“Can You Help My Nightmares?”
Palliatiing Symptoms of Hospital Induced Stress Disorders

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Topics

- Stress reactions and potential stress disorders that occur due to traumatic medical experiences
- The importance of mental health treatment for stress disorders to prevent progression to PTSD and improve quality of life
Case Summary

* 49 year old woman, diagnosed May with sarcoma of the knee (malignant fibrous histiocyto

* Planned for 4 rounds of preoperative chemotherapy
  * Was told that the chemo had a 50/50 chance of being effective

* Admitted to hospital end of July after 3rd round of chemo d/t fever and infections

* Palliative care was consulted during this admission for altered mental status
Clinical Social Work Assessment

* Single, divorced 5 years prior
* 4 children
  * 22 yo son, traveling out of state, history of drug use
  * 19 yo daughter, college out of state
  * 17 yo daughter, college (lives with pt)
  * 15 yo daughter, high school (lives with pt)
* Mother lives in the area and is actively involved in pt’s care (along with other family)
Catholic, finds support from hospital chaplains and priests helpful

On medical leave from airline company

Applied for SSDI, Medical Assistance, and grants at the end of July
Reported history of clinical depression
Has seen psychiatrist and psychologist in the community but not for several months d/t cancer treatment
Depression was the worst 5 years prior during the divorce
  Anhedonia, struggled to get out of bed and care for children, “everyone fell apart”
Medication, support group & regular therapy helped
Current Mental Health

* Reports nightmares to palliative clinical social worker in hospital mid August
* Transferred to rehab unit where palliative clinical social work fellow began to see
* Reports difficulty sleeping at TCU d/t recurrent nightmares
* Reports “memories” of her episodes of delirium while in the hospital
  * Some occur while she is awake – feelings of loneliness and abandonment
Endorsed nightmares, flashbacks, hypervigilence

Often has “memories” at night before bed when she is trying to relax

- The “feelings rush in”
- Even when others are present
Acute Stress Disorder

* DSM 5 Criteria

A. Exposure to actual or threatened death, serious injury, or sexual violation
   1. Direct experience
   2. Witnessing
   3. Learning that event occurred
   4. Repeated exposure to details
B. 9 or more of symptoms from any of the 5 categories

1. Intrusion symptoms
   * Memories
   * Dreams
   * Dissociative reactions (flashbacks)
   * Psychological or physiological distress to internal or external cues
2. Negative Mood
   - Inability to experience positive emotions

3. Dissociative Symptoms
   - Altered sense of reality
   - Inability to remember aspects of the event

4. Avoidance Symptoms
   - Avoiding memories, thoughts, or feelings
   - Avoiding external reminders
Acute Stress Disorder

5. Arousal Symptoms
   * **Sleep disturbance**
   * Irritable behavior and angry outbursts
   * **Hypervigilance**
   * **Problems with concentration**
   * **Exaggerated startle response**

C. 3 days – 1 month after exposure
D. Clinical significant distress/impairment
E. Not due to substance use, other medical condition, or brief psychotic disorder

Source: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, © 2013, American Psychiatric Association
Onset of psychiatric symptoms can follow exposure to real or imagined life-threatening stressors (Jones, Griffiths, Humphris & Skirrow, 2001)

Involves loss of personal safety associated with feelings of fear and helplessness (Griffiths & Jones, 2007)

If not resolved in 1st month it can lead to persistent: intrusive memories, flashbacks, avoidance behaviors, hyperarousal, insomnia, anxiety and depression
Factors related to development of PTSD

* Recall of delusional memories
* Prolonged sedation
* **History of preexisting anxiety or depression**
* Physical restraint with no sedation

(Jones, Capuzzo, Flaatten, et al, 2007)
Back to the patient....

* Other Medical Concerns
  * AKI requiring dialysis
  * Fear of surgery (including daughters)
  * Fear of Haldol (“Vitamin H”)

Other Social Concerns

- Very worried about her children
- Difficulty communicating emotion with each other
  - Fear that expressing emotion will lead to “falling apart” again
- Daughters often say “you don’t know what it was like to see you unresponsive in the hospital”
- Everyone in house coping differently
  - Role changes
  - Increase in emotional responses (referred for additional counseling)
Clinical Social Work Interventions

* Where?
  * Provided at Transitional Care Unit and during dialysis for AKI
  * Psychoeducation regarding stress disorders
  * Exposure therapy with relaxation
  * Thought-stopping techniques
  * Progressive muscle relaxation
  * Music preparation
  * Psychotherapy
Psychoeducation

* Mainly regarding Stress Disorders
* Relief
  * “I thought I was crazy.”
* Education provided to daughters about mother’s reaction
  * Helped family relationships
Exposure Therapy with Relaxation

- While at TCU
- Processed one of “the most disturbing nightmares”
  - Talked about it in detail
  - Constant reminders to deeply breath throughout
  - Anxiety increased
  - Progressive muscle relaxation facilitated & recorded
- Calm at the end
- Dream had “lost its power”
Thought Stopping Techniques

* Intentional phrases to use when began to notice intrusive memories or thoughts
* Visual and verbal cues
* Interrupting intrusive thoughts
* Phrases promoting safety and comfort
Results

* Day before discharge
  * Nightmares a/b delirious state had reduced
  * No longer feels thoughts “rushing in”
* Used recording at home
  * Nightmares continued to reduce
* Developed new disturbing images regarding not being there for her children
Progressive Muscle Relaxation

* Practiced during dialysis
  * Felt “much better”
Music Preparation

* Fear of becoming delirious during/after surgery
  * Altered state of consciousness
* Emailed surgeon who Ok’d use of music
* Daughters helped to prepare calming music
  * Feel connected to family
  * Induce relaxation
Fear of returning into clinical depression

Processed similarities and differences of both situations (5 yr ago v. now)
  * Similar – loss of control, high emotion
  * Differences – children are older, family dynamics have change, she is proactively caring for mental health

Fear of leaving her children
  * Recognizing strengths
Last Visit

- Surgery went well and scans showed no signs of cancer
- No longer fears sleeping
- Processed thoughts and feelings about her search for control
- Worries about cancer recurrence
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?  
   YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
   YES NO
3. Were constantly on guard, watchful, or easily startled?
   YES NO

4. Felt numb or detached from others, activities, or your surroundings?
   YES NO

Any three positive answers = may have PTSD. Screen for suicide & refer to mental health professional

* Source: http://www ptsd va gov/professional/provider-type/doctors/screening-and-referral asp
Key Points

* Progression from ASD to PTSD can be avoided with appropriate patient-centered intervention
* Screening for stress disorders and timely referral is key in hospital setting
References

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