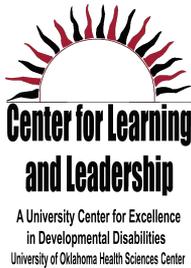


*My Clients, My Students,
My Patients, Myself:*

Self-Care Advice for Caring Professionals



Judy O. Berry, Ed.D.



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Judy O. Berry, Ed.D

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Editor**

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About the Author



Judy O. Berry, Ed.D. is a Professor of Psychology and Chair of the Psychology Department at the University of Tulsa. She received her B.A. from the University of Oklahoma and her M.A. from Kansas State University, both in Speech-Language Pathology, and her Ed.D. from the University of Tulsa in Counseling

Psychology. Her teaching and research interests are in the area of developmental and family psychology. She has authored books, book chapters, journal articles, essays, and poetry focusing on children and families, with particular emphasis on families that include a member with chronic illness or disability. She is the author of *Lifespan Perspectives on the Family and Disability* (2nd ed.), published by Pro-Ed, and the co-author (with Warren Jones) of the widely used assessment instrument, *The Parental Stress Scale*. Her research with children and families is of broad interest within the academic community and beyond and has been cited in publications such as *Parenting* magazine and *USA Today*. She makes presentations about family life to both professional audiences and family groups throughout the United States and internationally. She has received a number of advocacy awards for her work in the field of disabilities, including the Tarbel Achievement Award and the Medicine Wheel Award, and she was named an “American Hero” by *Newsweek* magazine.

Introduction

This picture shows the smiling face of my then-young son, Doug, who has just boarded the school bus for his special education class. As his Mom, I am smiling too because for the next few hours someone else



will see to his abundant energy and special needs; and I'll greet him with a smile when he returns home. His teachers, therapists and various other professional care providers and I are in this together. Because we share this responsibility, we are not overly stressed and we do not burnout.

Hold on just a minute. My young son was one of many with challenging needs and problems that his teachers, therapists, and other professionals saw and served each day. Also, I did not put my feet up and take it easy when he went off to school. I have a career as a helping professional myself, initially speech-language pathology and now psychology. My standard operating procedure was to leave right after Doug each morning to see and serve others with challenging needs and problems. So Doug's professional team and I shared a risk for stress and burnout.

The purpose of this booklet is to take a close look at stress and burnout as experienced by caring professionals and to offer advice for managing stress and preventing burnout through self-care. It is a worthy goal. We deserve to live satisfying and rewarding lives, and the individuals we serve deserve our best. Furthermore, the professions we have chosen deserve to see us grow and mature in our roles, not give up and bail out.

Stress

Stress is present when there is dissonance between environmental demands (real or imagined) and response capabilities. Stress is an inevitable part of life and keeps us from being bored, but too much stress makes life difficult and can threaten health and psychological well-being. Most Americans suffer from stress and 44% report an increase in stress levels in the past five years, with money, work, and the economy being the three top causes of stress.¹ Considering the demands placed on helping professionals, it is not surprising that “at one time or another most helping professionals will find themselves working under significant stress.”^{2(p. 129)}

The world we live in and the work we do puts us at risk for stress-related health problems because our brains are wired to be like the brains of lions and zebras, that is, seeking prey or running so as not to be prey (fight or flight). We are adapted to responding to short-term emergencies with all the hormonal support necessary. However, when we prolong stress through worry, psychological rumination, and anticipation of problems these same physiological responses become chronic and can do damage.³ Over time, we can burn out and decrease our involvement and enjoyment in aspects of our life that are particularly stressful, like work, while at the same time decreasing involvement and enjoyment in activities that are nurturing and sustaining, like play.

