FIELD EDUCATION
The Log

Week # _ 7

Hours This Week: _ 10 Total Hours: ___290/ 360

HOURS SPENT / TASKS & ACTIVITIES	REFLECTIONS || JOURNALING || THOUGHTS || PROCESSING
- Classroom: 4-8pm / Monday - Clinical Visit 8-5pm / Saturday - Cross worship experience - Verbatim	Verbatim: Motivation: Identify the spiritual need of war veteran and coping skill for their trauma to provide adequate spiritual care as a chaplain.

MEETING(S) WITH MENTOR(S) || TOPICS OF DISCUSSION || REFLECTIONS

ROCHESTER REGIONAL HEALTH
Rochester General Hospital

Verbatim Presentation

Clinical Pastoral Education

Motivation: Identify the spiritual need of war veteran and coping skill for their trauma in order to provide adequate spiritual care as a chaplain.

Verbatim No. 3

Verbatim on Pt. 4800

Visit # 1

Pt. Initials: L

Chaplain: Hervé Talom **Unit:** 4800

Date of Admission:

Length of Visit: 30 minutes **Gender**: Male **Age:** 72

Marital Status: Married **Number of Children:** Unknown

Ethnicity/Culture: African American

Religious Preference: Unknown

Admitting Diagnosis: hypertension, hyperlipidemia, dementia

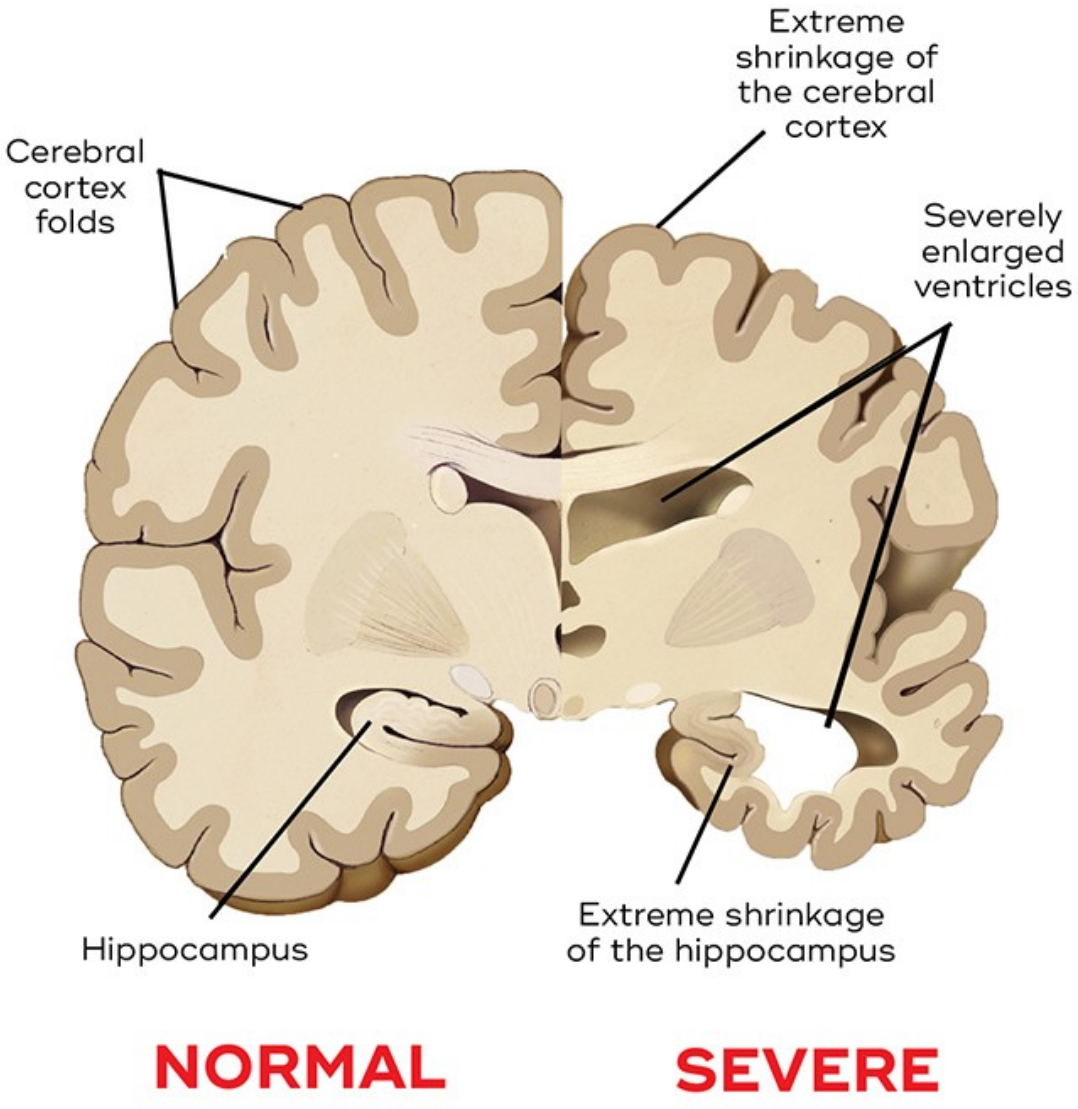
Unit Location: Rochester General Hospital's (RGH)

