Healing Together: When Multiple Family Members Are Injured by Burns

By Nicole Perry, BA, CCLS

On the evening of January 15, 2013, Cheri Kent and her two children, Quincey and Kennadey, followed their usual evening routine—after both children took a bath, they settled into bed. But 15 minutes later the family’s apartment suddenly exploded.

An Entire Family Faces Recovery

Cheri ran throughout the apartment frantically searching for her children, but was unable to find them. “I got turned around and couldn’t figure out where I was or even how to get out,” she recalls. “In that moment, I thought I was going to die.” Suddenly Cheri felt someone’s hand on her head—a neighbor had entered through a window to help her escape. Another neighbor, Cheri later learned, had helped Quincey and Kennadey find their way out.

All three family members, who were taken to the University of Alabama Medical Center Birmingham for treatment, had significant burn injuries—the tragic result, it was later determined, of a natural gas leak that had been ignited by the apartment’s furnace. Quincey, who was 7 years old, had sustained burns to his face, hands, and right arm and shoulder. Six-year-old Kennadey had suffered burns to the top of her head, her back of her neck, and on several fingertips. The children spent the next 2 months in the hospital. Cheri, whose burns covered her arms, buttocks, and left hip, leg, and foot, required an additional month of hospitalization.

The physical injuries were just one part of the major life-changing impacts of the fire. Cheri remembers feeling incredibly depressed during the first portion of her hospital stay. She didn’t allow visitors because she didn’t want to see or talk to anyone. Cheri acknowledges that she was deliberately uncooperative and uncompliant with her care as a result of her anger and disbelief of the situation. Like many survivors struggling to cope, she controlled the few things that she could.

A First Glimpse of Community Brings Hope

It wasn’t until Cheri saw other burn patients for the first time, in the physical therapy gym, that her attitude changed. She finally realized that other people were facing similar challenges, and she began to feel lucky that she was still alive. This experience gave Cheri some perspective on her injuries and motivated her to focus on her own recovery. Her cooperation with the nurses and therapists increased, and she started to see herself making small progress in regaining her strength and healing.

During the 3 months Cheri was hospitalized she had not had an opportunity to see her children, although she was able to stay connected by talking to them on the phone. After she was discharged, reuniting presented challenges and brought up emotions for the entire family. The children were hesitant to see their mother for the first time since the accident, and when Cheri finally saw them, she realized the permanence of their injuries.

“It really hit me then that they were hurt and injured, and I couldn’t do anything to help. It caused me to go into a state of depression all over again because of the guilt I felt for not being able to save them,” Cheri recalls. She was able to work through some of these feelings with the help of a counselor but, like many parents in similar situations, Cheri still struggles with feelings of guilt and helplessness to this day.

A Return to School Brings Challenges

Returning to school was an important step in healing for both children, whose teachers and principal had visited them while they were hospitalized. Upon the siblings’ discharge home, school staff collaborated with the local fire department to facilitate a school reentry program. Quincey and Kennadey’s fellow students were very welcoming, embracing and supporting the young burn survivors upon their return to the classroom. However, while Quincey wore his face mask and pressure garments openly, his sister chose to cover her garments with long sleeves. Nonetheless, with the help of the school reentry program and support from the school staff, the first year back to school was a seamless transition and empowering for the entire family.

Things changed the next year when a new student seemed to alter the school experience for Quincey. It was quite some time before Quincey mentioned anything to his mother, who had begun to notice a significant change in his son’s mood. Eventually one afternoon he revealed that he had been getting bullied. The other boy had consistently cursed at Cheri’s son, making derogatory comments about his face mask, laughing at him, and telling Quincey he deserved to be burned. At the time, Quincey was unprepared for addressing the bully, and Cheri suspects that he had delayed telling her about it because he was embarrassed—behavior that is not uncommon for targets of bullying. Advocating for her son, Cheri called out to the school for additional support with the situation. Despite many school attempts to intervene and stop the bullying behaviors—even moving the bully to a different classroom—ultimately, Cheri felt it would be best to move both Quincey and Kennadey to a different school (closer to their new home) for a fresh start. There the children have been able to find a more comfortable daily balance, which has been anxiety-free and completely supportive thus far.

A Family of Survivors Learn to Thrive

Cheri first learned about the Phoenix Society in late 2015 while searching online for local support groups. The Phoenix World Burn Congress had just wrapped up and the conference slideshow was posted on the Society’s website. Viewing it, Cheri was inspired by the support, healing, and peer support connections she saw there. Determined to make attendance at 2016 Phoenix World Burn Congress a priority, Cheri applied for and received the Phoenix Society’s George Pessotti Scholarship that enabled her and her children to attend the Congress last fall in Providence, Rhode Island. The Phoenix World Burn Congress experience was life-changing for Cheri—she felt incredibly welcomed, and the workshops provided her with new skills and tools that she is using today in her own recovery and healing. Quincey and Kennadey loved participating in the Phoenix UBelong Youth and Teen program, and both children gained new friendships and learned valuable skills to help guide their own healing journeys. Quincey shared with his mother that the best part of the program for him was learning social skills, including rehearsed responses, and methods for dealing with bullying, teasing, and staring.

The skills that the family gained at Phoenix World Burn Congress and Phoenix UBelong are available for anyone who has been affected by a burn injury. If Quincey had had these tools when he was being bullied at school, he may have had the confidence needed to address the bully or tell his mother or another trusted adult sooner. Cheri recommends that parents foster open, honest communication within the family, making it easier for a child to speak up when a situation, such as bullying, is bothering them. Modeling this open communication, as a parent, through advocacy—communicating early and often with the school or leaders—is also essential.

Using the tools that Cheri and her family learned at Phoenix World Burn Congress and Phoenix UBelong, through the Phoenix Society can provide a child and his or her parents with valuable support throughout the process. Cheri hopes that she, Quincey, and Kennadey will be able to attend another Phoenix World Burn Congress so that they can continue to strengthen the skills and support that she and her children have already gained.

Tools, Resources Provide Support for Growth

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Cheri Kent with her son, Quincey, and daughter, Kennadey
Recognizing and Responding to Bullying

Is my child being bullied?
It is important to note that bullying behaviors differ from the rude or mean behaviors we sometimes see in children. Rude behaviors involve unintentionally saying or doing something that hurts another person. Rude behaviors are usually unplanned and are based on carelessness or poor manners, but they are not meant to actually hurt someone. With children, rude behaviors might include interrupting someone who is speaking, burping in someone’s face, or cutting ahead in the lunch line. On the contrary, mean behaviors involve purposefully saying or doing something to hurt another person once or twice. Examples include criticizing someone’s appearance or intelligence or coolness. Mean behavior in children is usually motivated by angry feelings or even jealousy, and the mean person usually feels a sense of guilt or remorse afterwards.1

Bullying, however, involves an imbalance of power between two people. The bully seeks to intentionally make another child (the target) feel inferior, often causing shame and embarrassment to the target. The bully finds a sense of power and satisfaction in making the target feel so bad, and the bully has no sense of remorse for his or her behavior. To be classified as bullying, the behavior must be intentional, aggressive, and repeated over time.

