Compassionate Care in America

Results from the National Study on the Person-Centered, Trauma-Informed Approach

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Executive Summary

Jewish Federations of North America

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For additional resources on aging, trauma, and the PCTI approach, please visit the Center's website at www.AgingAndTrauma.org. For more information about this report, please contact Aging@JewishFederations.org.

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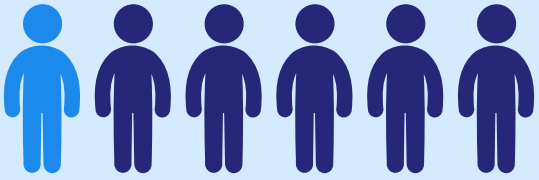


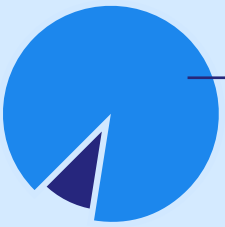
Executive Summary

Aging in the United States

The American population is living longer and, in turn, reshaping the way we view health, caregiving, and community living. In the United States today, more than one in every six people is 65 or older (Administration for Community Living [ACL], 2024). It is projected that there will be over 88 million older adults in the United States in 2060, versus only 35 million older adults in 2000 (ACL, 2024). As Americans live longer, their healthcare needs increase. A recent study through the Centers for Disease Control and Prevention (CDC) found that over 90% of older adults are living with at least one chronic condition, such as heart disease, high blood pressure, or diabetes (Watson et al., 2025). Complicating the aging process is the issue of trauma.

More than **1 in 6 Americans** is 65 years or older.





90%

of older adults have been exposed to a trauma event.

Exposure to traumatic events is omnipresent. Research suggests that almost 90% of American adults have been exposed to at least one traumatic event during their lifetime (Kilpatrick et al., 2013). Although trauma may not be the singular cause of health conditions, it has been shown to be an associated factor in the emergence of lung disease, dental problems, fibromyalgia, chronic fatigue, cardiovascular disease, gastrointestinal disorders, endocrine disorders, and headache disorders (Spitzer et al., 2011; de Oliveira Solis et al., 2017; Rouxel et al., 2016; Häuser et al., 2013; Dansie et al., 2012; McFarlane, 2010; Salleh, 2008). While trauma impacts healthy aging, the normal changes associated with aging can also exacerbate traumatic stress. Common changes such as retirement, shifts in familial roles, the loss of family and friends, social isolation, declining health, and the loss of independence can lead to the reactivation of traumatic stress, even in older adults who had previously been coping well

(Davison et al., 2016; Kaiser et al., 2017; Ladson & Bienenfeld, 2007; Paratz & Katz, 2011; United States Department of Veterans Affairs [VA], National Center for PTSD, 2019).

Whether Americans are aging in their own homes or in assisted living or nursing homes, **the demands on the aging services sector are growing.** However, the number of aging services professionals is falling behind this increase in demand. For example, officials administering Medicaid home- and community-based (HCBS) programs in all 50 states reported shortages in direct support professionals (Burns et al., 2023). As the aging services sector works to expand, family caregivers are stepping in to ensure their loved ones receive the care and support they need. According to a 2020 study by the AARP and National Alliance for Caregiving [NAC], it is estimated that one in six Americans, or about 42 million American adults, are caring for someone 50 or older, up 16% since 2015. The role of trauma in aging can add complexity to caregiving tasks, strain caregiving relationships, and impact caregiver health.

42 million American adults are caring for someone 50 or older, **up 16% since 2015**.

When trauma is not accounted for in aging services, there can be terrible consequences for older Americans. Without recognizing the role of trauma, aging services professionals may not understand its impact on aging or services delivery and may unintentionally do harm. Older adults may be labeled as difficult to care for or be misdiagnosed, receiving inappropriate treatments and medications (Key, 2018; McCarthy & Cook, 2018). Professionals may have inappropriate responses to trauma-related behaviors and conditions, unintentionally retraumatizing the older adults they are trying to support (Key, 2018). Older survivors of trauma who have these negative experiences are less likely to seek services or receive appropriate care in the future.

The person-centered, trauma-informed (PCTI) approach has emerged as the gold standard to account for trauma in aging services and support all aging populations. The PCTI approach is a holistic model of care that promotes the health and well-being of individuals by accounting for the role of trauma across the life course, resisting retraumatization, and promoting the strength, agency, and dignity of people receiving care. The PCTI approach is universal, meaning that it can be used by any person at any level of any organization, in any care setting, and with any population.

