A Model for a Haitian Comprehensive Community Mental Health Center: An Accounting

by

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Abstract

Haiti is the poorest country in the Western hemisphere. Mental health resources are minimal and in need of further development. The goal of this dissertation project was to develop a model for a comprehensive outpatient Community Mental Health Center (CMHC) in Port-au-Prince, Haiti. It was both critical and essential that the development of a CMHC be considered within the sociopolitical and economic context of Haiti. As such, this project first examined relevant information regarding Haitian geography, poverty, government, and culture. Within this context, the impact of the 2010 earthquake was considered. This context was then used to consider relevant literature, as well as my personal and professional experience while working in poverty, health care, and the mental health system in Haiti. The methodological approach informing this project was action research which was specifically used to assist in the development of a culturally sensitive CMHC for a Haitian community. It was intended that, in turn, this would enable a more organic and systematic approach to maintaining long-term wellness for the Haitian people. Important cultural elements and existing mental health services found in my travels are presented to give a texture of what the current context is like in Haiti. The non-profit organization called "RAW Haiti" and its current programs are described. The outpatient CMHC model as a combination of available mental health services, along with additional suggestions for a comprehensive framework are introduced. The purpose of this project was to present the beginning structure of a CMHC in Haiti and how it would be implemented and evaluated. It is expected that on-going development will give birth to continued creation of the comprehensive CMHC, while incorporating integrated care, adaptations to other locations, social justice, and public policy. The appendices provide significant documentation of field notes that are intended to give a clearer and more illustrative picture of those obstacles related to program development

in Haiti. It is hoped and anticipated that the development of a CMHC model will enable better wellness and mental health for the Haitian people.

Keywords: Haiti, Haitian culture, Vodou , CMHC, International community mental health, Multi-disciplinary clinic, RAW Haiti

Preface

I consider myself a compassionate, engaged, genuine, personable human being who is a program developer, researcher, community psychologist, and multicultural counselor. I maintain an integrative perspective, bringing a number of conceptual lenses to the development of this project including behavioral, cognitive, humanistic, psychodynamic, narrative, systems, and strength-based. I am creative and willing to experiment with ideas. I believe that flexibility is essential in the on-going development of programs in which it is natural that some things work and some things do not. This has been an organic and recursive process.

I am Corey Gifford and completing my doctoral work at Antioch University New England in Keene, New Hampshire. I have traveled to learn about the world's cultures personally, along with having assisted in disaster relief work once before in Mexico. When the 2010 earthquake happened in Haiti, my family asked me "When will you be going to Haiti?" Six months later, I was off the plane and climbing into a Haitian Tap-tap (a truck with the bed converted to overcrowded seating). On this initial trip to Haiti, I provided counseling for the Haitian people at a medical clinic. This medical clinic delivered free medical services to a Haitian community in Port-au-Prince. Case managers, nurses, and doctors would refer individuals for counseling when mental health issues were identified. Many individuals were struggling with a severe lack of resources and in many cases had anxiety reactions connected to the earthquake. In the yard of this clinic was my open air office that consisted of a tarp hanging above for shade, two chairs, and a bench. Six months later, a second trip led me to the same location where I continued my counseling and developed stress management programs for children.

I have been to Haiti more than twelve times, spending a quarter of 2011 there. I worked with non-profit organizations, schools, orphanages, and am now the founder of a non-profit organization called *Recovery and Wellness for Haiti* (RAW Haiti). I spent time in Haiti developing programs in collaboration with a Haitian team, many times also searching for rare mental health resources. When I mention the "team," I am referring to my amazing Haitian staff that keeps the RAW Haiti children's programs running in Haiti year-round.

This dissertation project, which provides a model for the development of a Haitian comprehensive outpatient CMHC, emerged from the inside out. I found that "hands-on" work with people inspired me to adapt programs with the framework of action research. Obtaining feedback and observations of what was most helpful by both the Haitian team and community directly informed the on-going development of the CMHC programs.

During my first trip, while standing on the medical clinic's roof and looking over the city, I found myself thinking about my own struggles of managing the stress of this impoverished environment. The temperature is over 100 degrees, and the sun beats down on this rare, quiet place of solitude. I thought about bringing yoga mats on my next trip. Maybe, while caring for others, I also could better care for myself and do yoga on the roof in the early mornings.

I found endless numbers of clients needing to be seen, starving children, and medical emergencies. I was never alone, but did not have the close support of anyone who understood how my reality of the world had crashed down around me. I continue to steadily build back my worldview with major adjustments and perspective changes. I have also learned to use journaling and cyber communication for additional support.

I learned to live in environments that experts suggested were not conducive to appropriate stress management of clinicians. I found myself wondering about that nice hotel

room and comfortable bed that had been recommended. I have learned much by living among the people, I discovered that I do not want it any other way. I commonly did have the luxury of a toilet and a shower, which is not the norm here. Otherwise, you would have found me eating the same food as Haitians and sleeping on a blow up mattress on a dusty concrete floor.

The poverty and struggles of the country are enormous and constant, even with seemingly simple things like going to the store or traveling across town. My experiences and consultations with Haitians have informed me in the development of adequate programs for this challenging and welcoming environment.

A Model for a Haitian Comprehensive Community Mental Health Center: An Accounting

Chapter 1

Raviola, Eustache, Oswald, and Belkin (2012) report that Haiti does not have a mental health system to sufficiently and effectively support their people. Psychological problems are prevalent along with other health issues. The authors note that both governmental and non-governmental agencies are trying to plan and develop a mental health system in Haiti and it remains my hope to actively contribute to the development efforts by focusing on community mental health.

The goal of this project was the development of a model for a comprehensive outpatient CMHC in Port-au-Prince, Haiti. This project presents the development of an outpatient CMHC model as a combination of available mental health services along with additional suggestions for a comprehensive framework. The purpose of this project is to present the beginning structure of the CMHC and how it would initially be implemented in Haiti. It is expected that on-going development will give birth to continued creation of the comprehensive CMHC. Organized systems for the adequate provision of mental health services are desperately needed in Haiti and I hope that this project will be part of facilitating better wellness of the Haitian people in the long term.

The Haitian Context

This chapter first presents a glimpse of Haiti that includes a description of its geography, poverty, government, and culture. The impact of the 2010 earthquake is considered. This is meant to give a feel for the context in which this project has been, and continues to be, conducted. Understanding of the context is essential in developing culturally sensitive mental health programs that will facilitate better psychological support of communities in Haiti. History

of this country commonly comes from an oral history that has natural gaps in information. Thus, this project has incorporated my observations (reflected in Appendices A-F: Field Notes) as well as continuous Haitian consultation to better inform my personal and professional experience in Haiti.

Geography. Haiti was named by the native Arawak Indians who called their island "Hayti" or "mountainous land" (Turck, 1999). According to Mathews (1975), the Haitian terrain makes travel difficult, with farmers raising crops on steep deforested slopes. This geography has greatly impacted the Haitian economy and its development as a nation, as well as its recovery from natural disasters.

Mathews (1975) has provided a clear description of the country that lies between Cuba and Puerto Rico and covers but one third (the western side) of the island of Hispanola. According to Mathews, the Dominican Republic comprises the eastern end of this West Indian Island. Haiti lies approximately 600 miles southeast of Florida and compares in size to the State of Maryland. It has two peninsulas that protrude into the ocean, the northern arm extending 100 miles into the Atlantic Ocean and the southern arm about 200 miles into the Caribbean Sea. The two peninsulas create a gulf. Within this gulf lies a 37-mile limestone island, the Isle de la Gonave, which was once used by pirates and is now home to many Haitian people. Haiti's capital, Port-au-Prince (PAP), lies at the junction of the northern and southern arms.

Poverty. According to UNESCO (2012), in 2007, 54% of the Haitian population was in poverty and lived on less than one dollar per day. Haiti is the poorest, most underdeveloped, and most densely populated country within the Americas. Taft-Morales and Drummer's (2007) report for the United States Congress stated that 76% of the population lives off less than two dollars a day and that these numbers increase to 86% within the rural population. This report still has

valuable statistics and information about Haiti. Not much has changed. Literature over time shows that the state of Haiti has had poor conditions for hundreds of years. The United States government publishes these reports only about once a decade. The current conditions in Haiti are tragically similar to that of 2007, even though progress has been made. Both old and more recent literature was incorporated into this project in order to give the reader a more long-term, realistic picture of the country and the Haitian struggles.

International organizations commonly provide updated reports more regularly. For example, according to the US-CIA World Factbook (2012), 38% of Haitians are involved in agriculture, 11.5% in industry, and 50.4% in service. There were about 10 million people populating Haiti, with two million people residing in Port-au-Prince.

In 1994, Goldish noted that there was a small, but thriving, upper class and this one percent accumulated 50% of the national income. During this time, the average Haitian worker received about 370 dollars a year. The Taft-Morales and Drummer (2007) report stated that over 68% of the total national income accrues to the wealthiest 20% of the population, while less than 1.5% of Haiti's national income is accumulated by the poorest 20%. As Gold (1991) noted over two decades ago, if Haiti did not establish a system of government that responded to the needs of the people, the poverty and violence that has nearly destroyed the country would inevitably continue.

Poverty impacts education, health, and health care. It is reported in the US-CIA World Factbook (2012) that about 55% of the Haitian population is literate. Haiti's constitution states that public school should be free for all children, but personal observations suggest that this does not happen. Many laws are not enforced in this country. Families lack the money for their children to complete secondary or high school degrees (Mara, 2007). UNESCO (2012) reported

that 90% of primary (elementary) and secondary schools are private and require fees for tuition, uniforms, and books. School supplies are extremely limited and commonly unavailable to the children even within school. For example, art supplies are rather rare and many children must share books. The UNESCO report suggests that poor governance and funding issues are at the core of why Haiti's education system is in this condition.

