

Video 3 Study Guide: Cognitive Impairment and PTSD

Learning Objectives:

1. Identify ways in which PTSD symptoms may present differently in individuals with cognitive impairment.
2. Describe how PTSD symptoms in someone with cognitive impairment may impact the ability for clinicians to provide care.
3. Demonstrate grounding techniques that you may utilize to help cognitively impaired patients navigate PTSD symptoms.

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 third 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 both cognitive impairment and PTSD at end of life, help clinicians to recognize how PTSD symptoms may present differently in individuals with cognitive impairment, and empower clinicians to find ways to help Veterans who may be struggling with PTSD symptoms during their end of life journeys. Film 3 can be found here: <https://youtu.be/Tc-ISzjuVvo>.

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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. Individuals with cognitive impairment may exhibit symptoms of PTSD differently, or cognitive impairment may worsen existing PTSD symptoms. 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 3 Summary: This video focuses on the experience of Les, a Veteran with end stage COPD and mild dementia. We see how cognitive changes interact with PTSD symptoms and complicate Les's end of life experience. He has prominent intrusion symptoms as well as alterations in his sleep, suggesting arousal or reactivity changes. Chad works with Les to help reorient and ground him, in order to experience less distress, as well as discuss with Les's wife how PTSD may present differently late in life.

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Before Watching this Video, Ask Yourself:

1. How have you seen PTSD present in patients with cognitive impairment?
2. What challenges do you face in caring for patients with cognitive impairment and PTSD?
3. Have you seen PTSD symptoms mirror other symptoms at end of life in patients with cognitive impairment? If so, how?

During the Video, Take Note!

See how many examples of the below symptoms you can find in Video 3, and whether you can identify the nurse's trauma-informed response. A completed table is at the end of this handout.

PTSD Symptom Cluster	Common Symptoms	Present in Video	Nurse's trauma-informed response
Intrusion Symptoms	Nightmares, 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 symptoms of PTSD may appear in a patient with cognitive impairment. What other examples of grounding exercises might you use when providing care to patients at end of life?
2. As Chad is talking with Les, he is explaining what he is doing, and providing options (i.e. checking blood pressure now versus later, asking if Les would like to share more about his work while in the military). What is the reason for utilizing this approach? Are there other ways that Chad might have navigated this visit with Les?
3. When caring for a patient who has cognitive impairment and PTSD symptoms are suspected to be contributing to distress, multidisciplinary co-visits may be helpful in navigating symptoms and helping to develop a care plan. How might you have better navigated this visit as a team?
4. Les has mild cognitive impairment and is able to share what he is experiencing. Have you ever worked with patients with more pronounced cognitive impairment and PTSD? How was that experience different, and what did you do to care for that patient?

PTSD Symptoms Present in Video 3:

- We see several examples of Les having notable **intrusion symptoms**, such as flashbacks and reexperiencing. It's notable how distressing this is for Les.
- Les appears tense and on guard, seemingly connected to symptoms noted above. This may suggest **alteration in arousal reactivity or arousal** and warrants further exploration to understand.
- Les withdrawal and appearing not engaged with Chad during the visit may be a sign of **negative alteration in cognition or mood**. Further inquiry asking about more depression, feeling helpless, or less engagement in everyday activities would help to better understand this cluster of symptoms.
Mrs. Bloom is surprised to learn about her husband's work in the military. Les's desire to keep this hidden for so long may signal **avoidance symptoms** to prevent having to talk about, and relive, previous traumatic memories.

Additional Discussion Points:

- Cognitive impairment and PTSD often co-occur, and a bidirectional relationship exists between both. While the mechanism by which cognitive impairment and PTSD are linked is not yet understood, preliminary evidence suggests that PTSD symptoms may be more severe in those individuals with cognitive impairment.
 - Learn more about cognitive impairment and PTSD [here](#).
- Les had previously shared with his wife that his role in Vietnam was that of an engineer, meaning combat engineer. The nature of someone's trauma exposure during military service may not always be clear from their title, and further questions may be helpful in providing care to Veteran patients.
 - Pocket card for taking a military health history is located [here](#).
 - Learn [more](#) about the experience of a combat engineer, or 'tunnel rat'.
 - Listen and watch Veteran [stories](#) from the Vietnam War.

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Additional Discussion Points Cont.:

- Cognitive impairment and PTSD interact in unique ways, and a trauma informed approach to care is a helpful way to conceptualize care, especially when someone's trauma history is not known.
 - Watch a webinar on Trauma Informed Care for People Living with Dementia [here](#).

Completed PTSD Symptom Table

Are there other ways you noticed PTSD symptoms present in this film?

PTSD Symptom Cluster	Common Symptoms	Present in Video	Nurse's trauma-informed response
Intrusion Symptoms	Nightmares, flashbacks, re-experiencing	Les has notable flashbacks to the tunnel, even re-experiencing smells.	Chad calmly explores Les's symptoms, and offers choices in how to respond, "Would it help if we closed the window?"
Avoidance Symptoms	Avoidance of reminders, avoidance of thoughts or feelings	Les avoided talking about his job in Vietnam, possibly to prevent further questions and the re-emergence of challenging memories.	Chad provides Les with the opportunity to share, but only if he wishes. Chad later asks if Les would like to talk more about his symptoms, and when Les shakes his head "no", Chad does not push, but instead asks if they could talk together more later.
Negative alterations in cognition and mood	Self-blame, negative thoughts about oneself, decreased interest in activities, depressed mood	Chad notes that he has seen Les become more withdrawn, this might hint at worsening or depressed mood secondary to PTSD.	Chad discusses Les's symptoms with his wife, and prepares her that more work <i>together</i> may be needed to address his symptoms.
Alterations in reactivity and arousal	Irritability or aggression, hypervigilance, startle response, poor sleep concentration.	<i>"He's still there, I can see him"</i> . We can see Les's tense body language during this episode. Les has been sleeping separately, hinting at possible changes to his reactivity he may be hiding from his wife.	Chad gently asks simple questions to not overwhelm Les and to learn more about his symptoms and works to ground him in the present, as well as working to build trust saying, "We will do everything we can to make sure you feel safe."

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Further Reading:

- Posttraumatic Stress Disorder and Risk of Dementia Among US Veterans: [Link](#)
- An article describing the experience of nursing assistants caring for individuals who experienced trauma: [Link](#)
- Resources to Support Trauma Informed Care for Persons in Post-Acute and Long Term Care Settings: [Link](#)

Final Key Takeaways:

- PTSD symptoms in individuals with cognitive impairment may be more severe, and present differently compared to those without cognitive impairment.
- Grounding techniques, exercises designed to help calm and reorient individuals to the present may be particularly helpful for individuals with cognitive impairment experiencing distress from PTSD symptoms but can also be used more broadly.
- PTSD symptoms may show up for the first time at the end of life, and an individual's family might not be aware of their loved one's trauma history.