

WEAAD 2023 Webinar: Trauma-Informed Practices to Address Abuse and Build Resilience
Transcript

00:01:08.000 --> 00:01:18.000

I'm excited to share that our team has documented over 300 WEAAD events and activities across the US and in 24 countries around the world.

00:01:18.000 --> 00:01:39.000

Last week Dr. Laura Mosqueda, Director of the NCEA, addressed the Elder Justice Coordinating Council to discuss their 8 recommendations to increase federal involvement in responding to elder abuse and our shared commitment to increasing national, state and community-wide efforts to end elder maltreatment.

00:01:39.000 --> 00:01:53.000

I'm Lori Mars, Deputy Director of the National Center on Elder Abuse. We are one of 9 elder justice resources centers funded by the Administration for Community Living, housed at the Keck School of Medicine of USC.

00:01:53.000 --> 00:02:02.000

We provide the latest information and resources on research training, policy, and best practices on intervention in elder mistreatment.

00:02:02.000 --> 00:02:09.000

Our goal is to improve the national response to elder abuse through our comprehensive data repository, the synthesis and dissemination of evidence-based practices, and state and national collaborations to support elder rights and justice.

00:02:09.000 --> 00:02:30.000

Today's webinar will be focused on discussing and promoting person-centered, trauma-informed, and culturally responsive strategies to advance elder safety and improved outcomes for adults in later life.

.

00:02:30.000 --> 00:02:36.000

It is my great pleasure to introduce our esteemed moderator and panelists.

00:02:36.000 --> 00:02:46.000

Today's moderator will be Dr. Laura Mosqueda, Director of the NCEA and professor Family Medicine and Geriatrics at the Keck School of Medicine of USC.

00:02:46.000 --> 00:02:58.000

Our panelists are Dr. Donna Benton, Director of the Los Angeles Caregiver Resource Center, Research Associate Professor of Gerontology and Assistant Dean of Diversity and Inclusion at the USC Leonard Davis School of Gerontology.

00:02:58.000 --> 00:03:08.000

Dr. Elizabeth Avent, Research Assistant at the Secure Old Age lab at the USC Leonard Davis School of Gerontology Center for Elder Justice.

00:03:08.000 --> 00:03:14.000

Lauren Pongan, National Director of the Diverse Elders Coalition.

00:03:14.000 --> 00:03:16.000

Sherrill Wayland, Director of Special initiatives at SAGE CARE and the National Resource Center on LGBT Aging.

00:03:16.000 --> 00:03:28.000

Lori Smetanka, Executive Director of the National Consumer Voice for Quality, Long-term Care.

00:03:28.000 --> 00:03:32.000

Before we begin. I'd like to go over a few housekeeping matters.

00:03:32.000 --> 00:03:42.000

All attendees will enter the meeting in listen-only mode. You may utilize the chat feature to share your name and organization, and any comments during the webinar.

00:03:42.000 --> 00:03:49.000

Please utilize the function to submit questions, to enable the live transcript feature click the CC Button on your screen

00:03:49.000 --> 00:04:00.000

The recording and presentation materials will be made available through the National Center on Elder Abuse, and at the end of today's webinar, you'll receive a survey link.

00:04:00.000 --> 00:04:09.000

Please complete the survey and provide your feedback. Your comments will help inform this and future, and NCEA Webinars.

00:04:09.000 --> 00:04:16.000

I'll now turn to our moderator, Dr. Laura, Mosqueda.

00:04:16.000 --> 00:04:27.000

Well, it's nice to see everybody here. You know, we humans like to take things apart and attempt to understand them.

00:04:27.000 --> 00:04:35.000

We take what we learn, sort the information, the stacks on our virtual desks, and then analyze the information.

00:04:35.000 --> 00:04:41.000

And after we do that for a while, we sometimes recognize that we've been so focused on our own desk.

00:04:41.000 --> 00:04:42.000

We didn't look up to notice that other people have stacks of information on their desks, too.

00:04:42.000 --> 00:04:57.000

And I think this recognition can lead to important new insights that help all of us make the world a better place.

00:04:57.000 --> 00:05:15.000

Those of us who work in the world of aging, geriatrics, elder abuse, have on our desks a large stack of information on person-centered care and those of us who work in the world of domestic violence, Holocaust survivors, refugees have a large stack of information on trauma informed care.

00:05:15.000 --> 00:05:18.000

The overlap of these 2 big ideas.

00:05:18.000 --> 00:05:26.000

Person-centered care. Trauma-informed care, the overlap is striking.

00:05:26.000 --> 00:05:31.000

And the uniqueness of each informs us in important ways.

00:05:31.000 --> 00:05:40.000

This webinar is an opportunity to bring these 2 worlds together, intentionally, thoughtfully, and practically.

00:05:40.000 --> 00:05:48.000

Just as each of us has a different response to a traumatic event, each of us has a different trajectory as we age.

00:05:48.000 --> 00:06:01.000

The older we get, the more different we become. Indeed, heterogeneity is a hallmark of aging, and we carry with us whatever events or circumstances have occurred over our lifetimes.

00:06:01.000 --> 00:06:08.000

Some of these events have left lasting wounds that impact our physiology, our attitudes, our relationships.

00:06:08.000 --> 00:06:17.000

Some of these events have left lasting imprints that contribute to our resiliency and our creativity and emotional intelligence.

00:06:17.000 --> 00:06:23.000

We each experience perceive and attach meaning to events in our own way.

00:06:23.000 --> 00:06:41.000

Yet experiencing a traumatic event in old age can be particularly debilitating. Aging carries its own set of complex challenges, product, medical conditions, functional cognitive limitations, fewer opportunities for social connection.

00:06:41.000 --> 00:06:48.000

You know the list in abuse and trauma in later life can exacerbate pre-existing vulnerabilities.

00:06:48.000 --> 00:07:01.000

Older adults with less reserves, that may be physical, psychological, social, financial reserves, are then less able to recover from the traumatic fallout of abuse and to regain their footing.

00:07:01.000 --> 00:07:14.000

Later life losses like the death of a loved one, or social disconnection, may also trigger memories of earlier traumatic incidents and cause retraumatization and associated harms.

00:07:14.000 --> 00:07:17.000

But abuse can be prevented, and the impact of trauma exposure can be mitigated with appropriate support and intervention.

00:07:17.000 --> 00:07:32.000

Today, we're going to take a closer look at the factors that trigger trauma responses and the considerations that facilitate resiliency and recovery.

00:07:32.000 --> 00:07:38.000

We'll focus on the power of person-centered, trauma-informed care to support older people.

00:07:38.000 --> 00:07:47.000

And we'll address how aging service providers and systems can integrate person-centered trauma informed principles into practice.

