

FACING LIFE'S FINAL BATTLE:

CARING FOR COMBAT VETERANS WITH PTSD AT THE END OF LIFE

November 15, 2013
Janet Knowlton, MSW, LICSW

LEARNING OBJECTIVES

- ▶ 1. Describe Post-Traumatic Stress Disorder (PTSD) as it relates specifically to combat veterans
- ▶ 2. Articulate the influence of military culture on combat veterans with PTSD at the end of life in both a positive as well as negative manner
- ▶ 3. Identify 2-3 treatment evidence-based modalities in caring for combat veterans with PTSD at the end of life

WHAT IS POST-TRAUMATIC STRESS DISORDER?

- ▶ PTSD is an Anxiety Disorder
- ▶ Symptom Clusters:
 - ▶ - Re-experiencing of the event
 - ▶ - Avoidance of triggers of the memories
 - ▶ - Hyperarousal
 - ▶ - Feeling Numb

PTSD – Assessment

- PTSD diagnoses requires the experience of a traumatic event in addition to symptoms that can be described in three clusters:
 - Re-experiencing symptoms (repetitive disturbing memories, nightmares, and hallucination-like flashbacks)
 - Avoidance symptoms (attempts to avoid reminders of trauma—objects, places, people)
 - Hyperarousal symptoms (hypervigilance, irritability, exaggerated startle response, and insomnia)

American Psychiatric Association (*DSM-IV-TR*), 2000

HOW COMMON IS PTSD?

- ▶ Very common
- ▶ Perhaps 3rd most prevalent condition among dying veterans
- ▶ Affects about 1/3 of combat veterans

Posttraumatic Stress Disorder – Prevalence

- ▶ Up to 84% of people experience trauma in their life and it is thought that 25% of these individuals experience PTSD (Feldman & Periyakoil, 2006)
- ▶ Some people who did not previously have symptoms may experience delayed onset at the end of life
 - The end of life experience may trigger emotions and memories from their trauma



Combat Experience -Biggest Influence

- Veterans may have complex needs resulting from combat or Prisoner of War experience
 - May have already faced death as dramatic event
 - Coping with unresolved grief or guilt
 - May have survivor guilt - "Why did my buddy die and I didn't? I should have saved him"
 - Perhaps witnessed traumatic events causing PTSD

"It sneaks up like a ghost in the night"



▶ http://youtu.be/WjpwjRTo_4

Possible Questions

- ▶ In what branch of the military did you serve?
- ▶ When and where did you serve?
- ▶ Did you see combat, enemy fire, or casualties?
- ▶ Were you wounded or hospitalized?
- ▶ Do you have nightmares or feel like you are back in combat sometimes?
- ▶ Do you try to avoid thinking about it?
- ▶ Are you easily startled or constantly on guard?

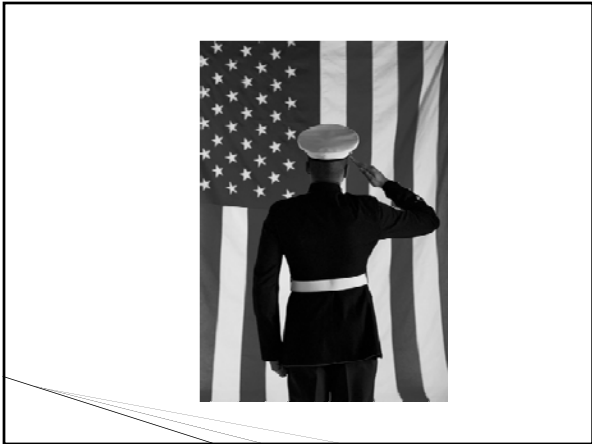
BASIC TRAINING

- ▶ Turns soldiers into squads
 - Privilege, duty, connectedness
 - Initiation into warrior class/stoicism



MILITARY SUBCULTURE

- ▶ Four distinct pillars
- ▶ Strict discipline forms the basis of the military's organizational structure.
- ▶ The military relies on loyalty and self-sacrifice to maintain order in battle.
- ▶ Rituals and ceremonies shared among warriors create common identities.
- ▶ Warriors are connected to one another by the military's emphasis on group cohesion and esprit de corps. (Kudler, 2010)





What makes end of life (EOL) needs of vets different?

