



**Caring for Vietnam Veterans
at the End of Life**

Webinar
October 16, 2014





Welcome!

Gwynn Sullivan
Director, Access
National Hospice and Palliative Care Organization





Faculty

Dr. Julie Phillips, Hospice and Palliative Care Physician,
Albany VA Medical Center


Dr. Scott Shreve, National Director, Hospice and
Palliative Care Program, Department of Veterans Affairs

Dr. Edward Tick, Executive Director, Soldier's Heart;
and author, *War and the Soul*, and *Warrior's Return:
Restoring the Soul After War*

Objectives

- Describe the unique needs of caring Vietnam Veterans at the end of life.
- Specify the clinical characteristics and issues of Vietnam Veterans at the end of life.
- Identify psycho-social and spiritual approaches of caring for Vietnam at the end of life.




Poll Question #1

Please check one answer:

1. Where do you work?

- VA
- Community Hospice Provider
- Another Community Healthcare Provider
- Other




Poll Question #2

Please respond YES or NO:

2. Is your organization a We Honor Veterans Partner?

- Yes
- No





Poll Question #3

Poll – Please respond YES or NO:

3. Have you provided care for a Vietnam Veteran?

Yes
 No



Poll Question #4


Poll – Please respond YES or NO:

4. Did you watch the video about Col. Jack Jacobs' return visit to Vietnam? (NBC Nightly News feature)

Yes
 No



(Link provided in call instructions and webinar 'links' section)

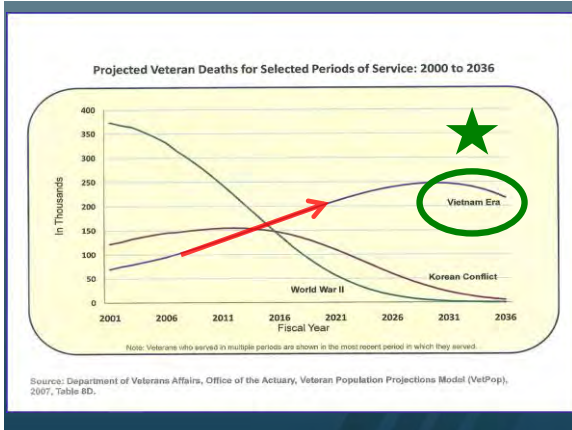
 



Vietnam Veterans and End of Life Care

Dr. Scott Shreve, National Director,
 Hospice and Palliative Care Program,
 Department of Veterans Affairs



Vietnam Veterans and the Clinical Characteristics and Issues at the End of Life

Dr. Julie Phillips
Hospice and Palliative Care Physician
Albany VA Medical Center

Military Service

- Referred to as a “hidden variable”
- May have important influences on current behavior
 - Spiro et al. A Life-Span Perspective on the Effects of Military Service. J Geriat Psychiatry. 1997; 20:91-128.
- Formative period of young adulthood
- May be searching for identity, meaning and purpose in life

→ Transformative experience that can have both positive and negative effects

Avoid Stereotypes or Generalizations

- Of the ~ 7.5 million men and women who served during the Vietnam War era:
 - 2.6 million served in Vietnam
 - ~ 7,500 women (83.5% were nurses)
 - 4.9 million served elsewhere
- *“There were ~ 2 ½ million men and women who served during Vietnam and there are 2 ½ million different experiences...”*
 - A Vietnam Veteran speaking at the Albany VAMC Schwartz Center Rounds® in 2011

Vietnam War

- First televised war
- Longest war to date:
 - March 1965 to March 1973
- First US war with guerrilla mode of warfare
- Lack of clear military objectives
- Limited offensive action
- First to end without an American victory
- Robust organized opposition to the war back home



Mr. George LaBounty



“We really needed love when we got home...”

Bitterness

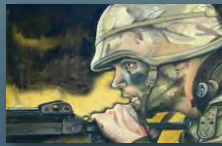
*"We the willing
Led by the unknowing
Do the necessary
For the Ungrateful"*

- Dale Samuelson

Painting's caption, Chicago's Nat'l Vietnam Veterans Art Museum

Cited from: Grassman, Deborah. *Peace at Last: Stories of Hope and Healing for Veterans and Their Families*. St. Petersburg, FL: Vandamere Press, 2009.