Types of bullying include the following:

• Verbal bullying—Using words that intentionally hurt the target and includes insults, teasing, and putting someone down. Verbal bullying would include repeatedly making fun of a burn survivor’s scars, or repeatedly telling someone they are ugly, fat, or lame, for example.
• Physical bullying—Purposefully and aggressively causing physical harm to the target, such as hitting, kicking, punching, slapping, or tripping.
• Social bullying—Involves using relationships to socially isolate the target, including spreading rumors, telling others not to be friends with someone, purposefully leaving someone out, and publicly embarrassing another person.
• Cyberbullying—Using the internet, phones, or other technological devices to hurt or embarrass another person. This might include texting mean photos or posting something mean on social media.

How can I help support my child?
Children and teens may try to downplay that they’ve been bullied due to the embarrassment and shame they feel. By keeping an open dialogue with your child at home and providing education about bullying behaviors, your child will be more likely to seek your support and guidance in the event of bullying.

Practicing skills with your child in advance can help your child to feel prepared to address a bully. You can teach your child how to respond to a bully with these 3 simple steps:

• WALK—Your child has the power to walk away from the bully. Empower your child to remove him or herself from the situation if possible.
• TALK—Speak up to the bully and tell the bully to stop. If your child feels safe enough, he or she can stand up straight, look the bully in the eye, and use a firm tone of voice to tell the bully to stop. Your child might say, “Leave me alone! You are being a bully and I do not have to take this behavior!”
• REPORT—Tell a teacher, parent, school counselor, or any other trusted adult so further adult intervention can be provided.

If your child does report bullying to you, you have the right to advocate for him or her. Ask the school for a specific plan of action and be sure to follow up on the progress of this plan with both your child and the school.

For more information on social confidence and control, check out the Phoenix Society’s "STEPS" from the Beyond Surviving Tools for Thriving After A Burn Injury program at www.phoenix-society.org/resources/entry/beyond-surviving-tools-for-thriving.

Reference

Nicole Perry is the Phoenix Society’s Program Manager for Youth and Family Services.
Moving Forward From Guilt to Gratitude

By Alicia Assad, MAPP, HC

"Mrs. Assad, you need to accept that your son has suffered a burn injury and is badly scarred. Scars are ugly. We don’t like them, but we can’t take them away. They are a part of who your son is now. This burn is severe; you are lucky William is alive. That is all you should be focused on right now."

The voice of the doctor we sought out for a second opinion on William’s burn injury echoed in my head. We were home from the burn unit and through the immediate crisis after William’s burn injury, I was in a new phase of the journey: recovery. My coping mechanism at the time was extreme optimism (aka denial), which led me to believe I could fix my son. I can do anything to fix my son. Hence, I fully anticipated to leave this appointment with a second opinion on how to restore William to the perfect 2-year-old he was before his injury.

Needless to say, hearing from a renowned burn specialist in New York City that his only remedy for the injury was whatever he could do. It had been a long time since I had been devastated by a problem I could not fix. Children need their parents to model what we want them to know: that if I didn’t come to terms with my own emotional scars as a result of the injury, my boy might not be able to cope. Children need their parents to model what we expect of them. If I wanted my boy to believe his physical scars were symbolic of his bravery, then I had to think of the same of mine. The day I realized my pain and grief would further harm my boy, I shed it off like a dirty pair of clothes and made the choice to move on. Then I shouted my new, more positive perspective on the matter to the world until I wholeheartedly believed it myself. Now I look back with gratitude at the transformation this crucial choice to let go of guilt made in my life.

In fact, some of you may have seen my articles talking about how I found blessings in my darkest moments and resilience in the aftermath of adversity. Since finding myself free from the stronghold that is guilt, I now strive to own the story I cannot change. Every day, I make the choice to seek the beauty in what was hard, in what still, sometimes, is hard. The words I write are now laced with gratitude and resilience, but I still maintain reverence for the time I suffered. This was a time when any well-meaning individual with positive and encouraging words would have further alienated me. I might have responded, “How is it possible to move forward? I don’t know how I will ever forgive myself…”

Now I look back with gratitude at the transformation this crucial choice to let go of guilt made in my life.

Yes, I can tell you I am better. I have found myself in a place of gratitude where I recognize an abundance of blessings in my life. But, the whole guilt thing following William’s injury was ugly... for a long time. I swallowed in remorse, letting sadness seep into my pores, and then wrote a whole memoir about an experience laced with themes of guilt. For a long time, martyrdom was my solace: I felt I had to prove my worth as a mother, eager to try harder because I wasn’t enough as I was. I was the mother who failed the little boy she brought into the world and I needed to make up for this mistake. I experienced deep shame because I could trace my action, or perhaps inaction, back to the accident. Then I could not fix William, cover it up, take it back, or pretend it never happened. Indeed, William’s scars force me to stand face to face with my imperfections and vulnerability every day.

There was a time where the scars on my son’s body begged to become a roadmap of pain and sadness permanently etched on his body. But they didn’t. William’s scars no longer represent what is sad, because one day I made a choice—not necessarily because I wanted to, but because I felt I had to for the well-being of my boy. A pivotal moment in my recovery journey is when I realized that if I didn’t come to terms with my own emotional scars as a result of the injury, my boy might not be able to cope. Children need their parents to model what we expect of them. If I wanted my boy to believe his physical scars were symbolic of his bravery, then I had to think of the same of mine. The day I realized my pain and grief would further harm my boy, I shed it off like a dirty pair of clothes and made the choice to move on. Then I shouted my new, more positive perspective on the matter to the world until I wholeheartedly believed it myself. Now I look back with gratitude at the transformation this crucial choice to let go of guilt made in my life.

