

APSTARC

Adult Protective Services Technical Assistance Resource Center

enhancing
effectiveness of
APS programs

Grief, Depression and Suicide in Older Adults

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Disclaimer

The National Adult Maltreatment Reporting System (NAMRS) and the Adult Protective Services Technical Assistance Resource Center (APS TARC) are a project of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.

About the APS TARC

The mission of the APS TARC is to enhance the effectiveness of APS programs by:

- Supporting federal, state, and local partners' use of data and analytics,
- Applying research and evaluation to practice,
- Encouraging the use of innovative practices and strategies, and
- Providing APS programs individualized technical assistance.

Let's Talk APS!



Announcing a New Format for Monthly Peer Support Discussions Starting in October 2022

The APS TARC will now be hosting TWO informal, collaborative peer calls each month via Microsoft Teams:

- **PRACTICE** - to discuss training/investigation/care planning (3rd Wed at 3pm ET/12pm PT)
- **PROGRAM MANAGEMENT** - to discuss policy and programmatic issue (4th Wed at 3pm ET/12pm PT)

Watch out for announcements with more information and how to register. Use the [APS TARC - Contact Us \(acl.gov\)](#) form to provide suggestions for meeting topics.

National Adult Protective Services Training Center (NATC)



The newly launched NATC serves as a source of quality education for adult protective services (APS) professionals throughout the United States.

- Using the recommended training structure of the voluntary consensus guidelines for APS training, the NATC provides **free** access for APS professionals to training on topics related to providing protective services using culturally responsive, strengths-based and person-centered approaches.
- Utilizing national experts to design and deliver quality and accessible courses for APS front-line professionals, supervisors and leaders in all states and territories.
- Helping the field elevate practice regardless of where APS investigators serve older adults or people with disabilities.

Learn more at: <https://natc.totaragovcloud.com/>

Housekeeping

- Handouts/Slides are available for download in the "Handouts" section of your webinar control panel. You may download them at any time.
- Please use your computer speakers to access audio for this webinar. Please make sure the speaker volume is adjusted to your desired volume.
- If you experience audio problems due to internet connection speeds or hardware issues, we recommend exiting the webinar and re-entering.

Housekeeping

- You may ask questions of our presenter at any time by typing them in the "Questions" box. We will relay as many as we can to the speaker when we pause for questions.
- This webinar is being recorded and all registrants will receive an email when the recording is made available on the APS TARC website.
- All attendees will receive an automatically generated email approximately 24 hours after the webinar ends with a link to a certificate of attendance.
- Please complete our brief webinar survey when prompted – we appreciate the feedback!

Quick Attendee Poll

What profession do you identify most closely with?

- Adult Protective Services
- Medical
- Legal
- Other Social Services
- Other Profession

Quick Attendee Question

Using your “Questions” box, let us know:

- What are you hoping to learn from this webinar?

Our Speaker



Jessica E. Burke, MPA
ASIST Suicide Prevention Specialist
APS TARC

Background and Purpose

- This topic was selected by TARC to enhance social service practices to address grief, depression, suicidality in older adults.
- Provide APS professionals training and tools for identifying risk factors and indicators for grief, depression, suicide.
- Due to the sensitivity of this training, participants are warned that the content of this training may be emotive, provoking and/or uncomfortable.

Learning Goals and Objectives

- Define the different types of grief and how it impacts older adults.
- Comprehend suicide and suicidal ideation among older adults.
- Explain the assessment process for identifying risk factors, warning signs, and symptoms related to suicide.
- Identify secondary trauma and the importance of self-care in helper professions.

Quick Attendee Poll

Do you currently screen for depression when seeing a client?

- Yes
- No
- Unsure

Quick Attendee Poll

Do you currently screen for suicide when seeing a client?

- Yes
- No
- Unsure

What is Grief?

- **GRIEF** is the emotional reaction to a significant loss, such as the death of a loved one or no longer being independent with ADL's. Whatever the loss may be, some level of grief will naturally follow.
- **ANTICIPATORY GRIEF** is that experienced in advance of an impending loss.
- **GRIEVING** is the process of emotional and life adjustment one goes through after a loss. Grieving after a loved one's death is known as **BEREAVEMENT**.
- Grieving is a personal experience
 - Depends on who the person is and what their coping skills are.
 - Nature of the loss.

Symptoms of Grief

- Physical Expressions
 - Crying, headaches, loss of appetite, difficulty sleeping, weakness, fatigue, etc.
 - May weaken the immune system.
- Emotional expressions .
 - Sadness, worry, anxiety, frustration, anger, guilt.
- Social expressions .
 - Isolation, detached from others, abnormal behavior.
- Spiritual expressions
 - Questioning the loss, purpose of life, view on death.