00:07:47.000 --> 00:07:57.000

So before we launch into a case study, I'm asking our wonderful panel to give a few thoughts about the nexus between early life trauma and elder abuse.

00:07:57.000 --> 00:07:58.000

They might talk about this, I don't know how they're going to approach it, but it could be in the context of the person who was harmed.

00:07:58.000 --> 00:08:12.000

But we often, in elder abuse, call the victim, and or from the person who is causing the harm sometimes called the perpetrator.

00:08:12.000 --> 00:08:27.000

So let's dive right in, and Dr. Avent, because you're my friend and colleague here at USC, I'm going to pick on you to start with, and then we'll hear from the rest of the panel to chime in in a moment.

00:08:27.000 --> 00:08:36.000

So we'll have all the panelists come on screen, so we can see you.

00:08:36.000 --> 00:08:41.000

So I just want to, you know.

00:08:41.000 --> 00:08:52.000

Thank you, Dr. Mosqueda. I want to start with opening the discussion and setting the tone by just asking the question of What's the nexus between early life adversity and elder abuse?

00:08:52.000 --> 00:08:55.000

So as you explained earlier, that things that happen earlier in our life have a long, lasting impact on our health and life experiences.

00:08:55.000 --> 00:08:58.000

But one of the most common measures of early life adversity is the adverse childhood experiences

00:08:58.000 --> 00:09:07.000

Questionnaire also called ACES, used a lot in social work and healthcare fields.

00:09:07.000 --> 00:09:32.000

So 10-Item questionnaire that ask about occurrences of childhood maltreatment, so physical, sexual, psychological abuse and neglect, household dysfunction, such as parental divorce and separation, mental health, mental illness in the household and incarceration of a household member as well as substance, abuse that occurs in a household.

00:09:32.000 --> 00:09:47.000

Research has found that ACES has been linked to various health outcomes, such as depression, anxiety, cardiovascular disease, and particularly Alzheimer's disease,

00:09:47.000 --> 00:09:51.000

which showed that people with 4 more ACES are aligned as likely to be diagnosed with Alzheimer's disease later in life, compared to people who have no ACES.

00:09:51.000 --> 00:10:05.000

Also people who experienced ACES, specifically childhood maltreatment and family violence, such as witnessing domestic violence in the household have a high risk of experiencing and perpetrating abuse, in adulthood, including elder mistreatment, victimization,

00:10:05.000 --> 00:10:26.000

The drama from ACES negatively impacts biological, socio-emotional development, decision-making skills, and developing healthy relationships, particularly into personal relations.

00:10:26.000 --> 00:10:44.000

So if we know this information, we could hypothesize that early life trauma increases this risk of elder abuse, mistreatment, perpetration, and victimization and ACES are a widely used tool in learning more about children and their families to connect them to appropriate resources.

00:10:44.000 --> 00:11:12.000

So would this also be important for older adults, and should we be using a system for older adults in their families to better provide informed care and also connecting them with adequate resources and services in the community?

00:11:12.000 --> 00:11:23.000

Thank you. Let's see if anybody else wants to chime in about this nexus as well.

00:11:23.000 --> 00:11:52.000

Lori Smetanka from the Consumer Voice: I think, as was mentioned, it certainly affects relationships with individuals, and can really affect an individual's potential, not only for being at risk for abuse and neglect, but also serve in some cases to isolate them.

00:11:52.000 --> 00:12:17.000

Based on what, you know, their response to particular situations or triggers may be in terms of. You know, how willing they are to engage with certain people, or even open themselves up to relationships, and I think, as we look at how people are affected in the long term care setting, it could affect issues related to isolation and also, as someone may develop dementia or cognitive decline, any particular services.

00:12:17.000 --> 00:12:51.000

Some of the childhood triggers or trauma that may have been experienced early in life could manifest itself in some way as dementia affects the brain, and it could affect the person's response and also ability to communicate some of the challenges that they're having with respect to the triggers, so it can really be critical in terms of affecting a person's well-being, both physical and psychosocial.

00:12:51.000 --> 00:12:59.000

Dr. Benton: Thanks. Hi, I just want to, kind of, add, looking at the other side, from the care side.

00:12:59.000 --> 00:13:07.000

So when somebody has gone through some of these ACES events, many of them represent how that person received care, how they were cared for, adult, what the model was

00:13:07.000 --> 00:13:21.000

So for them, they may not have a healthy view of how to care for somebody else when they get older.

00:13:21.000 --> 00:13:40.000

So they may think that this is the norm for care. This, you know, how you're caring for somebody in the future, and so if they're caring for an older adult, they may have a different set of expectations for care, and so I think that that's another important part of understanding that trauma.

00:13:40.000 --> 00:13:50.000

They may not have had a model for understanding a healthy, caring relationship for somebody who needs nurturing.

00:13:50.000 --> 00:13:51.000

Okay.

00:13:51.000 --> 00:13:59.000

Yeah, absolutely. And I think as we'll talk about later, that has real impacts on how we respond to it as well, no matter what the reason for the older adult.

00:13:59.000 --> 00:14:02.000

The reality is, they're still getting abused and neglected.

00:14:02.000 --> 00:14:06.000

But it helps us understand it. Thank you for bringing up that perspective.

00:14:06.000 --> 00:14:14.000

Any other comments from our other panel members. Before we go into our case, study.

00:14:14.000 --> 00:14:17.000

Yeah, I'll chime in real quick. Sherrill Wayland.

00:14:17.000 --> 00:14:28.000

She/they pronouns, SAGE, and you know I would just also like to kind of stress that you know, for older LGBTQ+ communities, oftentimes, they've had a lifetime of experiences around discrimination and stigma.

00:14:28.000 --> 00:14:37.000

And many times, you know, within their family systems.

00:14:37.000 --> 00:14:49.000

So you know, when we think about trauma-informed care, it's really important that we think about, you know, the experiences with families, and also the broader community.

00:14:49.000 --> 00:14:58.000

I'd also just like to think about the fact that many older folks are also receiving support from families of choice.

00:14:58.000 --> 00:15:16.000

So people who may not be related to them, but are their close friends and community networks. What we don't know are the past experiences for many of our families of choice, and so how might trauma and experiences, you know, with abuse and neglect, also come into play.

00:15:16.000 --> 00:15:32.000

There. So I think there are a lot of things that we need to consider when we think about trauma-informed care, especially with marginalized communities.

00:15:32.000 --> 00:15:33.000

Alright!

00:15:33.000 --> 00:15:46.000

Thank you for that, and a lot to learn. Also, because I think some folks from marginalized communities are also coming up with the most innovative, exciting solutions and ways of thinking about things.

00:15:46.000 --> 00:15:48.000

Good, Lauren. It looks like you're about to say something.

00:15:48.000 --> 00:15:53.000

Yeah, I'll just add something briefly.

