

PTSD Bytes – Transcript

Episode #:	42
Topic:	PTSD and Aging
Guest:	Jennifer Moyer, PhD
Working title:	PTSD Later in Life

Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, where we talk to experts about post-traumatic stress disorder and mental health, and how technology like mobile mental health apps can help. This is your host, Dr. Colleen Becket-Davenport, clinical psychologist at the Veterans' Affairs National Center for PTSD. On this episode, we'll be discussing PTSD in aging. I'm joined by Dr. Jennifer Moyer, geropsychologist at VA Boston Healthcare System, and the New England GRECC and Professor of Psychology in the Department of Psychiatry at Harvard Medical School. She's also a contributor to the Talking Later podcast, which focuses on PTSD in later life. Welcome, Dr. Moyer.

Dr. Jennifer Moyer:

Thank you for having me. And hello to all of our listeners.

Dr. Colleen Becket-Davenport:

So, Dr. Moyer, I'd like to begin by asking, for those who aren't familiar, what is a geropsychologist?

Dr. Jennifer Moyer:

Well, a psychologist is a mental health professional, usually they have a doctoral degree. And psychologists tend to do psychotherapy, which is also called counseling. And some psychologists focus just on testing or assessment. A geropsychologist is a psychologist who works with adults who are 65 years old or older.

Dr. Colleen Becket-Davenport:

Something I've heard from many Veterans is that they didn't start to notice PTSD symptoms until after they retired, and this was sometimes 20 or 30 years after their trauma. So, is it possible for PTSD symptoms to be delayed by years or even decades?

Dr. Jennifer Moyer:

That's a great question, and the answer is yes, it is. When you look at older Veterans, most of them do not have PTSD, you know, like 80, 90%, even though they've experienced something traumatic. And there's a second group who seems to have some degree of PTSD symptoms. Let's just use the typical, like you had a traumatic event in the military, you were in combat. So, there are some people who develop PTSD symptoms pretty soon after that and do have them their entire life. But then there's a third group who don't seem to have PTSD symptoms until in their later years, 40, 50, 60 years after the traumatic event. I guess what we're going to get into is some things that may happen with aging that are a little unique. One of the things is retirement. And retirement can mean you have more time on your hands, and for some people, simply having more time on your hands gives you more time to think about things, and I guess you're less distracted by work.

Dr. Colleen Becket-Davenport:

And how else can PTSD symptoms change with age?

Dr. Jennifer Moyer:

Well, I like to start by saying something positive because there is some ageism out there for some people, for example, there's this myth that, oh, older people must be more depressed than younger people. People have their ideas why that might be, but depression is actually lower in older adults. And the same thing with PTSD. PTSD is less common in older adults. And why is that? Because we get resilient as we age, we grow stronger. We learn how to cope with things because for all of us, life brings wonderful things, but it also brings challenges. And as we learn to cope with those, we develop resilience. So, the most common way that PTSD symptoms change with aging is they get better, and they get better because as I said, people just develop coping strategies as they go through life, but they also can get better because maybe in your twenties or your thirties or your forties, you go and get treatment for PTSD.

Dr. Colleen Becket-Davenport:

I've also heard about new triggers that can appear as we get older. Could you speak more about how events that occur later in life can trigger PTSD?

Dr. Jennifer Moyer:

Yes. Health problems are something that can trigger PTSD symptoms. One of the earliest Veterans I worked with in my career, his PTSD started when he had a knee replacement and he had been hit in that same leg with shrapnel during World War II. The knee replacement, I don't think it was necessarily related specifically to the shrapnel, but it reminded him of that, right? He was laid up again, he was having leg pain again, and it brought back all those memories. Sometimes there may be a health condition that's very related to your military service, but sometimes it can just be you're feeling sick, you're feeling vulnerable. Any of those health problems could trigger PTSD. I'll say that something else that can happen later in life is grief and loss. Of course, we may lose people we love at any point in our life, but you're more likely to lose a friend or a spouse in your later years. And going through that grief may remind you of people you lost, for example, in military service. So those are some challenges that come with aging. That may be one of the reasons that some people experience a resurgence of PTSD.

Dr. Colleen Becket-Davenport:

You briefly mentioned earlier the idea of building resilience later in life. And something that's talked about a lot on the Talking Later podcast is this idea of later adulthood trauma reengagement. And my understanding is that this process is more about reflecting and meaning making. So, can you speak a little bit about this process and how it's different from PTSD?

