Lessons Learned in the School of Life

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I have always taught my students, whether college students, interns, or volunteers, that no one is immune to trauma. Equally true is the fact that trauma is personal—no two people respond to trauma in exactly the same way. Even the same incident can evoke varying responses in those enduring it. Because of that, any one addressing clients or patients in the aftermath of a traumatic event has to be flexible. People in trauma often cannot be "pigeon-holed". I came by my flexibility by way of personal life experience.

I grew up a third-culture kid. In my father's career service with the military, Uncle Sam moved our family almost annually. Now, for a child, changing schools two or three times in a school year can be traumatizing. The new kid always has to prove himself, and often becomes the target of bullying. Such was my case. One such move took our family to an area where gangs were a problem. School was a constant battle ground. I lived in constant fear of my safety and well-being.

At seventeen, I made my first and only attempt at suicide. I guess the fact that I am writing about it forty years later is proof I did not succeed!

In 1982, I was diagnosed with a renal disease, considered at that time to be terminal. My wife and I walked through my impending death together, making all the necessary arrangements for my departure. By divine intervention, after a year of ineffective dialysis, and through the ever changing miracles of modern medicine, I received a transplant. I am in my thirty-second year as a survivor.

Since that time, I have been a critical care patient in ten different hospitals—in three of those, I nearly died, requiring emergency medical intervention to save my life.

In 1986 I became the clinical director of a 150-bed, long-term, adolescent residential treatment center in upstate New York. I was responsible for case planning, admission and discharge, as well as all necessary staff training, and supervision of the medical staff. Dealing with trauma was a twenty-four hour a day affair. Not only did I deal with patient trauma on a daily basis, I helped shoulder the burden of the staff who dealt with their own responses to that trauma.

In 1990, I started a non-profit consulting group, Friendship Outreach, Inc., to provide assistance to individuals and families in crisis, and to teach others how to work with this clientele. This opened the door for work with people in all fifty states and fourteen countries.

Training with the Arkansas Children's Hospital Research Institute in Dual Abuse gave me an extensive mechanical knowledge of the trauma associated with drug- and alcohol-related violence against others, particularly women and children. But sometimes, even the best in professional preparation cannot prepare one for the blind-siding of personal trauma.

In 2003, my wife and I discovered our oldest daughter had become an IV methamphetamine addict. The issues we had addressed with families for so many years had now moved into our family. We lived for six years wondering if the next phone call would be the one asking us to identify a body!

The difficulty encountered in finding services for her specific needs motivated the establishment of the Women's Addictions Resistance Project 180. WARP 180 is a twelve-month recovery program targeting the specific needs of women struggling to overcome life-controlling behaviors. This chapter ends on a positive note. Our once

methamphetamine crazed daughter, now more than seven years clean, serves as our certified drug counselor and program director!

We thank God for that victory, but let me tell you about our beautiful grand-daughter. She is the product of a brutal rape! So, you see, I am very familiar with many aspects and dimensions of trauma.

Ironically, all these experiences prepared me for the unique work I do today. I am a trauma chaplain with White River Health System.

Our flagship facility, White River Medical Center, is a 260-bed facility and a Level III Trauma Center located in Batesville, Arkansas. We have twenty self-standing clinics across north-central Arkansas, as well as a 25-bed acute-care facility. We are in the process of opening the first satellite emergency care facility in the state; and I am the only chaplain. I am responsible for care of patients, family, and staff; I provide training to staff and to area clergy and volunteers in critical care and trauma. I also serve on the hospital's trauma and rapid response team.

My professional and clinical training encompasses dual abuse, suicide risk assessment and prevention, death, bereavement, and grief. Trauma is an integral part of my life. So, what have I learned in this school of life?

I learned that professional training is not always a panacea when trauma becomes personal. I got lost in my personal trauma. For a time, the lines were blurred, objectivity avoided me. But I made it back. I would like to think my experiences, in all the aforementioned areas, make me a more productive and supportive resource for those dealing with trauma.

As proposed in the opening paragraph, the nature of trauma is universal (everybody endures it at some time, and to some extent). However, it is not always static. It does not fit into a convenient mold, easily confronted and quickly corrected. For that reason, flexibility (or adaptability) is a pretty good foundation upon which to build a lasting work in trauma recovery.

The twin characteristics of flexibility and adaptability have served me well, especially in cases where I have had to deal with families, back-to-back, involved in the same trauma. To assume any approaches used with "Family A" will work with "Family B" may have a less than desirable outcome. I find it necessary to enter each situation with eyes and ears wide open, minus presuppositions, prepared to bend in whatever direction best benefits the individual or family.

I have also learned that a trauma professional needs to be thick-skinned. I have had survivors and patients hit me, kick me, spit at me, swear at me, blame me. On more than one occasion, a surviving family member has begged me to "resurrect" a loved one! The frantic appeal to "fix this" is always heart wrenching.

Compassion is a trait that must be cautiously engaged. While it is helpful, it can also be detrimental. It can lead to a depth of emotional involvement that can actually hinder support or treatment. Genuine compassion, tempered with self-control and good judgment, can be invaluable in making the connection with the client. But finding and respecting that line can be a challenge.

I have made the assumption that most readers are practicing therapists, so I realize I have been "preaching to the choir". My goal has been to be more personal than

technical, practical rather than clinical, more anecdotal than analytical. So how is what I do different from what a trauma therapist might do?

Therapists do not typically seek out their clients. Rather, clients come to them, either by self initiative or by referral. In some instances, court orders may be involved. In contrast, my work is acute. Clients do not choose to see me. We are thrust together by virtue of immediate catastrophe, tragic accident or loss. When the alert is sounded for the rapid response team to report to the Emergency Department's trauma room, I have to insert myself into the life of a loved one or survivor who may or may not want my intervention, or even my presence.

At this point, all the characteristics previously noted come into play: flexibility, adaptability, thick-skin, compassion. I do not have the luxury of tomorrow, or a follow-up appointment next week. My work is now, in the heat of the moment. I have to know the dynamics of trauma, how that person may react or respond over time, and be able to help that person or family find the ongoing resources they may need as they begin their journey to wholeness.

While I stay with these patients and families from the beginning of their ordeal until discharge, a long term therapeutic relationship is not possible. I do, however, have the occasional privilege of meeting some of these people in the community and learning of their successful return to normalcy, and that makes it worth all the effort.

I understand that as long as I am breathing, there will be lessons to learn. Trauma is much more pervasive than many realize, and I am willing to do what I can to help bear the burdens and ease the pain of my fellow travelers. You see, trauma work for me is more than a profession. It is my passion.