00:15:53.000 --> 00:16:03.000

Panelists have covered a lot of different aspects that I think a lot of the communities that deliver coalition works with, right, have also experienced intergenerational trauma in really big ways. Right?

00:16:03.000 --> 00:16:13.000

So there may be generations of folks who experience racism, who are refugees, Sherrill from SAGE one of our members as well, highlighted, right, like an entire lifetime.

00:16:13.000 --> 00:16:34.000

And while that's of trauma and oppression in different, and while I think that can be really daunting, I also think it highlights the needs and opportunities of having access to mental health, and social services across the lifespan and how childhood, trauma, like kind of

00:16:34.000 --> 00:16:54.000

interrupting that, right from experiencing childhood trauma, or working through intergenerational trauma before folks become older adults, or when you become caregiver to older adults, there are all these intersection points or moments when we can kind of intersect that pathway and change outcomes.

00:16:54.000 --> 00:17:04.000

Hopefully, an encouraging offer. There's a world of opportunity for us to make impact in those spaces.

00:17:04.000 --> 00:17:10.000

Yeah, and you use the word intersect, and we'll be talking about intersectionality later as well.

00:17:10.000 --> 00:17:16.000

But we already hear it coming forth. The other interesting thing about intergenerational trauma, it isn't just sort of that direct person of person, but I think in the field of epigenetics, we're learning it can be in our epigenome.

00:17:16.000 --> 00:17:34.000

We can be in our DNA or around our DNA, that we're actually having this genetic. transmission of traumatic experiences, as well.

00:17:34.000 --> 00:17:37.000

Yeah, well, with that as a backdrop, why don't we move to the case study?

00:17:37.000 --> 00:17:44.000

What we'll do, just so that all of our participants know, is, I'm going to read through it in normal sentences.

00:17:44.000 --> 00:17:56.000

But we also have bullet points here so that you can follow along, and then we'll turn it back to the panel to talk about this.

00:17:56.000 --> 00:17:59.000

So we're talking about a gentleman named Jack, he's a 78 year old man.

00:17:59.000 --> 00:18:08.000

He is black and gay, and from the South. He came out when he was a teenager to his parents and his parents rejected his sexual orientation.

00:18:08.000 --> 00:18:17.000

In no uncertain terms, he was actually forced out of the family home when he came out.

00:18:17.000 --> 00:18:22.000

But despite these challenges he achieved success.

00:18:22.000 --> 00:18:29.000

He was a teacher, and actually rose to the ranks to become a school superintendent.

00:18:29.000 --> 00:18:40.000

But, as you might imagine, during his career he had a lot of instances of discrimination and prejudice due to his identity.

00:18:40.000 --> 00:18:54.000

And as a result of the societal discrimination that he's faced, he's developed a very deep mistrust and reluctance related to medical, mental health, and social services.

00:18:54.000 --> 00:18:59.000

Now four months ago, Jack experienced a devastating loss.

00:18:59.000 --> 00:19:03.000

He had a partner of 28 years, who passed away.

00:19:03.000 --> 00:19:09.000

So that was one. Since Jack was 50 years old, and he's been with his partner.

00:19:09.000 --> 00:19:33.000

Since he was the age of 50, and the loss of his partner along with Jack's own chronic illness, and the fact that he has mild, cognitive impairment, so not dementia, but mild cognitive impairment, all of this has just made his grief worse and more complicated and it's made his everyday life a lot more challenging.

00:19:33.000 --> 00:19:37.000

So now, you know, four months have passed. He's dealing with all of these things.

00:19:37.000 --> 00:19:42.000

He misses his partner. He's a little bit cognitively impaired.

00:19:42.000 --> 00:20:00.000

He needs help. He misses companionship, and so he places an advertisement, saying he has a room for rent, and a fellow named Don is 55 years old, had been out of work and said, Yeah, I will come there and help you with your daily life,

00:20:00.000 --> 00:20:14.000

And I'll rent a room from you. And their relationship fairly quickly evolved into a romantic one.

00:20:14.000 --> 00:20:22.000

Don then started managing, and then frankly mismanaging, Jack's finances.

00:20:22.000 --> 00:20:42.000

Don became much less attentive to Jack's needs, started threatening physical harm, telling him, you know, if you're going to continue being difficult, you're just going to have to go to a nursing home. And that's the setup for the story that we want to talk to everybody about.

00:20:42.000 --> 00:20:58.000

Now, I would imagine that for many people in this webinar, this is a situation that they've seen, or very close to a situation that they've seen. so it's a real life kind of, not out there, situation by any means.

00:20:58.000 --> 00:21:17.000

So I'd like to open it up now and ask, if we worked now to take off our trauma-informed hats for minute, and think about kind of the typical elder abuse response.

00:21:17.000 --> 00:21:25.000

What do you think it might look like if we weren't aware of a trauma-informed approach?

00:21:25.000 --> 00:21:33.000

I can probably start off. I guess I think, more than likely, we'd be looking at, for lack of a better word, the immediate situation.

00:21:33.000 --> 00:21:39.000

So, looking at the financial exploitation, looking at neglect.

00:21:39.000 --> 00:21:40.000

And basically, the steps would be investigating that and addressing that rather than the grief behind it.

00:21:40.000 --> 00:22:00.000

And basically the, you know, the context of grief and companionship, and just more so addressing what is present or what is obvious in the moment.

00:22:00.000 --> 00:22:07.000

Alright good, other thoughts, and I'll also invite the audience to use the chat and talk about what do you think is kind of a typical response?

00:22:07.000 --> 00:22:16.000

You know, through Adult Protective Services. For example, if we don't have our trauma-informed hats.

00:22:16.000 --> 00:22:33.000

Yeah, and that's what I was going to say is, you know, you would do an APS report. And say, APS has to investigate this. You would say, it looks like this person's being exploited.

00:22:33.000 --> 00:22:56.000

They may actually look, say, Oh, you know what he can't take it, you know there's some memory problems that we've noticed and you know, we're suggesting that he probably does need more protection or conservatorship. I mean, there could be a whole line without taking any part of the history, but it would definitely be a mandated report, at least in California.

00:22:56.000 --> 00:23:20.000

And I could see kind of, you know, based on what Donna said about Conservatorship, that he might be really at risk for losing his independence.

00:23:20.000 --> 00:23:21.000

Hmm!

00:23:21.000 --> 00:23:23.000

Not only in where he lives, but also I could see there being opportunity for people to pursue guardianship over him as well, which would really change the nature of his life.

00:23:23.000 --> 00:23:46.000

Yeah, and I would also really just stress that oftentimes these types of relationships are not looked at in the same way that a heterosexual married couple, or even intimate partner may be looked at so I think it's really important that we think that. And take that into consideration. And, you know, really try to better understand.

