

# A Sense of DIRECTION

**Personal challenges and chance encounters inspire two women to enter specific health care fields.**

*by Kim Eaton and David Miller*

What leads us into our career paths? Some people have always known what they want to do with their lives, and others sample college majors until they find the right fit. But then there are those whose plans are influenced by what they've lost—and what they've found.

## **Every child is different**

Sara Howard was adrift. She was going through the motions of life, but there was no joy. Her dreams no longer mattered after her father died her senior year in high school. Two years into college, Howard was still struggling to just make it through the day.

Then, she met a young boy with cancer, and realized that she could be doing more with her life. She began volunteering at Children's of Alabama, a pediatric health care system in Birmingham, Ala., and experienced firsthand the work of a child life specialist.

"Children all over the country have their childhood stripped from them because of health issues they're facing," said Howard, who graduated from The University of Alabama in May 2013. "When a child is brought into a hospital, they are being taken away from their home, family, school, friends and activities. They lose their normalcy."

Child life specialists understand the importance of children maintaining as much normalcy as possible when health issues make daily doctor visits, monthly check-ins or weekly hospital stays a part of







their life. The specialist's job is to help children cope with the new environment by equipping them and their families with information and emotional support. They do this through play, preparation, education and self-expressive activities.

"We stress the importance of play, and we value it," Howard said. "We use play for everything, and we learn a lot about a child that way. Play benefits the cognitive, language, social, emotional and physical domains of a child's development. It's how a child learns and understands things. It's their ability to process information."

While Howard stumbled into the field by chance, she honed her skills in UA's child life program, offered through the College of Human Environmental Sciences' human development and family studies department. UA is one of only two

schools in the state offering such a program, and Howard said it is unique in that it partners with a medical facility—DCH Regional Medical Center—that is located next to campus. That affiliation is crucial for students earning

practicum hours.

"[Sara] enjoys life and shares her joy of life through her smile and interactions with others," said Dr. Sherwood Burns-Nader, a certified child life specialist and assistant professor in the department of human devel-





*Five-year-old Alvia Beninghouse showed off her painting with child life specialist Sara Howard (opposite page top), and Howard had a chat with 4-year-old Wyatt Kaake (bottom).*



of work and still live a ‘normal’ life,” she said. “When you know you can do the type of work I do, you don’t ignore it. When I am supporting a family during the death of their child, I am experiencing that with them. But what I may feel in the moment of that child’s death is not at all what that family is feeling, and because of my compassion and empathy for others, I am able to be there for them and help them through it.

“It’s a crazy job, but I love every minute of it. I love the fact that I will never know it all. I will constantly be challenged, constantly adapting my skills, and I will always have room to improve and things to learn.”

## From barriers to accomplishments

Like Howard, Jessica White became acquainted with life’s struggles at a young age. At just 3 months old, she lost movement in her right leg, and doctors labored to discover the cause. Test after test followed, but they couldn’t reach a consensus for diagnosis.

“In the end, [the doctors] determined that finding the answer wouldn’t change the outcome,” said White, a May 2013 UA graduate.

White slowly regained movement in her leg. But, due to damaged nerves, her future was affected. She was diagnosed with a “drop foot,” a gait abnormality in which the dropping of the forefoot happens due to weakness, damage to the peroneal nerve, or paralysis of the muscles in the anterior portion

opment and family studies. “Her commitment, passion and personality make her a great fit for the field of child life, and I am confident that she will impact the field in many ways in the years to come.”

Howard’s journey has not been an easy one. Becoming a child life specialist requires work, dedication, determination, patience and time, she said, adding, “You have to be willing to give a lot in order to receive a little.”

From going to class and studying to volunteering, her college life revolved around school and work. But she does not regret that in the least. “I have experiences that I will never forget,” she said. “And I know that all of the time and hard work that I have put into this field will truly pay off.”