Burnout

Burnout has been studied in a variety of helping professionals, including special educators,⁴ psychologists,⁵ psychiatrists,⁶ residential child care workers,⁷ direct care workers in adult services,⁸ nurses,⁹ physical therapists,¹⁰ occupational therapists,¹¹ and physicians.¹² When reviewed broadly, these studies delineate stress symptoms that include sleep disturbances, mood changes, bodily symptoms, loss of energy, difficulty concentrating, anxiety, depression, and desire to quit the job. In addition, they affirm the three components of burnout: 1) emotional exhaustion, which is defined as being overwhelmed by job demands; 2) depersonalization of clients, which is characterized as development of negative feelings and attitudes toward clients or “blaming the victim;” and 3) loss of feelings of accomplishment, which includes negativity about one’s own work. The outcome of burnout, according to Setti’s⁷ work on this topic cautions us that the result of burnout can be problems that are serious and pervasive for all involved.

In their research on burnout, Maslach and Leiter¹³ addressed the mismatch between the nature of the job and the nature of the person. This is less likely to be true for helping professionals who have chosen their professions because of their personal values and the desire to give of their energy and talents in order to help others. However, these values can be put at risk by systems that are characterized by work overload and value conflict. Economic constraints and how systems are organized (or disorganized) can conflict with or seem to conflict with client needs which in turn increases vulnerability to burnout. There is often an emotional response to this conflict that may include frustration, anger, anxiety or depression. Maslach and Leiter explained it this way:

Emotion does not simply mark the transformation from engagement to burnout, it also mediates it. The emotional highs we experience as enjoyment, satisfaction, and pride are critical in driving important work behaviors. These feelings motivate us to do our work well, to seek ways to improve, to cooperate with colleagues, to be committed to the job. In contrast, the emotional lows of anger or anxiety are detrimental to the quality of job performance.^{13(p. 29-30)}

Compassion Fatigue

Helping professionals become interested in their fields of choice in part because of personal characteristics such as empathy and a belief that they can make a positive difference in people's lives. They expect to find compassion satisfaction, and this is frequently the case. However, the demands of their jobs and the often-slow progress of their students, clients and patients can lead, instead, to compassion fatigue.¹⁴

The concept of compassion fatigue was first introduced as it related to burnout experienced by nurses. It has since become synonymous with the emotions experienced by professionals working with clients experiencing post-traumatic-stress disorder (PTSD). Coetzee and Klopper¹⁵ urge a return to the original and broader use as it was applied to the nursing profession. Eastwood and Ecklund^{16(p.105)} further define the term this way: "Compassion fatigue (CF) includes a sense of helplessness, isolation, and confusion, which may be disconnected from specific triggers." I believe these definitions of the term have broad application to all helping professions that include work with patients, clients, and students with serious and complex problems. Coetzee and Klopper^{15(p.237)} go on to state that, "Compassion fatigue is the final result of a progressive and cumulative process that is caused by prolonged, continuous, and intensive contact with patients, the use of self, and exposure to stress." They view compassion fatigue as a process that begins with compassion discomfort, progresses to compassion stress, and finally results in compassion fatigue. At this point the restorative process is impaired and recovery becomes difficult. Prevention of compassion fatigue through stress management and self-care is essential to the well-being of caring professionals and those they serve.

Positive Psychology

Positive psychology focuses on discovering and using personal strengths such as kindness, optimism, generosity, gratitude and humor. These traits not only lead to a happier existence, but they also buffer stress. Positive psychology is a result of a shift in the field from a focus on pathology, or what is wrong with people, to giving research attention to psychological well-being, or what is right with people. The work in this area seeks to better understand well-being and to encourage cognitions and behaviors that support and enhance happiness.

In his writings about optimism and happiness, Seligman^{17,18} suggested that positive psychology can help build personal resilience which can be an antidote to stress. Resilience, too, has received considerable attention in research literature. Resilient people bounce back and continue to function even with challenges. They have elasticity. Furthermore, resilient people recover from misfortune and trauma. They have buoyancy.¹⁹ The image of a buoyant, elastic balloon comes to mind. Recent research has sought to more fully understand what makes people resilient and also to provide a contextual view of psychological well-being. A review of studies on this topic looked at kindness and found that kindness is related to well-being, including kindness to oneself.²⁰ Being kind to oneself frames the remainder of this booklet.