Mara (2007) found that less than 15% of the population graduates from secondary school and a smaller number go on to colleges in Haiti. Few teachers are college graduates, yet many have their high school, called "secondary school," degree. UNICEF's (2010) education statistics for Haiti also mirror the findings of Mara and also US-CIA (2012).

Haitians commonly have poor diets and inferior medical care in rural areas which contributes to shorter life expectancy (Mathews, 1975). USAID (2012) reported that one in four children is chronically malnourished and 40% of the population has no access to basic health services. Haiti also has high rates of child mortality, tuberculosis, and HIV/AIDS (USAID, 2012).

Government. According to Robinson (2007), dictators in Haiti historically were not interested in the education, health, and general welfare of their people. Haiti's tumultuous history goes back to 1492 when Columbus arrived on Hispanola and built the first Spanish colony in the Western hemisphere. Focused on the goal of finding gold, Columbus chose to enslave the people to provide an inexpensive labor force (Robinson, 2007). By 1550, the indigenous population (the Arawak Indians) had nearly been wiped out by disease and slave labor (Turck, 1999).

Turck reported that the Spaniards ruled until the late 1600s when France took control of the area. The French brought hundreds of thousands of Africans to work as slaves on plantations where sugar cane, coffee, cocoa, and fruit were grown. About 95% of all Haitians are descents of

these slaves. The French developed the country into what was then the richest colony in the Caribbean. The country was primarily self-sustaining in the past, but most of the natural resources have been exhausted by heavy export (Turck, 1999). Currently, Haiti is dependent on imports for over 50% of its consumed products (UNESCO, 2012).

Rockwell (2008) wrote that, in the mid-1700s, a baby boy was born on the tiny island of Domingue in the Caribbean Sea. His father was a prince of the Aradas tribe in West Africa and was captured in war, sold to slavery, and sent to the Caribbean. Due to the family's noble history, they were treated differently than most slaves and had their own land. The boy's slave parents consulted a wise woman who communicated with the spirit world. This spiritual woman predicted that the boy would be more than a man, he would be a nation. The boy was christened Francois-Dominique Toussaint Breda.

Toussaint grew up on a fine plantation where his literate godfather taught him to read and write. He was not abused like many slaves, but did understand the struggles that slaves suffered. His father taught him to be a natural doctor, using herbs to heal. Set free by his "master" when he was 33 years old, he became a strong leader for the slave rebellion. His destiny was finally achieved in the bloody sugar cane fields where he bound the wounds of the slaves who fought for liberty, equality, and brotherhood (Rockwell, 2008).

Turck (1999) wrote that Toussaint provided leadership for the slaves to rise up and achieve victory against the French in the 1790s. It was the first triumphant slave rebellion in Haiti's history. Unfortunately, Toussaint adopted a scorched earth policy, choosing to destroy the island rather than give it to the French. He was taken to France and died in prison there in 1802 (Turck, 1999). I learned that there are inconsistencies within the documentation of Haiti's history. For example, opposing views are available that Toussaint's focus was to end slavery in

all French Colonies and not to destroy the land. Some suggest that Toussaint died in lavish exile in France one year after being exiled. Some "documented" history truly comes from folk stories.

The year 1804 was a significant year because the Haitian slaves won their war for independence and their personal freedom (Turck, 1999). Haiti became the first independent black republic in the world and new laws were made under an "emperor" named Dessalines. Most French men, women, and children had been killed in the rebellion. Foreigners no longer had the right to own property in Haiti. However, even though its constitution guaranteed free elections, the Haitian government was never stable and his own men soon assassinated Dessalines. The country became politically split between north and south over the next century. Public funds were used for personal gain and Haiti's poor were ignored. The country slowly slid into ruin during this time, with buildings collapsing due to neglect. Slave-holding countries, like the United States, were afraid of the idea of black freedom due to equality threatening structures in their own countries. In 1825, France's King Charles X decreed that Haiti could purchase their freedom from France for 150 million francs over five years, which was far from realistic since Haiti was almost bankrupt.

Although France remained financially involved with Haiti, in 1915 Haiti was briefly invaded by the United States after the Haitian president was killed and there was no legitimate authority left in Haiti. The United States created a government similar to its own, although few Haitian presidents had the chance to serve their five-year terms. During this time the economy improved and infrastructures were modernized. Due to increasing violence and riots in Haiti, the United States withdrew in 1934. Doubts about United States military policy by Americans also contributed to the early withdrawal of military support. In 1938, France realized that Haiti could not pay the indemnity previously established in 1825 and lowered the price to 60 million francs

over 30 years. This was still far more than Haiti could afford. Since 1825, over 22 different heads of state ran the country through revolts, successions, and reunifications. Due to the instability of the country, it became a poorer and poorer nation (Turck, 1999).

According to Mathews (1975) the constitution was never been fully enforced. The Head of State commonly ruled as a dictator in the past and this person controlled the army and the secret police. A series of dictators continued to be in power and none were able to create sustainable prosperity for the Haitian people.

According to Turck (1999), "Papa Doc" Duvalier was elected president in 1957, and later declared himself "president-for-life," sanctioning governmental purges, mass executions, and curfews. He pressured the United States to provide aid to ensure that Haiti did not take part in Communism and, due to corruption, much of the aid went directly into the pockets of Duvalier and his family. His regime imposed taxes and payroll deductions that also went into his personal bank accounts. The country suffered with increasing terror and poverty during his reign, and many educated Haitians fled the country. Gold (1991) reported that Duvalier used *Vodou* for his political advantage, claiming powers if anyone dared to challenge him.

After "Papa Doc's" death in 1971, his 19-year-old son, "Baby Doc," became the Haitian leader. In 1985, due to human rights abuses, the United States cut off aid to Haiti and encouraged the Duvalier family to leave the country. Baby Doc fled in 1986, because of internal and international pressure to leave the starving country (Turck, 1999). Having emptied the Haitian treasury, he lived in luxurious exile in the south of France. Following his leave, there was increased social unrest with Haitians protesting their extreme poverty. Crowds demanded the expulsion of three ministers, denounced United States' pressures, created barricades and set fires. Machete-wielding gangs destroyed property in residential areas in Port-au-Prince demanding

money from people in the streets (Gold, 1991). Ironically, Baby Doc currently lives in Haiti in a lavish guarded compound within the capital.

Prou (2005) reported that the Haitian Constitution was newly ratified in 1987 after Baby Doc departed. According to Turck (1999), in 1991, a Catholic priest, Jean Bertrand Aristide, who promised change, ruled for seven months, then was thrown from office by Haiti's corrupt military and fled to exile in Venezuela. Confusion, unrest, cruelty and oppression prompted illegal immigration by Haitians to Florida in 1992. These attempts to immigrate were rejected by President George Bush. A flood of refugees continued to try to enter the United States. The Haitian government pressured the United States to help make resolutions in Haiti by providing financial support and security. The Haitian government also requested that the United Nations intervene in Haiti (Turck, 1999). Maingot (2013) reported that the United Nations entered Haiti to keep order in 1990. By 2010 the United Nations had 7,000 troops and 2,000 police officers from 30 countries in Haiti for a stabilization mission. During this period, Hurricane George devastated Haiti in 1998. The lack of sufficient drainage systems in Haiti contributed to the drastic affects of the flooding caused by this hurricane. In spite of international support, the hurricane caused a significant increase in poverty.

While it is unclear what was occurring politically in the beginning of the 21st century, it is understood that Aristide returned from exile in Venezuela and was declared winner in the 2000 government elections. He came to power again in 2001 and the country had improvements in building roads, parks, and schools. Four years later he was forced into exile again by different collaborating groups in Haiti and the country entered a period of food riots, poverty, killings, robbery, and gang violence. A succession of elected presidents continued to attempt to run the government, but these attempts lasted only for short periods with only one serving the full

five-year term.

Turck (1999) wrote that Haitians remain skeptical of the democratic process due to the continual cycles of revolutions and coups. Most are desperate for security offered by dependable jobs, schools, food, and housing. Despite efforts to attain peaceful solutions, gross economic and social inequality persists. As Robinson (2007) noted, "The common people of Haiti are peaceful and have no taste for revolutions. The fault is not with the many, but with the educated and ambitious few. The United States is guilty for fanning the flames between factions" (p. 53). Robinson also reported that a majority of Americans do not know that American policies contributed significantly to Haiti's current political disintegration. Tension started decades before and seems to remain the same now. The Unites States took over power in Haiti in the past and implemented a democratic government like their own. While older references give a better texture and realistic feel to the long-term struggles of Haiti, more recent references seem to have forgotten or chosen not to write about the United States' past involvement in contributing to Haiti's difficulties.

Martelly was elected president in 2011 (US-CIA World Factbook, 2012). There is limited documentation about the new president's progress; however, personal observations indicate that many Haitians supported Martelly's election. This seems primarily due to his connection with the common person. He is a famous Haitian singer. The Haitian people were initially joyous at Martelly's election, however, more disappointment is now apparent regarding his "broken promises" to the people. For example, he has not been successful on the promise to uphold the constitution by providing completely free education to all children. Recently, small improvements have been observed, such as repairing roads and helping people move out of the tent cities established after the 2010 earthquake. There has also been a surge of demonstrations

and violence happening in Haiti, with many of the population wanting Martelly to leave power.

Culture. Gold (1991) described Haiti as one of the most artistic cultures in the world. Haitians have their own music and Haitian paintings are popular all over the world. Poverty, crime, and oppression have inspired vibrant expressions of native art. However, resources are limited and this impacts the expression of creative arts. For example, metal artists make beautiful art from recycled metal drums. Given a better economy and more resources, Haiti could thrive as a creative culture.