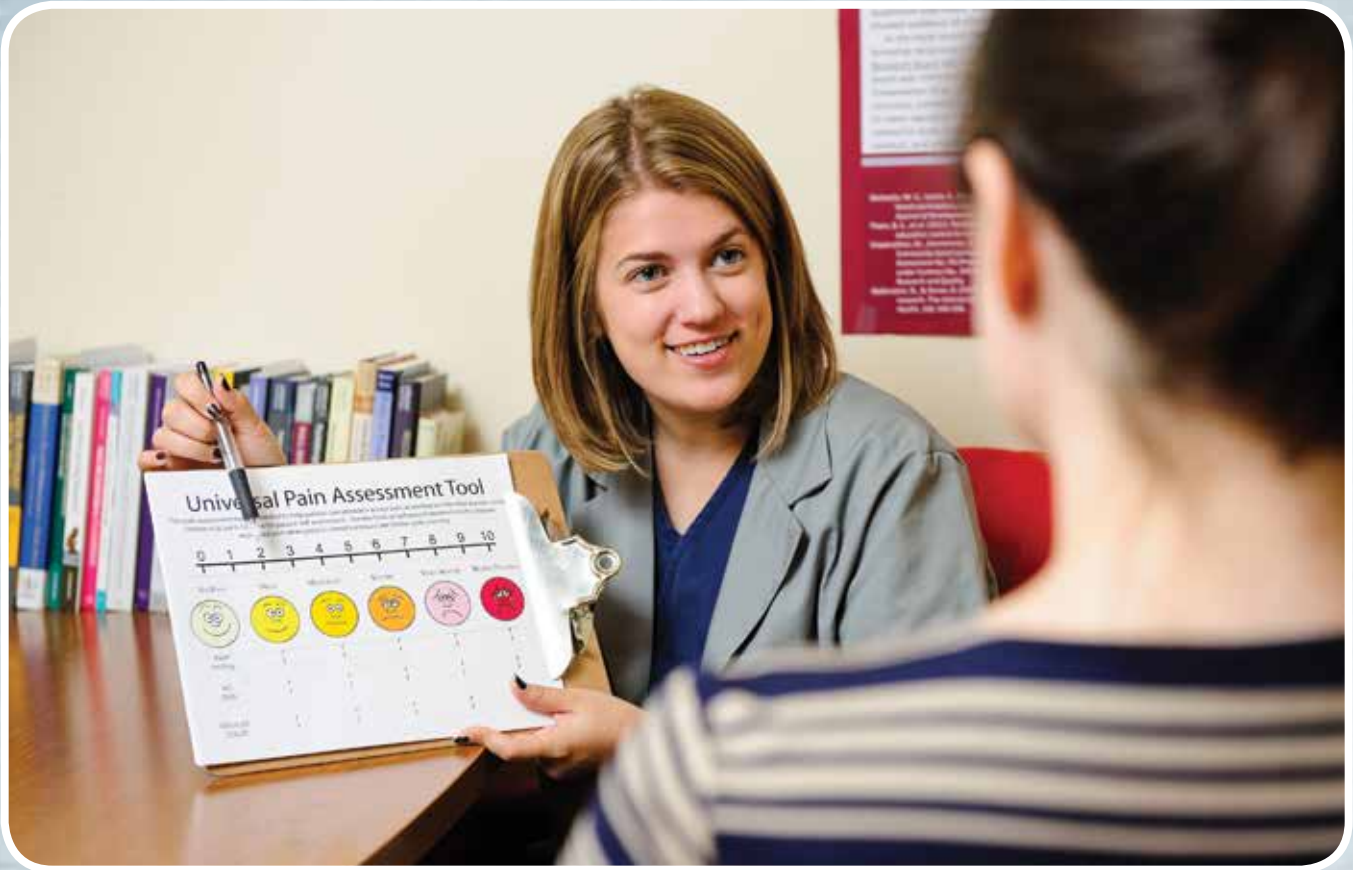
She reaped one of those rewards in her senior year—the opportunity to intern at one of the largest child life programs in the nation. Howard spent her final semester transitioning from student to professional while working at Cincinnati Children’s Hospital Medical Center. She worked with inpatient, outpatient and a critical care unit in neurology, the Division of Developmental and Behavioral Pediatrics, and the Bone Marrow Transplant Unit. From facilitating medical play sessions—to help the child become more familiar with their environment—to preparing patients for procedures, she got a firsthand look at what her life would be like after graduation. Following her graduation, the

hospital hired Howard as a child life specialist.

“Everything I learned in school has prepared me for this role,” she said. “But now, it’s not learning about other people’s interactions; it’s having my own. It’s creating my own style. You are working hands on with the children, and that is something that no amount of studying can prepare you for, because every child is different and every single interaction is not the same.”

Howard’s days are not always joyous ones. Not only is she there to hold a child’s hand when he is hurting or share the moment when a child conquers his fears, but she is also there to help families when they lose a child. She has had the honor of taking part in memory-making moments, such as making a 3D mold of a child’s hand.

“People wonder how I could revolve my life around this type



of the lower leg. The nerve damage White suffered caused her right leg to grow slower than her left.

The condition puts tremendous stress on the hips, which can become unaligned due to the unnatural movements. As a result, those with the disability typically suffer chronic pain.

