Concept Paper for Psychosocial Support Training Project

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DePaul/Children’s Place Psychosocial Support Project
Concept Paper

Introduction: Children’s Place International is a 501 (c)3 non-profit agency that has been providing supportive services to HIV-impacted children and families in four communities in the north of Haiti since January 2008. Our mission is to improve the present and secure the future for HIV-impacted children and families by addressing the stressors impacting individual families. Our wraparound services, including food distributions, housing assistance, educational fees, facilitating access to medical care, and bi-weekly home visits to provide psychosocial support and address the issue of HIV-related stigma and isolation, are tailored to respond to the specific needs of each family. Children’s Place currently supports more than five hundred HIV-impacted children and families in four communities across the north of Haiti: Gonaives, L’Estère, Cape Haitian and Limonade.

Children’s Place International has partnered with the Masters in Public Health Program at DePaul University to obtain technical support in the design of a training program to build the capacity of caseworkers to help families identify and treat Post-Traumatic Stress Symptoms (PTSS) associated with the earthquake. With its strong Vincentian mission of promoting social justice and its orientation toward service, DePaul University is a natural partner for Children’s Place International. The faculty of the Master of Public Health Program bring years of international experience, a deep understanding of community-based health intervention planning and implementation, and previous experience conducting post-traumatic training and support in Kenya to this partnership.

In March 2010, a team from CPI and DePaul traveled to Haiti and conducted a needs assessment and a pilot training of our PTSS materials.

Goals/Objectives: The goal of the CPI/DePaul Post-Trauma Training is to provide skill-building and support to front-line Haitian human care providers around the issue of post-traumatic stress symptoms, appropriate responses and intervention strategies. We will use a train-the-trainer model to facilitate three separate 2-day trainings in Port-au-Prince, Gonaives and Cape Haitian, on the signs and symptoms of PTSS, age-appropriate responses, techniques for relaxation and mediation skills. Trainings will be free of charge and open to up to twenty participants each, including CPI staff and staff members from other in-country NGOs. The sixty trainees will return to their respective agencies and communities where they are expected to train another three hundred frontline workers over the next six months.

The Need: On January 12, 2010, the Caribbean nation of Haiti was struck by a 7.0-magnitude earthquake. While the capital city of Port-au-Prince and outlying areas sustained the majority of the structural damage, the secondary effects of this disaster, including psychosocial effects, are immeasurable.

Traditionally, mental health care in Haiti has carried a heavy stigma. The majority of Haitians do not have access to mental health care—a 2003 report revealed that there were
only nine psychiatric nurses and ten psychiatrists practicing in the public sector in the entire country (PAHO/WHO 2003). The capital city of Port-au-Prince only has two psychiatric hospitals, and outpatient mental health services throughout the rest of the country are usually offered only periodically by visiting mental health practitioners. Those who do seek mental health care or who are institutionalized face certain ostracism by the community and often an inhumane standard of care. Post-earthquake, Haitians in all parts of the country, not only those who survived in Port-au-Prince, are dealing with symptoms of post-traumatic stress. Many have identified these behavioral changes as being worrisome, but few have the skills or training to effectively deal with them.

In March 2010, CPI/DePaul sent an assessment team to Haiti to learn about the post-earthquake psychosocial needs of Children’s Place staff and clients in Gonaives, Cape Haitian, Limonade and L’Estère. Even in these communities, which are all located several hours outside of Port and where physical damage was minimal, interviewees repeatedly reported experiencing classic symptoms related to post-traumatic stress, including tension headaches (tet fè mal), difficulty sleeping (pa ka dòmi), nightmares (kochma), anxiety (enyètèl), social withdrawal (pa vle wè moun) and changes in appetite (pa genyen lapoti). Through the course of the needs assessment, the DePaul/CPI team also gathered extensive information on the phenomena of sezisman and move san, the anger- and anxiety-related fits that are the most extreme manifestation of mental stress within Haitian culture.

The team also gathered anecdotal information on the effects of PTSS within the communities CPI serves. For example, in Cape Haitian, parents are so fearful of aftershocks and mistrustful of school buildings that many no longer send their children to class. In Gonaives, the rumbling sound of a passing truck caused a panicked evacuation of a school building. Several children were injured while jumping off of the school balcony to avoid what they thought was another quake. Additionally, the team visited several “blended” households, where nuclear families have taken in extended family members who are refugees from Port-au-Prince. In each of these homes, more than twenty family members are forced to share what were already scarce resources and tight quarters. As a result, tensions are running high between family members who do not have the mediation skills to subvert or resolve family conflict.

In response to this national trauma and the great need for psychosocial support training and materials, and bearing in mind the scarcity of resources or mental health professionals, Children’s Place International and DePaul University have formed a partnership to develop a series of post-trauma psychosocial support materials and a train-the-trainer curriculum that will be provided to front-line Haitian human care workers.

The Program: In the short term, Children’s Place International and DePaul University have developed two written resources which were adapted from materials created by the

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1 Jewish General Hospital, Montréal Dept. of Psychiatry Culture and Mental Health Research Unit at Jewish General Hospital, Montréal and McGill University Dept. of Psychiatry Division of Social & Transcultural Psychiatry, “Culture and Mental Health in Haiti: A Literature Review,” World Health Organization Report (1 February 2010): 16-17.
United States Substance Abuse and Mental Health Services Administration (SAMHSA), the National Child Traumatic Stress Network, the National Mental Health Information Center and the American Red Cross. Our resources have been translated into Kreyol and were piloted with the CPI field team in March. The written materials included a one-page document on the basics of post-traumatic stress, including common signs, symptoms and “does and don’ts.” Additionally, we developed a small ring-bound resource specifically designed for field workers which provides more extensive information about age-specific reactions to post-traumatic stress, advice for talking to children who have survived trauma, and tips for encouraging appropriate coping responses. During our March trip, the DePaul faculty provided the CPI field team with two days of training on these resources, as well as instruction on basic relaxation techniques and self-care.