Military History



GOAL: To evaluate the impact of his/her experience

- Useful tool in bridging the silence that often surrounds the war experience
- Need to establish an environment of trust and respect
- Not all veterans will want to speak with you about the details of their war experience
- A discussion of combat experiences can reactivate deeply buried issues

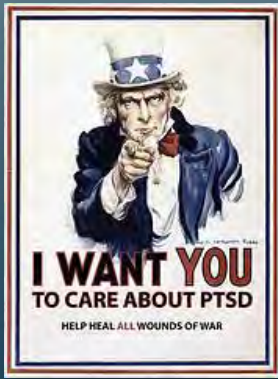
Respectful Inquiry



Are there experiences/memories related to your time in the service that still trouble you?

- Listen non-judgmentally
- Offer caring presence, conveying warmth and acceptance of the person, their journey and struggles
- Do not offer platitudes or prematurely assuage feelings of guilt





PTSD

Lived through an event in which they feared for their lives, saw horrible things and felt helpless

Symptoms:

- re-living the event
- avoiding situations that are reminders
- feeling numb
- hyper-arousal



Four Causes of Stress Injury

INTENSE OR PROLONGED STRESS



- Events that provoke terror, horror, or helplessness
- Accumulation of stress from all sources over time
- Death or injury of others who are loved and with whom one identifies
- Events that contradict deeply held moral values and beliefs

Slide courtesy of Dr. Kent Drescher and Rev. Dr. John P. Oliver, Durham VAMC, "Building Partnerships" talk, 2011.

Types of Response to War Trauma

- Integrated response
 - trauma has been processed, healing occurs, “life goes on”
- Incomplete integration of trauma → PTSD
- Apparent integration of trauma → delayed onset¹
 - partially mediated by appraisals of the desirable and undesirable effects of military service
 - losses in career or relationships, health problems...²

¹ Grassman, Deborah. *Peace at Last: Stories of Hope and Healing for Veterans and Their Families*. Arlington, VA: Vandamere Press, 2009.

² Aldwin et al. Vulnerability and Resilience to Combat Exposure. *Psychology and Aging* 1994;9(1):34-44.

Mr. Frank Attruia



“It’s not a glorious thing. It’s a miserable thing...”

Approach to PTSD

- Education
- Coping skills:
 - relaxation, deep breathing, self-talk
 - interpersonal communication skills
 - anger management or conflict resolution
- Try to decrease isolation of Veteran and improve relationships with loved ones
- Promote healing*
 - mourn for losses
 - give meaning to past and present experiences
 - accept one’s past and present states
 - re-establish self-coherence and self-continuity
 - achieve ego-integration

* Sherwood et al. The Aging Veteran: Re-Emergence of Trauma Issues. *J of Gerontological SW* 2003;40(4):73-86.

Overview of Medications for PTSD

Pharmacologic therapy goal: to make psychotherapy possible

- SSRIs, first line and mainstay
 - watch for arousal or insomnia
- If refractory: antiadrenergic agents:
 - beta blockers (propranolol 10-40 mg qid)
 - alpha agonists (clonidine 0.1- 0.2 mg bid-tid; prazosin 1 to 20 mg qhs +/- smaller am dose if daytime symptoms)
- Sleep impairment a core issue? (→ trazodone qhs)
- Combination treatment can be more efficacious
- Other misc. meds: nefazodone, venlafaxine, valproate, TCAs

Medications cont'd

- Benzodiazepines
 - no evidence that they are effective against core PTSD symptoms (re-experiencing and avoidant/numbing symptoms)
 - can decrease gen anxiety but risks likely > benefits
 - can worsen depression
 - abuse potential
 - can enable avoidance of addressing trauma-related problems
- Atypical antipsychotics:
 - no RCTs
 - for refractory hypervigilance/paranoia, social isolation, agitation/hyper-arousal, aggression, frequent flashbacks

PTSD Triggers in Serious Illness

- Experiencing illness and death of loved ones
- Losing key avoidance strategy(ies) with personal illness
- Being in physical pain
- Feeling vulnerable
 - power differential
 - dependency
 - removal or absence of clothing
 - being touched (i.e. listening to lungs, checking BP)
 - startle response
 - being in noisy waiting rooms or dayrooms
 - being confined to small places (i.e. MRIs)