Mara (2007) wrote of the many Haitian strengths that enrich their culture and continue their traditions. Storytelling, which commonly consists of past historical heroes teaching moral lessons, is a favorite hobby in Haiti. Sports (especially soccer), music, and table games are very popular. One can walk through the streets and see people playing chess, checkers, cards, and dominoes.

Mara (2007) noted that 80% of the population identifies as Roman Catholic, 16% as Protestant, and 4% as "other." I experienced seeing far more Protestants in Haiti than referenced here; there seems to be a great mixture of religions and many times it is hard to tell the particular denomination of churches. US-CIA World Factbook (2012) reported that many people, including Catholics, practice *Vodou* . As Gold (1991) noted, "*Vodou* is peaceful, *Vodou* is philosophy, *Vodou* is ethnology. People don't understand" (p. 247). Vodou followers honor the spirits through ceremonies and rituals which incorporate music and dance. The believers also turn to Vodou for physical and spiritual healing. Many parishioners also seek advice and support from the spirits (Mara, 2007). However, many Haitian people do not understand Vodou and appear to be frightened by it. These people more commonly turn to medical treatment and Christian prayer for healing purposes.

The topic of both spoken and written language is complicated in Haiti. The native language, called *Kreole,* is a mixture of French, Spanish, English, native Indian, and African. The common person speaks Kreole, but more educated individuals speak French. Approximately 10% of the Hatian people speak French, the formal language primarily used within the education system (Turck, 1999). There is considerable disagreement within the country about whether Kreole or French should be used. Educated individuals believe that French should always be utilized, but many of the common people do not understand French. School teachers educate in French with Haitian children who do not fully understand the language.

The 2010 Haitian earthquake. USAID (2012) reported that on January 12, 2010, an estimated 300,000 people died in a 7.0 earthquake. An estimated 3 million people were affected, including 1.5 million people displaced in 1,300 tent settlements throughout Port-au-Prince. The city was virtually destroyed. Concrete block homes, hotels, and office buildings crumbled. The National Cathedral and the Presidential Palace both collapsed. The earthquake exacerbated an already difficult socio-political climate, exposed the chronic lack of resources, and posed many new challenges for an organized response to medical care, economics, and education.

The earthquake caused almost 8 billion dollars in damage. The government received approximately 4.5 billion dollars in contributions to help with reconstruction. Currently, over half of the annual budget comes from external sources, such as international economic assistance. The aid and rebuilding process has proceeded slowly. Haiti lacks government investment, partly due to limited infrastructure and security (US-CIA World Factbook, 2012). Much of the money did not remain in the country, but was used to pay the United Nations to provide security in Haiti.

Poverty, corruption, and poor access to education serve to create a foundation of

disadvantage for the Haitian people. Unfortunately, some improvements within the country were destroyed by the earthquake, especially in Port-au-Prince (US-CIA World Factbook, 2012). The US-CIS World Factbook did not specifically identify those improvements that started before the earthquake and were destroyed. It did seem that improvements were becoming evident in many different arenas before 2010, including business, poverty, health care, clean water, infrastructure, government, education, and access to food. For example, most schools in Port-au-Prince crumbled and were destroyed in this natural disaster. There were many deaths, including teachers and children of all ages. Some schools were relocated to tents and new structures have begun to be built over time.

Current Haitian Health Care

This dissertation project sits at the crossroad of Haitian contextual history, including its lack and misuse of resources, environmental crises, and systemic lack of health and mental health services. These various currents, in turn, informed the rationale and focus for this project: developing a comprehensive outpatient CMHC. This section considers literature relevant to the provision of health care in Haiti. This includes information about working in poverty, as well as an examination of the state of the Haitian health system and the mental health system.

USAID (2012) reported that 40% of the Haitian population does not have access to health care services. The health care in Haiti prior to the earthquake was very poor. They had the highest rates of mortality and tuberculosis among children in the Americas. The 2010 earthquake resulted in many injuries and disabilities. Hundreds of organizations have worked hard to provide care for the Haitian people, but there remains the need for substantial improvement.

Infrastructure issues contribute to the slow improvement of Haitian health and wellness. Merlin (2011) reported calling for a more coordinated approach to disaster response,

emphasizing that, despite the large number of non-governmental organizations (NGOs) working in Haiti, there are too few signs of secure partnerships to build long-term health services beyond the emergency phase. There was also significant pressure on the health system from people suffering with trauma and psychological disorders. Health services were primarily focused within the capitol and other major cities, such as Cap-Haitian. The report noted that providers worked in traumatic conditions in many cases and that their mental health should be taken into consideration throughout program development.

Lancet (2011), reporting on global health, wrote that the delivery of mental health services in impoverished countries is unacceptably lower than other services provided. He noted that, while depression is the leading global cause of disability, there are very few resources available for treatment options in poverty-stricken nations. Lancet emphasized that health and mental health are interconnected and need to be addressed mutually within long-term plans to affect change and provide more complete services. He believed that there is commonly a lack of appropriately trained professionals, which leaves most people untreated. Infrastructure issues, social stigma, along with many other components, affect access to care. Further, social discrimination and abuse are two common struggles that mental health workers suffer within these environments.

Nicolas, Jean-Jacques, and Wheatley (2012) wrote about the history of mental health counseling in Haiti. They explain that in the first half of the 20th century, Haiti adopted the American format of mental hospitals and psychiatric facilities. There were very few of these limited resource facilities and they were commonly only available to service affluent members of the society. More recently, small mental health units were added to a few hospitals. These small hospital units commonly consist of one or two bachelor-level “psychologists” and two or three

nurses. Modern counseling was initiated in the 1980s around the AIDS prevention campaign and many preventative services grew from this. Addictions and substance abuse programs were also developed, due to the great need.

According to Nicolas et al. (2012), since the 2010 earthquake there are approximately 100 Master's-level psychologists, 50 social workers, 30 psychiatric nurses, and 20 psychiatrists in the entire country. With approximately 10 million people in Haiti, this represents one of the lowest rates of professional psychosocial support in the world. Compared to the amount of mental health services that are considered appropriate or adequate in the United States, Haiti's services are drastically limited. Some mental health services do exist, but not in a comprehensive, fully organized fashion. Also, additional service providers are clearly needed, especially those who have important multicultural training and experience. Undergraduate education is commonly the highest degree of education in Haiti for psychologists (Nicolas et al., 2012). I observed that there seems to be several reasons why there is a severe lack of mental health providers in Haiti: (a) poverty driving educated individuals to relocate to other countries, (b) lack of a comprehensive and coordinated mental health system, (c) minimal understanding by the population and the government of the usefulness of mental health services, and (d) lack of access to undergraduate education.

Nicolas et al. (2012) noted that after the 2010 earthquake, many international organizations tried to provide psychological first aid services; but three to six months later, few of these services remained. After this, many international psychologists and psychiatrists worked in Haiti for months at a time, although not with a systematic and nationally organized approach (Nicolas et al., 2012). After the earthquake, emergency treatment was acute and some international psychiatrists provided everything from psychopharmacology to group relaxation

techniques (Sontag, 2010). Graduate students were part of this international mental health support as well, but they were commonly not trained in providing services specific to the Haitian people (Nicolas et al., 2012).

Haitians were found to be impressively resilient, but the earthquake inevitably triggered many mental health reactions. Three months after the 2010 earthquake, Sontag (2010) wrote an article that painted desperate pictures of hospitals attempting to serve mentally ill individuals. Horrendous conditions and lack of services saturate this account. While specific attention to mental health was never a priority in Haiti, there seems to be a desire and ability by many to try to offer services. However, there are insufficient resources to be professional and humane (Sontag, 2010).

Sontag (2010) noted that foreign organizations and providers began to consider joining together to develop a mental health care system in Haiti. For example, there was an attempt to coordinate some organizations, such as Partners in Health, with prominent local and international psychologists, and with local government agencies (Belkin et al., 2011). These entities and professionals have begun to discuss developing a national mental health system.

Project Rationale

Belkin et al. (2011) reported that mental health concerns are generally neglected within countries of severe poverty and this is not completely unique to Haiti. Untreated mental health disorders are one of the largest contributors to disability and functional impairments across all classes. Raviola et al. (2012) stated that there is a significant absence of organized mental health service delivery in Haiti. They explain that the Haitian minister of health acknowledged that the mental health of their people had been neglected prior to the earthquake and the disaster left the system in even more despair. Raviola et al. noted that many people who suffered with severe

mental and developmental disorders were neglected following the earthquake and locked in inpatient wards with only a few psychiatrists available to work with them. While the label *inpatient ward* is an American concept for this level of service, the reality in Haiti is that there is nothing like the hospitals that are taken for granted in the United States.

While an immediate response to the earthquake disaster in 2010 was essential, there is also a corresponding need for long-term planning and development of a mental health system with a systematic approach to the integration and coordination of service delivery programs. For example, Raviola et al. (2012) specifically emphasized that there is a substantial need to integrate models of community-based mental health care in Haiti.

An organized plan has to take into consideration the widespread grief, suffering, continuous social change, poverty, and competing needs of basic survival. Culturally sound mental health services and programs are also needed and it is my hope that the development and implementation of a comprehensive outpatient CMHC in Port-au-Prince can help support the development of a Haitian mental health system, and that this system can be sustained if developed from the inside out.