Self-Care

I am beginning the section on self-care with a metaphor that may serve as a useful reminder, especially as we are all likely to interact with our cell phones several times a day:

Cell phone batteries have to be recharged. There are 3 ways to do this: (1) wait until the battery is completely run down and live without power until a recharge can occur; (2) listen when the phone is bleating at you for attention and start recharging then; or (3) recharge regularly to always have power. This is an apt metaphor for stress management. Stress is capable of overwhelming a person, and the antidote is keeping personal batteries charged one of 3 ways: (1) after all your energy is depleted; (2) when your body, mind, and spirit are screaming for attention; or (3) in a proactive way that looks for balance between energy depletion and restoration.

I find metaphors and acronyms helpful because self-care is a paradox. Just when we need more rest, we stay up later to get more done. Just when our bodies are crying for exercise due to our stress load, we cancel the gym membership because we can never find time to get there. Furthermore, self-care requires resources such as time, space, and funds, as well as planning. So I am framing my advice, drawn from my work with families who have a member with a disability²¹ and my many years as a college professor teaching helping professionals, on three acronyms that can be tucked inside our heads to be retrieved as needed. They are: **NERS** (nurture) yourself; call the **COPS**; and provide your own daily **BREAD**. In addition, I am consulting the experts, not just the psychologists and other professionals who study and write about stress management and burnout prevention, but kids. Yes, kids. Children laugh, on average, 400 times a day while adults average only 15 laughs each day. Children can teach us, show us and help us remember how to have fun and take care of ourselves.

NERS

NERS stands for the four pillars of mental health and physical and psychological well-being:

Nutrition
Exercise
Rest
Social Support

A healthy diet, consistent (ideally daily) exercise, adequate rest (not just sleep at night, but restful breaks) and social support are the key components to stress management and burnout prevention.



Nutrition



Exercise



Rest

Our social support networks provide information, emotional support, and tangible help. They nurture and sustain us and give us people to play with and enjoy. These networks are our support beams on a daily basis and in times of crisis. Psychological literature affirms, again and again, the value of social support. Building and maintaining both the strength and depth of

these networks is essential to stress management and to the basic quality of our lives. So use technology—e-mail, Skype, smart phones—but most importantly, reach out and touch someone.



Social Support

COPS

Simply listening to our bodies and attending positively to the four pillars of mental health on a daily basis provides the foundation for stress reduction and stress management, but it is not enough. Sometimes we need to call the COPS, and if we work in a particularly stressful environment, we may need to have them on speed dial. COPS is my acronym drawn from the work of Sapolsky³ and stands for **C**ontrol, **O**utlets for frustration, **P**redictability, and, once again, **S**ocial Support.

Perhaps the most important aspect of control is making correct judgments about what we can and cannot control—“the wisdom to know the difference.” What we can control most easily is our time away from work. Incorporating the ideas in this booklet will help you enjoy time away from work, even though that time also has demands and responsibilities. There are avenues for more control in the workplace as well. A conversation (maybe several) with your boss may lead, in time, to a better schedule, more flexible work hours, a lighter case load, more challenging assignments or an opportunity to learn new skills based on your needs and goals and those of your workplace. You also may be able to help your workplace plan an intervention program aimed at burnout prevention. A review of such programs by Awa, Plaumann and Walter²² found that 80% of these programs led to a reduction in burnout. It is essential to remember that complete control (and on some days almost any

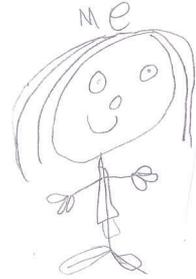
control) is impossible. Even the most carefully tended and beautiful green lawn will have toadstools pop up after a rain.

The workplace is not an acceptable outlet for frustration. Frustrations can and should be communicated to supervisors with problem solving in mind, but only after these frustrations have been processed, edited and organized. Everyone needs a safe place to express personal feelings, including negative feelings. The three best avenues for this are a therapist, a trusted friend (social support at its best), and by journaling. Journaling starts by getting a notebook and writing down your thoughts and feelings—without censoring yourself in any way. This is therapeutic and can be enlightening. My journaling quickly took me to poetry and a talent I did not realize I had. Now after several published poems I just have fun with it and am as likely to write a funny limerick as I am to write something more meaningful.