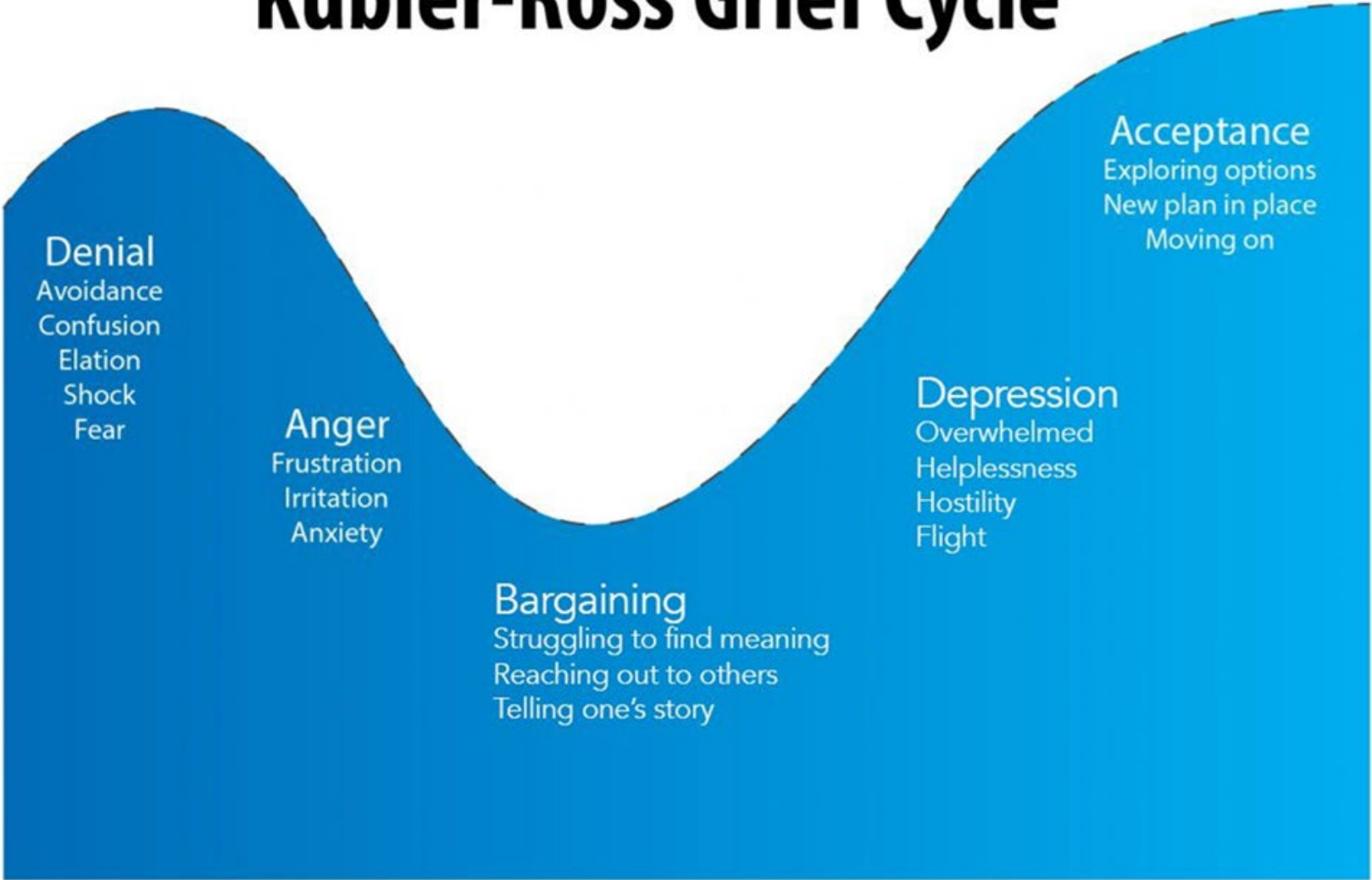
Grieving Process

- Grieving a significant loss takes time.
- There is no time frame for overcoming grief.
- The grieving process does not happen in a step-by-step orderly fashion.
- The length of time grieving depends on many factors such as:
 - Relationship
 - Personality attributes
 - Support system
 - Holidays and Dates (anniversary reaction)

Manifestations of Grief

- Depression
 - Most common condition that a can develop when a person is grieving.
- Anxiety
- Physical Illness
- PTSD
- Persistent Complex Bereavement Disorder
 - Diagnosis assigned to those who experience an unusually disabling or prolonged response to bereavement

Kübler-Ross Grief Cycle



Information and
Communication

Emotional
Support

Guidance and
Direction

Challenges of Older Adult Grief

- Older adults may experience several losses within a short period of time.
- Older adults may not be aware that they are grieving or are unwilling to admit it.
- Older adults may lack the support they once had.
- Family members move away, have lives of their own.
- Older adults may experience losses related to the aging process itself.
 - Giving up roles (driving).
 - Loss of finances and possessions.

