TRAINING AND BEING TRAINED: TRAUMA RECOVERY PARTNERSHIPS IN RWANDA

Philip Monroe, Marianne Millen
pmonroe@biblical.edu

www.globaltraumarecovery.org

www.biblical.edu
Objectives

- Review steps and lessons learned from 7 year partnership with Rwandan caregivers
- Identify competencies for American mental health practitioners providing international trauma recovery interventions
- Summarize next steps including research needs
Challenge!

- Harnessing the passion to deliver mental health intervention across the globe without harm
Good desires are not enough

- 500 received EMDR last weekend.
- Tapping has transformed this village.
- We are going to provide therapy to orphans in Haiti.
Need for training competencies

  - The literature on international trauma work demonstrates neither a comprehensive nor serious attempt to address the values, framework, techniques, challenges and outcomes of international training. (p. 157)

Start with Ethical Standards

- IASC 2007
  - Human rights and non-discrimination
  - Participation
  - Do no harm
  - Integrated into larger supports
  - Multilayered

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
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<td>Establish one overall coordination group on mental health and psychosocial support.</td>
<td>Do not create separate groups on mental health or psychosocial support that do not talk or coordinate with one another.</td>
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<td>Support a coordinated response, participating in coordination meetings and adding value by complementing the work of others.</td>
<td>Do not work in isolation or without thinking how one’s own work fits with that of others.</td>
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<td>Collect and analyse information to determine whether a response is needed and, if so, what kind of response.</td>
<td>Do not conduct duplicate assessments or accept preliminary data in an uncritical manner.</td>
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<td>Tailor assessment tools to the local context.</td>
<td>Do not use assessment tools not validated in the local, emergency-affected context.</td>
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<td>Recognise that people are affected by emergencies in different ways. More resilient people may function well, whereas others may be severely affected and may need specialised supports.</td>
<td>Do not assume that everyone in an emergency is traumatised, or that people who appear resilient need no support.</td>
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IASC examples

- 4.1 Identify and recruit staff and engage volunteers who understand local culture
- 5.3 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices
- 6.4 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems
Identifying types of harm

- Deficits orientation
- Parachuting in
- Insensitivity to context and culture
- Non-holistic support
- Creating dependency

Wessels, MG (2009) Do no harm: Toward contextually appropriate psychosocial support in international emergencies American Psychologist
Trauma competencies

- New Haven Competencies for Trauma Psychology Training and Practice
  - Scientific Knowledge
  - Psychological Assessment
  - Psychological Intervention
  - Professionalism
  - Relational and Systems
Most common failures?

- Not seeing strengths
- Insufficient awareness of local customs, etc.
- Not willing to set aside agenda
- Sustainability as an afterthought
- Failing to consider contextual issues
- Failing to adapt research
- Donor pressure determines decisions
Beyond the binary

- Do something possibly harmful?
  oré
- Do nothing at all (withhold possible help)?
Goal: A beneficial intervention

- utilizes the best of what we know
- contributes to recovery (rather than disrupts)
- improves coping strategies, and
- encourages widespread care delivered by local leaders
Steps to capacity building

1. Identify initial local needs and resources
2. Identify key stakeholders
3. Develop true partnerships (refine 1)
4. Plan outcomes; address sustainability and exits
5. Contextualize training content
6. Provide ongoing consultation
7. Evaluate outcomes
8. Address scalability
Example: CAMP model

- Build advisory board and working groups with key stakeholders
- Develop clear mission, goals, tasks
- Gather and analyze data
- Develop response components
  - Summits for stakeholders
  - Learning collaboratives
  - Networking
  - Care for clergy and mental health caregivers
- Evaluate
- Sustainability

Missing piece? ñPushbackò

Fig. 2 Inviting pushback and the resulting routes of work
Case study in Rwanda
History of Rwanda

- 1994 Genocide
- 1 million killed in approximately 100 days
- PTSD
- Anxiety
- Depression
- Prolonged Grief
- Somatic Symptoms (shortness of breath, headaches, hiccups)
- Suicide and Suicidal Ideation

Sezibera et. Al., Umubyeyi et al., Eytan et al., Connolly and Sakai, Schaal et al; Umubyeyi et al., Rubanzana et al.
Collaborative activities

- Listening, learning, supporting, deepening
Being trained? Birth of GTRI

- Active CEs
- Immersion experience

Course Content
- Neurobiology of trauma
- Cultural competencies
- Strengths focus
- Faith and trauma
- Ethics and interventions
- Dialogue education
Key competencies for MHPs

- Able to listen to/through culture
- Explore strengths
- Flexible interventions
- Dialogue Education skills
Lessons Learned
You are not telling the story

- Local decisions must shape outcomes
- Program birth and development is their story
Institutions with roots matter

- NGOs come and go; church-based orgs tend to be more permanent
Participatory research is a must

- Participatory Action Research
- Listening, learning, empowering
- Flexibility in research
- Creativity in upholding research standards
Multiple stakeholders can be complicated

- Who do you listen to?
- Local Collaborators, institutions, governments, funders?
It will be messy and take time

- Expect the unexpected, always
- Give enough time for logistics
- Being present really matters
Embrace the unknowns

- Adopt a posture of flexibility
- Be okay with not knowing
Money is always an issue

- Trust, patience and ingenuity are required
- Funding can be difficult
- Cultural expectations should be understood
Be mindful of coercion

- Consider the population
- Consider the power differentials
- How much do you pay participants?
- Who gets included and who gets excluded?
There will be a few extra steps

- Choose measures that will tell their story correctly
- Consider how you will collect your data
Remember the purpose

- The party often forgotten is the party you are working with
- Collaboration for the sake of your partners
- Providing information to all stakeholders
For slides:

- Email: pmonroe@biblical.edu
- Visit:
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  - www.wisecounsel.wordpress.com
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