00:23:46.000 --> 00:23:58.000

You know what is the depth of this relationship? Are there other friends or family members that you know we may want to reach out to, who might be able to better support Jack and be there for him?

00:23:58.000 --> 00:24:01.000

So I think those are all things that we may want to look at.

00:24:01.000 --> 00:24:05.000

Absolutely, and you're moving us into that more of a trauma-informed sort of approach.

00:24:05.000 --> 00:24:14.000

And so staying with a traditional approach for just a moment, we're getting some great responses from folks saying, You know, typically what we're doing is 'we're assessing risk.'

00:24:14.000 --> 00:24:17.000

'We're trying to help come up with a safety plan.'

00:24:17.000 --> 00:24:31.000

Concerns about, you know, get a look at restraining orders, doing a more detailed evaluation of Jack's health status.

00:24:31.000 --> 00:24:38.000

A lot of people saying, Wow! You know, he might pretty quickly be put into a rest home, nursing home.

00:24:38.000 --> 00:24:45.000

That might be what we start thinking right away, because he's elderly, and he's having some confusion, etc.

00:24:45.000 --> 00:24:49.000

And what are we going to do with Don?

00:24:49.000 --> 00:24:58.000

Or how much are we going to pay attention to him and how do you get them separated in a way that makes sense?

00:24:58.000 --> 00:25:03.000

Do we get law enforcement involved? Community services, etc.?

00:25:03.000 --> 00:25:07.000

So, I think that's echoing what a lot of our panelists are saying!

00:25:07.000 --> 00:25:14.000

So now let's talk a little bit more about where you are bringing through more of a trauma-informed lens.

00:25:14.000 --> 00:25:23.000

What other information do we need to know? And how might we start to approach this a little bit differently?

00:25:23.000 --> 00:25:29.000

So I would start with, you know, who are the significant people in Jack's life?

00:25:29.000 --> 00:25:36.000

The family caregiver, like I said, can oftentimes be that person who's not related.

00:25:36.000 --> 00:25:42.000

But there may be a long term relationship that we're not aware of.

00:25:42.000 --> 00:25:52.000

And so by taking the time to really talk with Jack. And you know, see who else Jack may be close to, who may be other important people in his life.

00:25:52.000 --> 00:26:17.000

He may have lost connection with some folks, because oftentimes, you know, during that time of grief and loss a lot of times our friend network doesn't always know how to best support us, and so we may be able to help reconnect Jack with some other folks in his life that may be able to step in and help support him in a way that his current, you know, roommate and partner, may not be able to.

00:26:17.000 --> 00:26:20.000

Hmm!

00:26:20.000 --> 00:26:25.000

I think it's also important to talk to Jack about what it is that he wants and what is missing in his life as well.

00:26:25.000 --> 00:26:32.000

So clearly he's looking for companionship.

00:26:32.000 --> 00:26:37.000

He wants to, I think, feel loved and needed, and be with someone who cares about him.

00:26:37.000 --> 00:26:42.000

Maybe also, you know, is he looking for engagement and broader community?

00:26:42.000 --> 00:26:51.000

And in addition to what Sherrill was saying, I think about other people and his life friends, other relatives.

00:26:51.000 --> 00:26:57.000

Are there other types of community settings where he can become engaged?

00:26:57.000 --> 00:27:07.000

Either day programs or community type of programs? Or is there even housing options where he could feel more as a part of a community, instead of living separately, you know, on his own somewhere.

00:27:07.000 --> 00:27:19.000

So really, kind of, getting a sense of what are his goals and priorities and preferences is really important.

00:27:19.000 --> 00:27:31.000

Oh, I'm hearing some person-centeredness there, which I think is also getting pointed out through the chat, which is just because he has some mild, cognitive parent doesn't mean we're like, 'Oh, this guy's demented.'

00:27:31.000 --> 00:27:41.000

And we need to do a conservative and all that sort of stuff and I think APS is always working on that safety, autonomy sort of balancing act.

00:27:41.000 --> 00:27:45.000

It's sounds like we're really trying to promote his autonomy.

00:27:45.000 --> 00:27:52.000

Yeah, I was going to basically touch on that, too, is that we immediately are looking at separating and not asking.

00:27:52.000 --> 00:27:53.000

You know, asking Jack himself, how do you feel about this person?

00:27:53.000 --> 00:28:12.000

And living with this person, even if he might be the exploitative. He is a romantic partner. There is feelings, and looking at those types of abusive relationships.

00:28:12.000 --> 00:28:16.000

It could be more so that he wants to stay in now.

00:28:16.000 --> 00:28:28.000

So sometimes we need to find alternatives to how to mitigate this while keeping him in his home, and also with his partner, even though his might not be the ideal situation for the rest of us.

00:28:28.000 --> 00:28:33.000

Right, a good reminder. That person-centered care refers to the person we're taking care of, not us.

00:28:33.000 --> 00:28:37.000

Yes, Donna.

00:28:37.000 --> 00:28:48.000

Yeah, I was just thinking when we had talked about. You know, Jack had a lot of discrimination in his background, and he really has this deep mistrust of all these social service agencies that may want to assist him.

00:28:48.000 --> 00:28:54.000

So I think that that's going to be very important to make sure that whoever comes in is sensitive to his background.

00:28:54.000 --> 00:29:08.000

So that they understand the fact that he is a gay, black, male, older, and what his history might be.

00:29:08.000 --> 00:29:17.000

And how you're going to have to deal with that mistrust because he may just reject him, you know. Write out.

00:29:17.000 --> 00:29:18.000

He may not have felt like he got good medical care. That they're going to call him crazy.

00:29:18.000 --> 00:29:27.000

That they're, you know, in some way, they're going to continue to make it worse for him.

00:29:27.000 --> 00:29:35.000

And that they're coming in because he's a black, gay male and already feeling like 'Oh, well, they're just coming to put me away.'

00:29:35.000 --> 00:29:44.000

And this is what happens to black men anyway. So anything that where this agency will take away his power is not going to be the right direction.

00:29:44.000 --> 00:29:50.000

So that's why we really have to be very person-centered.

00:29:50.000 --> 00:29:51.000

And I would agree. And I think there are so many good comments coming up in the chat right now.

00:29:51.000 --> 00:30:01.000

One of the things that this really brought up for me is thinking about, you know, how do we support Jack and John in this relationship?

00:30:01.000 --> 00:30:12.000

We're dealing with grief. We're potentially dealing with caregiver stress.

00:30:12.000 --> 00:30:19.000

And has anyone offered them support, for you know, couples counseling, you know, what does this look like?

00:30:19.000 --> 00:30:24.000

Is there a caregiver support group, you know, that we can connect them with?