To inform the development of a Haitian CMHC, this project made use of relevant literature regarding the legislation that initiated the development of CMHCs for marginalized peoples in the United States. For example, Stockdill (2005) wrote about the development of CMHCs from 1963 to 1981 and the legislation that encouraged this growth. This legislation set frameworks for what was considered appropriate outpatient community mental health services in the United States. While consideration is given to the disastrous earthquake effects, emergency services was not a major focus of this project—emphasis is on a more long-term effort of addressing community mental health.

The literature used to document the framework of CMHCs is considerably old. Much of it dates back 20 to 50 years when CMHCs were being developed in the United States. It has been important to this program development that the literature is utilized to realistically meet the needs of Haiti's mental health system in a manner specific to where it is. As previously described, the Haitian mental health system is fragmented and not currently a national system. There are no comprehensive outpatient community models. The CMHC model seems appropriate to the Haitian culture and their current difficulties because it was shown that, in the past in the United States, it helped to strengthen the mental health system. It seems to have helped the US to focus and value mental health more as a major piece of health services, an important movement in the field that enabled the growth of more integrated care. It is reasonable to assume that CMHCs will be needed first in Haiti to strengthen mental health services, which could enable an accepting mindset to integrated care in the future.

Stockdill (2005) wrote about the policies and legislation that both initiated the CMHC movement and developed the use of CMHCs in the United States. The development of these community models started with the recommendation in 1961 from the Joint Commission on Mental Health and Health that a national mental health program as an objective needed mental health clinics. Community mental health services were thought to decrease the use of severe mental hospitals and increase the local resources. This recommendation led to the Community Mental Health Centers Act in 1964, which stated that communities should be equipped with centers that provide essential mental health services (i.e., a range of services that meet the need of the community) for population sizes of 75,000 to 200,000. Legislation in 1978 required that CMHCs provide services for all aged individuals which would be based on services for emergency, screening and referral, outpatient, inpatient, follow up after hospitalization,

consultation and education.

These CMHCs were designed to supply needed services with the hope of providing better mental health care that could lead to better functioning of individuals in their community. A major premise for development of the CMHCs is the population served will likely not have the funds to pay for services. Thus, grants and governmental funding were viewed as major sources of funding for CMHCs (Stockdill, 2005).

It is believed that a comprehensive outpatient CMHC model could help Haiti's fragmented mental health system to be more integrated on a community level. Bringing together services that are currently available, or that can be adapted to this country, was one of the major goals of this project. It is hoped that a community model will increase levels of mental health services which, in turn, will increase the long-term wellness of the Haitian people. It intentionally relies on the values and service roots already in place within the Haitian culture.

This project adapted this model for the Port-au-Prince community in Haiti because the highly populated capital is where most organizational work happens. Resources and people are easily available in PAP. This project specifically focused on outpatient services which include the following components from the United States CMHC legislative model: (a) outpatient emergency services; (b) screening; and (c) developing referral sources, consultation and education, along with an array of culturally appropriate outpatient programs. Inpatient services are clearly also needed in Haiti, but were not within the scope of this project. These services require significantly more funding, which does not seem realistic initially. Another major problem that inhibits effective inpatient services in Haiti is the lack of regular access to psychotropic medications. I found that there is little access to needed long-term medications which could help improve serious mental health issues. While this is a much larger problem for

Haiti and not a focus of this project, this project attempted to document further information about the inpatient services that do exist in Port-au-Prince (PAP), Haiti. This is described in order to provide a better understanding of what is currently available in Haiti's fragmented mental health system. It is hoped that, separate from this project, further inpatient mental health services will be developed along with more access to psychotropic medications in Haiti.

The goal of the development of a Haitian comprehensive outpatient CMHC model was to design a program that will provide mental health services that can be locally and regionally implemented in the near future without having to wait for major improvements to the national health care system and the infrastructure of the country. This project was based on the belief that the availability of CMHCs for the Haitian people would enable more access to services.

Lefley and Bestman (1991) wrote about the *Public-Academic Linkage for Culturally Sensitive Community Mental Health*. They present a review of the University of Miami-Jackson Memorial CMHC model that utilizes mini-clinics to service specific minority populations in the inner city. One of the populations serviced by the CMHC in Miami is the Haitian community. The writers reported on the large successes that this model had when providing services to minority populations within Miami. This model was deemed to be appropriate to adapt and utilize in Haiti as it had shown to be helpful in providing services to Haitians within the U.S. and with marginalized populations. This project's specific focus was to develop an outpatient CMHC in Port-au-Prince, while still considering the broader Haitian culture. Port-au-Prince is the capital where the largest number of people can be reached within a small space, and as it is a major port, it has more available resources than other areas of the country and, thus, was the target focus for this project.

CMHCs were crucial in the development of more systematic, widespread and comprehensive mental health services in the United States over the past 50 years. Currently the literature, as well as the politics about community mental health care in the United States seems to be growing away from CMHCs and toward integrated care. The issue concerning the adaptation of an integrated care approach for Haiti is considered in the discussion chapter regarding future development, but was not the major focus of the project itself.

It is essential for ethical service delivery to develop programs that are culturally appropriate. Thus, the unique components of the Haitian culture are incorporated into this project. For example, Hochhausen, Le, and Perry (2011) write about the increased risk for negative mental health outcomes with populations that struggle with violent political histories. Unique risk factors and service delivery issues for populations like this, as well as the importance of continuous programmatic adaptation, are taken into consideration.

Lefley and Bestman (1991) note the National Institute of Mental Health (NIMH) initiatives emphasize serving individuals in a culturally sensitive way. It can be difficult to provide culturally appropriate services and it requires continuous adaptation, consultation, and evolution of programs. Important cultural components that are considered in this dissertation project include consideration of common Haitian family structure and religious beliefs.

Raviola et al. (2012) reported that it is essential that the development of more comprehensive mental health services in Haiti need to involve collaboration with organizations, corporations, national governmental bodies, non-governmental organizations (NGOs), universities, medical centers, Haitian psychologists, and service care providers. Much of the mental health service literature (Raviola et al., 2012) expressed the need for a systemic conceptual frame to provide better mental health services to the Haitian people. For example,

Partners in Health (PIH) and the Zanmi Lasante teams wisely suggested that building a mental health system would require an integrative, systematic, multidisciplinary, and evidence-based approach (Raviola et al., 2012).

This project documents information about different mental health services in Haiti in order to provide a better understanding of these services available within the current fragmented mental health system, and is included to better foster the collaboration of different Haitian groups that provide mental health services. One example of a specific program designed for advocating for children in Haiti is the work of the Restavek Freedom Foundation. This organization specifically helps children with significant trauma in Haiti, along with fighting to end child slavery (Restavek Freedom Foundation, 2012). The word "Restavek" refers to children in Haiti who no longer live with their parents, are treated poorly, and live like slaves. I have made several connections with the Restavek Freedom Foundation leadership and interviewed some of their staff in Haiti about their helpful mental health programs. Through researching publications, oral communications, and fieldwork, I have attempted to present many mental health services in Port-au-Prince, Haiti for a better understanding of those services that are currently available, such as the Restavek Freedom Foundation. This knowledge of different available referral sources for mental health services helped foster an integrated approach to the development of a CMHC model as it includes different groups currently involved in the fragmented mental health system.

Even though there seems to be no comprehensive CMHCs in Haiti, there are indeed many individual groups providing mental health programs around the country. For example, Belkin et al. (2011) wrote about the organization Partners in Health (PIH) and its development of a framework to guide their continued development of mental health services in Haiti. These

writers describe the key skill packages and rules for implementing programs in low-resource settings. PIH not only provides specific programs in Haiti, such as emergency response services, but it worked with numerous entities to encourage the growth of a mental health system (Raviola et al., 2012). I believe that these already developed frameworks for services can be realistically and readily incorporated into the current project to help develop a comprehensive outpatient CMHC in Port-au-Prince, Haiti.

In summary, this project's goal was to be a primary prevention mental health model for a community in Port-au-Prince, Haiti. There is very little formal or national documentation of available mental health services in Haiti. This project accumulated available documentation of services present in Haiti and offers a framework concerning additional programs designed to be both helpful and culturally appropriate in addressing the psychological health of the Haitian people. As noted, it is important to bring a systematic organization to the delivery of mental health services. Thus, a primary emphasis for this project was to specifically propose the development of a comprehensive outpatient CMHC model for the Port-au-Prince community with the intent of potentially expanding this model to other locations in Haiti. It is believed that this project's focus on increased community comprehensive mental health services will, in part, help the growth of the mental health system and directly contribute to the well-being of the Haitian population.

Chapter 2: Methodological Approach

The methodological approach that informed the development of a comprehensive outpatient mental health center made use of the tools of action research and its correspondent participatory evaluation practices. The "biopsychosocial" model of Smith and Nicassio's (1995) is a systems perspective that also informed this project's development. While initially the project was framed within these two models, the on-going work in Haiti has given rise to the consideration of Maslow's work on "hierarchy of needs." Thus, the project made use of these three elements in its approach: (a) action research, (b) biopsychosocial model, and (c) Maslow's hierarchy of needs.

Action Research

Patton (1990) wrote that *action research* encourages the use of collaboration within multiple frameworks to solve both organizational and community problems. Patton's work is applicable to help frame an approach for addressing the lack of sufficient mental health services in Haiti. Services are available and not widespread. Haitian psychologists and counselors are available, but there are neither enough service providers to meet the overwhelming needs of the people nor is there a known systematic integrative approach that has emerged from within the community.

Action research enables rapid reconnaissance. It articulates the practice of holding the values inherent in going to where the action is, learning, communicating with local people, and directly observing what takes place (Patton, 1990). Working to develop programs using action research components permits programs to be delivered and adapted quickly. While developing these programs, continued engagement with the Haitian people is essential. It is important to specify that this project has not been directly focused on the completion of action research;

rather, action research components were used in developing a CMHC model. It is anticipated that these action research principles will serve to guide on-going implementation in the future.