We all need friends and particularly a best friend who loves us unconditionally and will listen to our thoughts and feelings—both positive and negative—and provide advice, but not judgment. However, we want to cherish our friends and reciprocate friendship, not wear our friends out with our problems. Also, journaling and understanding what we write is not as simple as it seems. So sometimes a therapist is in order, especially if we feel we are stuck, very stressed, or approaching burnout.

Predictability reduces stress by giving us a schedule which works—at work and away from work. It also means being able to depend on and anticipate events that give us stress relief such as daily exercise (a great physical outlet for frustration) or meditation, as well as events for pleasure such as a weekly date night or an annual vacation. Technology can both enhance and threaten control and predictability. Mobile phones and com-

puters allow us to work anytime and anywhere, which can be an asset. However, they make it harder to have uninterrupted time away from work. Predictable and consistent down time is essential to successful stress management. And finally, social support appears again. It cannot be said enough how important it is to find time for friends and community and to savor that time.



Schedule “Me Time”

BREAD

We can attend to our needs for self-nourishment and self-nurturing, both psychological and physical, by remembering our daily BREAD.

Psychological BREAD:

B is for Belief system, spirituality, meaning

R is for Rituals (not rigidity)

E stands for Education on self-care

A stands for Attitude (positive, that is)

D is for Determination

Physical BREAD:

B reminds us to Breathe properly

R encourages us to Relax Regularly

E stands for Exercise (yes, again)

A is for activities (fun ones)

D is for Dig in, or Dive in (tactile)

This is my adaptation of an acronym I discovered years ago from the Institute for Stress Management. Children, again, will share their ideas for putting these principals into practice. Whether it

is a particular religion, spirituality, or the meaning a person finds in his or her work and life, a belief system can be strong and ever-present antidote for stress, especially if it becomes a daily ritual that includes some solitary time for prayer or reflection. Rituals of all kinds can also have a positive place in our daily lives. Rituals can be sometime events like family or class reunions, but the most restorative rituals are daily events that we anticipate and savor like a bubble bath before bed or tucking a child in for the night with a story. It is important that rituals not become rigid “have to” events. Someone else can tuck your little one in from time to time while you enjoy dinner out with a friend.



Bathe



Bike



Bake



Bask

Education for stress reduction may seem like an oxymoron because education is work, not relaxation. However, workshops or in-service training, as well as written material, remind us to incorporate or reincorporate these principals into our daily lives and give us new self-care ideas. Education needs to pair with a positive attitude and determination to stay on track with your goal to reduce stress. Psychologist Martin Seligman calls it practical optimism. It means looking for, enjoying, and appreciating what is good in your life. It also means maximizing your time

with positive people and minimizing your time with those whose attitudes are negative.



Skate

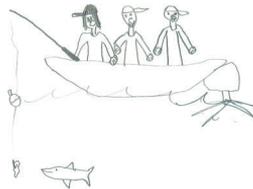


Celebrate

Psychological BREAD must be paired with physical bread, and this can take additional education and determination. I know you are breathing as you read this, but deep, cleansing breaths are needed to reduce stress. Also, relaxation techniques that free the mind and relax the body need to be learned and practiced. Furthermore, exercise must be right for you in terms of being a pleasure, not a chore, and correct in terms of intensity. So whether it is a daily walk, a yoga class, or training for a marathon, choose wisely and follow through. Learning relaxation techniques, particularly meditation or visualization, may require the help of a therapist and your exercise program may benefit from a class or trainer. However, there are excellent DVD's available to assist with both.



Float



Boat

A bonus to learning these techniques is that they can be incorporated into a busy work day. Taking even a very few minutes to stretch, breathe deeply, and visualize a peaceful image such

as a lake or mountain can relieve stress on the spot. Writer Jennifer James^{23(p.106)} puts it this way, “Lift everything from your mind and shoulders at least once a day just so you can remember how good it feels and that you know how to do it.”