The PCTI approach combines two approaches to care—the person-centered approach and the trauma-informed approach—and is guided by ten core principles. These two approaches have been called the "universal precautions" of the social services world (Hodas, 2006), and are increasingly associated with improved client outcomes and reduced health and social services costs (Key, 2018; Menschner & Maul, 2016).

The National Study

In 2015, the Jewish Federations of North America (Jewish Federations) established the Center on Aging, Trauma, and Holocaust Survivor Care (Center) to lead national efforts on the PCTI approach. This work has been supported through grants from the United States Administration for Community Living (ACL) as well as other generous philanthropic contributions. The aim of the Center's work is to improve the health and well-being of Holocaust survivors, older adults with a history of trauma, and their family caregivers, and to build the capacity of the United States' aging services sector to provide PCTI care for these populations. This work is accomplished through grant-making to direct services organizations that implement, evaluate, and scale innovative PCTI interventions, as well as through PCTI training and education.

As part of this work, the Center conducts a national, longitudinal study on the state of PCTI approach capacity among aging services professionals every five years. This report represents findings from the third iteration of the National Study conducted in 2025. The goal of this study is to understand the overall capacity of aging services organizations to use the PCTI approach with Holocaust survivors, older adults with a history of trauma, and their family caregivers; and to track changes in PCTI capacity over time.

The National Study was conducted through an online survey between March and May of 2025 and was distributed to a network of over 3,000 aging services professionals. The National Study dataset is composed of 274 responses, representing a variety of organizations across the aging services sector.

Summary of Findings

The findings of the National Study demonstrate the exciting growth of the PCTI approach across the aging services sector. However, the findings also demonstrate the need for further investments in the abilities of aging services organizations to use the PCTI approach with all aging Americans.

Awareness of Aging, Trauma, and the PCTI Approach

Most aging services organizations understand the impact of trauma on aging and that the PCTI approach can help. Approximately three quarters (71%) of respondents noted that their organization has a high understanding of how trauma impacts aging. Similarly, 75% of respondents noted that their organization was aware of the PCTI approach before participating in the 2025 National Study. However, this leaves a significant gap, as many organizations providing direct or indirect care to older adults do not understand how trauma may impact those they support or the services they provide.

In working to close this gap, it is important to consider two major findings from the National Study. First, **just because an organization currently works with older adults does not mean that the organization will innately understand how trauma impacts this population**. While

7 out of 10 organizations have a deep understanding of how trauma impacts aging.



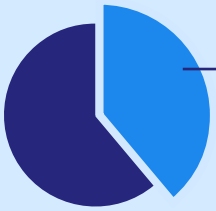
supporting older adults may teach professionals how trauma can impact aging or care delivery, there is a limited relationship between an organization's history of service and its rates of understanding trauma and the PCTI approach. Second, **just because an organization understands how trauma impacts aging does not mean the organization will be familiar with the PCTI approach and vice versa**. An organization's understanding of aging and trauma cannot be used to predict its awareness of the PCTI approach, and an organization's awareness of the PCTI approach does not imply its understanding of aging and trauma.

Capacity to Use the PCTI Approach

Few aging services organizations have capacity to implement the PCTI approach. While service recipients of all organizations participating in the National Study would benefit from the PCTI approach, a little over one third of respondents (39%) demonstrated that their organization has high capacity to implement it throughout their operations.

The National Study reveals four important issues to consider when building the PCTI capacity of the aging services sector. First, **organizational awareness of the PCTI approach does not necessarily translate into organizational PCTI capacity**. While three quarters of organizations are aware of the PCTI approach, just over a third demonstrated deep PCTI capacity. This may be because developing PCTI capacity requires an organization to go far beyond recognition of best practices; it requires effecting structural and cultural changes as it shifts resources and modifies practices to prioritize PCTI principles.

Second, **organizations tend to overestimate their PCTI capacity**. While 39% of respondent organizations objectively demonstrated high PCTI capacity through the Center's Organizational PCTI Approach Index, 56% self-reported high capacity to use the approach. This may be because many respondents tend to equate the mere existence of PCTI programming with true organizational capacity. However, PCTI capacity involves integrating PCTI principles throughout all operational areas including resourcing, systems, staff skill, culture, and partnerships.



39%

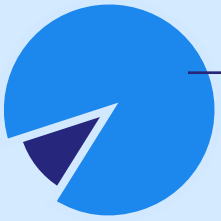
of aging services organizations have deep PCTI capacity.

Third, **the National Study reveals that there are disparities in PCTI care across older adult populations**. Consistent with prior years, the study found that aging services organizations have varied PCTI capacity and PCTI service availability when providing support to different populations of older adults with a history of trauma. This may leave certain older adult populations without access to compassionate care shown to improve care outcomes.