With Patton's (1990) ideas in mind, this project has been developed from the inside out within the Port-au-Prince community. As I worked in Haiti, it became apparent that needed services were in direct alignment with some of the traditional models of outpatient service delivery to marginalized populations through a CMHC. Utilizing relevant CMHC frameworks for providing mental health services gives this project a strong lattice upon which to develop future programs. As such, while working within an action research lens, I was led to believe that a comprehensive outpatient CMHC model would adequately address many of the observed needs of the Port-au-Prince community.

The methods of action research are less systematic, more informal, and specific to the community that is being served. Patton (1990) reported that "qualitative-naturalistic inquiry, permits the researcher to enter the field with relatively little advance conceptualization. This permits the researcher to be open to whatever becomes salient to pursue. The design is emergent and flexible. The questions unfold as the researcher pursues what makes sense" (p. 134).

When crises happen there is little time to plan. Swift action and quick strategic adjustments are required. One major way that this method functions is by incorporating strength-based approaches (Patton, 1990). Padesky and Mooney (2012) describe how strength-based approaches focus on uncovering the strengths of individuals and communities to build more resilience. It is believed that, instead of always focusing on problems, strengthening positive qualities can lead to better wellness and these strengths can be used more generally. Every community and culture has strengths that can be discovered, even in the midst of crises, and incorporated into the delivery of culturally sensitive services.

Data collection also tends to be less formal in action research and, as such, this project incorporated the use of "field notes." These notes include additional information about my experiences within the local community and are used in order to bridge some of the natural gaps of understanding between the cultures of the United States and Haiti. The field notes are an example of how action research involves my personal incorporation into the local Haitian context. I was embedded in the community, observing the Haitian peoples' challenges first-hand. In a recursive manner then, the action research approach gave birth to the creation of this dissertation project. See Appendices A – F for my personal accounts that were added to give this document a more organic and realistic feel. Intentionally the voice and view of the writing was adjusted to the first person in many areas. This allowed for a presentation of a more textured view of work in Haiti.

Patton (1990) has also noted that data is collected through oral communications. One example of this is the use of Haitian consultation throughout the dissertation project. This included having Haitians provide extensive feedback in the writing and editing processes of the dissertation. These consultants are people who also have an understanding of the American culture and have obtained education in the United States. Their voices have become a thread of the fabric of this project. It is expected that such consultation will remain at the center of the ongoing development of the CMHC.

Argyris and Schon (1989) discussed how participatory action research incorporates participation from people in the target population with adaptations being continuously made by the hands-on evaluation of programs. They suggest that a community takes more ownership for the programs when they see their considerations directly and specifically assessed. Participatory evaluations can be helpful when conducted by the local people who run the programs and the

communities they are serving. In this way an internal evaluation considers the perspective of the people most directly affected. Qualitative processes are particularly useful when attempting to focus on collaboration. These types of evaluations were found to be effective for non-profit organizations working in third world countries (Patton, 1990). Thus, this project maintained a qualitative orientation that incorporates a collaborative approach to data collection.

Biopsychosocial Model

The methodological approach of action research in Haiti took place in an impoverished country that has faced natural disasters with limited infrastructure. These disasters occurred in the context of a noted lack of resources that demonstrate a great necessity for a clear assessment and prioritization of service delivery needs. The natural disasters also exposed the problems of limited infrastructure. An application of Smith and Nicassion's (1995) biopsychosocial model was used in order to help assess and determine appropriate service delivery in an intentional, systematic, and comprehensive manner specific to the Haitian culture.

The biopsychosocial model is a perspective that integrates the biological, psychological, and social factors that influence health. This model is composed of a bi-directional hierarchy from smaller and less complex components to those that are larger and more complex (i.e., cells, tissues, organ systems, nervous systems, two-person, family, community, subculture, and culture). These components can affect each other in both upward and downward directions. For example, cancerous cells can affect organ systems, relationships, and families. For another individual, family issues can, in turn, cause stress on the nervous system and cause somatic issues. Utilization of the biopsychosocial framework is essential as it incorporates the understanding that country upheaval can drastically affect the health of its people. The biopsychosocial model is a useful integrative perspective within clinical health psychology. It

focuses on the multiple levels of a person that must be considered when providing treatment, and suggests that mental health services must be delivered systemically within multiple levels.

Smith and Nicassion (1995) specifically note that the biopsychosocial model can be an important guide for psychologists who work with those struggling with chronic illness. In Haiti, many mental health services are connected to medical clinics. As health and care are viewed through medical and psychosocial lenses in the Haitian culture, it is culturally appropriate to utilize a medically oriented model within this system. This biopsychosocial model incorporates both the medical and the psychosocial perspectives that are commonly utilized within the Haitian culture. It is believed that programs developed through this lens will lead to more understandable and culturally sensitive service delivery.

Maslow's Hierarchy of Needs

As Gorman (2010) has explained, Maslow's hierarchy of needs is a framework which states that people are motivated by their lower and more basic need levels before higher level needs. Basic necessities of life (e.g., food, water, and shelter), along with safety, are considered lower level needs within this framework. The stages progress as follows: belongingness (affiliation with a group), esteem (seek recognition), self-actualization (fulfillment in personal potential), and self-transcendence.

Gorman (2010) emphasizes that different cultures require a clear and intentional consideration of their own definition of those needs which are their highest priorities. One example of this adaptation is the importance of religion in Haiti. Brown and Cullen (2006) report that religious behavior enables both survival and overall human well-being.

Koltko-Rivera (2006) writes about the conceptual changes Maslow made to his hierarchy of needs later in his life which is not sufficiently reflected in the literature. Since Maslow's

original work, a large amount of research found significant connections between spiritual experience and psychological health. Maslow agreed that religious experience could be "rooted" in any of the levels of his hierarchy. Koltko-Rivera notes that a culturally aware psychologist will recognize that spirituality is a basic component of human kind. One of the Haitian cultural strengths is its spirituality and attention to this experience is essential in developing a comprehensive outpatient CMHC model.

It is common to not have one's basic needs fulfilled while living in Haiti. As much is unknown about the cultural adaptations of Maslow's work, it is used cautiously within this research (Gorman, 2010). For example, it is important to consider the integration of food programs within specific mental health services. Action research and biopsychosocial principles helped develop this project and Maslow's work continues to inform implementation and continued understanding of the improvements needed to the comprehensive CMHC model presented in Chapter 5.

Chapter 3: Haitian Culture and Existing Mental Health Services

In order to set the frame for the comprehensive outpatient CMHC model, it is first essential to consider both the relevant cultural components and the existing mental health services in Haiti. This is particularly intended to give relevant information specific to the provision of effective mental health services in the Port-au-Prince community.

My hands-on work experience, both individually and with my Haitian team of staff, provided substantial information related to the Haitian culture and available community services which contributed significantly to my learning. In order to be both culturally sensitive and to follow an organic (inside-out) process, field notes from my professional work in Haiti are included as a major component of this chapter. Appendices A-F contains the relevant field notes. The field notes, are my personal observations and reflections. They provide a textural understanding of the programmatic elements presented in the following chapters.

This chapter presents important cultural elements relevant to mental health in Haiti, including language, emotion, time, travel, racism, religious beliefs and *Vodou* . It is important to have a strong understanding of these topics when developing and providing services in Haiti. Currently available mental health services in Haiti are described, including psychosocial centers, psychological services, social work services, and inpatient services.

Cultural Elements Relevant to Mental Health in Haiti

This project addresses mental health problems in Haiti that are impacted by multiple social and economic issues. This CMHC considers the vital needs resulting from these challenges. The approach of this project is organic, collaborative, evolving, and maintains a focus on the vital mental health needs of Haitians. Language that is true to the project is used to avoid oppressive psychological labels.

Language. One cultural element important to consider and understand is that of language. Keys, Kaiser, Kohurt, Khoury, and Brewster (2012) provided a substantive resource guide for information on social idioms of distress and clinical encounters in Haiti. Mental health issues are neither understood nor articulated by most Haitians. However, mental health concerns are expressed in ways that are different than seen from the vantage point of a more traditional, Western culture. For example, spirituality is intertwined within the comprehension of the Haitian people and gives meaning to their experience.

It has been reported that psychology in the past was not well received in Haiti. People think that someone who needs psychological supports is automatically "crazy" or "fou." The word *fou* is a term loosely used to identify someone with mental illness. Before the early 1980s, people with mental illness were believed to be possessed by evil spirits and were brought to church for treatment. They believed that a powerful good spirit derived from Christian belief cast the evil spirit out of the body. Such belief is still largely accepted in many regions of the country. Some people are taken to the hospital for treatment, but the hospital does not fully understand how to diagnose the patient and offer different medications. Very few medications have positive effects and the patients do not have sufficient money to pursue continued medical treatment. Many cases eventually go back to the church for support.

However, the Haitian people do currently seem to becoming more aware of the field of psychology and the important principles that can potentially enable better wellness within their communities. For example, people will look for psychologists when they are in great need, but they are difficult to find. Mental health stigma is still significant, but people seem to becoming more aware of the importance of the health of the mind along with the body. Long-term treatment is uncommon; however, short-term treatment and emergency services are in great

need. Mental Health is something that is not openly discussed, but needed and is becoming more accepted.

There are many barriers to be considered in providing effective mental health services in Haiti. Language is one of these. A majority of people in Haiti do not know how to speak English which is a large obstacle for Americans working in Haiti. There are ways to combat this and help the Haitian economy. One way, is by hiring Haitian translators who can also share their knowledge of the culture to bridge gaps between worlds. Even with translators, language misunderstandings happen. This is important to consider when becoming frustrated or sensing confusion. Patience and understanding are needed to maintain collaborative relationships between cultures. Materials will need to be translated and cultural differences always assessed.