In fact, some of you may have seen my articles talking about how I found blessings in my darkest moments and resilience in the aftermath of adversity. Since finding myself free from the stronghold that is guilt, I now strive to own the story I cannot change. Every day, I make the choice to seek the beauty in what was hard, in what still, sometimes, is hard. The words I write are now laced with gratitude and resilience, but I still maintain reverence for the time I suffered. This was a time when any well-meaning individual with positive and encouraging words would have further alienated me. I might have responded, “How is it possible to move forward? I don’t know how I will ever forgive myself…”

Some of you might feel stuck in a negative place, and I won’t try to talk you out of your authentic emotions. I think we all need to fully process what is negative before we can move forward and find what is positive. I can tell you that my experience of guilt didn’t last forever. Having emerged in a healthier place, my marriage is stronger and my husband and I are doing our emotional wounds have healed, leaving behind the memory of a time we were forced to be brave and strong, a time that bound us together and woke us up to what is really important in life. I pray that you find the peace too, and while I say it was my choice to move on, it is a continued process of forgiveness and acceptance that I still dance with every day.

I would be doing my readers, or any parent suffering guilt over an accidental injury a disservice by suggesting that I am fully healed. Rather, I move forward as a woman with self-compassion because I have found this is more productive than the whole guilt thing. Also, I remain in a place of vulnerability by admitting my stumbling and talking about those negative emotions I have experienced because they help others who are feeling someone who is suffering. To believe that my story can help someone else gives me a renewed sense of hope.

Our second-opinion doctor was right, I needed to pull my head out of the sand and face the cold hard truth that life brought me a situation I couldn’t remedy. Eventually the acceptance I found could my husband and I a better place where I can find peace. I have discovered more gratitude than sadness and more compassion than anger. But on the matter of scars being ugly, I humbly disagree with this burn specialist. I believe the scars my son carries are beautiful because the scars are a symbol of resilience: the bravery William has shown in adversity and the strength I have found in acceptance.

As the parent of a burn survivor, I am fortunate to have found the Phoenix Society early in my journey to recovery. The stories of resilience and hope I read about other survivors when I was struggling became a beacon of light in my darkness. We can allow what happens in our lives to break us, or we can take the facts and spin them into a story that has the power to propel us forward. I never imagined I would have such a keen awareness about burn injury or a passion to make a difference for those who are walking this journey, but here I am, sharing some of my most meaningful moments with all of you. I am immensely grateful to know I am not alone, and I believe that collectively our stories of resilience and hope will continue to bring comfort to those walking this journey with us.

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Growing up, my life was neat and tidy. So many things were clear-cut and simple. For so long, I was a student, a daughter, and a friend. I played those roles when the time called for it, and it seemed easy to me. Then I became a mother and suddenly was thrust into a world in which I was everything to my precious girl. I wasn’t just her mom—I was her chef, nurse, chauffeur, teacher, disciplinarian, friend, and number one fan. Then I got married, and roles became even less neat than they once were. I became a wife, friend, partner, co-decision-maker, and, once again, a number one fan. Then my husband, David, suffered a severe burn injury, and the roles swirled and melded more than they ever had in my life. I was now a mom, with all the responsibilities that role brings; a wife, with all the responsibilities that role brings; and a caregiver. This was uncharted territory in my life. I was now a mom, with all the responsibilities and stress on you, be sure to:

1. Learn as much as you can so you can be your loved one’s advocate. Trust your instincts. Speak up if you need to. If you have a concern or notice something that just doesn’t seem right, it is okay to speak up—and do so immediately. You should speak to someone who is directly involved in the care of your loved one, such as his or her doctor, physical therapist, burn nurse, or nurse manager. You should be as specific and clear as possible so the hospital knows how to help. Most hospitals do want to help resolve your concerns as quickly as possible. For example, if you see something with a wound or bandage that doesn’t seem quite right, ask for someone to specifically check it out and give you options for monitoring or treating it. Or, if you are concerned about being ignored or mistreated— it is okay to be assertive. When David was in the burn unit, an aide there was a bit brash and tended to be a little too rough with her patients. I went to the nurse manager and explained my fears and concerns, and told her that I didn’t want this particular aide working with my husband—ever! My concerns were heard and changes were made. But if you don’t receive the resolution you need, contact the hospital’s customer service or patient advocacy office for further resolution. You can also seek additional resolution or assistance after your loved one has been discharged from the hospital.

Remember, for all the hours each week that you dedicate to others you need to dedicate a few here or there to yourself.

2. Get rest, eat, and get some fresh air every day. When your loved one has been admitted to the hospital, the whirlwind of activities occurring in the hospital and ongoing responsibilities at home can be overwhelming. To handle the increased demands and stress on you, be sure to:

• Eat regularly.
• Take a break and go for a walk. Simple exercise and activity can help alleviate both the physical and emotional impact of stress to your body.
• Go outside and get some fresh air. Just a shift in the physical setting (from the hospital room to a more open area) can help you “mental break.”
• Set up a schedule for needed sleep. Sleep is critical for your physical and emotional health and will help you maintain your physical and emotional strength so you can best care for your loved one. Finding family or friends who can help with the rotation of coverage in the hospital is one way to be sure you can get some needed rest.

A family friend would make sure I did these simple things when David was in the hospital. They might seem like no-brainers, but when you’re in the waiting room it’s easy to get caught up in the stress of the moment and not take care of yourself.

3. Take care of yourself not only physically, but emotionally and spiritually. Meditate. Pray. Take up yoga. Watch a movie each week. Pick what works for you. It sometimes felt like I was being selfish by putting my needs ahead of David’s or my kids’. However, if I never took care of myself, I wouldn’t be of any use to any of them. Remember, for all the hours each week that you dedicate to others you need to dedicate a few here or there to yourself. It’s not being selfish—it’s being practical. I really like the saying “If Momma ain’t happy, ain’t nobody happy.”

4. Help your loved one maintain as much of his or her independence as possible. When you allow your loved one to do some things without assistance, he or she regains a sense of dignity and control, and it allows you to do one less thing. I used to purposefully turn my husband’s t-shirts inside out when I was folding laundry so he would have to turn them the correct way before trying to dress himself. I wasn’t doing this to be mean. He needed to move his hands and arms and this was a way he could get in some extra therapy, but it also gave him a sense of accomplishment. I also remember how hard it was to stand back and watch David struggle with feeding himself. It was such a slow and painful process, but I knew he had to do it on his own and that I couldn’t simply swoop in and do it for him. I needed to find times when it was safe for me to step back and let him do things.

5. You don’t have to do it all. Ask for help from family and friends. Better yet, be willing to accept help. Trust me, I know this is not an easy thing to do. We like to be the one helping others as opposed to helping people help us, but don’t let pride get in the way. We can accept transport kids to their activities, allow church members or friends drop off meals, and welcome offers to help with yardwork, housework, or even laundry. Be sure to assign the kids appropriate tasks.