Factual Information:

The history of dementia is probably as old as mankind itself. In recent years, considerable advances have been made in our understanding of the epidemiology, the pathogenesis and the diagnosis of Alzheimer's disease (AD) and related disorders, and the nosology of these disorders is under scrutiny. Furthermore, we are witnessing the emergence of therapeutic

agents specifically designed to enhance memory and cognition in AD patients. Despite the limited efficacy of the agents currently available, their introduction has shed an entirely new light on the field. We therefore feel that this is a good time to look at the past to understand the present and perhaps gain insight into the future. This paper reviews the history of dementia and of attitudes about dementia as documented in early medical writings, in recorded history and in the arts. It also examines developments that occurred in Alois Alzheimer's time as well as closer to our day.

What causes dementia?



Comparison of a normal brain (left) and degeneration from severe Alzheimer's disease (right).

Picture source: The University of Queensland / Queensland Brain Institute

Dementia is caused by neurodegeneration – the damage and death of the brain's neurons. Depending on the types of neurons and brain regions affected, the form of dementia differs. For instance, frontotemporal dementia mainly affects the frontal and temporal lobes, whereas Lewy body dementia affects part of the frontal lobe and the motor cortex. In the brains of patients with advanced Alzheimer's, there is widespread degeneration, and damage to the hippocampus – a part of the brain essential to memory formation, and which produces new neurons. The loss of brain tissue results in a shrunken brain, enlarged ventricles and more space between the folds.

Most disorders associated with dementia are progressive, degenerative and irreversible. Some causes are treatable, including head injury, brain tumours, infections (e.g. meningitis), hormone and metabolic disorders, hypoxia, drug abuse and alcoholism.

Toxic aggregates

In most dementias, build-up of toxic proteins is a key part of brain degeneration.

This causes a loss of the contact points between neurons (known as synapses) as well as a loss of the neurons themselves. What sparks this neurodegeneration remains unknown, but for dementias other than vascular dementia, a build-up of toxic proteins and the loss of their normal function are defining characteristics.

Proteins can naturally aggregate as the body's systems for clearing them start to decline, which occurs increasingly as we age. In neurodegenerative disease, these toxic clumps, known as aggregates, can damage or kill neurons.

Tau is a protein that normally has an important role in maintaining the structure of a neuron's axon (the long cable that transmits signals). In dementias such as Alzheimer's and frontotemporal dementia, more tau is made, eventually accumulating in the cell body and dendrites. Here, it forms large deposits known as 'neurofibrillary tangles' – clumps that build up and gradually interfere with the neuron's function and eventually kill it.