Emotion. In order to provide appropriate mental health services it is important to understand components of emotional expression within the Haitian culture. I learned that many Haitians do not cry often and they view crying differently than Americans. Many Haitians express fewer emotions publically and think that Americans cry over small things. Haitians are commonly strong and stoic people. They have dealt with many difficulties in life and do not let small things affect them. Crying is customarily seen only when someone very close to a person passes away, yet, even then little emotion may be expressed. Of course, wailing and singing can be a reaction to a very close person's death. Emotional expression and release is different in different cultures and must be considered within service delivery. In the United States, I might suggest that a woman express herself outwardly or find other ways to release emotions; in Haiti this might not be considered appropriate. While everyone cries at times due to great loss, the differences in cultural emotional expression are important to understand to enable realistic treatment.

Time. Time is perceived differently in different cultures. There is a clear distinction between "Haitian time" and "American time." Time does not have the same value in Haiti as it does in the United States. In the United States it is often believed that time equals money; it is valuable and important to respect. When I was the temporary director of a different organization in the past, I grew to hate hearing the phrase "tale" which means "wait." I would ask the driver when the truck I had rented would come. I was commonly told "tale, tale, 20 minutes." Three hours later the truck had still not come. This would prevent me from doing things that I needed to complete that day. By the time I got to a store or place, they were closed. All this felt like wasted gas, money, and valuable time from my American perspective. Some of these problems are connected to the bigger problems in Haiti. Such as traffic being severe and affecting the time it takes to get things done. Time is considered differently in Haiti compared with the US.

Travel. Travel is another serious problem in Haiti. The streets are old and kept poorly. Transportation is limited and impacts renting vehicles for a reasonable price. The general transportation is by public Tap-tap, which is crowded and slow. A Tap-tap is commonly a small, colorfully painted, truck and cap retrofitted with two benches in the back. The jumping on, elbowing, or fighting for a squeezed seat is commonly part of this transportation and cultural experience. Tap-taps can be a dangerous way for foreigners to travel, especially if they have not lived in Haiti for an extensive period of time and don't know the language. It might take several different Tap-taps and walking to get to a location that is only 10 miles away.

In the United States, if I want to go to the store, I jump in my car, drive down the nice roads, get what I need, and return home. In Haiti, I would wait for transportation to be available. When the truck finally arrived, I got caught in traffic. When I got to the store they might be out

of some of the things that I needed. Hopefully, my driver would wait, but we still got stuck in traffic along the way.

Trucks and SUVs are the most used vehicles in Haiti due to many of the roads being unpaved and in bad condition. Vehicles commonly break down. Many times I have helped push the truck I had rented to get it started mid-trip, while being laughed at by the people in the street because they are surprised that a white woman would be pushing a truck. Problems are more frequent in this difficult environment. Poor roads and realistic barriers must be considered while running a center in Haiti.

Racism. An important cultural element impacting the Haitian people is the racism that exists between the Dominicans and the Haitians. Haiti is located in the west of the Island and the Dominican Republic is on the eastern larger side. Haitians speak Creole and French, and the Dominicans speak Spanish. I always heard about the strong racism that was present between the Dominicans and the Haitians. I saw this during my second trip to Haiti, when there were suddenly major demonstrations and burning cars in the streets. They closed the airports in Port-au-Prince for a week and the team I was with needed to return to the United States. The team decided to escape to the Dominican Republic at four o'clock in the morning. I preferred waiting out the difficulty behind the safe compound walls in PAP. We fit 11 people into a medium-sized SUV with bags mounted on the top. Cars were still smoldering in the streets of the city, but everything was quiet at this early morning time. The two hours to the border felt like forever when I did not have my own seat in the crammed vehicle. It was difficult getting over the border. With the little Spanish that I knew, we found a bus station quickly in the Dominican Republic. We continued for 7 hours in a packed bus to Santo Domingo, where we met our new flight. I happened to sit in the front of my group in the bus, between two pleasant Haitian men.

One of the men spoke some English and we had several good conversations over the long ride. The Dominican economy is doing well and making significant amounts of money from Haiti. To my understanding the Dominicans want to protect their economy and are fearful of being inundated by individuals from a poverty filled nation.

Every few miles there was a military stop. The bus halted and boarded by a soldier. We counted almost 20 military checkpoints where the bus stopped. Haitians' passports were inspected thoroughly at each stop as they must have a valid Dominican visa to enter. The man next to me, shook his head, as he and the Haitian man on the other side of me were asked for their passports time and again. Most times I was overlooked as I was white and not required to present my passport. The man and I discussed racism and the strong issues between the two countries. Later a Dominican friend of mine explained that she did not understand how the racism started between the countries, but remembered being told as a child that the Haitians would eat her if she was not careful. She understood the outrageous manner of this cultural story and assumed the issues went far back in the past.

Recently, I was in Aruba and had conversations with someone from the Dominican Republic. We were discussing my work in Haiti and the relationship between the two countries. I asked his opinion about why there was so much tension between the two countries. He gave me information I had never heard before, which made sense. He stated that Haiti was one of the first free nations in this area of the world and the Dominican Republic wanted to be free from the Spanish. Haiti agreed to help the Dominican Republic gain independence. After helping, Haiti invaded the Dominican Republic to gain control. He explained that the Dominicans had significant negative feelings about Haiti going back on their word to help and instead invading. At times they tried to develop business relationships with Haitians. This has been fraught with

bad business dealings so the Dominicans remain very defensive. This is a great example of how there may be many reasons why the two countries struggle significantly with each other. It is unclear if the above story is accurate but the story can demonstrate the importance of continued collaboration and searching for different information about Haiti. This is an example of how cultural information comes from different sources in an action research manner and is commonly not available through formalized information. Clearly, understanding the different cultural tensions in Haiti is important when providing culturally sensitive mental health treatment.

Religious beliefs and *Vodou* . The World Health Organization (2010) report on Culture and Mental Health in Haiti provides information about gender, religion, *Vodou* , mental health issues, and service utilization. Religion is a needed focus in program development in order to provide culturally sensitive services in Haiti. For example, Maltby, Lewis, and Day (1999) wrote about the important role of prayer within psychological well-being for many. I observed that prayer and church are preferred coping strategies for many Haitian people.

Spirituality has direct implications for the application of community mental health services in Haiti. For example, when I provided counseling in Haiti six months after the earthquake, I was amazed at the strength of the Haitian people. Many times I met with women that might have several children, no husband, no house, and no tarp for shade. These women were beautiful, well dressed, and strong individuals. I ask most of them “how are you surviving?” The common response was that they survived because of God and prayer. If religion and prayer help a person, it is important to encourage strengthening of this coping strategy. The women understood the strategies I taught them about positive thinking and focusing on their strengths. Many behavioral interventions also seemed helpful. Having someone to listen and consult with about life problems seemed to support many. I learned to adapt as a counselor to the

limited context of having an hour to assess and teach new strategies to clients I was not likely to see again. The first session of counseling is very different when it might be the only time one meets with a person.

Gorman (2010) stressed that Maslow's hierarchy of needs must be adapted for appropriate utilization within different cultures and that each specific culture determines what is its highest priority. One example of this adaptation is the importance of religion in Haiti. Brown and Cullen (2006) reported that religious behavior enables both survival and overall human well-being. Much research has found significant connections between spiritual experience and psychological health. Maslow agreed that religious experience could be "rooted" in many of the levels of his hierarchy. Koltko-Rivera (2006) noted that a culturally aware psychologist recognizes that spirituality is a basic component of human kind. Within this culture, one that has spiritually intertwined throughout its values and coping skills, it is essential to understand the different religious elements that are common in Haiti.

As noted by Desrosiers and Fleurose (2002), it is important to understand the Haitian people and the existence of *Vodou* within mental health. This literature source gives considerable information about religion, magic, identity, and culture in Haiti. They speak to Haitian's beliefs about natural and supernatural causes of illness. Understanding these cultural elements will be essential within this CMHC.

I found it essential to learn about *Vodou* along with other religions in Haiti. I developed a friendship and business relationship with an artist who is also a local *Vodou* priest, Doudy Louis. In my experience, many Haitian's are afraid of being connected to *Vodou* in any way. However, Haitians that embrace *Vodou* in their lives speak clearly about the spirit's effects in their daily journey. Doudy often shared stories of spirits and how they affected his life. His father

was a *Vodou* priest and had over 40 children, of which 3 were "chosen" to be priests and priestesses. He explained that growing up he had dreams of spirits that seemed like premonitions to me. In ceremonies, the spirits graced him with entering his body and making him stronger in many ways. He developed loving relationships with different spirits that protected him. The spirits had varied intentions and goals. Different colors and animal depictions represent different spirits. Believers have different ways of having ceremonies and respecting these spirits in their lives so that they do not become angry and cause bad things to happen.

Khoury, Kaiser, Keys, Brewster, and Kohrt (2012) question whether *Vodou* may be an obstacle to psychiatric treatment in rural Haiti. I agree with these writers, due to many Haitians believing in spiritual phenomena. Many say that *Vodou* has affected a person, when a trained counselor would recognize a mental health issue. The following accounts give examples of cultural elements.