If possible, consider hiring medical staff or other professionals to assist with the home healthcare requirements, such as daily wound care, physical therapy, and bathing. We hired aides and nurses to assist with these tasks because I needed to be sure you can get some needed rest.

A family friend would make sure I did these simple things when David was in the hospital. They might seem like no-brainers, but when you’re in the waiting room it’s easy to get caught up in the stress of the moment and not take care of yourself.

It is difficult to effectively care for your loved one if you are suffering emotionally and physically too.

8. Stay connected to your friends and life outside of taking care of your loved one. It is okay to take a break, as hard as it might seem. Don’t cut yourself off from the outside world, which is tempting because you are so overwhelmed with everything that needs to be done. The following are suggestions for maintaining these important connections:

• Go out for lunch with a friend or have them bring lunch to you so you can just visit.
• Call a friend, parent or other close relative just to chat. Take time to reach out and hear a friendly voice.
• Take a mini-trip. (After David was out of the hospital, a friend arranged for me to take a two-day mini-trip to her home—she set up spa treatments, and we went to dinner. While I couldn’t forget everything that was going on back home, it gave me a mini-break for a few special days.)
I realized how bad I was. My main concern was getting Megan. “I was able to roll backwards and run out before,” recalls their apartment’s garage, she found that he had spread Her ex-fiance’ had other ideas. When Megan entered layers of issues eventually drove Megan to plan an exit. On August 7, 2011, Megan was packing her bags to is strong. hardships which have tested her strength, you know she know anything about the path she has traveled, or the Her inner light shines brightly, and before you ever Megan Baldonado is, above all, strong and resilient. By Jessica Irven, MS, LRT/CTRS, CCLS Resilience Defined: Megan Baldonado’s Story

Megan Baldonado is, above all, strong and resilient. Her inner light shines brightly, and before you ever know anything about the path she has traveled, or the hardships which have tested her strength, you know she is strong.

On August 7, 2011, Megan was packing her bags to move on with her life. Like many troubled relationships, the one she was in had not started out unhealthy. Yet layers of issues eventually drove Megan to plan an exit. Her ex-fiance’ had other ideas. When Megan entered their apartment’s garage, she found that he had spread gasoline-soaked rags throughout and was holding a lighter in his hand. As she realized what was going on and tried to run, “a bright blue flash occurred,” recalls Megan. “I was able to roll backwards and run out before I realized how bad I was. My main concern was getting others out of the apartment complex.”

Megan was the victim of severe burns intentionally caused by another. The resulting injuries, primarily to her extremities, covered 53 percent of her body, while her perpetrator, she says, escaped with injuries to less than 1 percent of his.

Physical Healing Was Just the Beginning
Megan spent several months in the hospital, including a transfer to her home state to be closer to family. She endured three major grafting surgeries, months of outpatient rehabilitation, and additional follow-up, including contracture releases.

Megan says that her physical healing was just the beginning. “I cannot count the hours of occupational and physical therapy,” she says, “however, my main therapy has been psychological.” From the outset she says she focused on “multidimensional” healing.

“I was still in the hospital when a psychologist began helping me because I knew it was very important.” She continues to see an EMDR (eye movement desensitization and reprocessing) counselor and psychologist. Megan says that while she is forever changed by her visible, physical scars, it is the “scars on the inside” that have been the biggest challenge. Having made a lot of friends who were accidentally burned, Megan says she sees differences in her experience. “Radical acceptance is definitely harder for me. With an accident you can’t really help the situation, but dealing with somebody, especially somebody you love, doing this to you, it is a different mental process on top of the physical.”

Survivors, such as Megan, and their families can also experience re-traumatization with every step of the legal process and legal action that were an attempt to effect a significant amount of prison sentencing for her perpetrator. Recalling the tremendous struggle and multiple waves of the legal process took a significant toll, weighing on her more and more over time. As in Megan’s case, the perpetrator may not admit to causing the injury. She recalls the tremendous struggle and multiple waves of legal action that were an attempt to effect a significant amount of prison sentencing for her perpetrator.

Moving Forward Despite Setbacks
Understandably, a step in healing for Megan has been coping with anger. She found an outlet for expressing that emotion in a boxing bag, prescribed by her psychiatrist. “When anger finally showed itself, I went at it on my boxing bag!” says Megan, adding, “It was so bad that I actually broke my wrist.” But Megan also worked diligently to return to activities she had previously enjoyed. “I did my hardest to make sure I could,” she says. “I walk, run, bike, snowboard, and everything else I was never supposed to do again!” In recognition of the 1-year anniversary of her injury, for her mom she participated in a duathlon (a 12.5-mile bike ride and approximately 5k run). Today Megan also enjoys working out, music, poetry, painting, and drawing. She has also gained a great sense of fulfillment by volunteering for the same adaptive sports group that helped her return to snowboarding.

More than 5 years after her injury, Megan is grateful for her many sources of support, including her family, roommate, boyfriend, and a service dog that stays by her side. She credits her faith in God in giving her encouragement.

Megan, these sources of support were crucial. She credits her occupational therapist, Helen Christians, with getting her to open up and show her scars, and introducing her to these organizations and programs. For Megan, these sources of support were crucial.

“Without all of these avenues I would not be as strong and courageous as I am today,” says Megan. “I have support whenever needed due to all of my avenues and I have learned that I am thankful and blessed! If I was never burned I would not know all the amazing people I have met. I would not have traveled to [Phoenix] WBC, to places I’d never been. I would not have learned as much as I have. And I would not have the faith, strength, courage, determination, wisdom, knowledge, passion, and life that I do now!”

Gaining Wisdom in the Process
Recognizing the wisdom she has gained in her journey of healing, Megan says she would have liked to have been able to offer herself the following advice along the way:
• Before the injury—Pay attention to all the warning signs and don’t try to work on or fix a relationship that is broken and unfixable. Get out early while you still can because it will only get worse.
• While in the hospital—Know it will get better. Although you and your family will endure a very bumpy road, they will not leave you or abandon you. They will be there and sacrifice for you. Your family will do the best they can with the knowledge, resources, strength, courage, and love that they have.
Understanding Its Impact and How to Help

By Samantha Price, LPC, NCC

Individuals burned at the hands of another share the challenges that all burn survivors face, along with some very unique ones. Probably the most challenging difference can be the shame and guilt that a survivor often feels—the erroneous thoughts that the burn injury might have been his or her fault. These self-blaming thoughts can occur whether the abuser was someone the survivor knew or a stranger. Perpetrators of abuse often make statements justifying their abusive action, such as “If you hadn’t done that, I wouldn’t have to do this” or “It’s all your fault” or other statements that blame the victim. These thoughts can lead a survivor to isolate themselves from the very friends and family that they need to help them heal. A connection with caring others is probably the most powerful element leading to recovery from any burn injury, but it is especially helpful when the burn injury was delivered by abuse.