In the mid-term, using our findings from the interviews conducted during the March visit, we are developing a lengthier curriculum that will be used to facilitate a 2-day train-the-trainer program for the Children’s Place field team and for other front-line care providers, including social workers, doctors, nurses, community organizers, therapists, etc. Given the shortage of trained mental health care practitioners in-country and the stigma that traditional mental health practice holds, we favor a peer-counseling model and will tailor our materials accordingly.

Our training curriculum will contain longer training modules on the following topics:

- Age-specific signs and symptoms of post-traumatic stress, including manifestations that are particular to the Haitian context (i.e. Move San and Sezisman)
- Strengths-based coping strategies, particularly social strategies, which make more sense within the context of Haitian culture and considering available resources
- Relaxation techniques, such as stretching, deep breathing and progressive muscle relaxation
- Mediation and conflict resolution
- Parenting skills, including the importance of praise and play for children
- Spirituality and post-traumatic stress
- Self-care for front-line staff

Our curriculum will be facilitated in three separate two-day training sessions in Port-au-Prince, Gonaives and Cape Haitian. Training sessions would be offered free of charge to participants and open to staff from multiple NGOs, hospitals and other front-line agencies. During the March visit, the DePaul/CPI team had the opportunity to reach out to several other NGOs in-country to ascertain level of interest in these materials. Among the agencies who have already expressed interest in sending staff to participate are: Catholic Relief Services, FHI, Haiti Response Coalition, Partners in Health, Beyond Borders and the Jean Robert Cadet Foundation.

**Anticipated Outcomes:** A total of 60 Haitian front-line care providers would achieve basic competencies around identifying and addressing post-traumatic stress symptoms with cultural competency. These trainers would then return to their respective
communities or agencies and provide training to an estimated 300 other frontline staff. Children's Place staff would use these resources in home visits to the more than five hundred clients we currently serve.

**Monitoring and Evaluation:** In order to ensure cultural relevance and sensitivity, we have engaged a team of Haitian cultural experts with backgrounds in religion and mental health who will be consulting on our materials throughout the development process.

After program launch, monitoring and evaluation will be provided jointly by the CPI/DePaul team. One component will be a qualitative assessment of training materials by participants. Additionally, participants will be given pre- and post-training evaluations to ensure achievement in core competency areas. Survey results will be aggregated and feedback will be used to improve future training.
“Improving the Present and Securing the Future: Helping Haitian Children and Families Heal”  
*DePaul University Faculty, Staff and Students Collaborate with Children’s Place International to Incorporate Holistic Psychosocial Care and Services into Haitian Relief Efforts*

Members of the DePaul University community from the Master of Public Health Program, Department of Psychology, and Department of Anthropology have partnered with the Chicago-based not-for-profit organization *Children’s Place International* to develop programs and services to address the psychosocial needs of Haitian children and families who survived the tragic earthquake which struck Port-au-Prince, Haiti, on January 12, 2010. The collaborative team is building on the work that *Children’s Place International (CPI)* has done in Haiti over the past 5 years, where they provide psychosocial support services to children affected by HIV/AIDS. The current collaborative effort is focused on addressing the psychological impact of the earthquake since such a traumatic event will likely impact the people of Haiti for years to come.

In order to provide Haitian children and families with the psychosocial support and services they need to address the psychological impact of the earthquake, the team has developed culturally appropriate materials in Creole related to identifying and addressing post-traumatic stress reactions that have already been distributed to several NGOs and government agencies throughout Haiti. The team also has conducted trainings in Haiti with psychosocial service providers in order to give them the skills needed to assist those who are experiencing post-traumatic stress symptoms.

The team is currently working on the development of a series of CPI/DePaul Post-Trauma Trainings in order to provide skills-building and support to front-line Haitian human care providers related to the issue of post-traumatic stress symptoms, adaptive responses to stress, and intervention strategies. The team will use a train-the-trainer model to facilitate three separate 2-day trainings in Port-au-Prince, Gonaives and Cape Haitian, on the signs and symptoms of post-traumatic stress, age-appropriate responses, and techniques for relaxation and mediation. Trainings will be free of charge and open to staff members from Haitian-based NGOs. The trainees will return to their respective agencies and communities where they are expected to train additional frontline workers over the next six months.
Apré tranbleman de tè: Sa pou ou Konnin

Li nòmal pou :

- ou gen laperèz oubyen pou enkyete sou sekirite w ak sekirite fanmiy ou.
- ou gen gwo lapenn, chagren, an kolè e trè fatige emosyonèl.
- ou santi kò kraze, pou ou pa gen lapetè e pa gen somèy.
- ap mande ki jan yon bagay grav konsa fè rive w, e pase nan kominote w.
- fristre paske w pa ka pwoteje moun ki chè pou ou, oubyen si ou wè w pa ka fè plis pou ède tòt moun apré tranbleman de tè.
- moun reaji yon fason differan apré tranbleman de tè fin pase. Chak moun ka gen yon konpòtman ki differan e gen yon bezwen differan tou.

Me kèk fason ke moun kapab panse e santi yo aprè yon tranbleman de tè fin pase.