00:30:24.000 --> 00:30:38.000

What are all the opportunities we have to really engage with this couple, and make sure that they have all the support that they need to be successful and continue to be able to support Jack to remain in his home?

00:30:38.000 --> 00:30:42.000

If that's what he wishes.

00:30:42.000 --> 00:30:47.000

Yeah. So I think a lot of what you raised around like, what if he went around relationships?

00:30:47.000 --> 00:30:51.000

Because I think we're increasingly seeing, you know, the impact of social isolation.

00:30:51.000 --> 00:31:11.000

And so even a relationship that might, on the outside, look unhealthy, and may be his primary with the world, or having a way to or like his primary relationship, especially after a 28 year long partnership concluded, and that might be something that he values the most.

00:31:11.000 --> 00:31:17.000

So figuring out ways to make that relationship healthier.

00:31:17.000 --> 00:31:22.000

I think, and at least opening up the conversation is really helpful.

00:31:22.000 --> 00:31:26.000

So it sounds like you're also talking about a strengths-based approach right?

00:31:26.000 --> 00:31:35.000

Trying to understand what are his, what are Jack's strengths and what he really wants, trying to elicit, that.

00:31:35.000 --> 00:31:43.000

And also in the chat. I've seen some good points about getting to know Don better, because it might be just lack of education.

00:31:43.000 --> 00:31:48.000

Or caregiver training, or not knowing how to manage finances.

00:31:48.000 --> 00:32:04.000

So also, knowing them, as you know, both as the relationship and getting to know him, because, oh, we know that in some cases of elder abuse and neglect, that is probably lack of training or lack of resources rather than intentional abuse.

00:32:04.000 --> 00:32:21.000

Hmm, yeah. So, Lori, I'm just curious about what you think about this sort of threat that Don has, a little bit of "you don't cooperate, you're going into a nursing."

00:32:21.000 --> 00:32:25.000

Yeah, I mean, I think that that's a real risk.

00:32:25.000 --> 00:32:35.000

And you know certainly that's why we definitely need to be talking to Jack about what he wants and what is the best placement for him.

00:32:35.000 --> 00:32:46.000

And how to ensure that he has choices that work for him because, you know, nursing homes are not right for everyone, and they don't always meet the person's needs.

00:32:46.000 --> 00:32:59.000

And so that is concerning that, it's being used almost in a retaliatory or threatening way, you know, for Jack.

00:32:59.000 --> 00:33:16.000

And so, you know, giving Jack even maybe some tools on how to respond and how to protect himself when he may feel threatened, or may feel like he's being even bullied. You know, in this particular situation.

00:33:16.000 --> 00:33:20.000

Can you talk? Oh, this has come up! It's coming up in the chat, and you've all said it as well about how we have to understand his history.

00:33:20.000 --> 00:33:32.000

His distrust of social services, etc. So what is it we could do?

00:33:32.000 --> 00:33:36.000

As with your expertise, what would you suggest?

00:33:36.000 --> 00:33:57.000

How do we approach someone like this? And if he's like, "I don't really trust whatever you have to say," what are ways and techniques people can use to gain that trust.

00:33:57.000 --> 00:33:58.000

You may want to...

00:33:58.000 --> 00:34:00.000

So go ahead. Donna, please.

00:34:00.000 --> 00:34:04.000

Oh, okay. I think you may want to start with a peer relationship.

00:34:04.000 --> 00:34:13.000

So if you have somebody who is a peer, they may be the ones like a friendly visitor, or something like that.

00:34:13.000 --> 00:34:14.000

Where they he can begin to just talk to somebody from his community.

00:34:14.000 --> 00:34:32.000

Like already, Sherrill said, finding somebody. Maybe he wasn't close with before the loss of his longtime partner and those relationships, and trying to bring them in and educating them and providing materials, you know.

00:34:32.000 --> 00:34:38.000

Sometimes you just have to leave the materials there and say, I'll call you back in a little bit.

00:34:38.000 --> 00:34:43.000

But here's something to look at, if he, you know, if he's refusing any type of intervention.

00:34:43.000 --> 00:34:54.000

But again, it's building that trust. And so you have to be consistent, persistent, and open-minded.

00:34:54.000 --> 00:34:57.000

But I'll leave it. I'll turn it back over to Sherrill.

00:34:57.000 --> 00:35:13.000

Yeah, Donna, I was just going to say the same thing. And if it takes time to develop trust, and oftentimes, you know we oftentimes start but you know, we're coming into this relationship with good intent, you know, we're here to help.

00:35:13.000 --> 00:35:18.000

You should just trust us, but we know that isn't how it works.

00:35:18.000 --> 00:35:21.000

And so taking that time to develop the rapport.

00:35:21.000 --> 00:35:25.000

You know, reach out and see if there's another organization that you know.

00:35:25.000 --> 00:35:38.000

Maybe Don does have trust with someone that could come in and help, you know facilitate a conversation and be there, you know, to help, you know, with some of the initiatives that we may be trying to look at.

00:35:38.000 --> 00:35:39.000

Yeah. It's interesting. Somebody put a great comment in that chat.

00:35:39.000 --> 00:35:46.000

It begins by first listening and finding common ground. I think one of the things that comes to mind for me.

00:35:46.000 --> 00:36:05.000

People of mild, calm, and repairment, you know, can be more easily manipulated, and then do we end up, becoming the manipulator, too, as we're trying to build the trust and to move him in our own direction. If we don't have that self-awareness.

00:36:05.000 --> 00:36:20.000

So I would appreciate how kind everybody is being toward Don, but let me help you move you into like. Let's say that, Don.

00:36:20.000 --> 00:36:40.000

Let's say he's buying his new Maserati, and you're a little concerned about his motivations and what's going on here, then what?

00:36:40.000 --> 00:36:52.000

I don't know because it wasn't clear from the case, but if he has a regular physician. Can we tap into the medical side?

00:36:52.000 --> 00:36:53.000

I mean, obviously, then it's turning into an APS case.

00:36:53.000 --> 00:36:59.000

But we may want to try to link with whatever healthcare system, so that he can get a good evaluation, you know.

00:36:59.000 --> 00:37:06.000

I always say you got to do an evaluation right?

00:37:06.000 --> 00:37:13.000

You got to check for health issues and understand what's going on.

00:37:13.000 --> 00:37:18.000

Hopefully he does trust his doctor, that he's been seeing.

00:37:18.000 --> 00:37:28.000

Probably at 78, he may or may not have seen some doctors, but I'm thinking he probably has. So linking that system and getting, you know, any evaluation.

00:37:28.000 --> 00:37:33.000

Well, as a geriatrician, I love that answer, and so we want to, right, get all of our facts.

00:37:33.000 --> 00:37:41.000

And is there anything that can help them actually regain his capacity to even a greater extent than he already has it?

