

Veteran Psychosocial Issues at End of Life

WE HONOR VETERANS/NHPCO

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Mental Health and Social Issues

General information and military culture

Post traumatic stress disorder (PTSD)

Moral Injury

Military Sexual Trauma

Unique Considerations

Many times, veterans go unrecognized. Ask if someone has served in the military – and thank them if the answer is yes!

Military culture and training influences a soldier's life and death ("Battlemind").

The influence of military experiences may begin to surface as veterans age.

Life review is often tremendously healing but can be troublesome when experiences have been integrated.

Military experiences and relationships may also be a source of strength and comfort.

“Battlemind”

Values facing fear and adversity with courage.

Controlling your emotions and tolerating discomfort is critical for mission success.

Survival depends on staying alert, disciplined, & obeying orders.

Immediate reaction to change.

Your responsibility is to survive and to keep your fellow soldiers alive.

Combat skills.

Limit your discussion to the members of your unit.

Post Traumatic Stress Disorder (PTSD)

Exposure to a traumatic event

Persistently re-experienced through:

- Recollections/flashbacks
- Nightmares
- Sensory distress cues

Individual persistently avoids associated traumatic stimuli

- Thoughts, feelings, conversations about trauma
- Situations that trigger sensory distress cues

Other persistent symptoms

PTSD Course

Onset can be acute, chronic or delayed.

While how it will manifest, and who it will affect is unpredictable, soldiers with high combat exposure are 4X more likely to have PTSD

Immediate treatment and ongoing support helps.

Post-traumatic growth is one possible result.

When the trauma involved painful physical injury, pain can be a trigger later.

PTSD Prevalence

Estimated lifetime prevalence of PTSD among adult Americans is 6% (4% among men, 8% among women).

In a 2010 study, 15% of Korean War veterans had PTSD, additional 17% had PTSD + depression.

Estimated lifetime prevalence of PTSD among Vietnam Veterans is 30% for men and 27% for women.

About 12% of Gulf War/Desert Storm veterans have PTSD in a given year.

About 11-20% of veterans who served in Iraq and Afghanistan (OIF/OEF) have PTSD each year.

Source: VA National Center for PTSD (www.ptsd.va.gov)

Integrated Response

I've faced death before...I'm not afraid anymore...I'm not afraid now."

"I've faced death before and survived...Every day since then has been a gift." (Grassman, 2013)

Opportunities:

- Listen carefully
- Invite them to tell their stories
- Express appreciation for their service to our country
- Celebrate their accomplishments with them
- Affirm the wisdom they have gained and let it impact your life

Incomplete Integration

"I lost my soul in Vietnam."

"If I'd justhe'd still be here today."

"Most of my brothers stayed over there."

"My son's never been the same."

"I didn't know the person who came back to me." (Grassman, 2013)

- PTSD
- History of alcohol and/or drug abuse
- Estranged relationships
- Unfulfilled longings
- Suspicion & lack of trust
- Anxiety and agitation or acting out of the trauma
- Nightmares
- Sleeping "on guard"