- Vyè panse k ap vin nan tèt ou ak fason ou ye. : Ou kapab kontinye ap panse de tranbleman de tè, toujou ap sonje move imaj ke w te wè oubyen toujou ap fè move rèv.
- Vle evite moun e rete apa. : Ou kapab santi ou vle evite panse, pale oubyen toujou gen lespwi w sou tranbleman de tè ; ou kapab santi ke w vle rete pou kont ou e pou pa fè bagay ou abitye fè.
- Nève, enkyetid ak kolè: Ou ka santi w toujou sou lènè, enkyete, w ap sote toutan oubyen ou fache ; ou kapab gen pwoblèm pou dòmi tou, pou konsantre w, oubyen ou kapab santi w lwen.

Li enpòtan pou :

- onèt ak tèt ou sou ki jan ou santi w, e ki jan tranbleman de tè a aji sou lavi w. Sa se yon etap ki enpòtan nan gerizon.
- ak yon moun ou fè konfyans e ki kwè nan sa w ap panse e jan ke w santi w. Ou ka-pab wè ke lòt moun santi yo menm jan an tou.
- pran pasyans ak tèt ou e ak moun ki akote w. Reyalize e aksepte ke sa pral pran yon ti tan pou retouen viv jan ke w t ap viv la.
- pase tan ak fannyi, zanmi, e lòt moun ke ou renmen.
- ou kenbe kò w e pou kontinye fè aktivite ki pou kenbe an sante ke w te abitye fè.
- panse pozitivman, e pou konsantre w sou fòs ou e abilite w nan moman difisil.

Li enpòtan ke w gen lafwa ke pral gen lavi miyò demen. Ap gen yon lè, tout lapenn ou yo pral touwen sous fòs ou.

Adapted by The Children's Place Association and DePaul University's Master of Public Health Program/Department of Psychology from materials created by: the United States Substance Abuse and Mental Health Services Administration (SAMHSA), the National Child Traumatic Stress Network, the National Mental Health Information Center, and the American Red Cross.
4. General Trauma Healing Tips

1. Focus on the present.
2. Maintain attachment.
3. Respect survivors as they are.
4. Normalize feelings and reactions.

- Acceptance of traumatic events (they may be in denial of events or appear in shock).
- Emotional capacity (they may not know how to express emotions or feel)
- Physical space (they may not want to be hugged, touched).
- Meaning respect their needs.

2. Maintain attachment:
- Possible
- Regular daily responsibilities, chores, and routines as much as possible.
- Help survivors think about their present time (and not think too much about the past). To do this, help survivors maintain their routines.

3. Respect survivors as they are:
- They may be missing or dead.
- They may be in denial of events.
- They may be missing events.
- They may be in denial.
- They may be in shock.
- They may be in denial of events.
- They may not know how to express emotions or feel.
- They may not want to be hugged, touched.

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new members to join. Listen to self-care activities. Repeat the process, and allow the group to decide what time you decided. Share and share the self-care activity with the group. Meet up with each other and discuss your self-care activity.

1. Decide on what time and where to meet again to practice self-care
2. Have each person complete their self-care activity
3. Share the way you practice self-care

Make Self-Care Promises with others. Here’s how:

Enjoy the company of friends, family, loved ones.
• Play/social time
• Take a walk
• Read a book or a magazine
• Use breathing techniques

Easy Ways to Practice Self-Care:

when and become inactive.

A form of exhaustion that causes one to feel over.
• Can prevent „burn-out”
• a major trauma is personally challenging and difficult
• Helping children feel safe and secure
• We do better at taking care of others when we take care of ourselves
• Self-care can protect physical and psychological health

Why is self-care necessary for healing?

Promoting Self-Care in Ourselves

and in Those We Serve

Common Experiences Following Trauma

Concentration or paying attention
• Can’t keep your mind on the task
• Some people may feel irritable, anxious, jump or

Experience Irritability, anxiety and anger:

and not do anything they usually do
• People may feel like they want to dance
• Some people may feel like they want to avoid:

Avoid others and withdraw:

saw, or have frightening dreams
• People have images about the bad things that you
• Some people may keep thinking about the earth
• Have unwanted thoughts and feelings:

After the earthquake:

ones, or about not being able to do more to help others
• Feel frustrated about not being able to protect loved

them and their community

Questions how such a horrible event could happen to

and sleeping
• Feel physically exhausted, and have changes in appetite
• Feel extreme sadness, grief, anger, and/or emotional ex-

• Feel nervous or anxious about safety for self and family

General Adult Reactions:
Source

Common Experiences Following Trauma

Tips for Talking to Children

1. Allow children to express fears and concerns about traumatic events.
2. Help children understand that there are no bad feelings.
3. Help children understand that there are no bad emotions and that a wide range of reactions is normal.
4. In addition to the tragic things they see, help children understand that there are no bad memories.
5. Help children understand that there are no bad emotions and that a wide range of reactions is normal.
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9. Help children understand that there are no bad emotions and that a wide range of reactions is normal.
10. Help children understand that there are no bad memories.

Common Reactions (ages 3-7):

- Be more attached to family
- Be more emotionally than usual (e.g., more easily get nervous, worried, be sad, worried, scared)
- Use simple labels for emotions (e.g., "mad, upset, sad, worried, scared)
- Use developmentally appropriate language.