Symptoms may include:

1- Time and place

The sense of time and the ability to find their way slowly decreases for people with dementia. For example, it might happen that someone walks to the supermarket and then has no idea how they got there. Telling the time or saying/writing what day or year it is also becomes difficult.

2- Writing

This is closely connected to the symptom above. Writing down an address, a birthday card or any other form of writing becomes quite difficult. Finding the right words is especially hard while writing something down. Concentration problems also arise when writing, because people who are in the first stages of dementia can't concentrate for long enough to finish a sentence.

3- Short term memory

One of the most common early signs of dementia is short term memory problems. It's difficult to determine, of course, because everyone forgets where they put their keys or phone sometimes. However, with dementia, the forgetfulness is more serious and happens more often as well. Things are often found again in the most illogical places. Examples are keys that are found in the fridge or a wallet in the microwave.

4- Mood swings

Sudden mood swings and changes in behavior often occur in people who are in the early stages of dementia. People with dementia might suffer from depressions, but this isn't necessarily the case. What is true in all cases is that the mood swings always come seemingly out of nowhere. A sudden burst of laughter or crying without a clear reason is one of the most common signs.

5- Finding the right words

Finding the right words is often difficult for people with dementia. This doesn't mean that they just can't find the difficult words. Often the names of people or common utensils and products are the things people find hard to remember. For outsiders, it can be surprising that conversations with people with dementia don't run smoothly. The conversations are often cut short because the person in question doesn't know how to proceed.

6- Repetition

People who are in the early stages of dementia often repeat themselves. They tell the same stories in the same way again and again or ask the same questions over and over. The repetition doesn't just occur when talking or socializing, though: it also happens when performing tasks. People will repeat a certain task a few times in a row.

7- Listlessness

Does someone retreat much more, and do they undertake a lot less than before? This can be an early sign of dementia. People suddenly seem to be a lot less interested in social activities and the hobbies they loved before. Besides that, people with dementia also have a lot less energy than before, so they are tired and listless and sleep much more than usual.

8- Concentration problems

Concentration problems are a common issue for people with dementia. These problems are often related to problem-solving or organizing and planning tasks. Planning or following a previously set plan is often very difficult. People can also experience more problems with numbers.

9- Housework

Household tasks that used to be second nature like cooking or cleaning suddenly become an impossible task. For people with dementia, it becomes hard to figure out in which order they should perform a task or what route to follow.

Patient's Initial Concern:

Patients want to escape from the hospital without the knowledge of the medical team.

Patient's Primary Concern:

Unfamiliar and confusing setting with smoking restriction.

Observations:

Patient seated in bed with wife by the bedside, ready to eat a piece of cake. Wife appeared stressed by the look on her face. Patient looked like a soldier ready to follow a command and dressed in his soldier boots.

JL is a 71 year old male with past medical history significant for coronary artery disease status hypertension, hyperlipidemia, dementia, prostate cancer treated with brachytherapy, cocaine

abuse in remission, bacteremia. He presents to the emergency department today with concern for increasing delirium and confusion.

Pastoral Intention:
Identify the spiritual distress and coping skill of patient and his wife in order to provide adequate spiritual care.

