

Video 1 Study Guide: Recognizing Trauma and Symptoms of PTSD at End of Life

Learning Objectives:

1. Identify ways in which PTSD symptoms may appear at end of life.
2. Describe how symptoms of PTSD may overlap with common medical symptoms at end of life.
3. Demonstrate trauma-informed language when discussing PTSD and accompanying symptoms with patients.

Target Audience: This study guide is intended to help frontline hospice and palliative care clinicians (physicians, NPs, PAs, nurses, social workers) caring for Veterans at end of life.

Curriculum Development: The interdisciplinary team of clinician researchers who created this material is composed of geropsychologists, a hospice and palliative medicine trained psychiatrist and a doctoral level RN with experience working in hospice.

Intended Use: This study guide is intended to accompany the first film in a three-part series on PTSD at end of life. This study guide aims to encourage discussion among team members about their experiences caring for individuals with PTSD at end of life, help clinicians to recognize how PTSD symptoms may present differently in different patients, and empower clinicians to find ways to help Veterans who may be struggling with PTSD symptoms during their end of life journeys. Film 1 can be found here: <https://youtu.be/fPMBtOZ6vUA>

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Background/Introduction: PTSD symptoms may re-emerge late in life as Veterans face age-related challenges such as declining health, retirement, or bereavement. For those individuals at end of life, pain may worsen PTSD symptoms, or the normative aging task of life-review may encourage some Veterans to look back at traumatic experiences. Left unaddressed, PTSD symptoms may contribute to distress for Veterans and family members and make the important end of life work of finding peace more challenging. Rural areas are confronted with shortages of adequate mental health clinicians, adding to the challenges of caring for older Veterans with PTSD.

Video 1 Summary: We meet two Veterans. Helen, who served as a nurse in a field hospital in Vietnam, now has stage IV cancer. She is reluctant to trust strangers and can come across as stand-offish. Les has end stage COPD and mild dementia. He has flashbacks from when he was in the Army Corps of Engineers and cleared tunnels during his deployment in Vietnam. Hospice clinicians observe and recognize symptoms of PTSD in these two Veterans and begin to develop trusting relationships.

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Before Watching this Video, Ask Yourself:

1. What do you know about PTSD at end of life?
2. How have you seen PTSD symptoms present in your clinical practice?
3. Does your organization have any sort of formal screening for PTSD or other forms of mental distress? Where would you go to find out?

During the Video, Take Note!

See how many examples of the below symptoms you can find in Video 1, and whether you can identify the nurse's trauma-informed response.

PTSD Symptom Cluster	Common Symptoms	Present in Video	Nurse's trauma-informed response
Intrusion Symptoms	Nightmares, memories, flashbacks, re-experiencing		
Avoidance Symptoms	Avoidance of reminders, avoidance of thoughts or feelings		
Negative alterations in cognition and mood	Self-blame, negative thoughts about oneself, decreased interest in activities, depressed mood		
Alterations in reactivity and arousal	Irritability or aggression, hypervigilance, startle response, poor sleep concentration.		

Post-Video Discussion Questions:

1. This video demonstrates how symptoms of PTSD may present differently across patients. What signs or symptoms did you notice in this film? What other examples of PTSD symptoms in later life have you encountered in your work?
2. Helen's nurse, Tiffany, at first struggles to build a therapeutic connection with Helen. What skills did she use to build rapport?
3. What trauma-informed language did Les's nurse, Chad, use when asking Les about his symptoms and time in the service? Can you think of other examples of trauma-informed language that you could incorporate into your patient care?
4. What have you done in the past when you have suspected PTSD may be playing a role in your patients' symptoms? What's one skill from this video that you could use in the future?

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PTSD Symptoms Present in Video 1:

- Les has a prominent **flashback or reexperiencing** of past traumatic event.
- Helen's irritated and confrontational stance when answering the door may signal an **alteration in reactivity and arousal**.
- As Tiffany describes the potential reemergence of trauma symptoms later in life, we see a brief **flashback** of Helen's experience, and her reply "you don't want to know what I'm thinking". This exchange may signal deeper **alterations in cognition and mood**.
Les's wife says that Les has been sleeping alone in the guest room. This may be a clue that he is experiencing distressing **nightmares** he is trying to keep hidden or protect his wife from seeing or experiencing their consequences.