00:37:41.000 --> 00:37:49.000

But somebody else is bringing up another important point, which is at least the places I worked, APS doesn't have the luxury of all this time.

00:37:49.000 --> 00:37:56.000

So what other sort of systems issues, you know, do we have?

00:37:56.000 --> 00:38:02.000

What sort of things do we need to change, or what other options do we have?

00:38:02.000 --> 00:38:10.000

In addition to APS.

00:38:10.000 --> 00:38:57.000

So I do think, looking, you know, back to looking at who else might be available to provide supports to him, even in terms of helping him Manage his money, whether there is a friend or a trusted partner relative who he may be willing to allow to assist him, and some of his day-to-day management, that where, you know, Don is clearly doing all of that right now, and not in Jack's best interests so is there someone else who might be able to influence or help take over some of those, those management tasks and provide some support to him in in the initial stage.

00:38:57.000 --> 00:39:03.000

Right, I mean, and as it building on what you're saying, what I see in the chat, what we say in medicine as well, first stop the bleeding, and then we can do all that.

00:39:03.000 --> 00:39:11.000

So like do we need to freeze bank accounts, and at least sort of stop further distraction while we're figuring the rest of this out.

00:39:11.000 --> 00:39:18.000

Yeah.

00:39:18.000 --> 00:39:26.000

I think, too, I mean, this is maybe more process than it is, actual solutions oriented, but I think like making sure to bring Jack along on like the journey of choices right?

00:39:26.000 --> 00:39:42.000

Because people are putting in the chat like calling the bank, changing power of attorney, calling in law enforcement if you need to.

00:39:42.000 --> 00:39:57.000

And I think, like presenting options and making sure, especially with this deep systemic distrust of different systems, I think it'd be really important to try to empower Jack through the process of like, we're noticing your bank account is straining.

00:39:57.000 --> 00:40:22.000

You know? What would you like to do about this? Are you aware that Don is spending your money in these ways? What are the balances you want in place because it may be way more even though, obviously financial resources is really important, is like I stopped the bleeding situation feel like calling in law enforcement or like making it for involving systems. It may be really triggering and create distraction and shuts the whole process down anyway. So we, just noting that any approach, would want to have active participation by Jack, I think.

00:40:30.000 --> 00:40:32.000

Right? Yeah, go ahead.

00:40:32.000 --> 00:40:44.000

Yeah, oh, sorry. Basically going up for what Lauren was saying is that, you know, doing those things especially doing them quickly, like the you know, freezing the account could exacerbate, you know, the

abuse, or put Jack and even more danger, because it could be a trigger to, or make, you know, Don even more upset.

00:40:59.000 --> 00:41:11.000

So we do have to be careful about, like, I know, we have to add quickly, but then also, like the systems and putting those things in place, could also backfire on us.

00:41:11.000 --> 00:41:12.000

Okay. Yeah.

00:41:12.000 --> 00:41:24.000

And since we're talking about acting quickly, and you know, I think this goes back to what we had said earlier about him being at risk for guardianship, someone filing guardianship against it.

00:41:24.000 --> 00:41:25.000

And I did notice some of the comments about that. You know.

00:41:25.000 --> 00:41:29.000

That's so restrictive, and you know, it should be a last resort, and I completely agree with that.

00:41:29.000 --> 00:41:53.000

So, and again, that's something we all need to be aware of is, how can we put less restrictive protections in place or supports in place for an individual like supported decision-making or temporary emergency situations that are not long term until we've, kind of, gone through "what exactly is happening here?".

00:41:53.000 --> 00:42:09.000

But we really don't want to see Jack undergoing a plenary or full guardianship, which is very hard to then get out of down the road and have all of his decision making stripped from him at that point.

00:42:09.000 --> 00:42:18.000

So that's something that, you know, just, we really need to be aware of in terms of looking at different options and choices.

00:42:18.000 --> 00:42:22.000

A few of the things I'm seeing in the chat, other ways to connect them, might be:

00:42:22.000 --> 00:42:26.000

If there's a faith based community that he has been connected with in the past.

00:42:26.000 --> 00:42:33.000

And so I've got a couple of questions buzzing through my mind, based on what you're saying.

00:42:33.000 --> 00:42:39.000

And the excellent response we're getting.

00:42:39.000 --> 00:42:42.000

So one is law enforcement. How do you deal with the law enforcement issue?

00:42:42.000 --> 00:42:49.000

You're really worried, now, that he is getting ripped off. He has this, you know, great distrust.

00:42:49.000 --> 00:42:55.000

And let's face it. A lot of people are color, are very concerned about any police coming by, and even chatting with them.

00:42:55.000 --> 00:43:01.000

And so, but, on the other hand, you're trying to stop the bleeding and get this figured out.

00:43:01.000 --> 00:43:11.000

Any words of wisdom for us on how to balance all that out?

00:43:11.000 --> 00:43:22.000

Carefully. And not just, you know, people of color, but LGBTQ+ people as well as.

00:43:22.000 --> 00:43:35.000

LGBTQ+, people of color, the distrust oftentimes for law enforcement is there, and so you know, it's important that, I think, that's one of the reasons why multi-disciplinary teams are so important.

00:43:35.000 --> 00:43:43.000

You know, who else may be able to come to the table and help with these conversations early on to help build that trust?

00:43:43.000 --> 00:43:49.000

Should we need to bring in, you know, other partners within that multi-disciplinary team?

00:43:49.000 --> 00:43:54.000

Oftentimes law enforcement offices have an LGBTQ+ liaison.

00:43:54.000 --> 00:44:02.000

If they do, that is a better way to go and bring in somebody that really understands the relationship between LGBTQ+ people, and how that may also play into interactions with law enforcement.

00:44:02.000 --> 00:44:12.000

So I think there's a lot of careful consideration that needs to happen.

00:44:12.000 --> 00:44:16.000

And yeah, I could go on, but I want to pause.

00:44:16.000 --> 00:44:23.000

Yeah, that's great. I think you're helping us really think beyond our usual boundaries we haven't imagined.

00:44:23.000 --> 00:44:35.000

We'll just have a multidisciplinary team. Now, invite other people who can give us more of this perspective or have other outreach possibilities, is what I'm hearing.

00:44:35.000 --> 00:44:37.000

Yeah. Other thoughts about this?

00:44:37.000 --> 00:44:38.000

Yeah, I. So oh, it's always nice to be on a panel because you learn something.

00:44:38.000 --> 00:44:44.000

And so, I didn't know there's some police stations, have LGBTQ+ liaisons and that's wonderful.

00:44:44.000 --> 00:45:09.000

If you happen to be in a place where they don't have that specialty, I think it is going to be important to make sure that you don't, just, report to the police, and if you're the one who knows him, you need to be there. Somebody needs to be there that he recognizes with the police who are coming to the door, along with having told him in advance that you know what I have to do this.