- Military culture promotes stoicism
- Showing fear or pain considered weakness
- Basic training often demoralizing
- Vets may have trust or guilt issues
- High instance of substance abuse

(Grassman, D. L., 2009)

HOSPICE AND MILITARY (EPEC VA)

› HOSPICE	› MILITARY
› Dependency	› Interdependency
› Reconnect with others	› Hierarchical Organization
› Life review, reminisce	› Culture of stoicism
› Openly grieve	› Downplay suffering
› Encourage self-determination and choice	› Give orders, follow orders

HOSPICE AND PTSD (EPEC VA)

- HOSPICE
- Dependency
- Reconnect with others
- Reminisce; Life review
- Multiple checks by staff
- Legacy-building
- PTSD
- Need for control
- Isolation, family may not know about trauma
- May avoid reminiscing (possible triggers)
- Need predictability, privacy
- Wish to forget
- Difficulties with authority figures

Different War – Different Memories

- Veterans of different wars had different experiences
- Sense of important mission or purpose
- Geography and climate effects
- Style of engagement: Who was the enemy?
- War’s result – Was there a clear victory?
- Support from those back home
- Reception upon return
- Each war had a unique culture which influenced returning veterans

WWII had a clear mission 1941–1945

- Supported by virtually everyone
- Fought in several countries in extreme climates and circumstances
- American public shielded from much of the horror
- Soldiers came home to hero’s welcome
- Nation wanted stories of victory – soldiers needed to give voice to atrocities of war



Korean War 1950–1953

- ▶ Military conflict often called “The Forgotten War”
- ▶ Soldiers fought in extreme weather conditions – frostbite was prevalent
- ▶ Ended in stalemate
- ▶ Soldier’s efforts minimized, traumas ignored



Vietnam 1964–1975

- Unpopular war
- Extensive TV coverage of brutality of war
- Anti-war sentiments back home
- Draftees and enlistees turned into cynics by uncertainty of mission
- Guerrilla war tactics – enemy could be anyone
- A war without a victory
- Soldiers felt disrespected, shamed, disregarded



Vietnam (cont.)

- ▶ Soldiers buried their stories
- ▶ Emotional baggage
 - PTSD
 - Survivor guilt
 - Depression
 - Suicidal ideation
 - Effects of Agent Orange
 - Malaria



SPIRITUAL CONSIDERATIONS

- ▶ Unfinished business
- ▶ Deal with past trauma–make amends
- ▶ Reconciliation with God and others
- ▶ Purpose in one’s own life
- ▶ Integrity vs. shame and doubt
- ▶ Passing on a legacy to others
- ▶ Need for forgiveness and to forgive self for past sins

WARTORN: 1861–2010, PTSD, WWII

- ▶ http://www.youtube.com/watch?v=wDN4TzRtbvA&feature=c4-overview&list=UUbI695HPsQA77VHpa_Jraeg

Special EOL Considerations in Veterans

- ▶ Suicidality
 - Highest prevalence in White, older, males
 - Also higher prevalence in Veterans than non-Veterans
- ▶ Firearms
 - Increased comfort and knowledge about them
 - Potential lethal means for suicide
 - Locks (available to Veterans through the VA)



Potential PTSD Triggers at EOL

- ▶ Pain
- ▶ Decreased functional capacity
- ▶ Helplessness
- ▶ Fear and Anxiety
- ▶ Medication side-effects
 - In some people who are accustomed to feeling tense, the sensation of relaxation may paradoxically create discomfort and anxiety

Potential effects of PTSD

- ▶ Difficulty sleeping due to nightmares
- ▶ Disturbing thoughts and memories that patient has difficulty avoiding
- ▶ Mild paranoia
- ▶ Vivid hallucinations
- ▶ Intense anxiety (Fight/Flight/Freeze) alternating with "no feelings at all" (emotional numbing).
- ▶ Distrust of others

Potential Effects of PTSD

- Threat to life can mimic the original trauma, and exacerbate previously mild symptoms
- The normal process of life review can lead to intense anxiety, sadness, guilt, anger
- Avoidance as a coping mechanism may lead to poor medical adherence or poor communication with medical staff
- Distrust in authority can lead to excessive questioning of providers' actions and refusal of care
- Patients with PTSD may lack caregivers because of a history of social isolation and avoidance

Family Dynamics of PTSD

- Family reactions are complex and each situation is unique
- Emotional numbing may create distance with loved ones
- Veterans with PTSD may be irritable much of the time
- Veterans may engage in routines or behaviors such as “checking the perimeter” and avoiding public places
- Veterans may attempt to control family and situations to the extent of control required in battle