Soar



Roar

Activities that allow us to free our minds and use our bodies reduce stress. Some even result in tangible accomplishments such as cooking, knitting or cleaning out a closet or drawer. If you have artistic talent, use your hands to create with paint or clay. Even if you do not have particular talent, you can use your hands and express your feelings by making collages. This is a means of visual and artistic journaling that I use and teach frequently, and all it takes is paper, scissors, markers, a glue stick and old magazines. Free your mind, cut out pictures, and write words; you will process your feelings as you work.



Plant

Tactile sensations relieve stress and can promote the release of hormones that make us feel good. Cuddling a baby or petting a dog or cat are examples. Another way to actively process thoughts and feelings is to work in the yard or with house plants. Dig your hands in the earth and let the tactile sensations of the dirt, the leaves, the roots,

and the sun on your shoulders distract you from your cares. Then when you are dirty and sweaty, dip into the tub or the pool and let the tactile sensations of the water wash your cares away.



Pant

Conclusion

I leave you with a little poetry and some take-away advice from kids, who seem to have it figured out until they grow up and forget.

My clients, my students, my patients, myself
Do they think I am some kind of magical elf?

The truth is they do, and we sort of are. But only sort of; and not all of the time. So:



Amuse Yourself



Don't Stew



Jump for Joy



Find Peace

References

1. Clay, R. A. (2011). Is stress getting to you? *Monitor on Psychology*, 42, 58-63.
2. Baird, B. N. (2011). *The internship, practicum, and field placement handbook* (6th ed.) Upper Saddle River: Prentice Hall.
3. Sapolsky, R. M. (2004). *Why zebras don't get ulcers* (3rd ed.). New York, NY: Henry Holt and Company.
4. Hastings, R. P., & Brown, T. (2002). Coping strategies and the impact of challenging behaviors on special educators' burnout. *Mental Retardation*, 40(2), 148-156.
5. Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603-612.
6. Kumar, S., Hatcher, S., & Huggard, P. (2005) Burnout in psychiatrists: An etiological model. *International Journal of Psychiatry in Medicine*, 35(4), 405-416.
7. Seti, C. L. (2007). Causes and treatment of burnout in residential child care workers: A review of the research. *Residential Treatment for Children & Youth*, 24(3), 197-229.
8. Skirrow, P., & Hatton, C. (2007). 'Burnout' amongst direct care workers in services for adults with intellectual disabilities: A systematic review of research findings and

- initial normative data. *Journal of Applied Research in Intellectual Disabilities*, 20, 131-144.
9. Gibb, J., Cameron, I. M., Hamilton, R., Murphy, E., & Nanju, S. (2010). Mental health nurses' and allied health professionals' perceptions of the role of the occupational health service in the management of work-related stress: How do they self-care? *Journal of Psychiatric and Mental Health Nursing*, 17, 838-845.
 10. Cooper, B. (2003). Beat burnout! *PT: Magazine of Physical Therapy*, 11, 29.
 11. Edwards, H., & Durette, D. (2010). The relationship between professional identity and burnout among occupational therapists. *Occupational Therapy in Health Care*, 24, 119-129.
 12. Thomas, N. K. (2004). Resident burnout. *JAMA: Journal of the American Medical Association*, 29, 2880-2889.
 13. Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco, CA: Jossey-Bass.
 14. Collins, S., & Long, A. (2003). Working with the psychological effects of trauma: Consequences for mental health-care workers – a literature review. *Journal of Psychiatric and Mental Health Nursing*, 10, 417-424.
 15. Coetzee, S. K., & Klopper, H. C. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing and Health sciences*, 12, 235-243.

16. Eastwood, C. D., & Ecklund, K. (2008). Compassion fatigue risk and self-care practices among residential treatment center childcare workers, *Residential Treatment for Children and Youth*, 25, 103-122.
17. Seligman, M. E. P. (1991). *Learned optimism*. New York: Knopf.
18. Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.
19. McCubbin, H. I., McCubbin, M. A., Thompson, A. I., Han, S. V., & Allen, C. T. (1997). Families under stress: What makes them resilient? *Journal of Family and Consumer Sciences*, 89, 2-11.
20. McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist*, 67, 101-110.
21. Berry, J. O. (2009). *Lifespan perspectives on the family and disability* (2nd ed.) Austin: Pro-Ed.
22. Awa, W. L., Plaumann, M., Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling*, 78(2), 184-190.
23. James, J. (1987). *Windows*. New York: Newmarket Press.

