
Deployment Diary: Treating the Trauma You're In

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I will be the first to admit, I have not had the longest career as a military psychologist, or as a psychologist period. However, during that time, I've packed in a lot of workshops, trainings, and lectures on military specific CBTs, trauma, and self-compassion. I have been warned about compassion fatigue and have been reminded to have a solid self-care plan to deal with secondary trauma.

However, I recently found myself in a situation where I quickly realized that I had zero real-world training, and hardly any preparation. The situation? Treating a trauma that you, yourself, are in.

It is one thing to hold the weight of someone's worries, fears, and pain. It is another to be sitting in the bunker with those same folks, in the eerie silence of a desert night, wrestling with your own worries, fears, and pain. But I'm getting ahead of myself, let me set the scene for how I ended up there.

I deployed in Fall of 2023, and if you follow the news in *any* fashion, you know the geo-political scene changed dramatically in a very short period of time. The deployment I was initially tasked with was significantly different from the deployment I ended up experiencing. Fast forward, and at the end of January 2024, I found myself in a situation that I could not have dreamed of just one year prior.

Tragedy struck, and I have a vivid memory of pacing my room that morning, and thinking to myself, "oh, this is what my patients are talking about when they discuss feeling helpless in the midst of chaos." I tried every coping skill I have ever recommended to patients, finding they were only marginally helpful. It was the first of many such experiences over the next several weeks where I gained a lot of insight and empathy into many of my patients' stories.

Eventually I arrived on scene. I expected to help others as a psychologist but quickly realized that what people needed from me in that moment was to be me, Taylor, a human. A person to give a hug, a person to just sit in silence with, and a person to let you crack a dark joke with zero judgment. Those moments bought me some time to figure out what I actually needed to be doing as a psychologist. Eventually, as the hours passed, the adrenaline wore off, and people wanted - no *needed* - to talk.

Thankfully, I had gotten to know these people over the previous months, so getting them to trust me enough to open up was not challenging. It was an odd experience to sit with them as they shared their fears, worries, doubts, and questions, while simultaneously listening to see if we

needed to bunker dive once more (*side note: getting ushered out of the office and into a bunker by a patient as we discussed how hard it was for him to allow himself to stop for a second and feel his emotions was a very unique experience to say the least*). Normally, the folks sitting across from me are long removed from their trauma, by time or distance, or both. But in this moment the fears were relevant, and strong, and I found myself connecting on a deeper level. Come to think of it, the A/C units in the rooms *did* sound like rotor blades in the quiet of the night. And you're right, second attacks are always possible. And there are people to be angry at, really angry at. And yeah, it's hard not to let your mind wander before bed and spin itself up. And, and, and...

I found myself worn out quickly, likely due to the frequent nighttime consultations requested by the base leaders, trying to navigate a challenging situation; as well as the countless requests to talk from people who just weren't sure they could ever feel safe enough to sleep again. Normally sleep is one of my favorite things to treat, but this was not so easy, especially when I was also running on fumes.

Any psychologist who has been instructed on how to avoid compassion fatigue will tell you that routine and basic self-care are vital to prevent burnout. Yet, these were two things in very short supply. I quickly found myself out of my depth, and feeling woefully unprepared. How on earth did anyone think that I could help? I've not been doing this for too long. I'm a plain ole' Air Force psychologist. I didn't get any special training for austere locations and heavy enemy activity. Heck, I had only been licensed for just over a year, and this was not on the EPPP.

Imposter syndrome is one thing I've experienced quite a bit since donning the uniform. But this was different. This was an overall feeling of "I am *definitely* not supposed to be here. A mistake has been made!" This feeling was so intense because not only did I not have easy solutions for others, but I was also wrestling with my own feelings. As medical providers, we are driven to help and heal, and watching my fellow medics come to terms with Rule Number 2 of MASH was difficult. Knowing I had no magic skill to take away their pain in the days and weeks to come was brutal. I was feeling profoundly powerless and was worried that others would quickly catch on to the possibility that I was *not* the person they wanted to help.

I was asking myself, how do I treat this trauma, this very trauma, that I am also experiencing?

Just then, in a period of intermittent Wi-Fi, I received a text from an incredible mentor (whom I'll call Dr. K) that ended with this:

"P.S. You've got this. No one is ever prepared. You're in good hands and you're not alone."

I remember smiling at the text, realizing that she must have seen the news, known where I was located, and pieced together my current situation. I shot back a quick "thank you!" prior to again losing wi-fi.

The whole interaction lasted a few moments and could have easily gone unnoticed in the chaos. However, in that moment, I felt profoundly seen and understood. How did she know I felt unprepared? Why did she think, "I got this?" Because I, for sure, did not feel any "I got this" energy.

The text made me stop and think: "Wait, if no one is ever prepared, that means no one has any expectations for me." Up until this point, I had been telling myself that the senior leaders around me had a better idea of what I should be doing than I did. But maybe she was right, maybe everyone else felt just as off-kilter; and if that was the case, the only thing anyone was doing was the best that they could at that moment.

I can do that. I was not at the top of my game for a multitude of reasons. And the evidence on what *not* to do immediately following a trauma was a bit clearer than what *to* do, but I could piece something together. And so, I tried:

There were a lot more moments of silence in sessions than normal, which were sometimes awkward.

There were a lot less reassurances, because they just felt trite.

There were fewer breathing techniques, because no one wanted to take a deep breath.

However, there was also a lot more authenticity, more "I know exactly what you mean." A lot more validation and normalization, that while appropriate, felt more poignant for me.

Treating the trauma I was in, was about showing up as an authentic person, who happened to have some skills in therapy, but who was also just a fellow human on this journey. I am sure if someone was there observing me, they'd have a lot of feedback on what I could have done better. Even I have some thoughts on some "woulda, coulda, shoulda's"; but, at the end of the day we made it.

I took a few days off once the dust settled, because compassion fatigue is real, and I was running on E. It was not

that I did not care, it was just that after a week of holding so many heavy things, I just could not find space for everything. Heavy things, I could handle; everything else, not so much.

I eventually was able to get back into my routine, talk some things out with a Chaplain and some friends, and process my own experience. I realized that while I do not personally practice all of the skills that I preach, journaling my experience was profoundly healing. This journal entry is definitely not fit for public consumption, but allowing myself to be raw and honest was powerful. I felt the power of processing a trauma from beginning to end on the other side of the couch so to speak.

Before I get into a few brief takeaways, I want to address something. You may notice that this article focuses much more on my experience than on tips and tricks for navigating this experience. That is intentional. I think the most important thing you can do as a provider is recognize your own reactions in those situations you could have never expected. I hope my honesty allows others to be more honest with themselves, because there really is no "10 things you need to do" or "5 step plan to treat..." for these situations.

Overall, as a provider, treating a trauma that you're in, I'd say this: Remember first and foremost that you are human, and that is powerful. Second, remember that there really is not a clear guidebook for every situation, everyone is just doing their best. And finally, don't forget to practice some of those incredible coping skills that you've been spending everyday talking about. You are just as important as your patients and deserve just as much healing as they do. Take space for it, *make* space for it.

And finally, I'll end with this: I do not know what situation you may find yourself in, deployed, in garrison, in a VA, or at a university. But, just in case you do not have a Dr. K in your life, please know this:

P.S. You've got this. No one is ever prepared. You're in good hands and you're not alone.

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