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Guidelines for Parents/Caregivers

- Following a traumatic event, many youth may assume greater responsibility or community involvement (especially since daily household or community activities are common for youth).
- Give praise. Acknowledge a youth's contribution to behavior change after a traumatic event.
- Be patient. Remember that it is common for youth's or ridicule their feelings.
- Losses when they are ready, and do not scold, judge.
- Be a listener. Allow youth to talk about trauma or chores, leading prayer, etc.
- Avoid daily activities (choosing clothes, meals, household family routines—meals, sleeping, church, etc.)
- Maintain important caregiver relationships.
- Avoid unnecessary separations between youth and the event. Avoid over-protective conversations or adult conversations about the trauma. Limit youth's exposure to news about the trauma.

Adolescent Specific Reactions (ages 12-18):

- Be more physiologically or verbally aggressive (especially males)
- Express the same reactions as children:
- Experience the same reactions as children
- Not fulfill their regular responsibilities (household duties, work/school, children)
- Deny that traumatic events have affected their well-being
- Not appear completely coherent when under stress
- Fear for their lives or the lives of loved ones
- Question God or a divine power
- Be very sad, angry, or retroactively remember traumatic events
- Be very sad, angry, or retroactively remember traumatic events
- Repeatedly have stressful/painful thoughts, feelings,
- Repeatedly have stressful/painful thoughts, feelings,
GEN PILS KEKSYON DE TANZANTAN (OF 2 MEZI) 
• KEEP YOU POUR TOUFLI POU TANMOUN YO PALE SANS DOUT, YO KAN YON.
• POU POU SEZON (DLO) KE ONU PAKE, KEOU REPREN TANMOUN YO GE-
• KE YO RE, ANTWONKE YO PAKE EKSPERANSII LA YO MOUN.
• PA MANDYE TANMOUN PAOU PRENTEAKO EKSPERANSII TWOMARKIK.

OYER.
• REALI ASANAN, ASISITAN KE MOUN KAP A DAYI LEAYASENYAY KA
• PAH BAYE PAN DEVEY TANMOUN EKSPERANSII YO PAOU.
• TANMOUN YO PAOU DECK YO, YO PA BOLO LA.
• AGRE TOU DEVEY TRAIK ZA YO, KEKE REWA, EDE TANMOUN YO.

Pnten.
• YOZON E GEN YO, PA MOUN PAOU YO.
• DE TANMOUN YO KOOPRANKE PA GEN AKOUNNEMON MOY-
• LIASABIZOU.
• GEN KONPINMEN KE SABLE TANMOUN KI PI PIAB-SOUE.
• AX RAKOY TANMOUN ISTWA AŽERABE (DWO) SOU EYON-
• DWEYET, PIPI PAKE DABABYON, PWINWMODIEN SOMYA.
• WTAZEL TANMOUN KI SABLE TANMOUN KI PI PIAB-SOUE.
• REPRE SEATHE (PA VLO SEKER) AX PARAN OU LOTE MOUN.
• GEN TANMOUN LANE.
• REPRE TANMOUN KI SABLE TANMOUN KI PI PIAB-SOUE.

TANMIYON (19-17-12-10).

EXKSPERANSII FINERAL APIK TWOB.

TANMIYON

POUL (KONGSY) SOU JAN POU PALE AK

REKSYON TANMIYON (19-17-12-10)
Endikasyon (Konsey) pou paran/moun

$E_k$ a pè bay lasè

$E_k$ apon konsepyon pou lasè

$E_k$ apon konsepyon pou lasè

Pa ti promote nan dwoj/klik ak puli lasè tou:
- Pa tè foupon kòmanm dekòzon ak yon pan de.
- Gen ke son frè ak lò yo oubyen pou livay moun ki se:
  - Paze bonè lasè pè yon lasè.
  - Twa apil la, lasè fòn a.
- $E_k$ ap apon lasè pa sou tout, moun ki se:
  - Komensay moun nan dwoj/klik ak puli lasè lasè.
  - Gen ke son frè ak lò yo oubyen pou livay moun ki se:
  - Tzon jò aprè gen pase ki se moun mal, stréze:
  - Deman ki moun pou se sou tout, moun ki se:
  - (Tysan/tinn) $E_k$ apon konsepyon $E_k$ apon moun moun ki se:
  - Gen moun moun/ak $E_k$ apon moun plè.
  - (Eksiyenon adolesan (14) aksion Pilò)
Working with Child and Youth Survivors of Trauma

Department of Psychology and Master of Public Health Program
DePaul University
Chicago, Illinois, USA

Workshop Overview

- What is Trauma?
- Understanding a Traumatic Event
- Survivors' Responses to Trauma
- Tips for Talking to Child/Youth Survivors of Trauma
- Coping with Trauma
- Interactive Techniques to Engage Child/Youth Survivors
- What Adults can Do to Help
- Exercising Self-care

What is Trauma?

- Individual experienced or witnessed event(s) that involved:
  - Actual/threatened serious injury or death
  - Threat to physical injury of self and others

- Event resulted in:
  - Intense fear
  - Helplessness
  - Horror
  - Disordered thoughts, feelings and behaviours

What is Trauma? (continued)

- Not all individuals who experience (or witness) a life-threatening event or sudden loss experience trauma

Things to Remember When Trying to Understand a Traumatic Event

- No one who experiences trauma is untouched by it
- It is normal for one to feel anxious about personal and family safety
- Prolonged sadness, grief, and anger are normal reactions to a traumatic event
- Acknowledging feelings aids recovery

Things to Remember When Trying to Understand a Traumatic Event (continued)

- Focusing on strengths and abilities fosters healing
- Accepting help from community programs and resources is healthy
- All people have different needs and different ways of coping
- Desires to seek revenge or retaliation are normal
  - However, nothing good is accomplished by hateful language or actions.
Survivors' General Responses to Traumatic Events

Immediate Reactions to Traumatic Events: Negative Responses
- Cognitive: Confusion, disorientation, worry, intrusive thoughts and images, self-blame.
- Emotional: Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt/shame.
- Social: Extreme withdrawal, interpersonal conflict.
- Physiological: Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping.