Psychosocial Management of PTSD

- Consider ways in which one's approach with the patient may trigger fear, startle, avoidance, or other reactions, and work toward altering one's approach
 - Ask patient about behaviors that may trigger PTSD
 - Shouting
 - Pointing
 - Touching
 - Entering room unannounced
 - Ordering them what to do rather than providing options
 - Ask patient about behaviors that may help
 - Providing nightlight
 - Awaken patients by stating their name rather than touching
 - Increase privacy
- Normalize the patient's experience – some Veterans may not know about PTSD

Possible Responses

- Listen patiently and warmly, and allow them to stop when they are ready
- Avoid attempts to comfort that actually serve to stifle the topic (“It's ok,” “Don't cry,” “That was a long time ago,” etc.)
- Inform them that it is very normal to have these memories and to feel distressed by them, especially near the EOL
- “Is there anyone to whom you would like to speak about these concerns? A chaplain? A social worker?”

Possible Responses, cont.

- ▶ Signs a Veteran may be having a flashback
 - Behaving as if in warfare
 - Looking extremely fearful
 - Freezing and staring into space
 - Making statements such as “look out” or “I see the enemy”
- ▶ Engage in verbal “grounding,” while maintaining physical space for safety
 - “Mr. _____, we’re in your bedroom, in your home in Milwaukee, and my name is _____.”

Possible Responses, cont.

- ▶ Signs a Veteran may be having a flashback
 - Behaving as if in warfare
 - Looking extremely fearful
 - Freezing and staring into space
 - Making statements such as “look out” or “I see the enemy”
- ▶ Engage in verbal “grounding,” while maintaining physical space for safety
 - “Mr. _____, we’re in your bedroom, in your home in Milwaukee, and my name is _____.”

INTERVENTIONS

1. Journaling—getting emotions out on paper as a way of healing from past traumas
2. Appeal to their nobleness buried deep within. Nearing death, the veteran may be more open to caring of provider.
3. Prayer.
4. Expressive arts such as drawing, music, etc.

Evidence-based treatments

- ▶ Cognitive Behavioral Therapy (CBT)
- ▶
- ▶ Behavior Therapy

- ▶ Pharmacology

- ▶ Above three EBT are used to treat PTSD in combat veterans at the V.A.

SCRIPTURE REFERENCES

- ▶ *"The human spirit will endure*
- ▶ *in sickness, but a crushed spirit*
- ▶ *who can bear?" (Proverbs 18:14)*

SCRIPTURE ON GOD'S PRESENCE

- ▶ **Psalm 34:18**
- ▶ Amplified Bible (AMP)
- ▶ ¹⁸The Lord is close to those who are of a broken heart and saves such as are crushed with sorrow for sin *and* are humbly *and* thoroughly penitent.

Scriptures on Comfort

- › **Psalm 23:4** *Even though I walk through the valley of the shadow of death, I will fear no evil,*
- › **Romans 8:38-39** *For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.*
- › **Rev 21:4** *and He shall wipe away every tear from their eyes*
- › **James 5:16:** *Confess [your] faults one to another, and pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much.*

Scripture on Forgiveness

- › **Hebrews 8:12**
For I will forgive their wickedness and will remember their sins no more. (NIV)
- › **Colossians 3:13**
Bear with each other and forgive one another if any of you has a grievance against someone. Forgive as the Lord forgave you. (NIV)
- › **1 John 1:9**
If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness. (NIV)

Questions?



References and Resources

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders*, (Revised 4th ed.). Washington, DC: Author.
- Feldman D.B., & Periyakoil, V.S. (2006). Posttraumatic stress disorder at the end of life. *Journal of Palliative Medicine*, 9, 213–218.
- Grassman, D.L., (2009). *Peace at last: Stories of hope and healing for veterans and families*. Vandemere Press: St. Petersburg, FL
- http://en.wikipedia.org/wiki/Korean_War
- http://www4.va.gov/oaa/archive/hvp_toolkit3.pdf
- Seahorn, J. J., & Seahorn, A.H. (2008). *Tears of a Warrior: A Family's Story of Combat and Living with PTSD*. Fort Collins, CO: Team Pursuits.
- <http://www.tearsofawarrior.com>

- ▶ http://epec.net/epec_veterans.php
- ▶ Kudler, H. (2010). *Painting a moving train: Working with veterans of Iraq and Afghanistan and their families*.
- ▶ www.vetcenter.va.gov