Healing Emotionally Is a Process

According to Judith Herman, a psychiatrist specializing in traumatic stress, healing from the emotional effects of burns delivered by abuse is a 3-phase process:

• Establishment of safety involves increasing self-care, especially by reaching out to safe others who can provide connection and reminders that the abuse was not the fault of the targeted individual. This early phase also involves developing the emotional skills for handling painful feelings, including the shame feelings that usually accompany burns inflicted by abuse. A guide, or counselor, or support group can be invaluable at this time.

• Once the elements of this first phase of becoming more stable are in place, the second phase, remembrance and mourning, can help those survivors who find that the memories and feelings are still overwhelming their lives. Several evidence-based, well-researched methods for processing painful traumatic memories can be very helpful, including EMDR (Eye Movement Desensitization and Reprocessing), CBT (Cognitive-Behavioral Therapy), and Somatic Experiencing.

• The final phase, social reconnection, involves reconnecting with people and life. This can include reaching out to a broader network of people who can help, such as support groups, Phoenix Society online peer support chats, and Phoenix World Burn Congress (where there is a specific support group for this issue). How Friends and Family Can Help

Friends and family can help by reaching out to the survivor—offering reassurance that they are available to listen to any details that he or she might be ready to share. It is also helpful to remind the survivor that he or she is not to blame for the abusive act. Helping the survivor realize, as well as encouraging, this resiliency belief can go a long way toward re-establishing a feeling of being safe in the world again, and that can be a turning point in his or her emotional healing. However, friends and family must be patient and encourage the survivor to be patient as well—healing from a burn inflicted through abuse can be a long process.

Resources

Books


Websites

EMDR information and therapist directory. EMDR International Association website. Available at: www.emdrinfo.org.


Somatic Experiencing approach to trauma processing information and practitioner directory. Somatic Experiencing Trauma Institute website. Available at: www.somatichtrauma.org.

Megan found support at Phoenix WBC.

Megan with Tom Edge at Phoenix World Burn Congress
A Quest for Connection

Alexi Pyles Finds Joy in Giving Back

Her scars are like question marks branded on her body—each one punctuating a longing for answers she may never find. Alexi Pyles was born in China 22 years ago. At the age of 6 months, she was found by strangers, her tiny torso freshly blistered.

The details of her injury remain a mystery. She knows only that she was scalded, abandoned, discovered, and surrendered to an orphanage—all on the same day. Adopted by her American mother at age 2, she came to the United States and began a new life.

Growing up has been a lonely journey for Alexi. She attended burn camps and activities hosted by local burn organizations, experiences which she treasured; however, feelings of isolation still clung to her. Struggling to reconcile her scars and the hurts of her past, Alexi never quite felt like she belonged.

"People were so judgmental of my scars. For most of my college years I lived alone and didn't want to speak to anyone because sometimes being alone made me most comfortable," she recalls.

Despite her struggles, Alexi has never stopped searching for connection. Through the years, her role with her local burn community shifted from camper and participant to volunteer. She found joy in giving back and, as her college years came to an end, she wanted to do more.

Her heart was drawn toward the Phoenix Society. As a 3-year recipient of the Phoenix Education Grant scholarship, she decided to show her gratitude by serving as a peer mentor at the 2016 Phoenix World Burn Congress. It was her first Congress, and she went with a mission to help others.

What she didn’t expect was how others would help her—and how deeply affected her life would be.

"I have felt alone every day. Wherever I would go, I wouldn't fit in," says Alexi, "but at the World Burn Congress, it was different. I felt so comfortable. There are no words to explain it."

"Being at the Congress has opened my eyes to know that I can keep moving forward. It's like I am finally free on the inside."

She found connection, a sense of belonging that for a lifetime had eluded her. And it left her astonished and changed. It was a new beginning for Alexi.

"I still have a lot of healing to do. But this is where I am supposed to be," she explains. "Being around others who are also healing—being able to have their shoulder and give them mine—that partnership is playing into my healing."

Life is full of ups and downs, but Alexi no longer feels alone in her joys or struggles. In the Phoenix Society she sees a family of survivors in which mutual support brings hope and healing, a community where the power of “we” breaks the bonds of isolation, a safe place where she belongs. And in Alexi we see the transformational healing that comes when survivors find connection and know they truly are never alone.

People like Alexi need the Phoenix Society most and people like you make it possible for us to reach them every day.

We know there are thousands of other survivors each year who struggle when they are unable to access long-term support. We also know that once they find the Phoenix community they experience an amazing connection and the support needed to heal.

It is clear that when we work together, we can transform lives.

With your membership gift you can help us continue to educate, advocate, and raise our voices so that all burn survivors have the hope and support needed to thrive again.

Let's keep growing our impact.
Let's reach those who need us most.
Let's let survivors know they are never alone.
We can't do it without you!
Give today.

Make Your Membership Gift Today

• By Mail: Use the convenient envelope provided in this issue.
• Online: Go to www.phoenix-society.org/membership2017
• By Phone: Call Dayna Neff at 800-888-2876.

Thank YOU!
In Issue 2, 2016, of Burn Support Magazine, we discussed the signs, symptoms, and criteria used to diagnose post-traumatic stress disorder (PTSD), according to DSM-V, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. The goal was to provide a better understanding of PTSD and lend some normalcy to what individuals who are struggling with the aftereffects of trauma are experiencing. In the following issue, we explored treatment options for individuals who are struggling with PTSD or experiencing symptoms of PTSD, including cognitive processing therapy, eye movement desensitization and reprocessing therapy, prolonged exposure therapy, and stress inoculation training. So now that we know what PTSD looks like, what the causes of it are, and what therapies are available to treat it, we can put it all together and discuss the impact that PTSD has on survivors and their families.

As previously discussed, in order to meet DSM-V criteria for PTSD, an individual must be experiencing symptoms that lead to distress and/or impairment in life, including but not limited to job, family, and social functioning. In other words, not only is the trauma survivor affected, but so is his or her immediate circle of family, friends, and co-workers.