Afterword: Then and Now

Judy O. Berry

My journey began when my son Doug was born and continues in a different way that involves my own self-care and continuing advocacy. I am a professor and writer in the field of psychology with emphasis on intellectual and developmental disabilities¹ and an advocate who joined with other parents to close an institution and develop a system of community-based services.² Mostly, though, I am a Mom to Ryan and I was and am Doug's Mom. I am now, to borrow a phrase from Elizabeth Edwards who also lost a beloved son, parenting Doug's memory. We lost Doug in 2003. What I want to do with this essay is to tell you that I am moving on from grief, but not from advocacy. One of the ways I have cared for myself and processed my "then" and formed my "now" is through poetry. I have written three poems about Doug since his death that I want to share. The first two have been published and the third poem is new.



My First Born³

My body gave you life
but could not keep you.

New born eyes met mine,
no longer just my heart's desire,
my first born child.

Your laugh, like fireworks,
made my eyes sparkle;
your zest was my dancing music,
your hugs cradled me,
warming my skin
like a downy comforter.

My body gave you life
but could not keep you.

Now that you are gone,
my skin has thinned,
each hangnail pulls again and again.
Sorrow is a heavy backpack
weighing down my shoulders.

To dull my pain,
to ease my sorrow,
this body that gave you life
and could not keep you,
welcomes you back to my heart,
where you began.

Missing⁴

We grieve less and less
yet we miss him more and more.

Time has lightened dark corners,
smoothed sharp edges,
mended torn seams.
We're no longer falling apart.
We're better—coping—okay.

And yet we miss him more and more
because he was sweet—funny—ornery,
because he gave us his heart,
because he was ours.

We miss him more and more
because he is missing.

My Heart: A True Story

My son, Doug, died,
And I felt my heart break.
I truly felt it,
There could be no mistake.

Later my doctor
Said it was true.
After years of checking
There was now something new.

The tests began,
In the hospital and out.
Something had changed.
There could be little doubt.

I watched the monitors.
I heard my heart.
I felt my sorrow.
It was all of a part.

Wait and watch
Is what they said.
But how can I get better?
My child is dead.

But son number two
Was alive and well.
He needed my love,
And I started to heal.

My friends, so many,
Lavished their care.
They could dry my tears
By just being there.

Plus, time worked its magic.
The cliché is correct.
And then something happened
That I didn't expect.

Off to Mayo
For more doctors and tests.
Braced for bad news;
The results were the best.

My leaky valve,
Not so leaky now.
No surgery needed.
All I could say was, “Wow.”

Time and love,
Support and care,
Sweet memories of Doug,
Got me there.

Sometimes we don't shatter;
We just waver and bend,
Then slowly grow stronger,
And broken hearts mend.

You may have tears in your eyes at this point, but take a minute to see something that I realized. None of the three poems mentions Doug's disability. Though significant to his life and to mine, disability was not what Doug was about. And all three poems mention our hearts. Neither outcome was intentional, which I guess is what poetry is about.

To conclude, I am grateful that I have had the abilities and resources to pursue higher education and to have a rewarding career as a professional and as a volunteer in the field of disability services. My love for Doug fueled my efforts to help him and help others. Now on the other side of being his Mom, I know that my love for him and his love for me is what mattered. Everything else stemmed from that.

References

1. Berry, J. O. (2009). *Lifespan perspectives on the family and disability* (2nd ed.). Austin: Pro-Ed.
2. Berry, J. O. (2002). A civics lesson and more. *Mental Retardation*, 40, 334.
3. Berry, J. O. (2004). My first born. *Blood and Thunder: Musings on the Art of Medicine*, 4, 15.
4. Berry, J. O. (2007). Missing. *Blood and Thunder: Musings on the Art of Medicine*, 7, 74.

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