The Visit:
C: Chaplain
P: Patient
W: Wife
C1: Hi, my name is Herve. How are you doing?
P1: I'm doing well.
C2: (*Chaplain turns to wife.*) I see you're about to eat your cake. Please continue.
W1: Yes. It's carrot cake that I brought from home. (*Turns to her husband.)* Would you like some water?
P2: No, I'm ok.
W2: I see that you're a Chaplain.
C3: Yes, I am.
W3: Thank you for your taking your time to come visit us.
(*Patient moves from bed to recliner.)*
P3: How long have you been a minister?
C5: Almost a decade. It's been a long time now.
W4: Tonight, he's kind of agitated. He wants to go home.
C6: Hmmmm.
W5: When you are in the hospital, when they admit you, you have to follow the rules. They can't just let you go and that's what he's struggling with, thinking he can just leave the hospital. (Wife turns to husband.) Hopefully they can get you back to being stable. Right now, they're saying he's ok but they're also checking him out for dementia. They're concerned about his safety.
C7: Oh, I see.
W6: That's originally why he came in. He was exhibiting behaviors that were inappropriate.
C8: So that's why he's in a private room?
W7: That could be. He's a Vietnam veteran.
C9: (*Chaplain looks at patient.)* You're veteran! Thank you serving, sir.
W8: He's trying to get his mind around why he's here. He was just asking me tonight if he can go home. But I was trying to explain to him that there's a process. Once you're admitted, you can't just leave. And if you do, they feel they'll be liable or responsible. So that's been tough. We came in March 21.
C10: So that's about 3 weeks ago?
W9: Yes. Next weekend is 4 weeks. It's been a struggle. I think a lot of the staff doesn't know how to serve a veteran. It's easy if you have a broken leg. They know what to do. But when you have a different disorder which involves war, that takes a different kind of care. It will leave people who fight on the front line into different mental states given what they went through. The rest of us are back home wondering what they're going through but he

remembers those things. A lot of time the mind is like a computer. And a lot of people have come back trying to push that memory into the back and yet anything can trigger a response. If not totally, then a remnant of what they experienced. For him, it's shown itself as dementia, which has its own set of limitations and he's told me, "There's something wrong. I can't say what it is." And there are moments where I wonder, as his caregiver, what can I do to help him maintain a certain quality of life.
C11: Wow, yes.
W10: So the nurses are less familiar with that and just do what they know to do. But there's more plus they put up a defense.
C12: So the nurses aren't really trained to understand his situation and what he's really experiencing.
W11: Exactly. And with that, the person who is the patient suffers a lot of the time.
C13: Wow.
W12: Some moments are better than others. That's why I come up here every day. I spend the night here at the hospital and then I go home to shower and come back again. He says that's why he wants to leave.
C14: Wow.
W13: He was a smoker. He's now restrained because he can't smoke here, another reason he wants to leave. So now he's stopped smoking suddenly. He's asking the nurses repeatedly, "Can I have a cigarette" and that agitates them.
C15: It's like that power has been taken away from him.
W14: Yes.
C16: Wow.
W15: Many people here can't move around but their mind is ok. In his case, he can move around but his mind isn't ok.
C17: Does he have a better time of the day? Like a better time to speak with someone, like a Chaplain?
W16: He has a condition called "sundowning" which means the individual will be up at 3am – 7am and their internal timeclock is switched. But at 3am, he's really wide awake. After 7am, he'll go back to sleep. So again, I can't fault them but I'm frustrated. I wonder where he can go where the professionals are less frustrated with him.
C18: Ok, so you're wondering where he can go to be more comfortable.

Chart Note: Print out separately.

Reflection:

Theological/Spiritual Concerns:

Spirituality affects people's well-being and can be used to cope with traumatic experiences. The present study explored the role of spirituality in coping with war-related trauma among war veterans.
Spirituality helps people get a sense of mastery and meaning from traumatic events. This meaning making through spiritual coping may curtail symptoms of posttraumatic stress disorder (PTSD) and hence better psychological well-being. Chaplain encountered with a patient who are still suffering from thoughts or images of events that occurred during his

career in the Vietnam War. Although veteran was hesitant to discuss his experiences, chaplain's ability to provide supportive listening helped the veteran to open up.
The human spirit is "the essential core of the individual, the deepest part of the self". More than characteristics and roles associated with one's identity, the human spirit is a motivating force directed toward realizing higher-order goals and aspirations that grow out of the essential self. When exposed to Moral injury, a person's core self, ideals, and perceptions of reality can be shattered and their spirit "broken," leaving them spiritually and existentially struggling.
Research shows that veterans can experience spiritual distress due to a traumatic event that has occurred in their life because they may experience spiritual distress as a complication of the trauma they experienced.

