

Video 2 Study Guide: Responding to Trauma Disclosures

Learning Objectives:

1. Identify ways in which PTSD symptoms may appear at end of life.
2. Describe skills used to respond to a patient's disclosure of traumatic memories.
3. Demonstrate the use of trauma-informed language when responding to a patient's disclosure of traumatic memories.

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 second film in a three-part series on PTSD at end of life. This study guide aims to encourage discussion among team members about their experience caring for individuals with PTSD at end of life, help clinicians to navigate disclosures of past trauma, and empower clinicians to find ways to help Veterans who may be struggling with PTSD symptoms during their end of life journeys. Film 2 can be found here: <https://youtu.be/VXBA9epUqqE>

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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 2 Summary: This film focuses entirely on the relationship between Tiffany and Helen. Tiffany returns for a subsequent visit with Helen and we see how their connection has changed, with trust building between the two of them. We see that Tiffany's pregnancy brings up memories for Helen, who shares more about her life and her experience in Vietnam. Tiffany listens attentively and explores with Helen how best to support her as these memories of past experiences emerge.

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Before Watching this Video, Ask Yourself:

1. Have you had patients tell you about past traumatic experiences? How did you respond, and what did it feel like to have patients share?
2. What strategies have you used to put your patient, or yourself, at ease when they share memories of a difficult or traumatic experience?
3. What makes you feel uncomfortable when hearing a patient's traumatic disclosure? Are there other challenging emotions that arise as well?
4. How does providing in home care shift the dynamics between patient and clinician? What might the impact be when the patient has PTSD or has had previous traumatic experiences?
5. How does your organization support you while you care for patients who may have comorbid psychiatric illnesses impacting their end of life experience?

During the Video, Take Note!

Continuing from the first film, what additional PTSD symptoms do you see Helen exhibit? Can you identify trauma-informed ways that the nurse responds? A completed version of this table is at the end of this document.

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.		

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Post-Video Discussion Questions:

1. This video demonstrates how important establishing trust between patients and clinicians is, and how that might shift the relationship and change how a particular patient's symptoms might present. What changes do you notice? How might trust help a patient who has experienced PTSD?
2. Helen asks Tiffany about her pregnancy, which serves as a way for Helen to share more about her military experience. How do you navigate self disclosure with patients? Can you think of instances when self disclosure was helpful, or harmful, for the clinician-patient relationship?
3. What are some helpful phrases you may use when responding to patients who share important or traumatic experiences?
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?

PTSD Symptoms Present in Video 2:

- Helen's statement "*there's so much that I wish I could have left there, but you can't*" may indicate **intrusion** symptoms, such as nightmares, memories, or flashbacks, which may be accompanied by intense emotional or physical reactions.
- Helen has **flashbacks** to her experience as a nurse in Vietnam as she recounts her story.
- Helen's description of the "black box" in her mind is a clue about possible **avoidance symptoms** she may be experiencing.

We see Helen in a different light during this video. While in video 1 she was more irritable and distrusting, in video 2 she is warm towards Tiffany and more engaged, trusting. This may be because she has developed a relationship with Tiffany and serves as a reminder that first impressions are just that. Also, Helen does not display *all* symptoms of PTSD in this video. Some individuals will have more prominent symptoms than others, and some symptoms may be challenging to identify without direct questions. Individuals may experience *partial* or *subthreshold* PTSD, which occurs when a person exhibits some, but not all symptoms of PTSD. Although not well understood, partial or subthreshold PTSD can negatively impact one's health and quality of life.

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Completed Table Video 2

PTSD Symptom Cluster	Common Symptoms	Present in Video?	Nurse's trauma-informed response
Intrusion Symptoms	Nightmares, memories, flashbacks, re-experiencing	Helen saying " <i>There is so much I wish I could have left there, but you can't</i> " may hint at memories coming back that are distressing or unwanted.	Tiffany validates Helen's experience and responds with inviting her to share more, if she wishes.
Avoidance Symptoms	Avoidance of reminders, avoidance of thoughts or feelings	When Tiffany describes memories that may resurface when we least expect it, Helen describes these thoughts as a " <i>black box</i> " that she doesn't wish to open. We can also see how there is overlap with intrusion and avoidance in this instance.	Tiffany again validates Helen's response and her feeling okay and offers to continue to listen should Helen wish to share. She also offers additional resources and choice, should Helen choose to speak to a mental health professional.
Negative alterations in cognition and mood	Self-blame, negative thoughts about oneself, decreased interest in activities, depressed mood	Not present in this film. But one may imagine that Helen's concern regarding Agent Orange exposure and having children may have produced thoughts of self-blame and been a reminder of her past traumatic experiences.	Not applicable
Alterations in reactivity and arousal	Irritability or aggression, hypervigilance, startle response, poor sleep concentration.	Not present in this film	Not applicable.

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Further Reading:

- Why Many People Don't Talk About Traumatic Events Until Long After They Occur: [Link](#)
- PTSD is a Chronic, Fluctuating Disorder Affecting the Mental Quality of Life in Older Adults: [Link](#)
- A paper describing the link between partial PTSD and pain in female Veterans: [Link](#)

Final Key Takeaways:

- Sharing memories of traumatic experiences is a complicated experience for patients, with feelings of stress and worry, but also relief and a sense of unburdening. Navigating these conversations can be challenging as a clinician and attentive listening is an important skill to have in supporting patients who want to share.
- Recognizing one's own limits in addressing patient mental health is incredibly important, both to protect patients and clinicians. Having a list of available resources within and outside of your organization is helpful should you encounter patients who need more support.