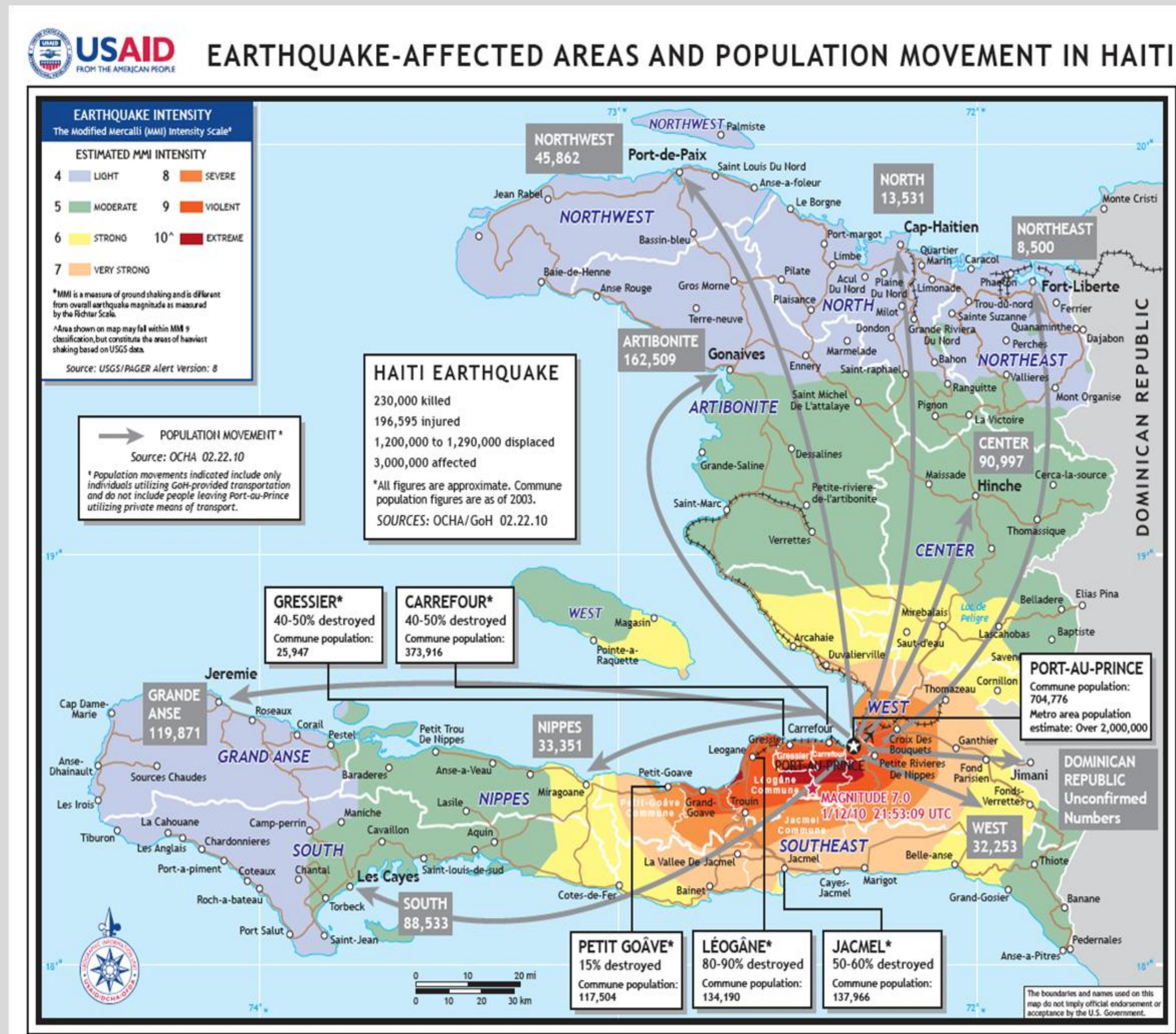


TRAINING HAITIAN SERVICE PROVIDERS IN HOLISTIC PSYCHOSOCIAL CARE FOR TRAUMA SURVIVORS

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BACKGROUND

While Port-au-Prince, Lèogane and nearby areas sustained the majority of the structural damage from the 2010 earthquake, the psychosocial trauma caused by the disaster, especially in localities outside of the quake zone, has not been well-documented or addressed. In Haiti, local professionals, religious and lay counselors, were already in short supply before the quake and were quickly overwhelmed with demand in the aftermath. International relief workers increased the availability of support services in official camps, but this was a service largely provided only in the quake zone, and other areas receiving large numbers of internally displaced people, called IDPs, did not benefit. Of the estimated 1.2 to 1.3 million people who were displaced by the earthquake, approximately half left the city of Port-au-Prince. In January 2010, an NGO working in Gonaives, Cape Haitian and surrounding localities contacted DePaul University for assistance. A team of faculty and graduate students began working on a training workshop to provide psychological first aid training to the local staff.



PURPOSE

The purpose of this poster is to present a training program for psychosocial service providers in Haiti to build capacity to address the psychosocial needs of trauma survivors. The primary objectives were to enhance the capacity of providers to:

- Understand **trauma** from a psychosocial perspective;
- Identify the **signs and symptoms** of post-traumatic stress;
- Provide age-appropriate **psychosocial care**; and
- Employ a variety of self-care techniques, including **stress reduction** and **relaxation**.

The intent was to design a training tailored to the practical needs of frontline Haitian service providers and to the socio-cultural context of clients while still retaining the core principles and practices in the psychological first aid approach.