Stories of Zombies and bizarre experiences that cannot be explained have crossed my path many times. For example, Americans telling stories of being present at church exorcisms in Haiti. I wonder if my culture might quickly diagnose individuals with schizophrenia and delusions in many of these stories. However, the Haitian culture houses these stories in religious mystery and the possible presence of evil. Zombies are dead bodies brought back to life by a *Vodou* priest. It is said that these bodies are commonly used for work in fields or for family work. Once, Doudy said, in a very positive way, that it was good to have the Zombies of your family so you knew that their bodies were not being used by others and mistreated. One can understand how the common person could be scared around talk of Zombies; the *Vodou* priest thought that this could be a dark thing used in a positive way. He showed that Zombies are just another reality within their religious beliefs and are not always seen as evil.

It seems possible that a Zombie might be, in fact, someone who has ingested poisonous herbs that cause brain damage. It is as if their free will was taken and they are very compliant to orders. Many stories of *Vodou* are explained as leaving poison on door frames so a person might touch it and absorb it through the skin. I wonder if these poisons make the person seem like they are dead, so then they bury the body. Later the *Vodou* priest can have the person dug up and brought back to consciousness. It is difficult to get clarity about these spiritual phenomena even while living in Haiti. Understanding the unknown within this culture and how the unknown can scare many people is an important awareness for counselors. These are situations that will be crossed commonly while working in Haiti as a counselor.

Many Haitians are scared and do not understand *Vodou* while others within the culture embrace *Vodou* in their lives. Many unknown issues and problems are attributed to *Vodou* , due to cultural processes. If something new is not understood, it could be considered to be caused by *Vodou* . Going against cultural norms and introducing new things likely will be met with skepticism. In my experience, when new and unknown things are brought to the country (like teaching yoga to children), people are apprehensive and question if it is *Vodou* .

I learned on my first trip to Haiti that *Vodou* directly links to psychological work and this caused me to spend significant time trying to gain a beginning understanding of the *Vodou* culture in Haiti. I was at a medical clinic in Haiti and saw many people for counseling. One night we had an emergency in the clinic and from my assessment the woman was in a catatonic state and completely unresponsive. The family explained that she was having a fight with her husband and suddenly became non-responsive. Her husband thought someone had done *Vodou* and he wanted to call the *Vodou* Priest. The medical team checked her for medical issues and nothing could be found to be a problem. They asked me to talk to the woman. “What?” I thought. With

no translator, and trying to communicate with a woman in a catatonic state, I could not help in this situation. The next morning the woman woke up in fine physical health. It now seems that I likely witnessed a common cultural syndrome called *Sezisman*, which is a somatic reaction described by seizing of the body due to overwhelming stressors. I could have been much more help in this particular situation if I understood this cultural syndrome and could have educated the American medical team that was trying to treat her.

Please see Appendix A for further field notes connected with the *Vodou* religion. These written accounts discuss how *Vodou* is the native religion that is a mix of African religion combined with Christianity. It is said that the old gods became mixed with the saints from the church. I sought to fully understand these components of spirituality within the culture in order to provide effective culturally sensitive services to the community.

Unfortunately, religion in Haiti is another area where corruption is found. I am sure that there are many very good religious leaders that truly try to help the people they serve. However, there are many spiritual leaders that take advantage of people in Haiti. I have heard far too many stories of pastors having orphanages in Haiti and selling the food given to the children to make money for themselves. This leaves children starving and neglected, even when organizations are sending significant funds to be sure that the children are being cared for appropriately. Unfortunately, community members may need support in coping with negative spiritual leaders.

There are many pastors that inspire the Haitian people. I attended many different services in Haiti and it is difficult to tell an exact denomination of a church. Some services were in large buildings roughly fixed after the earthquake, but one other was on the bare foundation of a destroyed building, with benches and a tarp hanging above for some shade. Many times churches are focused on spreading the message of Jesus and focus on evangelism. Some people find great

comfort and strength in participating in their church community. Often churches will help by providing schools, food drives, and other daily needs for the Haitian people.

Haitian Mental Health Services

To understand the context of the mental health field, it is first important to understand the situation of the health system in Haiti. Health care in Haiti is very different from the United States. Haiti has many small medical clinics with limited access to prescriptions. Haiti has doctors and nurses, but little access to large major hospitals. I have heard unfortunate stories of people dying in the hallway waiting to be seen in a hospital in Port-au-Prince. The earthquake disasters put much more stress on the health care system and demolished many clinics and hospitals. If I were in Haiti and had a very serious medical issue, I would want to fly back to the United States immediately and receive care if it was a valid option. The Haitian people do not have an option. I understand that people with money can get hospital care. Many amazing Haitians try to make sure that health care is available to those who need it. Some clinics are run by non-profit organizations that give some free care to the limited number of people that they can take each day. Most services have to be paid in cash.

Mental health services are significantly limited and no system really exists. This is more extreme than the medical health system in Haiti and there is a greater void in services. My field notes give accounts of different types of services found throughout my travels in Haiti. This includes a number of interviews with service providers. Counselors and services were difficult to locate even with my active search.

This section focuses on the presentation of programs and services already developed in Haiti. This is included because I believe that the integration of existing programs into the CMHC model will result in a more concise and culturally sensitive structure. The available mental health

services in Haiti presented include psychosocial centers, psychological services, social work services, and inpatient services. Counseling is available in different capacities, but not as common place as in the United States. Religious leaders seem to give significant counseling services to the people in their community.

Psychosocial centers. Bolton, Surkan, Gray, and Desmousseaux (2012) researched and wrote about mental health and psychosocial effects of organized violence in northern Haiti. This research provides important information regarding specific psychological problems that were elevated within Haiti. These problems included feeling startled, loss of self control, sadness, grief, suffering from reliving past events, mental problems, deep suffering in the heart, and thinking too much. The purpose of their research was to highlight the needs of the Haitian people so that further services could be developed.

Psychosocial support centers are said to remain in many major cities within Haiti. As there is currently no organized mental health care system, it is neither apparent how many of these centers there are, nor where they are located. It can be guessed that there is one of these centers somewhere in PAP, but its location is unknown and it is likely only one exists for the entire city of 2 million people. It is assumed that the government and international grants fund these centers.

I accidentally observed one psychosocial center in Jacmel, a large town in the country four hours from PAP. This was the only psychosocial center that I found and likely was the only one in that whole area of the country. I happened to walk by the place and was surprised to see it. They had counselors available, but focused on hosting an array of recreation activities, like dance classes. The music and dancing was great to see with everyone taking part in the large room. The center was a large building that had two exposed offices for counselors in the front. Signs

showed their availability, but no counselors were there when I visited. They had a very large room in the back that was open and housed a dance class with community members. There were about 30 people in the center for the class. They had a posted schedule of different recreational activities such as dance and crafts.

Budosan and Bruno (2011) wrote about the importance of their unnamed Dutch non-profit organization and others that integrated psychosocial support with mental health services after the Haitian earthquake. They explained that, since the earthquake, many organizations work in PAP providing psychosocial support programs. They explained that it is more sustainable and effective to integrate psychosocial supports and mental health services that build on the existing capacities and cultural norms. Their ideas correspond to my beliefs regarding the importance of these services, and are quite similar to my thinking about the importance of engaging the community through recreation activities. They also suggested that training service providers was a core way they could make an effect in the community. Further information about my organization's current recreational children's programs is presented in the following chapter.

Psychological services. For the first two years that I worked in Haiti, I was in different areas of the country and throughout Port-au-Prince (PAP). I never found a local counselor or any kind of mental health services during this time. Eventually, when I traveled to Les Cayes, about five hours from PAP, I finally met a local "psychologist" providing counseling to women who had been raped. She was a bachelor-level "psychologist" and reported that they had a group of counselors like her that worked in the Les Cayes area. In this town, I also traveled to a rape crisis unit that provided counseling, groups, and temporary housing for one or two people if needed. I

met other foreign counselors traveling to Haiti who try to contribute in these small, local clinics for periods of time while in the country.

As my work continued in Haiti, my search for mental health services became very active. I intentionally explored PAP to search for counselors and psychological services to add to the list of known mental health services. During this exploration, I came upon Mr. Vilton and his small clinic on the street in PAP. It was very uncommon to find a psychological clinic in Haiti. This happened once by accident while driving through the city. It was Joseph Vilton's little clinic on the side of the road. The sign said that people could come for psychological consultation and counseling for issues of stress, migraines, and a list of other ailments. I asked the neighbor about the place and got the phone number off the door, because it was closed at the time. I left my card with the office next door and Mr. Vilton called me later that day. After explaining my purpose, he agreed to meet with me later that week. The day we met, my motorcycle driver, translator, and I squeezed onto a motorcycle to make the trip to Santo 22c in PAP. We arrived windswept in the blazing summer sun.

Mr. Vilton's office was a one room consultation space in a typical small concrete block building. He had a desk, three chairs and a closet. He was thoughtful and calm about his answers and had an interesting presence about him. This smart Master's-level "psychologist" was knowledgeable and professional. He shared a scientific mind and modern beliefs of clinical treatment. I interviewed him about his background and education along with therapeutic approaches within different case frames (J. Vilton, personal communication, August 2014). He seemed very logical and well trained, using much of the psychological language that I use everyday within my own work. We discussed science and how in Haiti there are major components of spirituality within psychology. He explained some of the African cultural

components that are intertwined in the culture of Haiti. Mystical beliefs and spiritual phenomena are common place. He spoke of the Shalomn, pastors believed to work for God and perform miracles.

Mr. Vilton has an impressive resume. He received his Master's degree in clinical psychology in 1992 at the State University in PAP. This gives him, in Haiti, the title of "Clinical Psychologist" which is different than in most states in the US. He teaches as a professor at the University of State in Haiti within the psychology and sociology department.