Immediate Reactions to Traumatic Events: Positive Responses
- Cognitive: Determination and resolve, sharper perception, courage, optimism, faith.
- Emotional: Feeling involved, challenged, mobilized.
- Social: Social connectedness, altruistic helping behavior.
- Physiological: Alertness, readiness to respond, increased energy.

Psychological Reactions to Trauma: Three Primary Reactions to Trauma
1. Intrusive and distressing thoughts or mental images (such as “flashbacks”) about event.
2. Avoidance or withdrawal of talking, thinking and expressing feelings about event.
3. Physical arousal in expectation of danger, which keeps one “on edge,” irritable, sleep deprived, and inattentive/lacking in concentration.

Increased Psychological Distress: Four Factors that Can Increase Distress
1. Trauma reminders can be sights, sounds, places, smells, specific people, the time of day, situations or even feelings. These can evoke upsetting feelings.
2. Loss reminders can also be sights, sounds, places, smells, specific people, the time of day, situations, or feelings. These bring to mind the loss of loved ones.
3. Change reminders can be people, places, things, activities, or hardships that remind someone of how life has changed.
4. Hardships often follow in the wake of trauma and can make it difficult to recover.
Continuing Responses to Trauma: Additional Reactions

- Distress when reminded of:
  - Traumatic event or lost loved one
  - How life changed since event/loss (such as waking up in a different bed, living in a different town, etc.)
  - Hardships in resources (such as loss of home, money, food shortages, relocation, etc.)

- Avoidance of "triggers"—stimuli that arouse recollections of the trauma
  - Triggers can include thoughts, feelings, conversations, activities, places, people, smells, etc.
  - Can spark "panic attacks"

Continuing Responses to Trauma: Additional Reactions

- Others may experience long-term problems, such as:
  - Depression
  - Anger (more common among males)
  - Emotional withdrawal
  - Irritability
  - Guilt
  - Other developmentally-specific problems

Responses to Traumatic Events: Focus on Children and Youth

- May occur immediately after or weeks later
- May co-occur with trauma event
- May manifest differently across settings
  - For example, aggressive at school but emotionally withdrawn at home
- Less adaptive forms of coping can lead to longer-term health & mental health problems
  - Posttraumatic Stress Disorder
  - Increased blood pressure
  - Depression
  - Anxiety
  - Suicidality

Range of Responses to Traumatic Events—Children and Youth

- Emotions/Feelings
  - A wide range of emotional responses to traumatic events that are similar to Adult responses:
    - Sadness
    - Worry
    - Feelings of helplessness
    - Guilt/shame about their contribution to the traumatic experience
    - Often extreme in emotional expression
  - Either overly emotional or emotionally withdrawn
Children and Adolescents’ Range of Responses to Traumatic Events: Behaviours

**Behaviour**
- Regressive behaviour (acting younger than their actual age)
  - Speech
  - Increased attachment to caregiver
- Other behaviours specific to:
  - Play
  - School setting

Children and Adolescents’ Range of Responses to Traumatic Events: Behaviour Related to Play
- Children may play in ways that repeat something from their traumatic experiences
- They may recreate aspects of the traumatic experience in their behaviour
  - A child who was exposed to a fire may set fires
- They may not want to play as much, avoid certain kinds of play, or lose interest in things they once enjoyed

Children and Adolescents’ Range of Responses to Traumatic Events: Behaviour Related to School Setting
- Children may withdraw from interactions with peers and teachers
- They may avoid school, have trouble with schoolwork, or feel unable to pay attention
- May be irritable and display a range of disruptive behaviours
  - Fighting and arguing
  - Disobeying rules
  - Displaying “mood swings”

Children and Adolescents’ Range of Responses to Traumatic Events: Thoughts and Beliefs

**Thoughts/Beliefs**
- Memory/concentration difficulties
- Morbid preoccupation (worrying about themselves and others dying or being hurt)
- Recurrent invasive thoughts, and vivid “flashbacks”
- Dental, or sincere unawareness of event (called Dissociative Amnesia)
- May question faith (“How could a higher power let this happen to me and my family?”)

Children and Adolescents’ Range of Responses to Traumatic Events: Physical Arousal

**Physical Arousal**
- Due to increased and prolonged norepinephrine activity (“fight or flight response”)
  - Increased heart rate and blood pressure
  - Maintains state of overwhelming fear/dread and panic
  - Contributes to being “on edge” or jumpy

Trauma Symptoms Unique to Childhood and Youth

- 1-5 yrs.
- 6-11 yrs.
- 11-18 yrs.
Infancy to Early Childhood (Ages 1-5 years)
- Find it particularly hard to adjust to change and loss
- Have few coping skills, so heavily reliant on parents, family members, and teachers to help them through difficult times
- May experience new fears such as separation anxiety or fear of strangers or animals.

Infancy to Early Childhood (Ages 1-5 years)—(continued)
- Common to regress to an earlier behavioural stage after a traumatic event
  -- Thumb sucking or bedwetting or may become afraid of strangers, animals, darkness, or "monsters"
  -- Changes in eating and sleeping habits are common, as are unexplainable aches and pains.
- Children may tell exaggerated stories about the traumatic event or may speak of it over and over.
- Other symptoms: disobedience, hyperactivity, speech difficulties, and aggressive or withdrawn behaviour.

