Physical, Psychological, and Spiritual Issues in Traumatic Events
Treating Post-Traumatic Stress Disorder in Haiti:
An Integrative Approach

Presented at:
2011 Annual International Conference
Association of Christian Therapists
Philadelphia, PA   October, 2011
Benjamin B. Keyes, PhD, EdD  
Phone: 757-352-4284  
bkeyes@regent.edu

Merrill T. Reese, PhD  
Phone: 757-352-4733  
mreese@regent.edu

Regent University  
School of Psychology and Counseling  
1000 Regent University Drive CRB 221  
Virginia Beach, VA 23464
On January 12, 2010 a 7.0 earthquake hit the island nation of Haiti.

- 222,000 people died
- 2.3 million were displaced
- Capital city of Port-au-Prince was leveled
INTRODUCTION

Film clip: The Quake
PBS/FRONTLINE
• 1.5 million homeless
  – 810,000 still living in 1,150 camps
  – 1 billion in relief left 400 million short of needed funds to aid people
• Cholera – within the 1\textsuperscript{st} year of the earthquake has killed 3,600
  – 150,000 are ill
  – 400,000 could be infected
  – 2.2 children are currently at risk
• Camps – according to the UN: Treeless, remote sites far removed from commerce and out of working range of Port-au-Prince.
  – No jobs
  – Tainted water
  – Poor sanitation
  – Limited food
  – Gangs
  – Increase of rape and abuse of women
• Camps
  – Almost 2 years later, 1.05 million still in camps compared to 1.5 million 2 years ago.
PHYSICAL

• 274 Schools damaged or destroyed, now cleared

• Security
  – 1,000 U.N. Police
  – 6,000 U.N. Soldiers
  – National Police
• By January 31, 2010 – 396 International Health Organizations had arrived in Haiti
  – 17 rural hospitals, 11 run by military, were set up to reach thousands
  – 4,000 amputations
PHYSICAL

• It is estimated that 2.5 – 3.3 million people live in a situation of food insecurity.

• Haiti has the highest mortality rate of all Caribbean nations of children under the age of five.

• Only 15% of debris has been removed.
Continued problems exacerbated by the earthquake

1. Neonatal health and nutrition
2. Gender based values
3. HIV/AIDS
4. TB, Malaria, Dengue, Cholera
5. Provision of mental health services
Streets
• Trauma Team Interventions
  1. Psychological First Aid
  2. Treating traumatized families
  3. Treating post-traumatic stress disorder
  4. Strategies for working with traumatized children
  5. Compassion fatigue
  6. EMDR
  7. Domestic violence
  8. Individual counseling
What is Psychological First Aid?

- Evidence-informed modular approach to help children, adolescents, adults and families in the immediate aftermath of disaster and terrorism
What is Psychological First Aid?

- Evidence-informed modular approach to help children, adolescents, adults and families in the immediate aftermath of disaster and terrorism
What is Psychological First Aid?

• Designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning and coping.
What is Psychological First Aid?

Four basic standards:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner
Who Delivers Psychological First Aid?

- Designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families and adults as part of an organized disaster response effort.
Where Should Psychological First Aid Be Used?

Designed for delivery in diverse settings.

- General population shelters
- Special needs shelters
- Field hospitals and medical triage areas
- Acute care facilities (Emergency Departments)
- Staging areas or respite centers for first responders and relief workers
- Emergency operations centers
- Crisis hotlines or phone banks
- Feeding locations
- Disaster assistance service centers
- Family reception and assistance centers
- Homes
- Businesses
- Other community settings
Strengths of Psychological First Aid

• Emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds

• Includes handouts that provide important information for youth, adults and families for their use over the course of recovery
Basic Objectives

- Establish a human connection in a non-intrusive, compassionate manner
- Enhance immediate and ongoing safety and provide physical and emotional comfort
- Calm and orient emotionally-overwhelmed or distraught survivors
Basic Objectives

- Help survivors to tell you specifically what their immediate needs and concerns are, and gather additional information as appropriate
- Offer practical assistance and information to help survivors address their immediate needs and concerns
Basic Objectives

- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors and community helping resources
- Support adaptive coping, acknowledge coping efforts and strengths and empower survivors; encourage adults, children and families to take an active role in their recovery
Basic Objectives

- Provide information that may help survivors cope effectively with the psychological impact of disasters
- Be clear about your availability, and linking the survivor (when appropriate) to another member of a disaster response team or to local recovery systems, mental health services, public-sector services and organizations
• Imbed video of Training
PSYCHOLOGICAL

Treating Traumatized Families & PTSD

- Effects
- Family dynamics
- Resiliency factors
- Telling the story
- Treatment indicators
How Do Traumas Affect Individuals—including Children?

4 major Classes of Traumatic Stress Symptoms:

1. Re-experiencing of the Event
2. Intense Psychological Distress at Exposure to Reminders
3. Persistent Avoidance
4. Persistent Arousal
And in Young Children

Symptoms include:

- Repetitive play
- In which themes or aspects of the trauma are expressed
- And frightening dreams without recognizable content
Also,

- trauma-specific reenactment may occur in play, drawings, stories, and fantasies.
Trauma Symptoms in Family Systems

- Parental dysfunction
  - Violence
  - Neglect
  - Over protection
- Relationship violence
- Relationship neglect
- Family Burnout
Kids in Street
Hospital
Small Church
Rev Jephthe Lucien
Training
Training
Big Church
Life in Haiti
PSYCHOLOGICAL

• Strategies for working with traumatized children
  – Stones
  – Puppets
  – Stories
  – Relaxation skills

• Puppet video

• Story video
PSYCHOLOGICAL

• Compassion Fatigue Skills
  – Breathing
  – Visualization
    • Safe place
    • Relaxation
  – Tapping – EFT
  – Return to regular activities
    • Music
    • Writing
    • Reading
    • Journaling
    • Walking
    • Exercise
    • Art
    • etc.
PSYCHOLOGICAL

- EMDR – with pastoral counselors
PSYCHOLOGICAL

• Domestic Violence
  – Re-traumatizes previous trauma
  – Power-control issues
  – Equality in relationships
SPIRITUAL

- Christianity vs. Voodoo
- Story of Nadie
SPIRITUAL

Video Clip of Trauma Team Trip
July, 2010
700 Club
Questions?