Psychological Concerns: In today's world, mental health is just as important. According to a study conducted in 2014, 1 in 4 active-duty members showed signs of a mental health condition. The mental health concerns of veterans are unique. Military veterans exposed to combat are more likely to exhibit signs of depression and anxiety in later life than veterans who had not seen combat.

There is a strong and growing body of empirical evidence highlighting linkages between diminished spiritual functioning and mental health issues such as post-traumatic stress disorder (PTSD). Properly trained and accredited medical and psychological practitioners are required to deliver treatment in their space. "For combat veterans, that review of life experiences and losses may have more of an impact on their mental health. They may need help to see meaning in their service and not just dwell on the horrors of war."
"Each war is different. They are going to affect veterans differently," During my visit patient stated that "he was instructed to kill both adults and children" Here are ten facts about mental health of veterans

1- Depression and post-traumatic stress disorder (aka PTSD, an anxiety disorder that follows experiencing a traumatic event) are the most common mental health problems faced by returning troops.
2- The most common symptoms of PTSD include: difficulty concentrating, lack of interest/apathy, feelings of detachment, loss of appetite, hypervigilance, exaggerated startle response, and sleep disturbances (lack of sleep, oversleeping.
3- Post-traumatic stress disorder is diagnosed after several weeks of continued symptoms.
4- About 11 to 20% of veterans of the Iraq and Afghanistan wars (Operation Iraqi Freedom and Operation Enduring Freedom) have been diagnosed with PTSD.
5- 30% of soldiers develop mental problems within 3 to 4 months of being home.
6- 55% of women and 38% of men report being victim to sexual harassment while serving in the military.
7- Because there are more men than women in the military, more than half of all veterans experiencing military sexual trauma (MST) are men.
8- An estimated 20% of returning Iraq and Afghanistan veterans turn to heavy drinking or drugs once they return to the US.
9- Between 10 and 20% of Iraq and Afghanistan veterans have suffered a traumatic brain

injury (TBI). Possible consequences of this internal injury include anger, suicidal thoughts, and changes in personality.

10- In 2010, an average of 22 veterans committed suicide every day. The group with the highest number of suicides was men ages 50 to 59.

Sociological Concerns:

Military veterans diagnosed with dementia compose a large portion of our population. Often ignored are their caregivers and their plight as well as the availability, quality, and accessibility of health care for this demographic. Patient's wife was concerned about the lack trained staff nurses for war veteran with Dementia. There are three important sociological concerns:

- To identify opportunities available to increase public awareness on the subject.
- To identify areas of improvement in the level of care and quality of life for RGH veterans.
- To identify if adequate resources are available to veterans with dementia and their caregivers.

Overall, there are a number of community programs that want to, and can, help veterans with dementia. There are also a number of ways to help veterans with dementia cope with their issues, which include technology and preventative care. Veterans are hindered from receiving help with their dementia concerns due to most veteran's dependence on the Veterans Affairs (VA) for health services, a lack of education about possible treatments and programs, and a lack of services in rural areas.

The Chaplain

As a chaplain, I felt sad that this soldier who was a hero now losing his mind and left abandon. lost mental Chaplain is a clinically trained religious and spiritual leader who specialize in offering spiritual and emotional care and support to patients, their families, and staff. Chaplains listen to what is important to each person, valuing and upholding the diverse strengths of individuals, families, and groups. Chaplains represent a variety of spiritual and religious traditions. Determining the adequate spiritual support for every patient require a unique understanding and the support of the entire health care team.

Sometimes life is much heavier, sadder than that. How does pastoral care heal? As opposed to the band aid. Pastoral care helps us to think of healing in fuller, deeper ways. Healing does not mean that the pain is all gone. Or one is going to be as good as new or just fine healing from a pastoral perspective is not magic. Pastoral care acknowledges and stays with the pain and struggle. At least for a time, this is very important.

Pastoral opportunity:

Finally, as a pastoral care professional, God never been promised that I will not suffer. I will seek ways to connect with patient in their struggles and provide spiritual care within the boundaries of Clinical pastoral education.

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