Examples of Trauma Informed Care in Video 1:

- Before entering Helen's home, Tiffany offers options to Helen to help her feel more at ease. **Offering options**, or presenting a choice for patients, is a core tenant of providing trauma informed care.
- You might also notice the **nonjudgmental and curious tone** that Tiffany uses to ask about Helen's military service.
- Tiffany provides an opening for Helen to share more by pausing and sitting comfortably in the silence. When it's clear that Helen doesn't wish to share, Tiffany offers that she is available to support her in whatever ways are needed.
- Les has a prominent flashback or reexperiencing of a past traumatic event. Chad, Mr. Bloom's nurse, first responds by leaning closer, but then sits back and maintains a calm sitting stance so as not to overwhelm Mr. Bloom. He offers some **breathing techniques** to ground Mr. Bloom in the here and now and regain his breath. He does this calmly, while offering reassurance and mirroring the breathing technique.
- Chad calmly and empathetically enquires more about Les's frightening episodes, or flashbacks. He is approaching, rather than avoiding, the topic, and by doing so is validating the experience as important.
- Similarly, Chad responds to Les saying "I feel helpless" by asking if this has gotten worse recently. He is gathering more clinical information just the way you would for any other report of pain or discomfort.
- Chad models **body language** that lets Les know he is engaged and attentive.
- Chad provides lots of space for Les to get his words out, **without interrupting**.
- Given Les has some degree of cognitive impairment, **asking yes/no questions** can be a better way of inquiring about symptoms without causing additional distress.
- Chad's questions focus not on the specifics of *what* happened but *how* it impacts Les.

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Trauma Informed Care Principle	Description	Example in Video 1
Safety	Efforts made to create psychological and physical safety for employees and patients.	Tiffany asks Helen if she would feel more comfortable verifying with the office who she is.
Trustworthiness and Transparency	Efforts made to build and maintain trust with patients and families.	Tiffany shares specific details of their first conversation together, saying when she would arrive, and offers to wait in the car.
Peer Support	“Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experiences to promote recovery and healing.” Peers are individuals with lived experiences of trauma.	Not demonstrated in this film, but an example would be: Offering connections with local Veterans groups, asking if Veteran would like to have a Veteran volunteer visit, or considering a formal pinning ceremony.
Collaboration and Mutuality	Importance is placed on partnering and leveling of power differences between staff and patient across the organization. Recognition that healing happens in relationships, and <i>one does not have to be a therapist to be therapeutic.</i>	Tiffany and Chad are guests in their patient’s home, altering the power dynamics between patient and clinician. Tiffany offers to listen to Helen, should she wish to share more about her experiences.
Empowerment, Voice, and Choice	Supporting patients in shared decision making, choice and goal setting. Patients, as well as staff are empowered to do their work in a way that feels safe and meaningful.	Tiffany elicits Helen’s preferences for where to put her things, where to wait, and asks permission to talk about traumatic experiences.
Cultural, Historical, and Gender Issues	Staff and the organization recognize and work to address sources of historical trauma, such as the unique racial, ethnic, and cultural needs of individuals.	Viewers might notice how Helen might initially be irritable when Tiffany arrives because of her appearance; Tiffany might reflect on how Helen does not fit the stereotypical image of a Vietnam Veteran, and recognize the unique experiences Helen had while serving. Tiffany states she cares for other Veterans and normalizes the experience of trauma among Veterans.

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Additional Discussion Points:

- Helen does not immediately confirm to Tiffany that she is a Veteran. Instead, she qualifies that she is a former nurse. Individuals who were in noncombat roles might not consider themselves Veterans or might minimize their military service.
 - Learn more about [women in Vietnam](#) here.
- Tiffany asks Helen if she has noticed she is thinking more about her military experience (5:50). This is based on the concept of 'later-adulthood trauma reengagement', which posits that normative aging events, like illness, retirement, death of a spouse may lead to individuals reflecting more on their lived experience, as they make sense of their lives through the process of meaning making.
 - More information on later-adulthood trauma reengagement can be found [here](#)
- While these videos focus on combat trauma, they are not the only form of traumatic events individuals experience. SAMHSA defines [trauma](#) as *“an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”*

Further Reading:

- The Alignment of Palliative Medicine and Trauma-Informed Care: [Link](#)
- Trauma Informed Hospice and Palliative Care: [Link](#)
- Additional examples of grounding techniques located [here](#) and [here](#).
- More information on later-adulthood trauma reengagement can be found [here](#).

Final Key Takeaways:

- PTSD is a psychiatric illness that manifests in four broad symptom clusters: Intrusion symptoms, avoidance symptoms, negative alterations in cognitions or mood, and alterations in arousal and reactivity.
- Exposure to traumatic events is common, especially among older Veterans. Memories of military service may reappear or appear for the first time at end of life, potentially complicating the dying experience.
- The principles of trauma informed care can help to provide a supportive framework for clinicians caring for patients at end of life, regardless of their experience of trauma.