She was fitted for orthotics before she took her first step, and continues wearing them. She wore a brace on her hips every night for two years, and she's had multiple surgeries on her foot and knee.

"These experiences made my initial view on medicine very negative," White said. "I dreaded my doctor visits. They were filled with cold hands, funny smells and, undoubtedly, bad news."

White experiences pain daily and has "never had the body of a young person," she said, despite being 22 years old. While she'll continue facing her own pain in the future, she's

diligently working to help others manage theirs.

White hopes to become a doctor and help what she calls an "underserved" population: people who suffer chronic pain. A former member of the University's Honors College, White has worked in the department of psychology's pain lab, where graduate students and undergraduates participate in pain research with faculty members.

Under the guidance of Dr. Bev Thorn, chair of the psychology department and director of the UA Pain Management Team, White conducted research that charts self-reported pain scores and physiological indicators in emergency room patients at DCH Medical Center, where she also worked as a scribe.

White presented her research at the Society of Behavioral Medicine conference in San Francisco in March 2013. "I read an article on physiological responses (heart rate,

respiratory rate and blood pressure) to pain," White recalled. "I expected someone with a 10/10 pain score would have elevated blood pressure and heart rate. However, previous research has shown these two things were not related. We thought we could try these other measures. What does a chronic person feel that an acute person may not?"

"The initial findings are surprising—that the physiological responses don't correlate with the self-reported pain score," White added. "It's still surprising to me, because you'd think your body would respond to the pain you're in."

If it makes you cringe or seems a bit weird, there's a good chance that White is fascinated by it.

Whether it's "strange bacteria" or unusual injuries to the human body, White said she frequently embraces things from which others withdraw. It's a personality trait she shares with her grandmother, a former micro-



*Jessica White helped a patient assess their pain intensity on a scale of one to 10 (opposite page).*

biologist who worked for a pathologist. This grandmother's encouragement of a career in medicine took on more meaning for White following a chance encounter in a hospital waiting room when she was 7.

Prior to this, White said, she was "weary of medicine and everything to do with it," even routine trips to her orthopedist. But someone with physical limitations far greater than hers showed her it's possible to achieve goals in spite of a negative prognosis.

The patient, a young boy with no hair and orthotics on both legs, sat down next to White and struck up a conversation.

"My first instinct was that this boy would be insecure about how he looked or how he was perceived by others," White said, "but, instead, this strange boy began talking to me as if we were old friends. The conversation that we had was so sincere that the normal agony of the waiting room was lost to me. I was baffled at how someone who had appeared to have suffered so much already—and most likely had much more suffering ahead—could act as if these disabilities were irrelevant.

"After meeting him, it was clear he believed he was the luckiest kid alive, but I was confused as how this could be, until it was his time for him to go see his doctor, and she came out personally to greet him," White remembered. "A personal reception was not something I had ever witnessed in all my visits. His excitement was obvious as he clumsily ran to her. Then I



remembered what he had said earlier. He told me that he had her to thank for all the progress he had made. Instead of blaming the doctors, as I did, he embraced all their hard work. I will never forget that boy."

From that point forward, White recognized barriers only to overcome them. Riding horses, wearing high heels and playing volleyball were once thought to be impossible for her, but she has since accomplished those goals. "Excuses were replaced with solutions," she said. "I realized that life was a gift, and I was determined to make the most of it."

Pre-med majors have a difficult choice when they enter college: what to major in as an undergrad. On one hand, they want to pick a concentration that will help the transition to medical school; on the other, they want to select something they enjoy and find useful.

For White, who loves biology,

her path to psychology came down to a "vibe" she got when entering Gordon Palmer Hall, which houses the psychology department. "Now, don't get me wrong; I loved my pre-med classes with their shiny new labs and large auditorium classrooms, but there is also another side to me," White said. "I love Gordon Palmer; it is old and full of character. The classes are small, and the teachers just look like psychology teachers. I knew that I could be a doctor no matter what my undergraduate major was, so I chose psychology because it felt right, and because I knew that I would learn so much biology once I got to med school, but maybe not enough of other things."

White said she also earned valuable experience in medicine as a scribe at DCH, where she collaborated with emergency room physicians and fulfilled the primary secretarial and non-clinical functions of the busy physician or mid-level provider. "The physicians who I worked with taught me so much," she said. "Not just about what elevated troponin levels mean or what an abnormal chest X-ray looks like, but about how to deal with the stresses of being a doctor, and how rewarding it is in the end." ■

**Kim Eaton, '03,  
and David Miller are  
communications specialists  
with University Relations.**