

**Trauma History Case Study**

*Related issues: PTSD, substance use, and homelessness.*

Mr. W is a 67-year-old Vietnam War Army Veteran who was deployed during the later years of the war and honorably discharged. Mr. W is currently homeless and has been living on the streets for over 10 years. He came to the VA for physical and dental exams at the insistence of a community recruiter. He has also agreed to meet with Mays, a primary care social worker to provide some care coordination in the future. After his physical, Mr. W described his history to Mays.

Mr. W grew up in South Carolina with working-class parents and a brother 7 years older than him. He did not finish high school, despite his parents’ encouragement to pursue higher education. After several years working at a local factory, Mr. W volunteered for military service in his mid-twenties and was deployed for four years during the war. After his deployment, Mr. W’s relationship with his parents and brother were strained and he found it difficult to relate to them. After leaving his hometown, he had very little contact with them and has not spoken to his family in over 20 years. After he returned home, Mr. W struggled to find steady employment, reporting a fragmented work history in a variety of small towns across the U.S. He gradually worked his way out to the Pacific Northwest and has been living in the Seattle area for about 14 years. He had several intimate but conflicted relationships with women during his trip. He settled down with some of them briefly, but does not keep in touch with any of them and never married. He believes he may have children in various places across the country, but does not know for sure.

Mr. W attributes his difficulty with interpersonal relationships to his self-diagnosed PTSD. He reports difficulty sleeping without the aid of alcohol and says he sometimes has flashbacks or hallucinations; he’s not sure which. He appears to be relatively open about his experiences, but also somewhat vigilant and distrustful. He also talks about having experienced a “difficult childhood,” although he describes his parents as loving and encouraging. He also hints at specific experiences that might have contributed to PTSD, but is reluctant to discuss them more directly.

Mr. W is willing to listen to Mays’ suggestions regarding his health care, but seems to prefer the prospect of living on the street to moving into a shelter or transitional housing program for veterans. During his exams, Mr. W reports dental pain and finds he may require dentures relatively soon, due to the condition of his teeth and gums. His doctor is concerned about his liver function and some sores on his feet that will require topical treatment and wound care for the next month. Mays would like to ensure that Mr. W follows up with his wound care, but she is also concerned about his living conditions and ensuring the hospital is able to contact him in the future.

* What suggestions do you have for Mays?
* How might she approach Mr. W to provide person-centered care that respects Mr. W’s right to self-determination?
* How might she incorporate knowledge of his background to better communicate with him and coordinate his care?
* What ethical issues might you encounter and how would you address them?