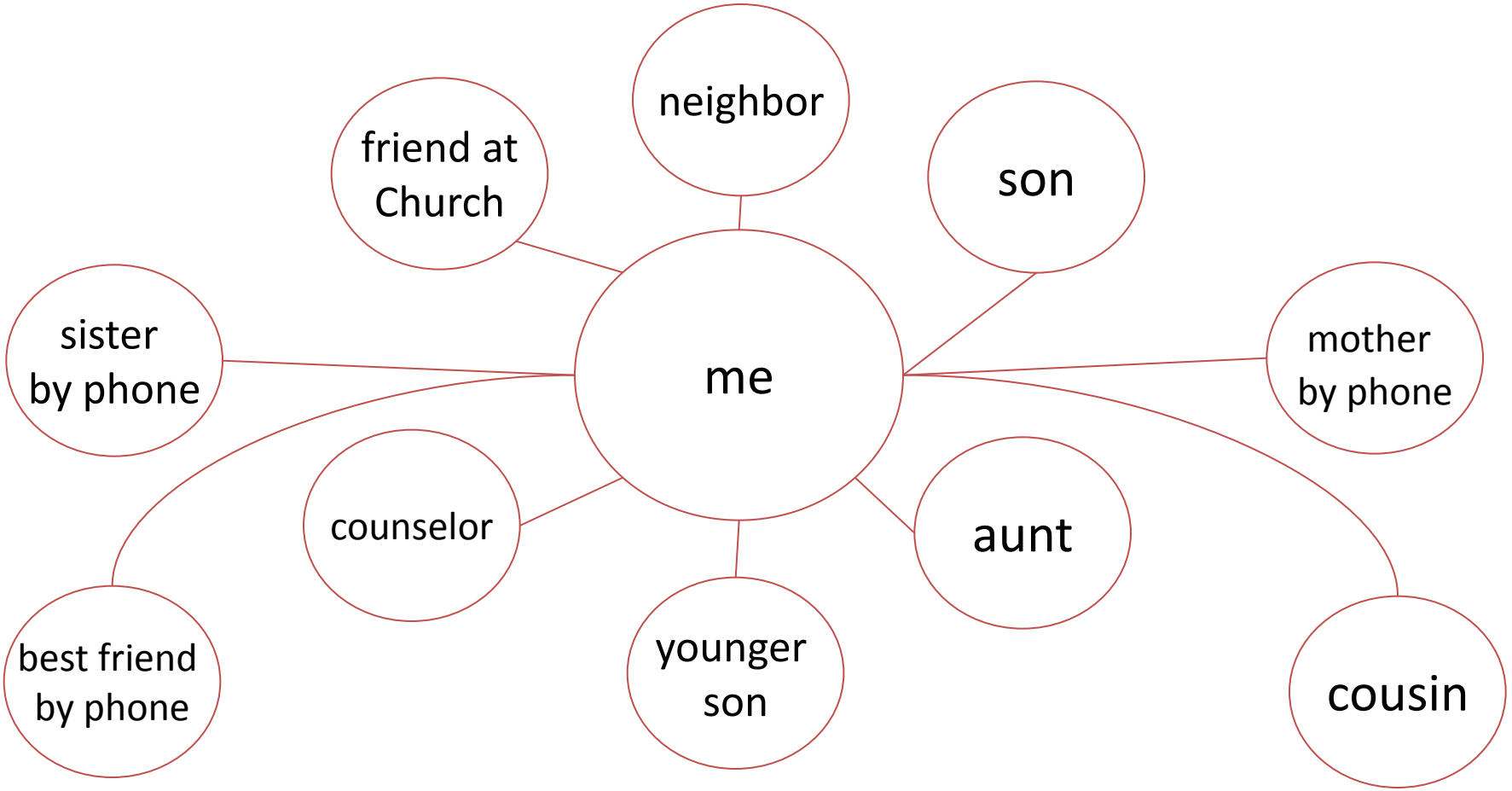
1. Develop a Social Connections Map
2. Review the Social Connections Map
3. Make a Social Connections Plan

# Step 1: Develop a Social Connections Map

- Identify who is:
  - Currently in their network
  - Easily accessible

- A social connections map allows survivors to see the “big picture” of their social network
  - Move focus from who is lost to who is present

# Example of Social Connections Map



# Step 2: Review Social Connections Map

- Who are your most important connections?
- Who can you share your feelings with?
- Who can you get advice from?
- Who do you want to spend time with?
- Who might need your help or support?

# Review Map: What is Needed?

- Are there types of supports that are missing?
- Are there those you are not connected with but want to be?
- Who do you want to spend more time with?
- Who do you want to spend less time with?
- Are there relationships that you want to improve?
- What ways do you want to help others?
- Do you want to join a community group?