Dr. Jennifer Moyer:

Yes. So, you used the phrase later adulthood trauma reengagement. So, let's just break that down. That was a concept we came up with through focus groups with older Veterans. It was later adulthood, later life, trauma, reengagement. And the reengagement part is recognizing that for a lot of people when they have experienced a traumatic event, you're naturally drawn to avoiding thinking about it because it's upsetting. But we noticed this seemingly odd thing that some older Veterans were not avoiding thinking about their traumatic event. They were engaging it, they were approaching it, and this seemed to be really in line with life review. That's a concept that gerontologists have noticed that later in life it's

very normal to think back on your experiences, your memories, sort of the chapters in your book of life, and to try to make sense of that. Doing that for some people can bring greater sense of satisfaction or meaning to their life, but it could also mean they have some more symptoms of PTSD, like, gee, all of a sudden, I'm having nightmares. Again, both can be true.

Dr. Colleen Becket-Davenport:

I also think it's important for us to acknowledge that for some older adults, they didn't experience a delay in symptoms, right? Rather they struggled with symptoms for many years and didn't seek treatment. Can you speak to why some people decide not to seek treatment?

Dr. Jennifer Moye:

I would just say in general it can be hard to ask for help. And I think some people may fear coming into treatment about a traumatic event because they're worried that they're going to be quote, forced to talk about something that was difficult. And yes, it's hard at first, but there's an unburdening. You don't have to carry this alone anymore. So many people say, I've never told anyone this. And it is so helpful to be able to tell someone this, makes it a little bit easier to tell that story and to live with it.

Dr. Colleen Becket-Davenport:

So, something else I've heard from older adults is that they feel like it's too late for them to try treatment. You know, they lived with their symptoms for so long and it feels overwhelming to think about starting therapy. So, what would you say to people who feel this way?

Dr. Jennifer Moye:

Well, can we just say it's never too late? I have the privilege of working with people who have been referred for treatment, so I guess they've gotten over that barrier. I say to some of my students, and at first, they think I'm a little crazy that I love working with people who for PTSD treatment, because you see so much healing. I'm thinking right now of a Veteran I worked with who came in for therapy for the first time in his nineties. And it meant so much to him and his family. It's never too late.

Dr. Colleen Becket-Davenport:

I agree. It is an incredible gift to watch people heal. And along those lines, thinking about treatment, are there any special considerations when it comes to treatment later in life in your opinion?

Dr. Jennifer Moye:

We always want to emphasize that the same treatments that seem to work for a 40-year-old seem to work for an 80-year-old. There's no differences. I guess I'll mention, there can be things like occasionally I'll sit down with someone and notice they may seem to have trouble hearing me. And we may even pause therapy and say, I think you need to get to audiology to get a hearing aid. And so, people can get help for their hearing, help for their vision. I also keep something called a pocket talker in my office, which is sort of a simple voice amplifier. So, if someone is having trouble hearing me, but we want to keep going, it's like a little earphones you put on, and then I speak into a microphone and that helps people hear, keep little magnifying glasses in my office in case people are having trouble reading something I may give them. So, there's little things a therapist can have on hand to help with something like hearing and vision.

Dr. Colleen Becket-Davenport:

I so appreciate the practical tips for therapists. And I'm wondering along those same lines, given that we're a technology podcast, are there any digital resources that you like to recommend for older adults?

Dr. Jennifer Moyer:

Well, you've been kind enough to mention the podcast we did earlier, which is called Talking Later. And there are several podcasts with that same name. The full name is Talking Later, Veteran Stories of Late Life, PTSD. And that podcast, we actually have voice actors reading stories from real Veterans life stories. And then we talk a little bit about what we hear, and we learn in that story. And also, the National Center for PTSD website, has this booklet that's called Understanding PTSD and Aging. And that is a terrific booklet for families and for Veterans and for clinicians to read.

Dr. Colleen Becket-Davenport:

Well, unfortunately, I think that's all the time we have for today. Thank you so much Dr. Moyer, for joining us.

Dr. Jennifer Moyer:

Well, again, thank you for, for having me, and thank you for doing this podcast. I think it's a really wonderful resource. I appreciate it.

Dr. Colleen Becket-Davenport:

And as a reminder to our listeners, we will include links for all of the resources mentioned in this episode in our show notes. And of course, you can listen to episodes of the Talking Later podcast wherever you stream your podcast episodes.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.ptsd.va.gov/podcast. Thank you for joining us.