Early School Aged (Ages 5-11 years)
- May experience some of the same reactions as younger children
- May withdraw from play groups and friends, compete more for the attention of parents, fear going to school, allow school performance to drop, become aggressive, or find it hard to concentrate
- These children may also return to more childish behaviours, such as asking to be fed or dressed.

Early School Aged (Ages 5-11 years)—(continued)
- May get parts of the traumatic experience confused or out of order when recalling the memory
- May complain of body symptoms that have no medical cause (such as stomach or head aches)
- May stare into space or seem "spacey," or startle easily

Youth / Adolescence (Ages 12-18 years)
- May experience some of the same reactions as younger children
- Likely to have vague physical complaints when under stress
- May abandon responsibilities or chores
- May begin to experiment with high-risk behaviours such as alcohol or drug use
- Influence from peers may play a role in determining their coping strategies

Youth / Adolescence (Ages 12-18 years)—(continued)
- May deny the extent of their emotional reactions to the traumatic event
- Adolescents may experience visual, auditory, or bodily flashbacks of the events, have unwanted distressing thoughts or images of the events, demonstrate impulsive and aggressive behaviours, or use alcohol or drugs to try to feel better.
- May feel depressed or have suicidal thoughts.
Helping Children and Youth Cope with Trauma

Addressing Traumatic Responses in Young People
- The effects of traumatic responses in young people can be addressed through:
  - Supportive, and optimistic messages of recovery
  - Empathy over sympathy
  - Modeling adaptive coping behaviours

Effective Communication Skills—A Review of the Basics
- For young children, be at their eye level
- Use developmentally appropriate language; not abstract terms (such as "death," "healing," etc.)
- Use simple labels for emotions (for example, mad, sad, worried, scared)
- Listen carefully and repeat what child has shared to make sure you understand her/him

Tips for Talking to Child/Youth Survivors of Trauma

Effective Communication Skills—Open- and Close-ended Questions
- Understand when to use Open-ended versus Close-ended questions
  - Seeking to explore vs. seeking a targeted/specific response
- Value to both approaches depending on the aim of inquirer
  - For example,
    - How have you felt since Monday? [open]
    - Since Monday have you experienced nausea, irritability, etc.? [closed]

Activity: Practicing Open-ended and Close-ended Questioning
- Turn to the person to your left
- Introduce yourself to your partner
- Your task in 8 minutes:
  - Develop 3 open-ended and 3 closed-ended questions
  - Questions should assess emotional responses to trauma in 9 year-old female child
- Be prepared to share your questions!
Other Tips for Talking to Children/Youth After a Traumatic Event

- Encourage children to express their feelings to adults (including teachers and parents)
  - These adults can help them understand their sometimnes strong and troubling emotions.
- Try not to focus on blame or guilt expressed by children

Other Tips for Talking to Children/Youth After a Traumatic Event (continued)

- Allow children to discuss fears and concerns about issues not related to traumatic event
  - This is a good opportunity to explore ways they cope with other fears
- Help children understand that there are no bad emotions and that a wide range of reactions is normal

Other Tips for Talking to Children/Youth After a Traumatic Event (continued)

- In addition to the tragic things they see, help children identify good things
  - Heroic actions
  - Reunited families
  - Assistance offered by people throughout the country and the world
- Do not ask children to retell their traumatic experience, unless they volunteer to share this experience on their own

Other Tips for Talking to Children/Youth After a Traumatic Event (continued)

- Do not be afraid to admit that you cannot answer all their questions
- Provide ongoing opportunities for children to talk
  - They will probably have more questions as time goes on

Activity: Help Mr. Abuya Connect

- Mr. Abuya (a teacher) has noticed that his student, Lucy, has changed since the loss of her mother 1 month ago.
- Lucy has been late for class, not participating, falling asleep, and not interacting well with peers.
- Help Mr. Abuya have a supportive conversation with Lucy.
  - Use the tips and guidelines we've just discussed
  - Call out your ideas and Mr. Abuya will comply

Coping with Trauma: Fostering Healthy Trauma Recovery in Children and Youth
What is Coping?

- A way to overcome difficult feelings, or a difficult situation
- Two types of coping
  1. Dealing with the problem/stressor directly (problem-focused)
  2. Dealing with the responses to the trauma directly (emotion-focused)
- We focus on the 2nd type of coping with trauma survivors
  - *Why?*

Why Work on Dealing with Responses to Trauma?

- Because trauma survivors are often unable to control the source of trauma
  - Thus, it is futile to help them focus on enacting change on that level
  - Problem-focused methods place too much ownership on the victim/survivor
- Children are often especially unable to exercise agency/control over the source of trauma

Forms of Coping

- Common forms of coping include:
  - Crying
  - Avoidance
  - Discussion
  - Substance use/abuse
- Thus, individuals cope in positive (or *adaptive*) and less positive (or *maladaptive*) ways

Maladaptive and Adaptive Coping

**Maladaptive Coping**
- Using substances
- Withdrawal
- Overworking
- Over- or undereating
- Doing risky things
- Having poor self-care
- Restricting emotions from everyone

**Adaptive Coping**
- Not overusing substances
- Seeking social support
- Taking breaks
- Eating healthy meals
- Doing positive activities (sports, reading, etc.)
- Support group participation
- Expressing emotions to safe and appropriate people

How Does One Encourage Positive/Adaptive Coping?