# Step 3: Make a Social Support Plan

- After identifying areas in need of improvement:
  - Identify one area to change
  - Make a plan that is concrete and specific
  - Review the plan to make sure it is understood

# Review Rebuilding Healthy Social Connections

- What supports were used?  What happened?
- Did you offer support to others? What happened?
- Revise plan based on experience

# Traditional Psychotherapy with an Evidence Base

- Behavior therapy
- Cognitive-behavioral therapy
- Rational-emotive therapy
- Problem-solving therapy
- Dialectical-behavior therapy
- Acceptance and commitment therapy
- Mindfulness-based cognitive therapy
- Prolonged exposure therapy
- Cognitive Processing therapy
- Eye Movement Desensitization and Reprocessing

# Traditional Psychotherapy Treatment Considerations

- Older people are responsive to psychotherapy
- Education to decrease misattribution of somatic symptoms and increase acceptance of mental health treatment should be provided
- Avoid negative inquiries and labels
- Echo the older adult's words or concerns
- Normalize, but don't minimize
- Validate, validate, and validate

  "Many people had this experiences and often feel angry, embarrassed, and fearful for some time afterwards. It is an understandable reaction to a very frightening experience."

# Traditional Psychotherapy Treatment Considerations

- It is appropriate to express care and concern

  "I am sorry that this has happened to you."
- Trauma survivors frequently decline referrals -- this may be especially true of older adults.
- Most people who have been traumatized just want to forget about it and hope it will go away without intervention or treatment
- Older adults may not realize the connection between trauma and PTSD
- Older adults may not realize the toll trauma takes on their emotional and physical health

# Intervention and Treatment with Older Adults

- Use their language – no psychobabble
- Periodically inquire about their satisfaction with therapy process and rate of progress
- Consider offering therapy at a slower pace
- Use of personal examples, life review
- “Say it, show it, do it”
- Repeat and simplify complex ideas if it would be beneficial
- Consider using a notebook to organize and as a reminder of therapy
- Consider scheduling shorter, more frequent, and best time of day sessions
- For older adults with sensory impairment consider using assistive devices for hearing or visual impairments
- Confirm that the older adult can read and or write

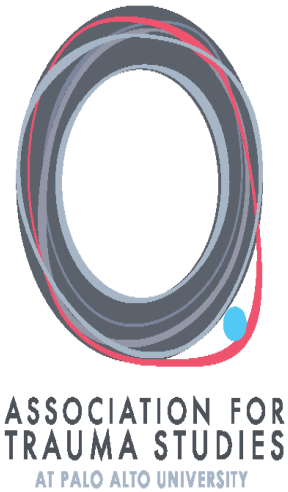
# Intervention and Treatment with Older Adults

- Consider using materials with large print
- Record sessions if it would be beneficial
- For older adults with physical impairment consider offering shorter sessions for fatigue or pain
- Attend to environmental barriers (e.g., wheelchair navigation, rug, low chair)
- Flexibility in meeting place
- Use older adults' strengths
- Older adults life experience
- If beneficial, use life review/experience to point out strengths and accomplishments
- Restructure "mistakes" as learning opportunities and situations where they did the best they could

# Practical Strategies

- Staying connected to family and friends
- Talking with others about feelings
- Writing a journal or diary
- Prioritizing problems
- Developing a concrete plan of what needs to be done, taking action one step at a time
- Volunteering; and examining personal strengths and finding personal meaning in the experience
- Providing material with information and telephone numbers detailing steps to take should another tornado occur, should be developed and widely disseminated by government and non-profit agencies, the media, and other community-based organizations, such as churches and synagogues.

# Thank You

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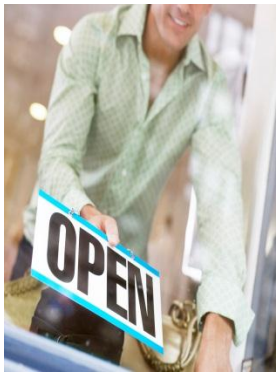
# You know the saying…..

# Barriers to Crisis Counseling

- Rural communities may have a smaller pool of local talent and fewer resources to support incoming temporary programs
- No evidenced-based approved techniques for conducting outreach
- The model for promoting and delivering Crisis Counseling is based on a marketing model for delivery of psychotherapy



# Personal Barriers to Crisis Counseling

Most older adults don't want to be known as needing mental health services

★Stigma

*"I'm not crazy, I have problems because of the earthquake"*

★Social comparison

★Preferences for location of services

★Practical barriers to treatment – no transportation

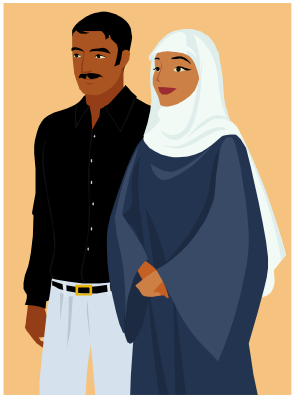
# Personal Barriers to Crisis Counseling

Older adults are often reluctant to use disaster behavioral health services in traditional mental health settings due to a complex set of help-seeking factors:

- ★ Problem recognition
- ★ Symptom misattribution
- ★ Readiness to change

**Disaster affected people don't self-identify as having a mental health problem**

# Personal Barriers to Crisis Counseling



- Some people may be reluctant to accept assistance from government agencies or find completion of the paperwork required to receive aid daunting.
- Some people may turn to religious leaders, family members, informal social networks, or their personal physician for relief from their distress.
- Symptoms associated with PTSD, depression, and anxiety may motivate some older adults to ask for medication from their physician

# A Poor Match Between What is Offered and how Crisis Counseling is Marketed

A top-down approach is not used by commercial marketers

Assumes people possess knowledge about crisis counseling services

Poor literacy/mental health literacy

Language barriers

People may not understand what crisis counseling can and cannot do to help them recover