“Thank You” is Not Enough: Helping Veterans UNBURDEN at the End of Life

Deborah Grassman ARNP
Founder Opus Peace
www.OpusPeace.org
www.soulinjury.org
We Honor Veterans Partners

• **Level 1:** Provide Veteran-centric education by conducting Veteran-specific presentations, reviewing the Military History Checklist, and identifying and connecting with the contact person at the closest VA Medical Center and/or Community Based Outpatient Clinic. *(Raise Awareness and Start Networking)*

• **Level 2:** Build organizational capacity through more Veteran-specific in-services and integrating content into staff and volunteer orientation, community outreach presentations, and identifying an established Hospice-Veteran Partnership (HVP) in the area. *(Incorporate awareness into organization, Teach community, HVP connection)*

• **Level 3:** Develop and strengthen relationships by developing a Veteran-to-Veteran volunteer program, continuing outreach presentations, reviewing NHPCO’s Standards of Practice for Hospice Programs, conducting an annual evaluation of the Military History Checklist, developing procedures for assisting accessing VA benefits, and active participation in an HVP. *(Operationalizing Levels 1 & 2 into Infrastructure)*

• **Level 4:** Increase access and improve quality by providing an annual review of Veteran-specific examples from NHPCO’s Standards, monitor demographics using the Military History Checklist, developing procedures for transitioning Veterans across venues of care, implementing Veteran Specific Questions or similar survey within the organization, and develop a Performance Improvement Project. *(QUALITY Improvements)*
We Honor Veterans Level 1-4 Partners
You are making a Difference!
We Honor Veterans Partners

Becky Joseph: Interim Healthcare: Ohio!
You are making a Difference!

Michael McHale: TRU Hospice: Colorado
What is that Difference?

• Validated
• Supported
• Appreciated
• Honored

You are serving those who first served us!
Take-Home Points?

Keep doing what you are doing!!!
It’s working...
What is the Level 5 Difference?

• Not about doing more of the same.
• Honoring veterans STARTS the process; it does not END to the process.
• Honoring is not the Goal.
• Honoring is the MEANS to the Goal.
• UNBURDENING is the Goal.
• Achieving a PEACEFUL DEATH is the Goal.
Why is This the Goal?

- Because of the END-of-Life Context
- No other agency has THAT context
- Non-Hospice companies honor Veterans
- Holidays honor Veterans
- Hospice/PC fills a specific GAP: won’t get it elsewhere
- If we don’t do it, it won’t get done.
- What started the HVP and WHV movement?
- Recognizing the UNIQUE needs of Veterans as they are dying.
- Hospice RESPONSIBILITY: Facilitating a PEACEFUL death
An Issue at the END of Life

Hoping and wishing you can settle this whole thing in your mind about this war resolving it within yourself before the time of atonement comes, weeping and crying at the end of your life.

-Atoning by Ron Mann
An Issue at the END of Life

Hoping and wishing you can settle this whole thing in your mind about this war—military duty resolving it within yourself before the time of atonement comes, weeping and crying at the end of your life.

-Atoning by Ron Mann
“Weeping and crying at the end of your life:”
A S-P-E-C-T-R-U-M

• Hospice “emergency” (agitation)
• Most Veterans are not “weeping and crying”
• Most military experiences were POSITIVE.
• Most veterans do not suffer PTSD from the military.
• Careful about assumptions.
Katherine Kemp: What Does Level 5 Mean?

• Goes beyond raising awareness within community hospices to ensure holistic hospice strategies for “unburdening” Veterans if regrets surface at the end of life.

• Recertification on an annual basis and complete activities both within their organizations and in partnership with their community coalitions. (Authentic vs. Hypocrisy/shortcuts)

• Hold annual Welcome Home Vietnam Veterans Day events, serve as regional mentors to other WHV partners, and track best practices for all pinning and honor ceremonies provided to Veteran patients under their care.
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- Hold annual Welcome Home Vietnam Veterans Day events, serve as regional mentors to other WHV partners, and track best practices for all pinning and honor ceremonies provided to Veteran patients under their care.
- **Most importantly, have a Plan of Care** that requires that staff screen for Posttraumatic Stress, Soul Injury, and relevant Military Rituals.
What ADJUSTMENTS Will Your Agency Need to Make?

