

The first concept that I've faced during my studying was the idea of seeing the traumatized victim as similar to the dead person who lives in the dark and can't help himself. Those who faced physical or psychological trauma are like the dead because of the fear and terror they've been through they are left in a dark, silent place inside themselves just like the dead who is buried in his dark coffin. Besides, someone who has been traumatized can't function fully normal or feel entire freedom until again just like the dead. That brings to a conclusion, traumatized victims need JESUS resurrection not only my help. I've chosen this concept since it was a new one for me and because I believe it would really change my attitude towards the crisis victims, I'll see and meet Jesus every time I deal with crisis victims. In my future practice I would rather pray more than thinking too much of how to help the patients, I should ask for their resurrection from fear and darkness like the dead. I learned also to seek my own resurrection before start helping others resurrections, a dead can't help another dead.

On the second week I was shocked to now that being part of the crisis response team, I can be a victim myself and add more burden to the crisis situation! That can happen if I was not well prepared before joining the crisis response team. Is it my call, do I know where I am going, with who? Am I physically, psychologically and mentally fit for such experience? What kind of training do I need? What about my family? Who is going to take care of them when I am not there? All these questions should be answered before joining a crisis response team. I have chosen this paradigm because it touched me personally, I've seen many of my colleagues in the field whom I thought they really turned out to be an added burden to the team and wished I won't be one anytime, but now I realized that for sure I was adding lots of pressure on my family back home specially, not knowing any details about my mission except that it's in SYRIA!! In the future I planned to put my family in priority to my passion to crisis response. I should discuss and plan with them every single detail that I could to let them more comfortable during my ministry/mission time. I may also talk with them transparently about the risks of such places and ensure them on what kind of precautions we take to protect ourselves.

The third lesson learned was the technique of the death notification procedure on the third week, and how it should be well planned ahead with even a role play in advance sometimes! It's a team work with a minimum of three recommended members; leader, clergy and a medical personnel. The leader is the one who knows all the possible details of the event, who will lead the walk and the talk, the clergy will be the image of the loving caring Christ and the medical personnel can help in any first aid if needed. It was all new to my knowledge to know what's going on behind a death notification! I've never been part of it and shamefully I was underestimating its importance, that's why I've chosen this technique. In my future practice as a medical personnel, I'll totally respect death notification technique, I'll know my role and I'll do my best to be part of a team and avoid addressing the topic alone. I shall expect people's anger and frustration even from Christ, I will accept my silence in many of these situations understanding that it's not something negative but may be more positive than speaking of nonsense.

In the fourth week, I liked the idea of responding differently to children involved in crisis according to their age group. If the child you're responding to is a preschooler, you should probably put more focus on his permanent care-givers unless you're a certified preschooler counselor or crisis responder. So, you'll help that child through providing him physical and psychological stability of the whole home, basic physical needs, food, shelter and normal routine like sleeping, playing and eating time. On the contrary, when dealing with a high schooler you can contact him directly, debrief him, let him talk and sometimes in groups, that might help him more than his own parents. It's also recommended for the high school children to return back to their normal life routine as soon as possible, in church, house and school. I chose this idea to emphasize its importance, it taught me to deal with each one in a crisis in a different way specially the children who can't express themselves easily. In my future practice I should know my limitations when dealing with children specially preschoolers, I would rather take good care of their environment, family members, house, school and church.

Lastly, on the fifth week, the very simple yet precious concept of listening to the victim's stories and how important is that. In response to someone who wants to tell their story we shall show enough care and acceptance with empathy and compassion as a representatives of God. To show them love of Christ through our actions and words. I never thought it could have such a positive impact, to listen to someone's story and I actually never give it that priority, I was rather focusing on the physical and medical needs, that's why I chose this example. In the future I will no more distract the patient's from telling their stories, as of my old misconception that it will result in more pain memorizing the trauma or crisis. I learned to actively listen to them not only for the sake of diagnosing their diseases or solving their problems but also to help them express their feelings and to debrief, an action which may help their mind to process in a better organized fashion