Finally, **PCTI capacity is not evenly distributed between older adult and family caregiver services**. While many organizations report that they can support older adults with the PCTI approach, not all of them have the capacity to extend this care to family caregivers who support older adults.

Benefit of the PCTI Approach

Aging services organizations increasingly understand the benefits of the PCTI approach. Most organizations (89%) noted that the PCTI approach improved care recipient outcomes, staff knowledge and skills, and the organization as a whole. Care recipients were empowered, and trust and relationships between care recipients and professionals improved. The PCTI approach enhanced staff knowledge of how to support care recipients and increased staff ability to create and implement PCTI strategies to serve them. Using the PCTI approach improved the organization as a whole by elevating the quality of services, improving care recipient feedback about services, and enhancing the organization's reputation. These findings showcase the potential of the PCTI approach, **which has a proven track record of improving outcomes and experiences, not just for care recipients, but for staff and the organization too**. As more pressure is put on the aging services sector's capacity to support a growing aging population, it is critical to leverage the impact of the PCTI approach.



89%

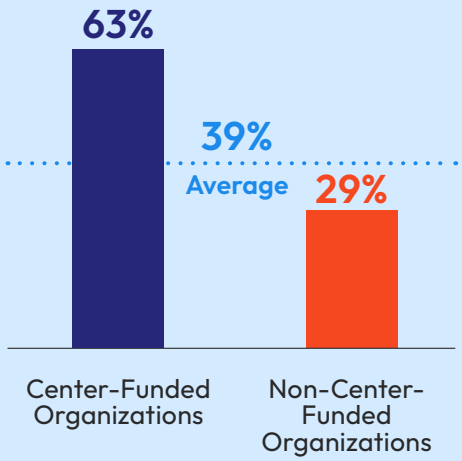
of organizations report the PCTI approach improves care recipient outcomes, staff knowledge, and organizational practices.

Impact of Center Activities

Investments in organizational PCTI capacity are needed and effective. While there is significant work ahead of the aging services sector in making PCTI care widely available, the National Study reveals that dedicating funding and resources through the Center makes a significant difference. Center-funded organizations reported deeper awareness, understanding, and capacity across all study measures when compared to organizations that have never received Center

funding. For example, 63% of Center-funded organizations demonstrated high PCTI capacity compared to only 29% of non-Center-funded organizations. Even for organizations that have never received Center funding, Center resources appear to be impactful. Of organizations using Center resources, 96% of Center-funded organizations and 90% of non-Center-funded organizations reported that these resources improved their organizations' knowledge, practices, and/or services. These statistics demonstrate that providing resources and funding enables organizations to learn about the PCTI approach, integrate it into their organization's operations and services, and improve the health and well-being of older adults and their family caregivers.

Organizations with High or Very High Demonstrated PCTI Capacity





Not only is this support effective, but the aging services sector is eager to receive it. The National Study revealed an overwhelming interest in additional funding as well as educational resources such as webinars, job aids, and in-person conferences and workshops. This feedback is echoed every time the Center issues a request for proposals for a new funding opportunity or provides an educational resource. Year after year, the Center receives more grant applicants for each PCTI grant opportunity and must turn away a larger portion of applicants due to limited funds. Additionally, whenever the Center evaluates webinars or in-person training events, aging services professionals ask for more training opportunities on an increasingly wide array of topics related to PCTI capacity building and service delivery.

Recommendations

Although the field of PCTI care has grown over recent years, a significant gap remains across the aging services sector. Based on the findings from the National Study, the Center makes the following recommendations for professionals working across direct services, organizational leadership, grant-making, advocacy, and policy.

1

Improve understanding about aging with a history of trauma.
Enhance recognition and understanding of how trauma impacts older adults generally, their family caregivers, the specific populations they support, and the services provided.

2

Increase understanding and application of the PCTI approach.
Improve aging services professionals' knowledge of the PCTI approach and its application, and train and coach colleagues to do the same.

3

Build organizational capacity to use the PCTI approach.
Dedicate time and resources to infuse the PCTI approach throughout an organization and its programming in order to provide compassionate care to all older adults and their family caregivers.

4

Acknowledge and overcome disparities in PCTI care.
Learn about care across aging populations and adjust services to provide compassionate care to all older adults with a history of trauma and their family caregivers.

With these recommendations, aging services professionals across the United States can infuse PCTI considerations into their work to best support older adults with a history of trauma and their family caregivers. When implementing these recommendations, no action is too small. Every step that helps advance use of the PCTI approach advances the entire field of aging services and helps ensure that older Americans can age with safety, dignity, and compassion.



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