Understanding the Importance of Balance

Traditional Hawaiian culture includes the belief that the 'ke kī'ōno (body), 'ka mana'o (mind), 'ka uhane (spirit), and 'ka honua (world) all affect each other. In Hawaii, where I live and work, we often talk about the importance of living our lives according to the lōkahi wheel: The word lōkahi means balance and harmony, and the lōkahi wheel consists of the following six "spokes":

- Friends/Family
- Work/School
- Thinking/Mind
- Feelings/Emotions
- Physical/Body
- Spiritual/Soul

If any area, or spoke, of your wheel is damaged or "flattened," then it will not rotate smoothly and every area of your life will be affected. This is especially true for individuals experiencing PTSD. The physical experiences of PTSD, such as being anxious, aggressive, jump, irritable, or angry, can all lead to sleep disturbances, which in turn can cause one to feel overwhelmed by the needs of family, which then leads to feeling detached/disconnected from others, which then leads to isolation, which in turn can lead to depression and thoughts of worthlessness. So as you can see, these spokes, or areas, are interrelated, and an imbalance affects not only the well-being of the individual suffering from PTSD, but also those immediately involved with that person. Parents, children, spouses, friends and co-workers can be affected directly or indirectly by the actions, or inaction, of a person suffering from PTSD. Family and friends may feel hurt, discouraged, or angry because their loved one has been unable to overcome the effects of the initial trauma or the ongoing trauma of the PTSD symptoms.

Being Mindful When Supporting a Loved One

Mindfulness is probably one of the easiest and most difficult practices that can be used by friends and family members to help support their loved ones who are struggling with PTSD. The easy part about being mindful is that it does not take any specialized training or skills to do. The difficult part about being mindful is that by nature most of us are reactive and do not take the time to look past what we are hearing to see what might be driving the actions of the individual suffering from PTSD.

For example, individuals suffering from PTSD often express feelings of being "really angry" or "going from 0 to 10 in the blink of an eye," without realizing that the lack of sleep that they are probably experiencing has moved their anger thermometer from a baseline setting of 0 to a setting of 5, which means that they are really going from 5 to 10 in the blink of an eye. So are they really angry or are they just not at their baseline for tolerance?

Perhaps you want to go to the movies and you ask your spouse/friend/loved one who is suffering from PTSD to go with you. His or her response may be a forceful "No!" Instead of just accepting the negative response, you should look deeper into what you are asking this individual to do. Are you asking that person to go to the theater on an opening night or on a Friday at prime time when there are likely to be crowds? I counseled a couple who were experiencing just this issue. The wife would take her husband’s "no" as a personal rejection; her husband was sure she did not care about his feelings, otherwise, she believed, he wouldn’t have asked her to subject himself to the opening night of a movie at 7 pm. During our session both of them were surprised to hear what the other person was thinking and were a little sheepish when they realized that both of their needs could have been met by simply being a little more "mindful" about what they were asking each other. In a case like this, a simple adjustment in the plan, such as going to the movie during the week or attending a matinee, may have been a much more comfortable and acceptable alternative.

References


Jeannie Singleton is a licensed medical social worker currently working in the burn center and ICU unit at Straub Medical Center. Her prior experience includes working in child welfare services, adult mental health and substance abuse, and the Veterans Administration. Jeannie received her certification in cognitive processing therapy for PTSD while working with veterans in the traumatic stress recovery program.
Pain: Treatment, Prevention in Burn Survivors
By Stefan J. Friedrichsdorf, MD, FAAP

Pain is one of the most distressing symptoms experienced after a burn injury. In fact, we know that children and teenagers who suffer from burned wounds are much more likely to suffer from anxiety, depression, and chronic pain as adults. We also know that inadequate pain management in the hospital immediately after a burn trauma results in a much higher risk of post-traumatic stress disorder (PTSD). On the other hand, excellent pain management, not surprisingly, results in fast healing.

Several state-of-the-art pain methods are available to help treat, and sometimes prevent, the pain of a burn injury, and when they are used at the same time (an approach known as multimodal analgesia), they can often minimize or prevent pain.

Types of Pain and Their Management

Following are descriptions of the most common types of pain that burn patients experience. Being familiar with the various types of pain and pain management methods will make it easier for you to discuss this issue with your doctor. Keep in mind that by addressing the different types of pain at the same time, it is more likely that excellent pain control can be achieved.

Acute Pain
Acute pain is caused by the actual skin and tissue injury of the burn trauma and the repetitive trauma, such as debridement or inflammation, during the initial hospitalization. The key to preventing long-lasting pain is to initiate multimodal analgesia on day one of the burn injury. Studies have shown that if pain is not well controlled immediately after a burn trauma, the chance of PTSD in infants, children, and adults is increased.

Acute-pain management usually requires around-the-clock pain medications. Utilizing a combination of the following seven treatments at the same time may be the most effective strategy and result in the fewest side effects:

• **Benzodiazepines**—acetaiminophen plus nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen, or ketorolac. If side effects such as bleeding or stomach discomfort occur, a COX-2 inhibitor could be an option.

• **Opioids** (which should not be called “narcotics”—medications such as tramadol, morphone, fentanyl, hydromorphone, oxycodone, or methadone cautiously titrated to effect. However, if “Coke” doesn’t work, switch to “Pepsi.” In other words, a significant number of children or adults may experience side effects (which might be mitigated by a low-dose naloxone infusion) or poor analgesia on one opioid and then need to be rotated, or switched, to another strong opioid for better control. After discharge home, patients are weaned slowly off the opioids completely and, in the absence of new tissue trauma, are seldom expected to be on opioids for a longer than 1–2 months at home.

• **Adjunct analgesia**—See “Neuropathic Pain” below.

• **Interventional modalities** (or neuroaxial analgesia)—nerve blocks and paraverterbral or epidural pain pumps

The following three modalities are discussed in more detail under “Chronic or Persistent Pain”:

• **Rehabilitation**—physical therapy, occupational therapy, speech therapy

• **Psychological therapies and stress reduction**

• **Active integrative (nonpharmacological) therapies**—treatments/medications that do not involve the use of medications

Procedural Pain
Procedural pain is caused by dressing changes, intravenous (IV) access, blood draws, injections (shots), etc. Patients report that in addition to dressing changes the repetitive needle pokes are the worst kind of pain they experience during their hospitalization. Although this kind of pain can be completely prevented or significantly reduced by simple strategies, some hospitals may not be offering these strategies to all their patients yet.