Common Experiences Following Trauma

Adolescent Specific Reactions (ages 12-18):

- Experience the same reactions as children
- Be more physically or verbally aggressive (especially males), or more withdrawn (male/females)
- Not fulfill their regular responsibilities (household duties, work/school, children)
- Deny that traumatic events have affected their well-being
- Repeatedly have stressful/painful thoughts, feelings, or visions of traumatic events
- Begin to experiment with drugs/alcohol to "numb" their stress/pain
- Be very sad, angry, or frustrated
- Question God, or a Divine power
- Fear for their lives or the lives of loved ones
- Not appear completely coherent when under stress
- Wish to hurt themselves, or die

Guidelines for Parents/Caregivers

- Avoid exposing a child/adolescent to reminders of the trauma. Limit youth's exposure to news about the events, or adult conversations
- Avoid unnecessary separations between youth and important caregivers
- Maintain family routines—meals, sleeping, church, etc.
- Make sure the youth has a healthy diet, and enough rest
- Help child feel in control by offering her/him options about daily activities (choosing clothes, meals, chores, leading prayer, etc.)
- Be a listener. Allow youth to talk about trauma or losses when they are ready, and do not scold, judge, or ridicule their feelings
- Be patient. Remember that it is common for youth's behavior to change after a traumatic event
- Give praise. Acknowledge a youth's contribution to daily household or community life (especially since many youth must assume greater responsibilities following a traumatic event)

Sample Training Handouts in English (above) and Haitian Creole (below).

Eksperyans jeneral aprè twoub

REAKSYON ADOLESAN (aj 12-18 tan)

- Gen menm reaksyon ak timoun piti.
- Vin pi agresif fizikman oubyen vèbalman (èspesyalman tigason); oubyen vin mete yo pi aleka (tigason/tifi)
- Pa fè sa yo te konn fè nòmman (devwa nan kay la, travay lekòl, timoun)
- Demanti ke evenman twomatik yo te afekte bon abidit yo.
- Toujou ap gen panse ki fè moun mal, strese ; toujou santi oubyen wè evenman twomatik yo nan rèv.
- Kòmanse tonbe nan dwòg/alkòl pou bese tansyon strès ak doule yo.
- Tris anpil, fache, oubyen fristre.
- Poze Bondye kesyon (keksyon), oubyen yon lòt fòs di-vin.
- Gen kè sote pou lavi yo oubyen pou lavi moun ki chè pou yo.
- Pa parèt konplètman dezòganize lè yo anba strès.
- Swete pou yo fè tèt yo mal, oubyen mouri.

Endikasyon (Konsèy) pou paran/moun k ap bay laswenyay

- Evite mete timoun/adolesan kote y ap repale de twoub yo- redui posiblite pou jèn timoun yo pa tande nouvlè sou sa ki pase yo, oubyen kote granmoun ap fè pawoli pa yo.
- Evite separasyon ki pa nesese ant jèn moun e moun enpòtan k ap bay laswenyay.
- Kenbe abidit fanmi yo- manje, dòmi, legliz, elatriye.
- Asire ke jèn moun yo manje byen, enpi yo repose ase.
- Ede timoun nan santi li sou kontwòl pandan y ap ofwi li posiblite pou li chwazi aktivite chak jou li (chwazi rad, manje, travay, fè lapriyè, elatriye.
- Toujou prèt pou koute. Kite jèn yo pale de twoub oubyen pèd ki fèt lè yo pare pou sa, e piga gwonde yo (move sou yo), jije, oubyen pase anba rizib sa yo santi.
- Gen pasyans. Sonje ke li jeneral (nòmman) ke konpòtman jèn yo chanje aprè yon evenman twomatik.
- Bay glwa (apresye/aplodi). Rekonèt kontribisyon jèn yo nan aktivite chak jou lakay la oubyen nan lavi kominite a (èspesyalman piske anpil jèn dwe pran pi gran rèsponsablite aprè yon evenman twomatik.)

DESIGN

Using a rapid ethnographic assessment methodology, a research team from DePaul University, led by a Creole-speaking MPH graduate student, conducted an assessment of a purposive sample of NGO clients to understand the range of emotional, physical, and psychological responses present in the population. The intent was to understand reactions and coping in the local context to inform the psychological first aid training. The team developed culturally-appropriate materials in Creole related to identifying and addressing post-traumatic stress reactions. These materials were used at three separate free one-day trainings and were shared with NGOs and government agencies. Trainings were held in Gonaives, Cape Haitian and Limonade, areas that received significant numbers of displaced people from Port-au-Prince. Trainings were designed for psychosocial service providers and included skills-building and support related to the issue of post-traumatic stress symptoms, adaptive responses to stress, and intervention strategies. Employing a train-the-trainer model promoted the sharing of this knowledge within organizations.

TRAINING TOPICS:

- Age-specific Signs and Symptoms of Post-Traumatic Stress
- Strengths-based Coping Strategies
- Relaxation techniques, including deep breathing and progressive muscle relaxation
- Mediation and Conflict Resolution Skills
- Relationship Building and Parenting Skills
- Self-Care for Care Providers

RESULTS

The 6-month follow-up showed that trainees expressed a high degree of satisfaction with the training, desired additional training in the form of a follow-up session, and were actively employing techniques learned during the training in their work.

CONCLUSION

Psychological first aid training provides frontline care providers with skills and strategies for management of symptoms associated with trauma and techniques for healing. This common sense, strengths-based approach is applicable in the context of Haiti, where there is a shortage of trained mental health care professionals and local, lay practitioners do the majority of direct care. The team would like to disseminate these training materials to a wider audience, including organizations working with displaced populations outside of Port-au-Prince and camp populations.

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