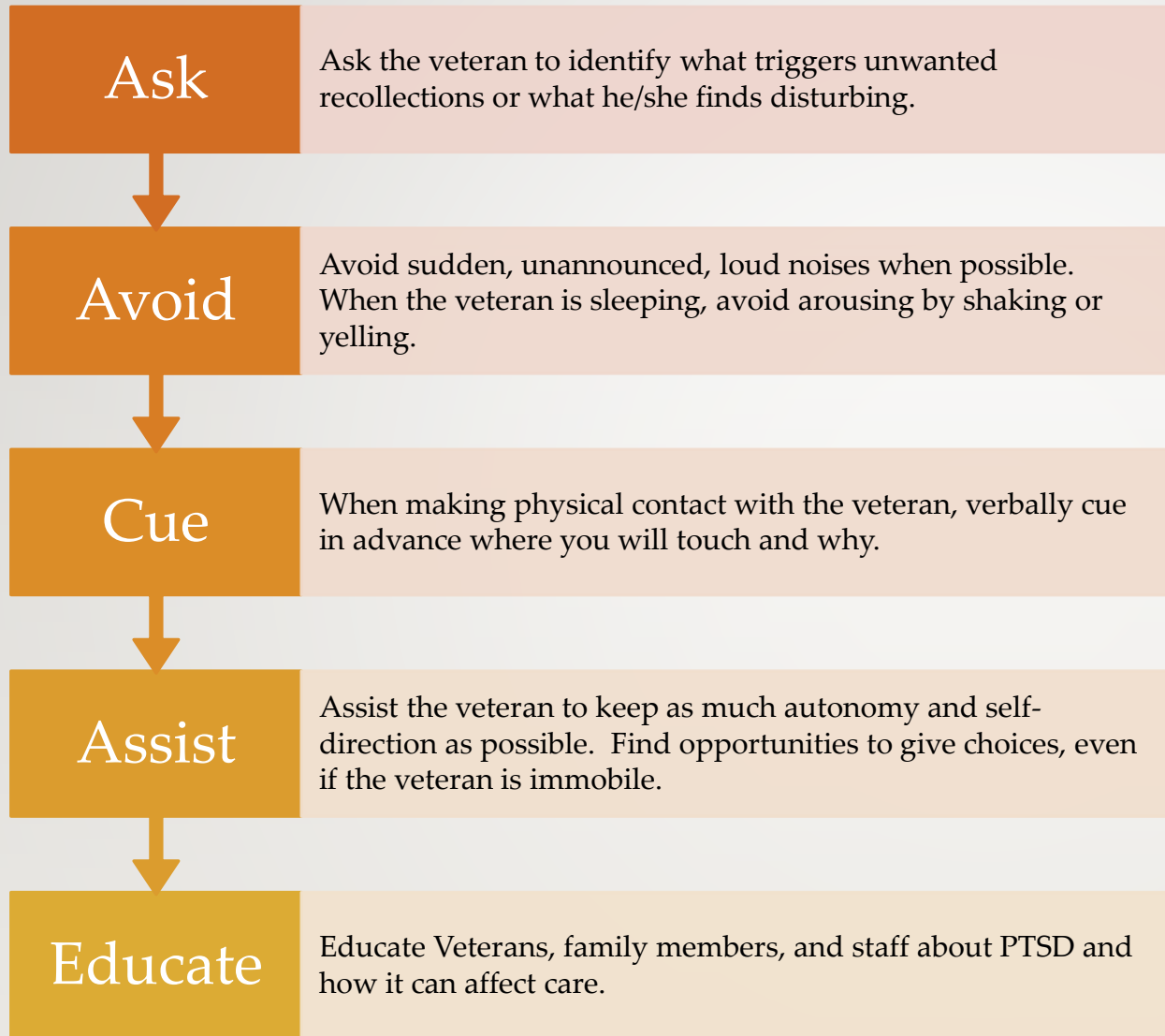
Apparent Integration

"I don't want to talk about it."

"What good will it do anyway?."

"My life has been everything I have wanted and needed it to be...except the 4 years I was in the service..." (Grassman, 2013)

- Acting out behaviors
- Workaholic
- Substance abuse or other addictive behaviors
- "White Knuckle Syndrome"
- Veteran appears hollow or aloof
- Avoids discussion about military experiences



Suggestions for Interactions

Interventions

Remember their behavior is related to trauma.

Limit restraints, especially if the Veteran was a POW.

Some medications may help with anxiety and depression.

Recognize that stoicism may interfere with acknowledging physical, emotional or spiritual pain.

Realize that noxious stimuli can re-stimulate trauma.

Provide for physical and emotional safety: remove weapons from environment.

Offer gentle reassurance and remain present if the Veteran is frightened by their perception of reality.

If a veteran starts to experience a flashback, stay calm. Call the patient's name in a calm voice and explain where you are and what you are doing. "I am so-so, we are in your bedroom in your house in Colorado." Repeat this until the veteran becomes oriented.

You may encounter irritability in Veterans with PTSD. Remain calm, centered, and avoid matching the intensity of the Veteran's emotion. Assist the Veteran where possible to return to a feeling of safety and control.

If your presence may be exacerbating the Veteran's emotional arousal, tell them you are leaving the room, when you will return and the importance of continuing to provide excellent care to him or her. On return to the Veteran, ask if they are ready yet to allow you into their space. (PTSD Standard Precautions, Milwaukee VA)

Responding to Emotion

Non-combat veterans may have served on dangerous assignments.

Combat veterans may have served in “safe” areas.

Avoid making assumptions.

Not all people who have suffered trauma will experience PTSD.

May experience intermittent symptoms that surprise them and their family members.