00:45:09.000 --> 00:45:26.000

I know this is going to be scary, you know, having that discussion with him and then saying, 'but I'm going to be there with you', and he'll say, 'Oh, but don't do it, you know, I'm bound to do this.'

00:45:26.000 --> 00:45:31.000

"So what can I do to be there to support you when they come to the door?"

00:45:31.000 --> 00:45:34.000

"How do you want me to approach this with you?"

00:45:34.000 --> 00:45:35.000

Yeah, so, now, we're really using that trauma-informed Lens.

00:45:35.000 --> 00:45:49.000

Any other thoughts on ways we can use a trauma-informed lens in this situation?

00:45:49.000 --> 00:45:53.000

What is his history like? What should we be taking into account?

00:45:53.000 --> 00:45:58.000

Thinking about this history of him getting booted out of his house when he was young/

00:45:58.000 --> 00:46:13.000

And some of the discrimination he faced, like, how does that help inform what our conversations and what we're thinking about?

00:46:13.000 --> 00:46:20.000

Well, certainly it, I think, leads to some of what his own insecurities and fears may be moving forward.

00:46:20.000 --> 00:46:21.000

If the police get involved, if Don comes in, will he be homeless again?

00:46:21.000 --> 00:46:32.000

Will he be placed in an nursing home, where again he's losing control of his independence?

00:46:32.000 --> 00:46:34.000

Will he be losing his choice? Will he be left alone again?

00:46:34.000 --> 00:46:56.000

You know all of those things are, probably, you know, would be weighing on his mind, which I think you know, to some of the points that were made, he needs to be part of any conversation. Continue talking to him about “what is it that you want?”.

00:46:56.000 --> 00:47:00.000

What's most important to you? What are your goals?

00:47:00.000 --> 00:47:04.000

And even think through solutions with him, so that he's involved in the process along the way.

00:47:04.000 --> 00:47:20.000

So that things aren't being done to him, but that he's part of the decision making, and that he is, as much as possible, making his own decisions and feeling in control of his life.

00:47:20.000 --> 00:47:25.000

Yeah, something, important lesson, I know I've learned from people with disabilities in particular, “nothing about us without us”, and I think that's what you're saying as well, and it also sounds again, just looking at the chat that another good, I think, trauma-informed approach is recognizing how he might feel about law enforcement.

00:47:37.000 --> 00:47:48.000

And instead of having law enforcement, go to his home, a social worker, offering to have them, everybody come to their office, right? I think it's really another great way that wouldn't have necessarily thought of unless we were studying more about trauma-informed care.

00:48:00.000 --> 00:48:14.000

I think also being explicit about “I'm not going to be arrested”, “We're not taking you in”, because sometimes that can feel like a set of leaving, you know, the home and going to somewhere else for them to whisk him off away to somewhere else, jail. Whether it's like jail, nursing home, or whatever.

00:48:14.000 --> 00:48:20.000

So also that he may not want to leave the home with people who don't know.

00:48:20.000 --> 00:48:22.000

Yeah, thank you.

00:48:22.000 --> 00:48:25.000

And then it's, I think to. Oh, sorry! Don't want to go ahead!

00:48:25.000 --> 00:48:29.000

We'll go to Lauren. And then Donna.

00:48:29.000 --> 00:48:48.000

I think also just consistency, like I'm sure when I ran a panel earlier this week, and I said, "under promise over deliver" with regard to, as you're building trust with someone, you know, not talking about solutions you can't guarantee. If you say you'll be there at a certain time, to be support there when you know you're having other people come in, like even anyone on a multidisciplinary team.

00:48:56.000 --> 00:49:04.000

Anybody else outside his knowing right. If you say you'll be there for an appointment when they're going to show up, like making sure that happens.

00:49:04.000 --> 00:49:17.000

And just, kind of, building trust, piece by piece, because especially if you're asking him to make stretches like going to meet with police or interacting with police, you want to have demonstrated consistency, and that you're going to be in his corner the whole time.

00:49:17.000 --> 00:49:23.000

Hmm! And Donna, just before we go to you.

00:49:23.000 --> 00:49:28.000

One other question that was up in the chat that I think, kind of, piggybacks on to what Lauren is saying, is being careful about our vocabulary.

00:49:28.000 --> 00:49:46.000

What language we use? Do you all, before we go to Donna? For her thought, have thoughts about the vocabulary piece of things, the words we choose to use in these situations?

00:49:46.000 --> 00:49:48.000

I mean, I think, like best practices, right? I mean, it's how we talk, how we use pronouns, even, right.

00:49:48.000 --> 00:49:57.000

Making sure that your language is, just, whatever someone else's language is, and that there's nothing wrong with asking people for clarification.

00:49:57.000 --> 00:50:11.000

"Oh, how do you want you talk about you? It's I heard you use he/him pronouns. Is that okay with you? I heard you called Don 'your partner'. Is that the language I should use?"

00:50:11.000 --> 00:50:23.000

"I'm talking about him, would you rather me call him your friend", you know, making sure that they always feel safe and asking if you're not sure, and because the answer might change in different circumstances, too?

00:50:23.000 --> 00:50:38.000

Right. Maybe in front of police he might not feel comfortable calling Don his partner, but maybe in front of a social worker he might. So I think, kind of, having that flexibility and empowering him to help you know what language to use.

00:50:38.000 --> 00:50:41.000

Yeah, we're kind of talking about verbal language.

00:50:41.000 --> 00:50:48.000

What about body, language?

00:50:48.000 --> 00:50:56.000

I think we've all been in those situations where body language, I mean, that oftentimes that's what you recognize immediately.

00:50:56.000 --> 00:51:05.000

If somebody walks into your home and you can tell that they're not comfortable being there, that it's going to be hard to develop trust with them.

00:51:05.000 --> 00:51:12.000

So our body language is really critical. I think when we go into these types of situations, and I think, not particularly body language, but also how we dress sometimes with people who have mistrust of systems.

00:51:21.000 --> 00:51:25.000

"How are you? Come in? You're dressed up, suit, tie, and very official looking."

00:51:25.000 --> 00:51:29.000

They're going to be less likely to be open with you to talk to you, especially if you're coming in their home.

00:51:29.000 --> 00:51:44.000

So there! Thinking that they're being investigated. Or, and so, also, just being, you know, aware of what you're wearing when you're coming over, because sometimes that can make, put up a wall between you and that person and actually deepen that mistrust.

00:51:44.000 --> 00:51:50.000

Yeah. And donna did I cut you off when you were going to be saying something else?