Tips for Addressing Grief

- Be Available!
- Listen without giving advice.
- Be patient, kind, and understanding.

- Offer Resources
 - Support Groups
 - Grief Counseling
 - Learning about grief and what to expect
 - Expressing feelings
 - Building new Relationships
 - Developing a new identity

Facts on Suicide in Older Adults

- Completed suicide for older adults are higher than any other age group (including adolescents).
 - Completed suicides for all ages are 1:12 , and for older adults it is 1:4 .
 - Older adults are 3x more likely to die by suicide than other age group
- It is estimated that an older adult dies by suicide every 90 minutes .
- A social worker has a 1:5 chance of having a client end their life by suicide during their professional career.
- 50% of older adults that die by suicide DO NOT have a diagnosed mental health condition.
- Suicide among older adults is a serious global public health problem.

Suicide Risk in Older Adults

- What
 - Suicide is a death that is self-inflicted with evidence that the individual intended to die.
 - Intention is key
 - Passive Suicide
- How
 - There are risk assessments the social worker can conduct to evaluate the level of lethality and/or likelihood of suicide ideation.
- Who
 - Social workers, nurses, physicians, psychiatrists, psychologists, and/or mental health clinicians.
- Why
 - Older adults have the highest rate of suicides.

Suicide: Risk Factors

- Age (especially 75-85)
- Low socioeconomic status
- Male Gender
- White
- Living along/isolation
- Chronic illness/pain
- Cognitive impairment
- Feelings of hopelessness or despair
- Losses
 - Spouse, children
 - Economic, social, physical abilities
- Substance abuse
- Family/partner violence
- Family hx of suicide
- Prior suicide attempts/ideation
- Dysfunctional coping skills
- Lack of support system
- Feelings of worthlessness
- Fear of dependence
- Sleep problems
- Mental health disorders
- Personality factors

Assessing Suicide in Older Adults

- A client may have thoughts of ending their own life, particularly when they have lost a spouse or long-term support.
- A client who has been depressed or has had thoughts of suicide before may be vulnerable to having suicidal thoughts while grieving.
- Any thoughts of suicide must be taken seriously.
 - Ask direct/open-ended question
 - Avoid leading questions

Assessing Suicide in Older Adults

- The threat of carrying out the plan is very real if a person is thinking of committing suicide and:
 - Has the means (weapons, medications) available to commit suicide or do harm to another person.
 - Has set a time and place to commit suicide.
 - Thinks that there are no other options to end their pain.

Asking someone if he or she is having suicidal thoughts does not make him or her more likely to act upon those thoughts, and in fact has been shown to reduce risk.

Evidence Based Screening Tools

- There is not one tool or measure that will positively identify those who will commit suicide.
- Depression Screening Tools
 - PHQ2 & PHQ9
- Suicide Screening Tools
 - Suicide Risk Screening Tool-ASQ'em

Mental Health Resources

- National Institute of Mental Health (NIMH)
 - <https://www.nimh.nih.gov/>
- Substance Abuse and Mental Health Services (SAMSHA)
 - <https://www.samhsa.gov/>
- MentalHealth.gov
 - <https://www.mentalhealth.gov>
- Centers for Disease Control
 - <https://www.cdc.gov/mentalhealth/tools-resources/individuals/index.htm>
- Veterans Affairs
 - <https://www.mentalhealth.va.gov/>

The Emotional Cost of Caring: Secondary Trauma

- **Secondary trauma** is experienced indirectly through hearing details or witnessing the aftermath of a trauma experienced by another person. Those who work in helping professions (e.g., social workers, professional counsellors, first responders, and police officers) and the loved ones of trauma survivors are at a greater risk of experiencing secondary trauma or secondary trauma stress.

Self-Care: The Loss of a Client

- Talk to somebody
 - Supervisor, co-worker
 - Professional
- Try to avoid negative self-talk.
 - Perceived professional inadequacy
- Take time to grieve
- Know the research
- Learn from the experience

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Questions?

Stay in Touch!

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