At our institution we have implemented a Children’s Comfort Promise: We promise to do everything to prevent and treat pain. Many of our painful procedures are offered under sedation, moderate, or deep sedation, as needed. In addition, for needle-pokes (blood draws, injections, vaccinations, IV starts, etc.) we always offer the four “non-negotiables”:

- **Lidocaine**—A topical cream, available over the counter, that can help numb the skin
- **Sucrose** (sugar water) or breastfeeding—Appropriate for infants 0-12 months
- **Comfort positioning**—Can include swaddling, warmth, skin-to-skin contact, or facilitated tucking for infants. Children 6 months and up can be given a choice of position, including sitting upright on their parent’s lap. Note: Restraining children for procedures is never supportive, and one study reported that children felt ashamed, humiliated, powerless, and the loss of the right to control their own body.
- **Age-appropriate distractions**—Spinning light devices, blowing bubbles or pinwheels, looking at books or “find it” pictures, and using smartphones or other electronic devices with screens to play games or videos. Parents can ask if a child life specialist is available to assist with this activity.

Neuropathic Pain

Neuropathic pain, according to the International Association for the Study of Pain, is pain that arises as a direct consequence of a lesion or disease affecting the “somatosensory” or nervous system. A large number of children and adults develop neuropathic pain as a result of nerve damage caused by burn trauma and the treatment. In addition to NSAIDs and opioids (for the initial post-traumatic hospitalization only), several “adjunct” pain medications with complicated names, such as gabapentinoids, low-dose tricyclic antidepressants, alpha-agonists, and NMDA-channel blockers are commonly prescribed by pain experts to mitigate pain. Although several medications may assist with controlling neuropathic pain, physical and psychological therapies (and for some patients, nerve blocks) are usually required components of excellent pain control and should not be omitted.

Psycho-Spiritual-Emotional Pain

The psychological and emotional impact of a burn injury results in “real” existing measurable pain; however, the psychological and emotional impact of a burn injury also has a direct consequence of having sustained a serious burn trauma and the treatment. Effective strategies include cognitive-behavioral therapy (CBT), or play therapy for children, and stress-reduction offered by a licensed therapist.

Chronic or Persistent Pain

Chronic pain can persist after healing, with more than one third to one half of the patients who have sustained severe burns reporting ongoing burn-related pain many years later. They commonly experience pain at the injury site but may also have so-called “primary pain disorders,” such as headaches, abdominal pain, and/or widespread pain in muscles, joints, and bones, including fibromyalgia. Effective treatment usually does not rely on medications, but rather on a strategy that utilizes four treatment modalities at the same time.

- **Physical therapy/exercise**—Many patients with chronic pain are deconditioned and sometimes exercise even causes worsening of pain. A thoughtful daily (at home) training program then is required to improve movement and normalize function as much as possible.

- **Active integrative therapies**—The daily practice of deep breathing, biofeedback (a technique using a video-game that trains people to improve their pain by controlling relaxing bodily processes that normally happen involuntarily, such as heart rate, blood pressure, muscle tension, and skin temperature), self-hypnosis, mindfulness, progressive muscle relaxation, and/or yoga can reduce pain by stimulating “endorphins” (the body’s own pain medication that makes us to feel good) in the pain center of the brain.

- **Psychological therapies**—Pain can cause stress, and stress usually worsens pain. Worsened pain then worsens mood, which may affect anxiety and depression. Effective strategies include cognitive-behavioral therapy (CBT), or play therapy for children, and stress-reduction offered by a licensed therapist.

- **Normalizing life**—The key to effective pain control appears to be to normalize function first, and then the pain gets better (unfortunately not the other way around), including returning to school or work, normalizing sleep, normalizing exercise, and social life.

A common mistake is for a patient to spend a lot of time and energy on just one or two of these modalities, and then when they appear to be ineffective, become frustrated.
In conclusion, the effective prevention and treatment of pain in both children and adults after burn injuries require intensive multimodal pain control starting within the first hour after the trauma. Equally important to medications is physical therapy and regular exercise, integrative therapies, psychological treatments, and normalizing life.

Unfortunately in 2017 pain management is still not taught sufficiently to nurses and physicians in most medical training programs, and a large number of hospital leaderships have neglected to invest in state-of-the-art pain programs. Insurance companies are often unwilling to pay for evidence-based excellent pain control (namely, physical and psychological therapies). This means that if you or a loved one is suffering from burn pain, you should ask for professional help from interdisciplinary pain experts and take an active role in your own care. Speak up if something is not working, keep open communication with your care team, and involve self-help groups. If you find inadequate help in your region or your hospital, contact the media and your elected representatives to lobby for full reimbursement by health insurances for interdisciplinary pain services, including those offered by physical therapists and psychologists.

References

Additional Resources
PUBLICATIONS
Managing Pain After Burn Injury by Shelley A. Weichman, PhD, and Shawn T. Mason, PhD, in collaboration with the University of Washington Model Systems Knowledge Translation Center. 2011 Available at: https://www.phoenix-society.org/resources/entry/managing-pain.
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Meet the Interdisciplinary Chronic Pain Clinic Team at Children's Minnesota [video online]. LittleSara's TV. 2015. Available at: https://www.youtube.com/watch?v=13wuf-ubqHk.
Healing Environment Pain Clinic: Kiran Stordalen and Horst Rechelbacher Pediatric Pain, Palliative and Integrative Medicine Clinic [video online], Children's Minnesota. Available at: https://vimeo.com/122564881.

Dr. Stefan Friedrichsdorf is medical director of the Department of Pain Medicine, Palliative Care and Integrative Medicine at Children's Hospitals and Clinics in Minnesota, Minneapolis / St. Paul—one of the largest and most comprehensive programs of its kind in the country.

John O'Leary Named to Phoenix Society Board

Author and inspirational speaker John O'Leary was recently named to the Phoenix Society's board of directors. In 1987, John was a curious 9-year-old boy. Playing with fire and gasoline, he created a massive explosion in his home and was burned on 100% of his body. He was given a 1-per-cent chance to live. His epic story of survival was first showcased in his parents' book, Overwhelming Odds, in 2006. It was this book that first invited John to embrace his miraculous recovery and share it with the world. John has written the national best-selling book On Fire: The 7 Choices to Ignite a Radically Inspired Life, published in 2016, and teaches more than 50,000 people around the world each year how to live inspired.

Developing a New Vision
We See What Can Be
By Amy Acton, RN, BSN
Executive Director

Many of us in the burn community celebrate our "burniversary." We use it as an opportunity to reflect on how far we have come and to set new goals. Similarly, in conjunction with the Phoenix Society's 40th anniversary this year, our staff has been working with many of you to reflect on how far we as an organization have come and to plan for our next significant phase of growth. The effort has been substantial. We are now more passionate and driven then ever to take our work to a new level of service and impact. So I want to share with all of you how we collaboratively developed our vision for the future, and how, with your help, we can achieve it.