00:51:50.000 --> 00:52:04.000

No, I was just thinking about, also, because the times have changed, and we have more sensitivity that when the police are in a neighborhood, the neighborhood might be coming out.

00:52:04.000 --> 00:52:05.000

Hmm!

00:52:05.000 --> 00:52:28.000

So it is going to be really important to have somebody make sure that the police officers, and how that, you know, you're not coming in with all the lights and everything for what is like a welfare, check, and that if neighbors are there and filming, that we don't get into it, that this doesn't turn into a big thing, you know, and it's hard to predict that.

00:52:28.000 --> 00:52:36.000

But know that people do, now, if I see a police officer at a stop, I began to think, should I start filming this?

00:52:36.000 --> 00:52:37.000

Yeah.

00:52:37.000 --> 00:52:45.000

And people, the cameras are going to be there. So be aware that that might happen, and we should anticipate anything like that, because he may have been in this neighborhood.

00:52:45.000 --> 00:52:56.000

It sounds like he's been in it, probably, in the neighborhood of a long time with his partner, and people may be very concerned about, "why are the police suddenly at his home?".

00:52:56.000 --> 00:52:59.000

Yeah.

00:52:59.000 --> 00:53:00.000

Yeah.

00:53:00.000 --> 00:53:09.000

Also, I'm not sure, like, you know, it wasn't stated what kind of neighborhood it is, so it could be a neighborhood that's more, may have more LGBT people living there and also people of color as well.

00:53:09.000 --> 00:53:18.000

So being, they also will probably get nervous when they see police coming in.

00:53:18.000 --> 00:53:23.000

And so, being aware of that, too, that magnitude may make something a really big thing as well.

00:53:23.000 --> 00:53:29.000

Huh! And I think we're getting into, we just have a couple of minutes left, believe it or not, but the concept of intersectionality.

00:53:34.000 --> 00:53:56.000

So with that in mind, kind of wrapping things up, any closing thoughts from any of our panel members on this issue of intersectionality, either using Jack as an example or just any of your experiences.

00:53:56.000 --> 00:54:07.000

Well, I think for me, there's so much intersectionality between trauma-informed care and the response, and how we incorporate person-centered care into that and that is really critical.

00:54:07.000 --> 00:54:36.000

Getting back to knowing the person as much as possible, respecting them, and their needs and their wants and their choices, even if it's not what we would choose or what we would want, but figuring out how to best support them to realize those choices, moving forward and to be sensitive to things that might be triggers.

00:54:36.000 --> 00:54:44.000

And you know, thinking through how you might best respond to that in a supportive and meaningful way, so that they do feel safe and comforted and in control.

00:54:44.000 --> 00:54:55.000

So it really goes back to what can we do to enhance and support this person as best we can?

00:54:55.000 --> 00:55:00.000

Thank you.

00:55:00.000 --> 00:55:02.000

Yeah. Donna.

00:55:02.000 --> 00:55:13.000

I just seem to have thoughts, but outside of the individual, I think that we should have that, we need to think as a society. How are we handling our older adults?

00:55:13.000 --> 00:55:20.000

This is an older adult situation where a man became isolated and no one seems to have caught it early enough.

00:55:20.000 --> 00:55:30.000

So we need to look at our systemic issues. That would, kind of, catch this before he became isolated like this.

00:55:30.000 --> 00:55:35.000

What was going on, where he didn't have support? Groups or no one noticed the grieving. So that's all.

00:55:35.000 --> 00:55:46.000

It's with, you know, society as a whole, we need to be, do a better job.

00:55:46.000 --> 00:55:50.000

And also be aware when we become patronizing, even if we're, you know, trying to help, and that we want the best, but also trying to avoid going in that direction, because, you know, just because we see them as a vulnerable group of people, they still are people.

00:55:58.000 --> 00:56:10.000

They still have autonomy. So just being aware of that as well going forward.

00:56:10.000 --> 00:56:23.000

Yeah. And I was just going to say that so often when we talk about intersectionality, diversity, equity and belonging, one of the things that oftentimes that gets left out is ageism.

00:56:23.000 --> 00:56:47.000

And so really thinking about how we center ageism within these conversations is critical to how we move forward as a field and the work that we're trying to do around elder justice. And I think it's upon us to really continue to bring that lens of ageism into these conversations when we think about intersectionality.

00:56:47.000 --> 00:57:07.000

I also think that, I also set this on a panel recently, again with Sherrill, but you know, unfortunately, there's no one-size fits all solution to being culturally sensitive and/or culturally adopted in the services you provide.

00:57:07.000 --> 00:58:01.000

And so I think, remembering, we may think that from how someone looks, where they're living, or what the situation is, that we know something about them already, and I think maintaining openness to what someone's personal preferences are, what culture they come from, what they're willing to share with you as you gain their trust, and then, as much as possible, meeting them there, I think, is really important, and also just being flexible, and having cultural humility, that the culture you're bringing in isn't necessarily better or have, more, better value, but really elevating and understanding the culture or preferences of the person with whom you're working, and the communities are working in, and sort of, positioning yourself, you know, secondary to what their preferences and cultural needs are.

00:58:01.000 --> 00:58:02.000

Beautifully said Lauren, in a, just a, great wrap up to a wonderful conversation.

00:58:02.000 --> 00:58:09.000

I've learned so much and I think we do need to be careful, just about, not only our language with individuals, but societally.

00:58:09.000 --> 00:58:25.000

We have so many negative images of a tsunami, you know, which is a destructive force, and the burden of all the older people you read, time and time again, in the paper.

00:58:25.000 --> 00:58:37.000

I think today on World Elder Abuse Awareness Day, it's a wonderful time to remind ourselves of how each of us can take responsibility to build better communities, build better supports, value for our older adults and help everybody age with dignity and with grace, and feeling safe.

00:58:37.000 --> 00:58:58.000

So let me hand it back over to Lori Mars to wrap it up, and just a great big thank you, to our wonderful panel, appreciate you all.

00:58:58.000 --> 00:59:01.000

Thank you all so much for your outstanding and insightful comments on person-center trauma-informed care.

00:59:01.000 --> 00:59:27.000

Please See additional resources on the slide before you, including tips and tools for person-centered trauma-informed care of older people at the intersection of trauma aging and abuse developed by the NCEA in collaboration with the Jewish Federations of North America, Center on Holocaust Survivor Care and Institute on Aging and Trauma. Links have also been placed in the chat.

00:59:27.000 --> 00:59:56.000

We very much appreciate your feedback. Please click the survey link in the chat to provide your comments about today's webinar. In addition, after the webinar, you'll receive a follow up email with a link to a recording of today's webinar and this survey. If you have any questions, please feel free to

reach out to the National Center on Elder Abuse, and on behalf of the NCEA, We thank all of our presenters, and we thank you for joining us today. Have a great day.