• Most importantly, have a Plan of Care that requires that staff screen for Posttraumatic Stress, Soul Injury, and relevant Military Rituals.
Not Every Agency will be a Level 5 for LEGITIMATE Reasons

- Not every agency will want/be able to make the adjustments, have the resources
- Level 4 is GREAT!
- Level 5 set themselves apart:
  - Integrity of upholding the Level 5 standards
  - Desire to not just “look good on paper,” use as a marketing tool, or be content with “Thank You”
  - Clinical Example
Mitzi Butler LCSW
Andalusia, Alabama

Director of Social Services
Comfort Care Hospice
Plan of Care is ADJUSTED:

➢ “We retrieved the plan of care with copies for everyone and together we read through the plan of care in order to select appropriate goals and interventions.” Difficult patients require a different approach.

➢ “This was a new way of doing things for us and we were excited!”

➢ Get out of comfort zone and usual way of doing things
Take-Home Points

Plan of Care is ADJUSTED:
The team agreed to:

1) Validate his *helplessness*
2) Create a *safe non-judgmental* space for discussion
3) Give permission for patient to *express “ugly”*
Take-Home Points

Developed a **Trauma-Informed** Plan of Care:

- Paradoxical reaction to anti-anxiety meds
- Flashback/trigger from photo of buddies
- Unburdening: Guilt r/t “loading bombs”
- Return demonstration of the Anchoring Heart Technique (grounding tool to manage anxiety)
Take-Home Points

Outcomes?:

• Reported POSITIVE for patient and family
• Consider the alternative!
  ➢ Agitation: more meds
  ➢ Covered up guilt with platitudes
  ➢ Left alone without a tool for managing anxiety
Take-Home Points

Administrative Implications?

• The staff now feels more “equipped” with tools, which gave them confidence (Anchoring Heart Technique)
• It is now routine to keep the veteran plan of care in IDT, rather than relying on memory
• The medical student and the nurse talked about “platitudes” and how though true, they are NOT helpful.
THIS is Evidence of a Level 5 Hospice!!!

Kudos Comfort Care Team!!!
Well Done!
Role Model
Level 5 Communal Ceremonies: Designed to go BEYOND Honoring
Kerry Avant
(Baltimore, Maryland)

FALLEN COMRADE CEREMONY
Coming to Greater Baltimore Medical Center

Wednesday, November 13, 2019
12:00 noon

- Have you served in a dangerous-duty Military assignment that caused your soul to be bruised or wounded?
- Do you suffer from guilt or shame over things you think you should or should not have done?
- Are you the family member of a Veteran who has experienced SOUL INJURY?
- Are you a civilian or citizen who wants to help our nation heal from the aftermath of war and violence?
- Are you a clinician who wants to assess and respond to SOUL INJURIES?

Diversity and Inclusion
GBMC HEALTHCARE
GBMC Health Partners

Opus Peace Institute
Level 5 Communal Ceremonies: BEYOND Honoring: Bird’s Eye View
Dan Horton
Chaplain/Bereavement Counselor

Kankakee Valley HOSPICE
Our family, caring for yours
Dan Horton
Vietnam Veteran
Ceremonies that go BEYOND Honoring
Fallen Comrade Ceremony

Opus Peace Institute for Soul Injury
Tampa, FL
Dan Horton & “Duchess”
Dan’s NEW Dog
Ceremonies that go BEYOND Honoring
Take-Home Points: Changing the Relationship to the Trigger

“When I walk Duchess and she pulls on the leash, it triggers me with memories of Duke in a good way – it’s MY opening – MY feeling the pain which is part of the unburdening process.”
Take-Home Points?

• Change relationship to the Trigger: Conscious Integration (grieving the loss/hurt is first step)

• The Hero’s Journey Home: “Feeling and grieving our own pain offers an OPENING to the unburdening. It also helps us with others' pain.”

• Thank you Dan for your courage and vulnerability to take that journey.
Tracy Rosinski
Regional Veteran Liaison
Green Bay, WI

• “Reflections Tent”
• Thank You: Courage to provide a safe dwelling for the elephant in the middle of the Veterans’ room.
The LEVEL 5 Difference

Honoring ceremonies that ONLY address:

• Honor, glory, gratitude
• Patriotism, sacrifice
• Good, right, best, pretty

WITHOUT creating a SAFE space for ugly, dirty, wrong: ie. the FULL spectrum of human behavior.
Level 5: Creating Emotionally-Safe COMMUNAL Environments

• Acknowledge the bad, ugly
• Provide mechanism for releasing the loss/hurt
• Provide support
"Thank You" is Not Enough and
When "Thank You" is MORE than Enough

Have you ever thanked a vet who didn’t want to be thanked?