Additional Considerations

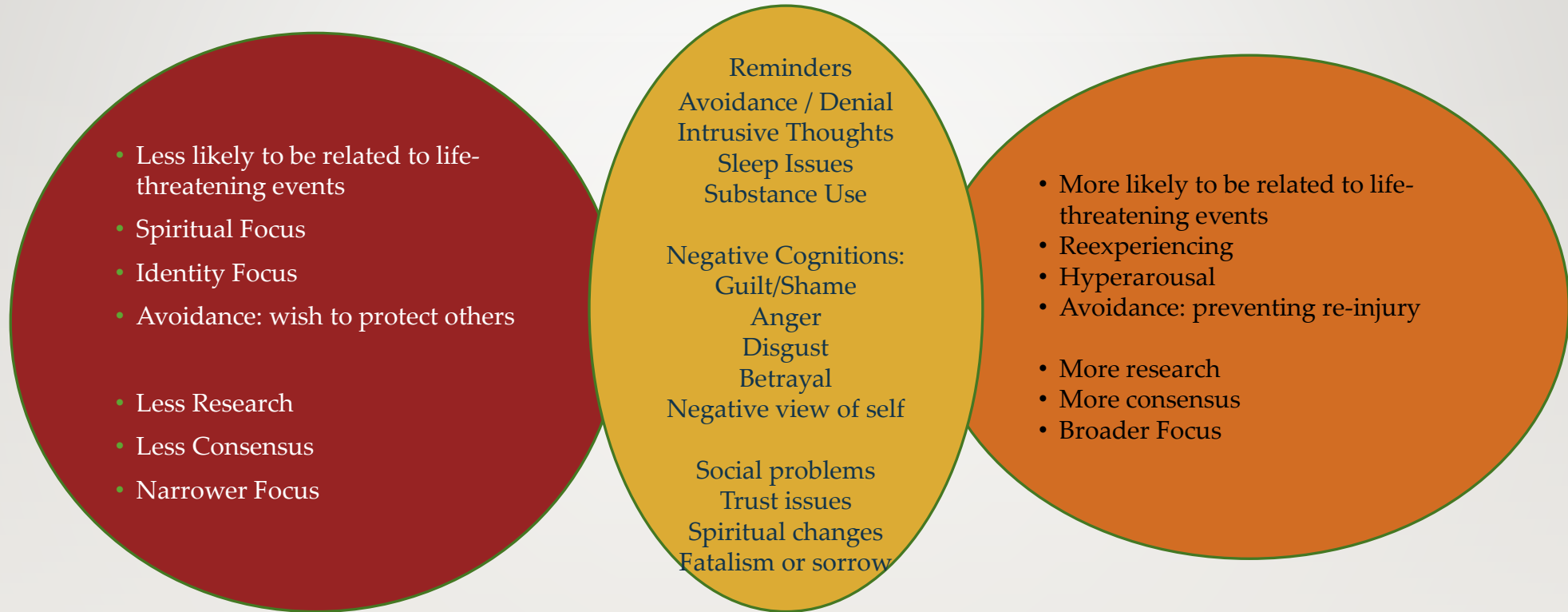
“ . . . perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al, 2009)

Shatters moral and ethical expectations rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, etc.

Moral Injury describes the harmful psycho-spiritual aftermath of exposure to such events.

Moral Injury

Moral Injury vs PTSD



(Blackstone et al, 2020)

Veteran Experiences That Could Lead to MI

Perceived betrayal by peers, leadership, civilians, or self

Within-ranks violence

Acts of disproportionate violence inflicted on others

Incidents involving death or harm to civilians

Wishing one had done something one didn't do

(Williamson, Greenberg & Murphy, 2019)

Moral Injury at End Of Life

Life review reopens unresolved emotional & spiritual wounds

Feeling as if they are unable to forgive themselves or be forgiven

Fearing that they are not worthy of redemption

Unable to trust anyone to open up about their experiences

Despair due to loss of life meaning and purpose

Blackstone et al, 2020

Military Sexual Trauma

Sexual assault or repeated, threatening acts of sexual harassment that occurred while in the military

Includes sexual harassment, sexual assault and rape

Requests for sexual acts to:

- Achieve rank
- Prevent knowledge of homosexuality (real or perceived)
- Prevent harm to and from others

MST Facts

Most commonly experienced by women but more than half the survivors are men due to male-female ratio within system.

Per a 2006 DOD report, 27% of men and 60% of women have experienced MST.

Individuals are up to six times more likely to develop PTSD from MST than from combat trauma, particularly men. (EPEC, 2008)

Cohesiveness of military units prevents reporting.

Perpetrator may have been the superior of the victim.

When reported in the military, no action may have been taken except against the victim.

Barriers to Reporting

MST Mental Health Sequelae

PTSD

Panic disorder

Generalized
anxiety
disorder

Depression

Suicide

Substance use
disorders

Eating
disorders

Physical Symptoms

Chronic pain

- Low back pain
- Headaches

Gastrointestinal

- Irritable bowel syndrome

Gynecologic

- Menstrual disorders
- Pelvic pain

Medical Procedures

Can pose a problem in patients with a history of sexual trauma

Patient provider relationship resembles some aspects of the victim-perpetrator relationship

- Power differential
- Inflicting pain
- Lack of control over the situation

Responding to MST

Respond

Respond with empathy

- "I'm sorry this happened to you."
- "I am here to listen to your story."

Ensure

Ensure privacy.

Listen

Listen if you are able or find someone who can.

Know

Know your limitations.
(EPEC 2008)

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