Potential Issues in Patients with PTSD

- Avoidance symptoms
 - ignore/avoid problem(s) and/or poor medication adherence
 - lack of caregiver(s)
- High levels of anxiety → contribute to “pain experience”
- Stoicism → underreporting of pain or fears
- Stoic values: “Fight to the bitter end,” death as the new “enemy”
- Distrust of authority or anger at government (incl. the VA)
- Sedating medications can increase sense of vulnerability
 - Veterans with a h/o substance abuse in remission may want to avoid taking meds that may make them feel “out of control”
- Flashbacks or agitated delirium?

More Possible Issues...

- Life review → intense anxiety, sadness, guilt, anger
- Spiritual distress (i.e. terror regarding “final judgment” etc...)
- Impact of struggle with PTSD on loved ones
 - forgiveness and healing
 - steps to improve relationships

Adapted from Feldman DB, Periyakoil VS. PTSD at End of life. JPM 2006;9(1):213-218.

Dignity Therapy

- Designed for patients nearing death
 - to relieve distress and enhance their end-of-life experience
- Engage in reflection on what matters most or what they want to remember

Chochinov et al. Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomized controlled trial. Lancet Onc. 2011;12(8):753-762.

Dignity Therapy

Includes questions such as:

- *Tell me a little about your life history, particularly the parts that you either remember most or think are the most important.*
- *Are there things that you would want your family to know or remember about you?*
- *What are the most important roles you have played in your life? Why were they important to you, and what did you accomplish?*
- *What are your most important accomplishments and what makes you feel most proud?*

Dignity Therapy cont'd

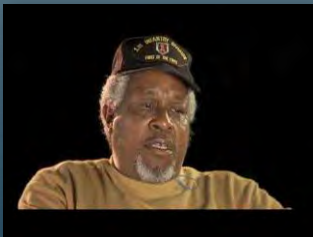
- *Are there things that you feel need to be said to your loved ones, or things that you would want to say again?*
- *What have you learned about life that you would want to pass along to others?*

“Never miss a good chance to shut up.”

~Ken Alstad

Yoder, Greg. *Companioning the Dying: A Soulful Guide for Caregivers*. Fort Collins: Companion Press, 2005. Print.

Mr. Lewis Mungo

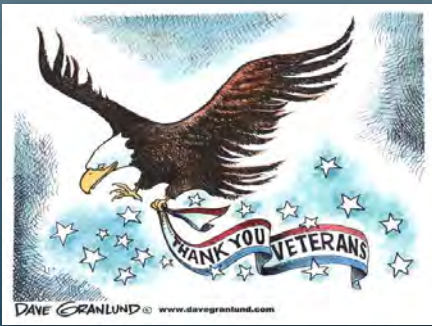


“... Let them tell their story, 'cause every time they tell their story, it's a healing.”

Acknowledgements and Thanks

- Louisa Daratsos, Ph.D., LCSW of the VA NY Harbor Healthcare System in Brooklyn, NY
 - some of the content about Vietnam Veterans and PTSD is drawn from a talk we collaborated on that was presented at HPCANYS' annual symposium, May 2011
- Rebecca L. Abbott
 - who gave permission for me to incorporate clips from the video she produced and directed *
- Viking Video of the Hudson Valley Community College, Rensselaer, NY
 - for assistance in embedding the videos for this talk

* Abbott RL. No Unwounded Soldiers. RAbbott Media. 2008.



* Used with kind permission from Mr. Dave Granlund; USAF 1970-1977



Vietnam Veterans and the Psychological, Spiritual and Cultural Dimensions at the End of Life

Edward Tick, Ph.D.
 Director, Soldier's Heart, Inc.
 Author, *War and the Soul; Warrior's Return*



Special Issues at the End of Life

- I am a warrior. I am supposed to "take it." What about this pain and loss? Can I let down a lifetime of defenses?
- I have never spoken of the war. Can I now?
- Was the war right or wrong, moral or immoral?
- Was I a good and just soldier? Did I do right or wrong?
- Did my service mean anything? Did it do any good?
- How do I reconcile with my country's treatment, neglect a/o betrayal of me?
- PTSD and its related war imagery often intensifies during the terminal process. I am at war again.

