# THE VETERAN CULTURE IN POST ACUTE CARE

*Understanding, Connecting, and Caring for Those Who Served*

KEYSTONE HOSPICE

# Disclosure

Keystone Hospice, faculty for this educational event, has no relevant financial relationship with ineligible companies to disclose.

# About the Presenter

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**MSN, FNP-C | U.S. Army Veteran**

President, Keystone Hospice | Family Nurse Practitioner

### Military Service

16-year U.S. Army career beginning as a Private at age 18. Achieved Sergeant rank in 5 years, earned the competitive Green to Gold scholarship. Commissioned as an officer in the Army Nurse Corps. Specialized in acute care, ICU, and mental health.

### Clinical Leadership

24+ years of healthcare experience spanning geriatric, palliative, and hospice care. Founded Serenity Hospice (2005), led operations at Hospice Partners of America, and built Keystone Hospice into an NHPCO Level 5 We Honor Veterans partner.

# Learning Objectives

*Upon completing this session, participants will be able to:*

### Recognize the Veteran Identity

Understand how military service shapes identity, values, and behavior in veterans receiving post acute care, and why this matters for clinical outcomes.

### Communicate with Cultural Competence

Apply effective strategies for initiating conversations about military service, screening for PTS, and building trust with veteran patients across all care settings.

### Adapt Care Approaches

Identify practical modifications to care plans that account for veteran-specific concerns including PTSD triggers, stoicism, social isolation, and end-of-life preferences.

# Veterans in Post Acute Care

*Why understanding veteran culture is essential for every care provider*

**49%**

of veterans are
age 65 or older

**50,000+**

veterans die
each month in the U.S.

**1 in 4**

U.S. deaths are
veterans (~28%)

**1.7M**

veterans 85+ projected
by 2034 (1.3M today)

# Veterans at End of Life

## Service Defines Identity

Military service can be a core experience in defining the way veterans live and the way they die.

## Inquiry Has Therapeutic Value

Knowing the components of a military history can bridge the silence surrounding war and catalyze end-of-life discussions.

## Respect Opens Doors

Polite inquiry about military service creates an atmosphere of respect. Know their service era, branch, and conflict.

## Hidden Stories Surface

Many veterans share combat experiences with hospice teams that they have never shared with family.

# Understanding Military Culture

### Structure & Rank

The military operates on hierarchy, clear chains of command, and absolute accountability. Veterans carry this sense of order into every aspect of life.

### Camaraderie & Brotherhood

Bonds formed in service are unlike any other. Loss of this community is one of the hardest parts of transition. Two combat vets in the same room will forget their pain.

### Stoicism & Self-Reliance

Veterans are trained to endure, suppress pain, and never show weakness. This can prevent them from admitting pain or asking for medication—interfering with care.

# Military to Civilian Transition

*Veteran suicide rates are 1.5x higher than the general population*

### Struggles with Changeover

- Anger, rage, mood swings, anxiety
- Expressing feelings of no reason to live
- Increased substance abuse
- Self-destructive, risky behaviors
- Financial struggle: family, housing
- Loss of camaraderie and mission
- Difficulty relating to civilian life

### What Post Acute Care Provides

- Security through consistent schedules
- Relatability with fellow veterans
- Sense of purpose and community
- Team collaboration and belonging
- Respect and appreciation for service
- Dignity-centered end-of-life care
- Pride through veteran honoring

# Starting the Conversation

**Add a 4th "D" to your intake process: Did you serve?**

## The 4 D's of Intake

### Destination

*Where will this patient be living?*

### Diagnosis

*What is the hospice diagnosis?*

### Discharge

*What is the discharge plan?*

### Did You Serve?

*Are you a veteran?*

## Opening Questions

- "Tell me about your military experience"
- "What did you do in the military?"
- "When and where did you serve?"
- "What branch were you in?"
- "How has it affected you?"

# Going Deeper

*Detailed questions to ask when a veteran is ready to share*

*"What was your rank?"*

*"Do you receive care at a VA?"*

*"Did you see combat or enemy fire?"*

*"Do you think your military experiences are influencing how you cope with your illness?"*

*"Were you a prisoner of war?"*

*"What was your homecoming like?"*

*"Were you wounded or hospitalized?"*

*"Do you keep in touch with your war buddies?"*

# War-Specific Concerns

## WWII

1939–1945

POWs, cold injuries, nuclear exposure, Holocaust trauma. Multiple nationalities involved. Key: D-Day, Pearl Harbor, Iwo Jima, Battle of the Bulge.