- Realise that not all positive forms of coping work for every child/adolescent
- Realise that you must meet the survivor where he/she is comfortable
  - With respect to physical space
  - With respect to emotional capacity
  - With respect to acknowledgment of trauma
- Realise that there are several steps to help a survivor

Ineffective Ways to Help Trauma Survivors

- Prompting survivor to retell traumatic experience
- “Psychological debriefing” programs:
  - Groups that bring trauma survivors together to talk about responses to trauma
  - Discussion of traumatic event are encouraged
  - Counterproductive: Research suggests these groups to actually *increase* chronic symptoms of trauma
- Hypnosis
Trauma and Coping Brief Review

- Responses to trauma include emotional, behaviourial, thoughts/beliefs, and physical arousal
- The experience of trauma varies across individuals, and across development
- Fostering adaptive forms of coping can prevent long-term effects of trauma
- Revisiting details about traumatic events is counterproductive to trauma recovery
  - Unless such details are first discussed by the survivor

When Talking Isn’t Enough: Interactive Techniques to Engage Child/Youth Survivors

Corresponding Handout:

“When Talking Doesn’t Help: Other Ways to Help Children Express Their Feelings Following a Traumatic Event”

Other Ways to Help Children Express Their Feelings Following a Traumatic Event

There are many ways other than talking that may help children cope and express their feelings. Some options are:

- Using puppets to help children “tell” or “live” a story
- Reading stories from children’s books related to rescue and recovery efforts
- Introducing drawing as a way of “talking silently”

Other Ways to Help Children Express Their Feelings Following a Traumatic Event (continued)

- Writing a book together and draw pictures to illustrate
- Creating a skit or play, or do role-playing, of responses to the traumatic event
- Creating a collage - have children cut and paste photos, magazine pictures, articles, and fabric pieces around a central theme
- Drawing a mural or making a quilt that tells a “collective story”

What to Do When Helping Children Express Their Feelings Following a Traumatic Event

- Allow a full range of expression during these activities
  - There is no “right or wrong way” to do them
  - Exercise as little control as possible
  - Emphasize to the children that their creations will not be judged or graded
- Don’t exhibit writing and artwork if a child does not want to share it with others
- When these activities are over, allow children to talk about them if they want to
  - Discussion can help to bring closure to the experiences and feelings related to the traumatic event
  - Other children may find closure by listening to their peers
What Adults Can Do To Help?

Corresponding Handout: “What Can I Do To Help?: Guidelines for Parents”

Guidelines for Parents/Caregivers

- Avoid exposing your child to reminders of the trauma.
  - Limit your child's exposure to news about the tragedy.
- Limit exposure to adult conversations about the traumatic event.
- Maintain the family routines, particularly around sleeping, eating, and extracurricular activities (e.g., sports, church, dance).
- Be sure the bedtime routine includes safely tucking them in at night.
- Young children may want a night light again.
- Make sure your child is receiving a balanced diet and enough rest.
- Avoid unnecessary separations from important caregivers.

Guidelines for Parents/Caregivers (continued)

- Address acting-out behaviour (e.g., aggression or self-destructive activities) quickly and firmly with limit setting.
- Seek professional help if this behaviour persists.
- Provide soothing activities.
  - Reading books, listening to music, taking a walk, etc.
- Encourage children to journal or write down their thoughts and feelings.
- Have patience with your child and with yourself. Give your family time to cope.
- Find ways to emphasize to the children that you love them.
Guidelines for Other Family Members

- Trauma affects all members of the family including parents, extended family members, children, etc.
  - Some parents express their own needs for help through those of their children
- Families might consider counseling as a unit.
  - Traumatic events often reawaken a child's fear or loss of parents (frequently their greatest fear) at a time when parents may be preoccupied with their own practical and emotional difficulties.
- Families may choose to permit temporary regressive behaviour. Some things that may help with this behaviour:
  - Spending extra time with parents immediately before bedtime
  - Having the child’s bedroom door slightly ajar
  - Using a nightlight

Corresponding Handout:
“What Can I Do To Help?: Guidelines for Teachers”

Systems of Support

Guidelines for Teachers
Within the Classroom
- Encourage various views
- Play a guiding role, do not try to control the discussions
- Be comfortable with “silent participation” with children who appear to be paying attention
- Check in with children who appear distracted
  - “I notice you’ve been quiet, James. What is on your mind?”

Guidelines for Other Adults
- Reassurance is the key to helping youth/children through a traumatic time.
  - Very young children need a lot of cuddling.
  - Verbal support. Answer questions about the traumatic event honestly, but do not dwell on frightening details.
  - Do not allow the subject to dominate conversation time indefinitely.
  - Encourage children of all ages to express emotions through conversation, drawing, or painting.
  - Encourage children to find a way to help others who were also affected by the traumatic event.
Guidelines for Other Adults
(continued)

- Try to maintain a normal routine and encourage youth to participate in recreational activity.
- Temporarily reduce your expectations about the youth's performance in school, at home, etc.
- Encourage the youth to express feelings and thoughts, without making judgments and cultural biases.