• The Veteran who changed MY practice
• "If you knew what I did, you wouldn't thank me."
• Then, he started crying -- and an ugly story came out.
“Thank You” is Not Enough

MY take-home lessons that day:

• Resistance: “I wasn’t on the front lines. I was just a cook,” etc.
• My response?
• “Thank God you were in the kitchen or the troops would have starved to death.”
• MY agenda
• OR: Respect that and withdraw
• Changed to respectful/cautious/careful inquiry and bearing witness, willingness to ABIDE with whatever comes forth
• When someone doesn’t want to be thanked, there is almost always A STORY.
Barriers to Gathering the UNTOLD Stories

• Guilt and Shame, emotional pain and hurt
• Family members don’t want to hear about guilt and shame because it upsets their loved one
• Vets don’t want to BURDEN their loved ones
• Hospice staff don’t want/know how to hear about guilt and shame
• Desire to “rescue” from hurtful feelings: (why we offer platitudes)
• Goal: “Make people feel better.” (ugly is not safe)
An OVERLOOKED Barrier

• We often don’t recognize
• Our well-intentioned intervention may inadvertently CAUSE
• A story worth remembering if it changes your practice.
• Listen for a barrier that might surprise you
Age: 17 years, 2 months
If this Vet had a Pinning Ceremony...

- Would he feel SAFE to tell his WHOLE story?
- What changes do you need to make to increase your trustworthiness to hear and respond to the whole story?
- What about the SOUL INJURY he suffered as a child? (or would focusing on his military story cause you to push that aside?)
What is the Public Image?

- Strong, Courageous, Protective
- Never makes the wrong decision
- Patriotic HERO
- Always does the right thing
- Few, Proud
- Being all you can be
- Realistic?
- How does that compare to the rest of humanity?
How Does the “Perfect Image” Silence the Story?

• The environment is not SAFE (trust is an issue for people with PTSD, trust is an issue for anyone holding shame)
• Fear being judged
• Don’t want to bring dishonor to the uniform
• Stoic, independent, want to protect and serve
• Want to please and not disappoint (especially when in a position of vulnerability at mercy of others)
• Their own self-image of “perfect”
“I did it right 99 times out of 100. But, it’s that ONE time that I didn’t that still haunts me today.”

Iraq War Veteran
Topeka, Kansas

THAT’S the story that you want.
THAT’S the story that needs off-loaded.
Email: Ron  
11/22/19

“Thank you for your sensitivity to veterans who have the ‘perfect image’ projected toward them by well-meaning people while they, themselves, are so terribly conflicted by what they have, in fact, done. As a veteran myself and now a counselor, I have encountered this several times in the young vets who are returning from Iraq and Afghanistan.”
Take-Home Points

• Military checklist: “Any adverse effects?”
• “Anything still troubling you from your military service?”
• Whatever story they tell you: “How did that impact you?”
Creating a SAFE Environment?

- Stories Emerge
- Untold Stories Emerge
- Ugly Stories Emerge
- Forgiveness is Sought
- Increase likelihood of peaceful death
- Don’t ever FORCE people to tell their story.
- Follow up team if needed
What Does Level 5 Mean?

• Honoring is not the Goal
• Honoring is the **MEANS** to the Goal
• **UNBURDENING** is the Goal
• Managing/Preventing PTSD anxiety
  ➢ Death is an **UNAVOIDABLE** trigger
  ➢ PTSD-agitation vs. “terminal restlessness”
There are Important DIFFERENCES in PTSD at the EOL

• PTSD is DIFFERENT at the EOL
• PTSD is DIFFERENT at the EOL
• PTSD is DIFFERENT at the EOL
• We, in Hospice, have to know those differences, respond differently, and teach others how PTSD IS DIFFERENT at the End of LIFE.
• Why? Conscious mind recedes and UNCONSCIOUS expands.
• Anchoring Heart Technique: A Review. Website: Soulinjury.org for details
“Staying in Your Own Skin”
Quick Review: Soulinjury.org

WHEN YOU ARE CENTERED: Calm energy usually resides low and deep within yourself. You might report feeling “open” and “relaxed”.

WHEN YOU ARE “Beside Yourself”: Anxious energy usually rises; it’s no longer deep in your belly, but climbs up in your chest. Your voice often rises in pitch. You might report feeling “uptight” and “flighty”.

Bad news? Maybe you gasped and grabbed your chest with an open palm, UNCONSCIOUSLY anchoring yourself. The “Anchoring Heart Technique” simply applies the same gesture CONSCIOUSLY.

ACCESSING INNATE BODY WISDOM for grounding yourself.
Anchor the Heart

1. Hand(s) on Heart & Breathe Deeply
2. Feel what you are not wanting to feel (even if only for a few seconds)
3. Be curious about the place inside you strong enough to hold your pain without fear
Angie Snyder RN, MSN, MHA
Director of Clinical Excellence

Bally, PA
Take-Home Points?

