



Meet Me Halfway: Trauma-Informed Care for a Veteran with Neglected Breast Cancer and Non-Western Medical Preferences



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Learning Objectives

- Identify the impact of trauma on patients with life-limiting illness.
- Cite three key principles of trauma-informed care.
- Apply trauma-informed strategies while delivering palliative and/or hospice care.

Background

- Psychological trauma is common in the general population, with prevalence of up to 90% across the life span.¹
- Military veterans are at further risk of post-traumatic stress disorder (PTSD). 30% of Vietnam veterans, 12% of Gulf war veterans, and 11-20% of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans are estimated to have had PTSD at some time in their lives.²
- PTSD might impact the dying process through PTSD symptom exacerbation, distrust of providers, avoidance of medical care, and evoking of negative feelings upon life review.³
- Trauma-informed care requires tailoring of interventions to mitigate the effects of trauma as patients experience life-limiting illnesses.¹

Our Veteran

49-year-old Coast Guard female veteran admitted to inpatient palliative care unit for symptom management and supportive care during treatments for advanced breast cancer with metastatic disease involving spine and lymph nodes. She carries co-morbid diagnoses of depression, anxiety, and PTSD related to military sexual trauma.

Prior to presenting to our unit, she had opted for a solely homeopathic approach to her cancer care. Her disease could have been curable with surgical intervention, but she declined this in the context of mistrust of medical providers and non-traditional medical beliefs. Her disease progressed and she developed a painful, fungating, and malodorous wound.

Upon admission to our unit she acknowledged a wish to be heard, but also pushed members of our care team away. Team members felt frustrated by staff-splitting behaviors and degrading comments she would make toward them. Mental health team members worked to support her and our team, providing valuable insight and guidance on effective ways in which to provide care. Through trauma-informed recommendations and collaboration, she has engaged in allopathic treatments while maintaining the homeopathic complementary care that she values.

Principles of Trauma-Informed Care

- Approach care assuming your patient has experienced trauma and may be guarded, scared, or appear disengaged.
- Trauma overwhelms the ability to cope well. People generally cope as well as they know how. Depending on a person's history, his/her coping may seem to interfere with care, or make a patient difficult to care for. In these situations, SAMHSA⁴ proposes 6 principles to guide trauma-informed care:



Trauma-Informed Care for Our Veteran

Safety – Promote sense of safety with a Do Not Disturb sign on hospital room door

Cultural issues – Explore religious and medical beliefs to understand the values guiding her decision-making

Empowerment - Talk with veteran about topics other than her cancer. Be curious about her complementary approach to cancer care

Collaboration – Nurses partnered with veteran to develop a schedule of her care, so she knew who and what to expect

Trust & Transparency – Connect recommendations to her goals, e.g. “I recommend X as the treatment most likely to shrink the tumor so you can get home”

Peer Support – Veteran offered overnight passes for visits with friends

Psychosocial Care Recommendations for PTSD & Trauma History⁵

Stage 1 (Immediate)

Palliate immediate discomfort and provide social supports

- Active listening and reassurance
- Direct assistance in solving practical problems
- Work with providers and loved ones to avoid triggering PTSD symptoms
- Mediate discussions with providers and loved ones

Stage 2 (Short-term)

Provide psychoeducation and enhance coping skills

- Psychoeducation regarding PTSD symptoms with patient and loved ones
- Relaxation training and breathing re-training
- Thought-stopping skills
- Mindfulness-based/acceptance skills
- Problem-solving interventions
- Communication/social-skills training
- Train loved ones in above skills

Stage 3 (Long-term)

Treat specific trauma issues

- Exposure-based or trauma-focused methods
- Consider tailoring exposure to levels of patient fatigue, ability to concentrate, and cognitive functioning

Care Team Lessons to Share

- Caring for patients with a history of trauma can be emotional for you and for them. Debrief often as a team.
- Always ask permission before entering the room and for each step of a history and physical exam.
- Don't go it alone. If an encounter feels challenging, bring a buddy from your team.
- Negotiate plans that allow patients to have control over their care but maintain their safety.

References

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