Why Self-Care is Important

- Recognises that helping children with trauma is personally challenging and often difficult
- Can protect physical and psychological health
- Can help relieve stress or prevent against "vicarious trauma"
  - Experiencing symptoms of trauma on behalf of the survivor
- Can prevent "burn-out"
  - A form of exhaustion that results in becoming incapacitated or feeling overwhelmed

Exercising Self-Care

5 Forms of Self-Care

- Emotional
  - Seek out support
  - Seek sources of humour
- Psychological
  - Journal your thoughts
  - Share feelings with close others
- Spiritual
  - Play, meditate, reflect
- Professional
  - Form colleague support network
- Physical
  - Exercise regularly
  - Sleep and eat regularly

Practical and Less Practical Methods of Self-care

<table>
<thead>
<tr>
<th>Less Practical</th>
<th>Practical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily massage</td>
<td>Practice breathing techniques</td>
</tr>
<tr>
<td>Go on a shopping spree</td>
<td>Read a book</td>
</tr>
<tr>
<td>Run a marathon</td>
<td>Take a walk</td>
</tr>
<tr>
<td>Take a week holiday</td>
<td>Exercise</td>
</tr>
</tbody>
</table>

What are some other practical methods of self-care?

Make a Self-Care Date

- Form groups of 3-4 people
- Introduce yourselves to each other, exchange contact information
- Your Group’s task:
  1) Each group member share one practical method of self-care with your group
  2) Each person completes their self-care activity within the next 5 days
  3) You must inform each of your group mates when you have completed this task
  - NO LATER THAN 1 WEEK FROM NOW
### EVALYASYON FOMASYON AN

*Jen 2010*

Tanpri reponn kesyon swivan yo sou fomasyon ou te asiste ladann nan Mas 2010 sou moun ki tromatize yo. Enfomasyon sa ka ede nou amelyore fomasyon nou pral bay pi devan.

<table>
<thead>
<tr>
<th></th>
<th>Mwen dako anpil</th>
<th>M dako</th>
<th>M pa dako</th>
<th>M pa dako ditou</th>
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</thead>
<tbody>
<tr>
<td>1. Mwen te aprann anpil nan fomasyon sa.</td>
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</tr>
<tr>
<td>2. Mwen te sevi de enfomasyon mwen te aprann nan fomasyon an nan travay mwen.</td>
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</tr>
<tr>
<td>3. Yo te ban mwen yon opotinite pou m patisipe epi diskite enfomasyon an avek lot moun pandan fomasyon an.</td>
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<tr>
<td>4. Fomasyon an te byen oganize.</td>
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<tr>
<td>5. Sije fomasyon an te enteresan.</td>
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<tr>
<td>6. Animate yo te fè m plis enterese nan sije an.</td>
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<tr>
<td>7. Sije fomasyon an te enpotan pou travay mwen.</td>
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<tr>
<td>8. Mwen te renmen fomasyon an.</td>
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<tr>
<td>9. Mwen ta konseye lot moun pou yo asisie nan fomasyon sa.</td>
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</tr>
<tr>
<td>10. Mwen te alez pou m patisipe nan fomasyon an.</td>
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<td>4</td>
</tr>
<tr>
<td>11. Apre fomasyon an, mwen kapab idantifye sentom moun ki tromatize nan kliyan mwen yo.</td>
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</tr>
<tr>
<td>12. Apre fomasyon an, mwen te aprann kek metod pou kominike pi byen avek timoun yo.</td>
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<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>13. Apre fomasyon an, mwen te aprann kijan pou m ede timoun yo pale de kisa yo santi pi byen.</td>
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<td>2</td>
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</tr>
<tr>
<td>14. Apre fomasyon an, mwen te aprann kek teknik pou m ede kliyan mwen yo jere stress yo pi byen.</td>
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<tr>
<td>15. Apre fomasyon an, mwen te aprann kek teknik pou kijan mwen ka pran swen tet mwen pou m ka jere stress mwen pi byen.</td>
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<td>4</td>
</tr>
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</table>
EVALYASYON FOMASYON AN

KEYON:
16. Esplike pi gwo reyaksyon moun yo fe le yo tromatize.

17. Esplike teknik nou ka sevi pou n kominike avek timoun yo.

18. Esplike kek fason moun ki tromatize yo genyen pou yo jere stress sa.


FIDBAK:
21. Ki pati nan fomasyon an ki te plis enteresan pou w? Poukisa?

22. Ki pati nan fomasyon an ki te mwes enteresan pou w? Poukisa?

23. Kisa w ta renmen chanje oubyenajite nan fomasyon an?
TRAINING EVALUATION FORM

June 2010
Please fill out the following information about the trauma training that you participated in during March 2010. This information will be helpful in improving future trainings.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I learned a lot from the training.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>2. I have been able to apply what I learned from the training in my work.</td>
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<tr>
<td>3. I was given an opportunity to participate and discuss information with others during the training.</td>
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<tr>
<td>4. The training was well organized.</td>
<td>1</td>
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</tr>
<tr>
<td>5. The topic of the training was interesting.</td>
<td>1</td>
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<td>4</td>
</tr>
<tr>
<td>6. The presenter(s) stimulated my interest in the material.</td>
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<td>4</td>
</tr>
<tr>
<td>7. The topic of the training was relevant to my work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. The training was enjoyable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I would recommend this training to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I felt comfortable participating in this training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Since the training, I have been able to identify symptoms of trauma in my clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Since the training, I have learned ways to communicate better with children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Since the training, I have learned ways to help children better express their feelings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Since the training, I have learned techniques to help my clients better cope with their stress.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Since the training, I have learned techniques for self-care that have helped me to respond to stress.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
TRAINING EVALUATION FORM

Retention Questions:

16. List the primary reactions to trauma.

17. List responses that are unique for children.

18. List techniques to improve communication with children.

19. List ways that people cope with trauma.

20. List techniques to help children express their feelings.


Feedback Questions:

22. What aspect of the training did you find the most useful? Why?

23. What aspect of the training did you find the least useful? Why?

24. What would you change or add to the training?