



**Global Trauma Research Inc.'s
Haiti Trauma Project / Hurricane Relief: October - December, 2016**

Final Report

Submitted: April 2017

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Objective

Increasing access to culturally competent trauma counseling to underrepresented groups.

Mission

Global Trauma Research (GTR) Inc. is a non-profit organization, whose mission is to help support people around the world affected by psychological trauma. GTR hopes to help people create a secure and maintainable lifestyle by means of education, counseling, support, and integration of spirituality in health practices. GTR believes in developing and implementing comprehensive services, and therefore researches innovative techniques.

Clients of GTR and the larger community benefit from:

Education & Training

Offering wide range of workshops and presentations on national and international trauma counseling. This initiative includes The Haiti Trauma Project, a trauma intervention-training course for professionals working in Haiti.

Research

Committed to increasing knowledge that has real impact for underrepresented groups and developing countries; focusing on mental health priorities around the world.

Counseling Services

Using spiritual and therapeutic services to provide individual and group counseling around traumatic events.

Support Services

Providing social support services that encourage therapeutic development and mentorship.

Hurricane Matthew in Haiti

Natural disasters can strike anywhere and at any time. On Tuesday, October 4, 2016 Hurricane Matthew hit Haiti at 7:00am. The storm was considered a category 4 moving at about 7 mph, with winds at over 100 mph. For a country that is still recovering from the 2010 earthquake that killed hundreds and thousands, the impact was catastrophic, especially for the south.

Through our capacity building initiative, GTR has trained hundreds of doctors, nurses, educators, and religious leaders in Haiti in the past few years via our [Haiti Trauma Project](#), for such a time as this. The project coordinates with university faculty and students, community leaders, and agencies in the U.S., in a collaborative international trauma research and clinical training program; providing mental health training focusing on the pathways to care, barriers to treatment, and engagement strategies that influence service usage to Haitian professionals. The learning objectives include: 1) develop a foundation for psycho-education and challenge stigmatized mental health ideologies. 2) learn basic trauma assessment and intervention skills.

You can visit our [financial reports HERE](#) to see how past funds were allocated.

GTR's preliminary Hurricane response plan, which was created at 3:00am 10/04/16, was to work with past trainees, and empower them to go into their community and provide mental health first aide to their constituents. Unfortunately, when GTR hit the ground in Haiti, a thorough needs assessment concluded that intervention was needed in areas where GTR had not trained. GTR therefore revamped its mental health response plan, and collaborated with The Haitian American Coalition. The Coalition brought together many Haitian American organizations including lead organizers: Haitian American Nurses Association (HANA) and Ma DooDoo.

Trauma after Hurricane Matthew

Primary Traumatization:

Potential Mental Health Diagnosis (please note these diagnoses are used loosely, and cultural implications are taken into consideration)

- Posttraumatic Stress Disorder (PTSD)
- Adjustment Disorder
- Acute Stress Disorder (ASD)

The Response

- The lived experience of this natural disaster can cause immediate psychological distress, but the psychological consequences will generally be transient (McFarlane, 1987).
- The long-term outcomes after the trauma will be influenced by the nature of the post-trauma intervention (Raphael & Wilson, 1993). Haiti's repeated traumatization adds an enduring traumatic stress response that is thought to synergize subsequent traumatic events.
- Because Haitian natives experienced multiple trauma events, their ability to cope becomes compromised.
- Incompetence and failure of sociopolitical systems in this disaster increased the risk for stress reactions and psychological disorder.
- GTR's mental health workers helped survivors to normalize their emotional reactions.

Secondary Traumatization:

GTR was aware that support was needed for people on the ground as well:

- Vicarious traumatization may occur in emergency personnel after working with individuals who have undergone traumatic events.
- Compassion fatigue may also happen to people who have been on the ground since the earthquake.
- Trauma stress reactions are contagious and create effects in those individuals who work with psychological trauma victims.

Revised Plan

From 10/4/16-10/11/16 we assessed the need. GTR's immediate response was to connect with past trainees, however after a needs assessment on the ground, we realized our efforts were better utilized elsewhere. On October 12, 2016 we collaborated with the Haitian American Coalition in the South, and worked in Aquin, Camp Perin, and Cavaillon.

GTR was the only mental health response unit. GTR came in with a plan to combat Primary and Secondary traumatization. The plan was implemented in 3 months:

STAGE 1: Acute Support **COMPLETED** October 9-16, 2016

Our acute support was the first stage and took place immediately after the mass disaster in Aquin, Camp Perin, and Cavaillon.

Upon arrival Psychological First Aid was provided:

- Step 1 Further assess need and compile a list of resources
- Step 2 Make contact with survivors and provide physical and emotional safety
- Step 3 Stabilize survivors with culturally competent intervention
- Step 4 Gather information about survivors immediate needs
- Step 5 Offer practical help to meet needs
- Step 6 Connect survivors with family, friends, and support systems
- Step 7 Provide psycho-educational information about stress reactions and reduction
- Step 8 Link survivors to collaborative services

STAGE 2: Intermediate Support – **COMPLETED** November 2016

During this stage, the coalition returned to Haiti and provided medical support, and sustainable resources.