Special Issues cont'd

- Did my service mean anything? Did it do any good?
- How did the war impact my relationships with others? Do I need to make amends?
- Death is an old friend. How can I meet him? Will I meet old friends or foes?
- Did my service mean anything? Did it do any good?
- What am I leaving behind?
- "The foxhole creates atheists." If there was a God this would not have happened.

Psycho-spiritual Issues for Healing

- *Catharsis
- *Restitution
- *Forgiveness
- *Witness
- *Reconciliation
- *Service
- *Re-humanization
- *Redemption
- *Reintegration
- *Meaning
- *Restoration
- *Blessing

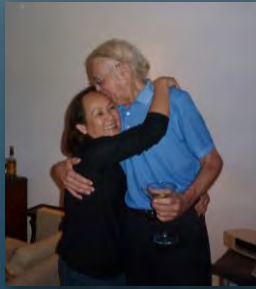
(Edward Tick, *Warrior's Return: Restoring the Soul After War*, Sounds True, 2014)

Spiritual Redemption for Veterans: Some Practices

- Honoring the Fallen:
 - altars, rituals, memorials and prayer
- Reconciliation:
 - meetings with other vets, former foes, civilians, politicians
- Philanthropy:
 - leaving good behind
- Legacy:
 - it doesn't end with me
- Storytelling:
 - remembrance and teaching
- Prayer and blessings:
 - sanctifying service and sacrifice



Exchange of Love at Death's Doorway



Veteran's Prayer

God, as I begin my walk out of the darkness and turmoil of conflict, give me the strength to find a lasting and gentle existence.
 Give me the desire to treat all living creatures with respect.
 Help me to do no harm for the remaining days of my life.
 May I accept who I am now - not who I have been in the past. Help me to remember and to dim - not forget - the tragic past.
 Take my experiences and teach me to use them to understand others wherever I go. To ban fear, hate and violence from my thinking.
 Let me understand how one person can make the world a better place.
 Show me the reasons I am still here and what I am to do.
 Give me the strength to face the time I have left here to reconnect with humanity. To feel and give love.
 God, make me whole again.
 Amen.

Written by: Hugh Scanlen, Vietnam Combat Veteran

For More Information

Soldier's Heart
www.soldiersheart.net
info@soldiersheart.net
518-274-0501



Publication Date: Nov. 1, 2014
Pre-order: Amazon or SoundsTrue



WHV Partner Resources



- Online reporting
- Centralized information
- Educational resources
- Best practices
- Partner networking and recognition
- Technical assistance - veterans@nhpco.org

www.WeHonorVeterans.org



Veterans Day Resources

- Customizable Press Release
- Hashtag: #wehonorvets
- Social Media Graphics
- Listicle
- NHPCO's Marketplace:
 - New brochure (customizable)
 - Veteran acknowledge card
 - Lapel pin



Share Your Story!

- We are looking for content to share in the weeks leading up to Veterans Day.
- If you have recent stories with photos highlighting Veteran patients we would love to hear them.
- We will share your stories via our NHPCO Facebook and Twitter accounts. (#wehonorvets)
- Email your story to veterans@nhpco.org.



Veteran's Prayer (Universal Version)

As I begin my walk out of the darkness and turmoil of conflict, may I find the strength to find a lasting and gentle existence.
 May I treat all living creatures with respect.
 May I do no harm for the remaining days of my life.
 May I accept who I am now - not who I have been in the past. Help me to remember and to dim - not forget - the tragic past.
 May I take my experiences and use them to understand others wherever I go...
 To ban fear, hate and violence from my thinking.
 May I understand how one person can make the world a better place.
 May I discover the reasons I am still here and what I am to do.
 May I find the strength to face the time I have left here to reconnect with humanity...To feel and give love.
 Spirit of Life, make me whole again.
 Amen.

Adapted from prayer written by Hugh Scanlen, Vietnam Combat Veteran


We HONOR VETERANS
Compassion. Professionalism. A Mission to Serve.

*Thank you for faithfully serving
those who have served us!*

 DELIVERING
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CARE **EXCELLENCE**
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