An Inclusive Process
Over the last 2 years the Phoenix Society has reached out to survivors, their loved ones, volunteers, healthcare providers, fire service professionals, academics, and researchers. These diverse members of our community participated in surveys, program reviews, interviews, and focus groups to provide feedback on how the Phoenix Society can improve and have an even greater impact. This input is helping us to identify innovative ways to support and expand the offerings of the Phoenix Society.

We learned that it is important to many of you that we find ways to scale our programs to reach a wider audience. Many survivors are still facing significant gaps in access to long-term resources. As the rate of survival from burn injuries continues to improve, the need for our programs and resources has increased. It is clear that thousands of burn survivors are still struggling through recovery alone—either because they aren't aware of the Phoenix Society network, aren't located near a facility at which they can receive support from a Phoenix SOAR® (Survivors Offering Assistance in Recovery®) volunteer, or can't physically attend Phoenix World Burn Congress®. In the worst-case scenario, the Phoenix Society does not offer the type of programming they need. It's not enough to settle for reaching only a segment of the people who need this community when it is possible for everyone affected by a burn injury to have access to transformational healing. Research now substantiates what we have witnessed over the last 40 years—that survivors and their families fare better when they have the support they need as they recover from a burn injury.1,2

You have challenged us to envision a future in which innovative approaches can be implemented to reach those who are still alone. Making that vision a reality will ensure that anyone suffering from a burn injury can access the Phoenix Society network, services, and support anywhere in the world whenever they need it.

We see what can be, but we also know that achieving our goal is dependent on your willingness to share your experience, talent, and connections so that we have the necessary human and financial resources to implement our plan.

The Development of New Mission and Vision Statements

We also recognized that our previous mission statement, "Empowering anyone affected by a burn injury through peer support, education, and advocacy," described the what of the Phoenix Society, but not the why. So, based on the input we received from a diverse group of burn community constituents, we have reformed our mission and vision statements to reflect the Phoenix Society's ultimate mission and future vision, as follows: Mission Statement: Phoenix Society for Burn Survivors | Building a Community for Transformational Healing

Vision Statement: Uniting the voice of the burn community across the globe to profoundly advance lifelong healing, optimal recovery, and burn prevention.

Working collectively with survivors, families, healthcare professionals, fire service professionals, and donors, the Phoenix Society seeks to unite the voice of the burn community around the globe to profoundly advance lifelong healing, optimal recovery, and burn prevention.

What specifically does our vision for the future entail? How will the Phoenix Society of the future look, connect, and operate? How will success be measured?
Following are 7 strategic initiatives that will enable us to scale programs, reach more people, and create greater impact:

1. Use the Phoenix Society’s collective, united voice to support advocacy efforts that can effect change.
   - Our voices will be more powerful by attracting, connecting, and uniting with the many constituencies that make up our community. Uniting the voices of the burn community with other like-minded organizations will strengthen our advocacy for burn prevention, improved quality care, additional research, and advancements that enhance survivors’ quality of life.

2. Attract world-class experts, such as health care professionals and research partners, who can help us develop new programs (using the latest research and knowledge), improve burn care, and connect the right voices to the Phoenix Society’s mission.

3. Forge collaborative partnerships with organizations to work synergistically to tackle key issues, achieve the Phoenix Society community’s vision, and expand our reach.
   - Just as a burn survivor can’t make the journey alone, neither can the Phoenix Society. There is strength in forming partnerships with other stakeholders, working together toward a common cause and with a unified voice. There is strength in unity.

4. Expand programming to meet the growing, changing needs of the community through new content development and innovative forms of program delivery. The Phoenix Society can develop programming that is informed by world-class experts, by survivors themselves, and by knowledge gained from research and data. Doing so will enable the Phoenix Society to serve unique groups within the burn community through the use of more focused programs and resources designed specifically for those we serve.

5. Embrace technology to increase access to critical resources, expanding the Phoenix Society’s reach and enabling more people to access content and support services. The Phoenix Society can serve more people in more places (especially remote locations) and can programs efficiently with a greater use of technology.

6. Raise awareness so that every burn survivor knows that help is available. Too many survivors have “stumbled” upon the Phoenix Society after suffering for years. To broaden our reach, we plan to initiate more targeted marketing and communications programs so that survivors, loved ones, burn care professionals, volunteers, and others are aware of the Society, can access our support services and programs, and can share their inspirational stories of hope and healing. To carry our message forward, we will need you—our volunteers, our community members, and our partners.

7. Building an organizational human and operations infrastructure to ensure transformational healing now and into the future. The Phoenix Society is revising its business model to expand and sustain its vision, partners, resources and awareness of valued programs and the services it provides.

To read more about our new strategic vision, visit www.phoenix-society.org/strategic-vision.

A Commitment to Our Core Values

It will take all of us working together to synthesize the wealth of knowledge and information available in our community. We will convene world-class experts to help us address the key issues that are important to us. We will empower our community members to be self-advocates and work with us for change. We will continue to build high-impact programs and services that build a community for transformational healing.

Finally, as we work to achieve our strategic vision, we will continue to adhere to the Phoenix Society’s core values of integrity, innovation, collaboration, and respect, and focused effort and investment in the key strategic areas, while continuing to provide the high-quality programs that have benefited so many of us.

References


Phoenix Society’s Never Alone Campaign Supports Our Vision

The journey of the Phoenix Society is not unlike that of a burn survivor—we cannot make our journey alone.

Together, however, not only can we see what can be, but we can translate that exciting vision into reality!

To support our vision, the Phoenix Society recently kicked off our Never Alone Capacity Campaign—partners whose generosity have raised $4 million of that $6 million goal, thanks to generous donors who, above and beyond their annual donations, have stepped up to lead the way.

We are grateful to these initial donors of the Never Alone Capacity Campaign—partners whose generosity honors our history and supports our vision of tomorrow.
You may be eligible to participate in two online surveys. By participating, you will help test a questionnaire designed to assess the social recovery of people with burn injuries. For more information, email libre@bu.edu.

For more information, email libre@bu.edu or call 1.844.255.9987.
Don't Miss This Opportunity!
PFG Scholarship Applications Due June 30

Each year the Phoenix Foundation awards several scholarships to burn survivors who are attending college or technical school. The program to date has issued a total of 163. To learn more about this scholarship program and download an application, visit phoenixfoundation.org/programs and all supporting documentation for the 2017 Phoenix Education Grants must be submitted no later than June 30, 2017.

All monetary awards are made contingent upon the Phoenix Endowment fund. If you would like to help other burn survivors continue their education, please make a contribution to the PFG fund at www.phoenixfoundation.org/pfg.

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