STAGE 3: Ongoing Treatment - **COMPLETED** December 7-19, 2016

Our final stage of support included resources that would have impact for years to come. Contrary to stage 1 and 2, we provided the survivors and leaders with tools and coping skills that they could continue to use.

PART 1 in Cap Haitian and Les Cayes:

- The primary focus of treatment during this stage was to promote anxiety management and reduce stress.
 - Over 700 people received medical and mental health aide. Over 2,000 people received resources and supplies.
 - Over 3,000 children received toys during a holiday celebration in the South
- We supported the coalition with our resources and helped natives leaders adhere to these five core treatment principles:
 - Develop a strong working alliance with survivors
 - Collaborate with survivors in the development of goals
 - Provide empathy, friendship, and support
 - Provide positive regard and acceptance
 - Relate an attitude of authenticity and genuineness

Part 2 in Croix-De-Bouquets:

- Finally we conducted a five-day training with over 60 native leaders, and highlighted trauma assessment and intervention emergency strategy in the event of another disaster.
- A second holiday party was facilitated for over 450 children

Anecdotes

- Further assess need and compile a list of resources:

During each stop, immediate contact was made with a leader on the ground. Those leaders included faith leaders, politicians, and medical providers. To name a few: Pastor Eloi Fortin from Eglise Mission Evangelique Baptiste du Sud d'Haiti (MEBSH) d'Archille; Pastor Edmond Astrel Rene from MEBSH de Camp-Perrin; Diacre Gaston Eliassaint. These individuals were given the responsibility to follow-up with major cases, conduct home visits, and become a resource upon the groups' departure.

- Make contact with survivors and provide physical and emotional safety

Upon arrival HANA, the lead medical team, assessed the area and created a hospital within minutes. The participants were told of the hospital day's prior, and their names were compiled in a list before our arrival.

- Stabilize survivors with culturally competent intervention

Mental health psychological first aide took place primarily in the triage section. As patients made their way through triage, Dr. Florence Saint-Jean and her mental health team were called when someone was confused, frantic, panicky, withdrawn, shut down, extremely angry, irritable, worried, or in serious distress. The team also rotated where they were needed.

The services were non intrusive and created a space for calm. The patients were given the opportunity to share their story from a place of power. To avoid re-traumatization, the patients were not allowed to focus on their distress or trauma. Their strengths and resiliency were highlighted. The patients were constantly asked, "What has worked in the past?" and those coping mechanisms were used to support them now. Some of the interventions included prayer, and indigenous healing such as massage using castor oil, and herbal teas.

Some anecdotes are below:

Woman 35 years old: Almost lost her mother. She thought her mother was dead after her roof flew off. She had to throw water on her mother's face to revive her. She felt very helpless, as she lost her home and all her belongings. This survivor's strengths were highlighted and she was connected to her community church.

Woman 72 years old: Lost the home that she built from scratch. She felt powerless and felt that she lost all the respect she had gained from her community. When the volunteer attempted to highlight her strengths, she rejected the notion. This woman said she was so discouraged and didn't want to live anymore. After stabilizing her, a verbal contract was created, and in the end, this woman promised not to take her life.

Man 64 years old: Having headaches and body ache, but they were psychological symptoms. This man was taught the tapping technique.

Older woman – age unknown: Was having severe headaches, distressed, fast beating heart, and anxiety attacks. This woman was given breathing techniques. Her strengths were highlighted and her ability to care for her children.

Mother – age unknown: This woman was in distress because the day after the hurricane her former partner attempted to kill her. This was a serious domestic violence case. This woman had broken bones and bruising on her entire body. The volunteer helped this woman create a realistic safety plan. Because there are no DV shelters in Haiti and calling the police puts her in a greater danger; this woman was encouraged to plan with her immediate circle. This woman had a cell phone that could only make outgoing calls. The volunteer helped the woman find two trusted sources that would be notified in advance, that when a call came from that number, they were to report to her home immediately. This woman's son was connected to another volunteer that he connected with. They drew pictures and he was given a safe space to express himself.

•Gather information about survivors immediate needs

Before and after the intervention, survivors were asked what their immediate needs were (like water), and we accommodated as much as possible.

•Offer practical help to meet needs

Food, water, blankets, and clothes were provided.

•Connect survivors with family, friends, and support systems

None of the people we encountered were looking for family members, however they were connected to local support in the event this issue arose in the future. Survivors were encouraged to join forces with their support systems such as a church group, or family.

•Provide psycho-educational information about stress reactions and reduction

In addition to supporting the survivors in recognizing their strengths and past coping mechanisms; the patients were also taught stress reduction techniques such as breathing and tapping. Tapping seemed to be very well received, as patients understood that distress is often times trapped in different parts of the body.

•Link survivors to collaborative services

Some serious issues arose such as suicidal ideations and domestic violence. Ideally this stage would be better facilitated if it came from a native who would be there for the long term. This was a major limitation, however some patients were connected with a local leader.

Issues such as this one were addressed in GTR's trauma training in Croix-Des-Bouquets. The trainees were taught that they were first responders, and in the event of a future disaster, they had to provide long-term support to natives.

Financial Report

Please see GTR's 2016 annual report and newsletter, which can be found at:

<http://www.gtrinc.org/annual-report-.html>