## Korea

1950–1953

"The Forgotten War." POWs, battle fatigue, extreme cold injuries. Chinese entry changed the war. Key: Pusan, Inchon, Chosin Reservoir, the 38th Parallel.

## Vietnam

1959–1975

PTSD, Agent Orange, Hepatitis C, hostile homecomings. Guerrilla warfare changed combat stress. Key events: Tet Offensive, Fall of Saigon.

## GWOT

2001–Present

TBI, multiple deployments, moral injury, burn pit exposure. Extended tours with modern survivability. Key: IEDs, invisible wounds, reintegration challenges.

# Clues in the Home

*Use the veteran's environment to understand their service*

## What to Look For

- Shadow boxes with medals and ribbons
- Unit patches and pins
- Military photos and memorabilia
- Branch-specific items (flags, hats)
- Award certificates or commendations

## Why It Matters

Understanding the meaning of medals and insignia leads to great conversation. A Purple Heart tells you they were wounded. A Combat Action Ribbon tells you they saw direct combat. These details help you connect on a deeper level and provide more informed, compassionate care.

# Screening for PTS

## The DREAMS Mnemonic

**D**

### Detachment

Feeling disconnected from others and surroundings

**R**

### Re-experiencing

Reliving the traumatic event through flashbacks or nightmares

**E**

### Event had emotional effects

Ongoing emotional impact from the traumatic experience

**A**

### Avoidance

Actively avoiding reminders of the traumatic event

**M**

### Month in duration

Symptoms persisting for at least one month

**S**

### Sympathetic hyperactivity

Hypervigilance, exaggerated startle response, always on guard

# Warning Signs of PTS

### Cognitive

- Confusion
- Poor concentration
- Memory problems
- Hypervigilance
- Nightmares
- Intrusive images

### Physical

- Fatigue, nausea
- Chest pain
- Rapid heart rate
- Difficulty breathing
- Muscle tremors
- Profuse sweating

### Emotional

- Anxiety, guilt, grief
- Depression
- Fear, apprehension
- Feeling overwhelmed
- Intense anger
- Loss of emotional control

### Behavioral

- Withdrawal
- Emotional outbursts
- Change in appetite
- Alcohol use increase
- Inability to rest
- Startle reflex intensified

# Caring for Veterans with PTS

## Environment Control

Allow veterans to adjust their environment. Reduce stimuli that may trigger flashbacks—loud noises, confined spaces, being startled awake.

## Know the Triggers

Identify and avoid triggers whenever possible. Ask family members about known sensitivities. Document triggers in the care plan.

## Holistic Approach Required

No single intervention works alone. Combine patient education, pharmacotherapy, and psychotherapy. Consider paradoxical medication reactions.

## Restraint Awareness

Most dying patients resist restraints—for veterans, restraints can be devastating. They may trigger POW memories or combat flashbacks. Exhaust all alternatives first.

# Special Considerations

### Psychosocial Factors

- Higher social isolation
- Lack of family support
- Culture of stoicism prevents pain reporting
- Camaraderie loss deepens depression
- Low income is common

### Terminal Agitation

- May be PTSD-related, not disease only
- PTSD + Alzheimer's = hallucinations, delirium
- Combat flashbacks during active dying
- Paradoxical medication reactions
- Subtherapeutic effect of medications

### ETOH & Suicide Risk

- Screen for sleep disorders
- Assess guilt, energy, concentration
- Monitor appetite changes
- Watch for psychomotor agitation
- Veterans are 1.5x higher suicide risk

# Pearls from the Field

There is a difference between a Marine and an Airman. Learn the distinctions between branches.

Veterans are the best patients in the world. They look out for each other and take care of each other.

Put two combat vets in the same room and they will forget about their pain—or at least be laughing about it by the end of the day.

The cranky vets will be the ones you remember forever. When you make their day a little better, they are eternally grateful.

Many veterans share combat experiences with hospice teams that they have never shared with family.

Everyone is different. Some take great pride in service, some do not. A simple "thank you" can go a long way.

# You Can Make a Difference

> *There may be extensive existential questions, and providing opportunities during follow-up visits for team members to explore these has a great deal of value. Understanding how veterans view their service, whether positive or negative, has implications for how they view their disease.*

Questions & Discussion

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