- Helping patients FEEL their helplessness instead of acting it out
- Administrators play an IMPORTANT role
- Courage to intercede
- Home Health aides may play the MOST relevant role
Sue Gipson RN, CHPN

Manager of Clinical Specialties
Kindred Home-hospice Division
President Hospice Veteran Partnership Indiana
Wife: Vietnam Veteran Bruce
Words from a Vietnam Veteran

“Thank You for your service is a default phrase used by many. Replace it with action. Thank us by listening to us. Thank us by asking the difficult questions. Make sure we are okay. Make sure we are understood. Make sure we are not forgotten.”
Sue Gipson RN, CHPN

Manager of Clinical Specialties
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Take-Home Points

• “Be on the ‘lookout’ for Soul Injury!”

• The Anchoring Heart Technique is a body-grounding tool that helps patients/families let peace and pain sit side by side together.

• It’s simple. It works.
Leann Thrapp RN, MA, CHPCA
Vice President of Clinical Services
Every Step Care and Support
West Des Moines, Iowa
Take-Home Points

• “We enter a room for a pinning having no idea what this Veterans story is. We say ‘Anything you want to say’ and many times they say ‘no’.” (accept)
• Grounding people THROUGH the trigger (courage on her part)
• “I found if I want to make the pinning meaningful and a healing process for the Veteran, I visit him/her prior to the pinning so the Veteran will feel safe enough to share his/her story.”
• Humility: “We didn’t know what we didn’t know.”
Katie Canada
Kankakee, IL
Director of Community Relations and Development
Take-Home Points

“I never truly understood what ‘veteran centric’ meant until we achieved it.”

HUMILITY

“We’re already doing Level 5”: probably not.

Recertification on an annual basis and complete activities both within their organizations and in partnership with their community coalitions. (Authentic vs. Hypocrisy/shortcuts)

Katherine Kemp: “These things take TIME to learn and develop”. If we’re not careful: Level 5 will lose its meaning. “It’s not about checking off the boxes.”
Soul Injury and Opus Peace Tools with Deborah Grassman

Description: The mental and emotional injuries that accompany trauma are readily identified. Less recognized are the insidious wounds that occur with trauma and, indeed, with all of us when we become separated from our real self. Whether traumatic or insidious, Soul Injuries cut us off from the energy of our deepest self, robbing us of the essence of our being. Connecting with the part of self-holding the pain, paradoxically, restores wholeness. The basis for addressing Soul Injury originated with a group of VA hospice nurses who cared for 10,000 dying Veterans. The nurses witnessed Soul Injuries firsthand as they surfaced unbeknown to combat Veterans’ deathbeds. Let “warrior wisdom” show you how the heart can be disarmed from fear and revitalized through love, forgiveness, and self-compassion – a process that “restoreth the soul.” On this webinar, she will share with you the compelling lessons that DYING veterans have to teach us about a phenomenon called Soul Injury and the unburdened loss and unforgiven guilt and shame that cause it.

- Soul Injury Self-Awareness Inventory

Soul Restoration Process: Liberating Pain & Shame
Began with opening to the pain/shame he had been fleecing.
Shame separated him from his sense of self and inner goodness.
Telling his story of shame was a “witness” to RE-OWN the lost part of self.
Forgiving self -> RE-HOME self
(exile changed into safety)
Smile of Relief -> RE-VITALIZE
Dying Healed (next day)
Soulinjury.org or OpusPeace.org

Opus Peace
Soul Injury

Soul Injury (Soul In’juh-re) noun
1. A wound to our sense of self – our real self beyond the façade.
2. A wound that stifles full potential because it separates a person from who they are meant to be.
Caused by:
• Unmourned loss and hurt
• Unforgiven guilt and shame
• Diminished self-compassion
Symptoms:
• Emptiness, loss of meaning
• Disconnected from inner beauty
• Feeling worthless, defective
Learn More

Do you have a Soul Injury®?
Take this quick inventory to learn your Soul Injury score.
Take Inventory

Leadership Institute for Soul Injury®
Are you ready to learn a skill set that enables you or your organization to become a recognized expert on identifying and responding to both traumatic and insidious Soul Injuries?
Learn More and Sign Up Online

Soul Injury® Membership

Improve the patient experience, empower your staff, and increase referrals.
Distinguish your services by becoming a designated Soul Injury provider. Soul Injury Membership provides education and self-help tools to support both staff and patient/family needs.
Learn More
Katherine Kemp