Joseph Vilton was the lead psychologist in the emergency education and child protection project that worked to improve the lives of the children, youth, and women in PAP, Haiti. He was a leader at an organization called AMURT for a couple of years after the earthquake. They had multiple programs similar to other organizations in Haiti, including psychosocial programs that incorporate song, dance, drawing, and sports. They worked with children with trauma around the earthquake and had them visualize broken houses. His explanation of using pictures of destroyed homes seems to be exposure therapy. The children were also engaged in group treatment where children shared their stories. He worked at another organization that focused on family therapy. Skills training on how to live well together and get along seemed to be a core focus of this work. In his current clinic, people come for family problems and consultation around conflict management, along with other requests (J. Vilton, personal communication, August 2014). Please see Appendix B for further information from the interview with Joseph Vilton. These field notes speak more about the time I met with this interesting counselor and the clinical techniques that he found helpful within his work.

When looking for Haitian psychologists, I was also told about *Doctor Wismick* by the Restavek Freedom Foundation (RFF). I communicated with the RFF about their services and

requested that they recommend psychologists whom they worked with. Their only suggestion for psychologists in Haiti was "Dr. Wismick." We began to email about meeting in person and we tried to connect on my next trip in Haiti. This was not successful due to timing and both of us being very busy. On my following trip, six months later, we met. He suggested that I come to a training he was doing on CBT with young psychologists so that over lunch we could discuss my questions about his work and the mental health system in PAP. When I arrived I found that Dr. Wismick's English was very good and I was happy to communicate with him freely.

Dr. Wismick Jean-Charles is a Haitian priest and prominent psychologist in Haiti. He shared that he was originally from Haiti, but received his doctoral training in Counseling Psychology in the United States. He received his doctorate in psychology from Fordham University in New York. He holds master's degrees in Counseling Psychology and Education. He was a professor in Washington DC for a few years.

Due to Dr. Wismick Jean-Charles' devotion to his country, he returned seven days after the earthquake to help contribute to the mental health relief of his people. He founded the *Center of Spirituality and Mental Health*, which is his clinic that blends spirituality with contemporary psychology. He is the vice-president of the Catholic University of Notre-Dame in Haiti and presents internationally at many conferences (W. Jean-Charles, personal communication, August 2014). Now about four years later, he has his own clinic in Port-au-Prince. He has a team of counselors in training who work for him and is the Provost of a Haitian University.

When asked about the services provided in the *Center of Spirituality and Mental Health*, Dr. Wismick Jean-Charles explained that they focused on school services, community care, counseling, and massage, along with training counselors and church leaders in counseling principles. His clinic is in Petronville part of the mountainous side of the capital. Community

members that want treatment can make an appointment to meet with Dr. Wismick Jean-Charles for 250 Haitian dollars (about 27usd) at his clinic and the price decreases for further sessions. He holds trainings and educates young professionals in psychology. “Doctor Wismick” is clearly busy and working on many different projects, including academic writing.

Dr. Wismick Jean-Charles had several professionals-in-training volunteering with him to provide free services to five local schools. He explained that the current education of “young psychologists” in Haiti includes a bachelor’s degree in psychology and one year of practical experience. He reported that training sites were in great need to enable these counselors to obtain their practical experience (W. Jean-Charles, personal communication, February 2014).

Please see Appendix C for further information from our February 2014 interview. These notes document how this researcher met Dr. Wismick Jean-Charles, trained counselors together, and collaborated. Please also see Appendix D for further information gathered in an August 2014 interview with Dr. Wismick Jean-Charles. These notes provide light on the high paced work of this psychologist along with further information about his school consultation program and services to the children in his community schools.

As stated above, Dr. Wismick Jean-Charles had several trainees finishing their practical experience providing school consultation to elementary school students, ages 7 to 12, in five schools in PAP. The elementary school students complete a pre-test screening for signs of PTSD. Students that show elevated scores are given the opportunity to attend weekly counseling. The counseling is focused on CBT, due to this being the most widespread culturally preferred treatment approach within this country. The therapeutic elements focused on were psychoeducation, relaxation, affective regulation, cognitive reframing, understanding trauma reminders, in vivo exposure, and family constellations. All of the volunteer counselors

(commonly young women in their 20's) who provide these services must attend one six-day training on CBT. This helps counselors in training have a base of skills to provide services for the students. The counseling is one hour a week out of class for 12 weeks. Then, a post-test is administered to see if the student made improvements. If the student shows continued elevated scores, they are offered additional free counseling at the *Center of Spirituality and Mental Health*. Dr. Wismick Jean-Charles created, supervises, and donates his time to his community with this volunteer school consultation program (W. Jean-Charles, personal communication, August 2014).

Mental health professionals are extremely difficult to find. Budosan and Bruno (2011) reported that there were about 50 master's-level "psychologists" in 2008 in Haiti. After searching for several years, this writer found one Masters-level "psychologist" (Joseph Vilton) and one doctoral level psychologist (Dr. Jean-Charles Wismick). For years I questioned schools, organizations, medical clinics, and other collaborating systems within my work in Haiti. I was always told that counselors are available, but most could not suggest a particular professional for me to contact. Nicolas, Jean-Jacques, and Wheatley (2012) suggest that there are not enough graduate level professors continue to educate graduate level students in Haiti.

Nicolas et al. (2012) wrote an article for the *Journal of Black Psychology* titled "Mental Health Counseling in Haiti: Historical Overview, Current Status, and Plans for the Future." In this article they stated historical contexts, current context, and future recommendations for counseling services in Haiti. Important historical contexts to consider begin with understanding that the very first counseling practices started in the 1980s with preventative services for AIDS. The writers suggest that currently a bachelor's level degree in psychology is the highest degree that can be obtained in Haiti. The bachelor's-level "psychologists" may submit their portfolio to

be licensed in Haiti, where there is neither a formal licensing board nor formal regulations. Literature that documents the number of mental health professionals in Haiti exists, but seems to fluctuate and the numbers are not clear. Nicolas et al. report that there are about 100 bachelors-level psychologists currently in Haiti. From my experience it seems that there may now be more than that number in PAP. For example, I have seen large numbers of counselors obtaining continued education and I have met many more over my time in Haiti. One organization (RFF) that primarily utilizes bachelor's-level counselors and professionals with high school degrees with experience working with children is presented in the next section.

Social work services: Restavek Freedom Foundation. I was supposed to meet the Restavek Freedom Foundation (RFF) staff to find out more about their organization at 2pm on an afternoon in August 2014. However, there was horrible traffic and we were very late even though we planned ample time for travel. We finally found the office and sat in the waiting room for the RFF staff to be done with lunch. Eventually we met together in a conference room while I asked my questions. The available staff of about ten met with me and seemed to be a nice group of people, generally in their 20's. Many were trying to finish their undergraduate degrees in psychology and considered themselves to be "young psychologists." Some staff had field experience, such as being a teacher with a high school degree. They had a shared open office space for all the staff, with computers and desks, and a separate conference room. Their work with the children was done in the field or at school locations. When meeting with the RFF staff, they described the important components to their organization. Their organization funds their work and helps the Haitian communities in many ways. I assume that donations and grant sources are elements of their funding.

A Restavek is a child who is mistreated, almost like a slave for the family member housing them. This is a major issue in Haiti and a focus of the RFF to help these children. Joan Conn, the Executive Director of the Restavek Freedom Foundation, explained that many of their services are not traditional mental health, but providing children with an advocate that meets with them weekly or monthly to talk and intervene when necessary. Much of this work is simply an "act of loving" and helping the children to see their worth as a person. She reported that much of their work is based on a social work model (J. Conn, personal communication, June 2014).

This agency has three foci: advocacy, influence, and mobilization. These advocates have over 800 children of many ages whom they work with in Port-au-Prince. The child's schooling is paid for along with supplies, medical care, case management and counseling services. The advocates provide a relational support for children who may not have any. If the student needs more intensive treatment, they are referred to Dr. Wismick Jean-Charles.

The RFF also tries to influence family support by the advocate meeting with the child's family, with the hope of better home treatment for the student. The organization collaborates around many mobilization efforts including a curriculum for pastors to work with children. They arrange music competitions and creating national ambassadors. RFF also has a transitional house for girls who have been sexually abused.

At the end of the meeting many of the RFF staff also explained that they were part of the "young psychologists" student association and would be glad to collaborate and meet with me some time in the future. Their team was helpful and willing to give me needed information about their work and the mental health field in Haiti. This meeting was helpful for my team to better understand mental health and the impact of mental health services on the lives of the youth in Haiti.

Inpatient services. The health care system in Haiti is far different than the United States system. Mental health services are significantly limited and no formal organized system really exists. According to many local professionals, inpatient and outpatient psychiatric services are minimal in Haiti. Budosan and Bruno (2011) explain that there were about 23 psychiatrists and 10 psychiatric nurses in the public sector total in 2009 and two government hospitals. According to Budosan and Bruno, mental health services are primarily in PAP and almost non-existent in other areas of the country. Unfortunately, medications are difficult to obtain and there is a limited supply. The scarcity is worse with specialized services like psychiatry.

Inpatient services were difficult to find even with my active search. I was told by many local professionals that there are two mental hospitals in Haiti. The largest, and only hospital for aggressive, chronically mentally ill patients who are potentially a danger to the community, is located in Croix-des-Bouquet, PAP.

When I asked Haitian counselors what the Beudet Mental Hospital was like in Croix-des-Bouquet, they always responded with the words “terrible” or “horrible.” They could not explain to me what this specifically meant. Some suggested that the patients were “always having sex” and were “not supervised.” No one could tell us where the hospital was. Later, the Haitian medical hospital informed us of the mental hospital’s location.

The Beudet Hospital in Haiti is one of the only mental health hospitals known in the country. It was important for me to visit this location to gain a better understanding of this level of service. To give realistic texture to this section, I present some of my experiences from visiting the hospital that day in August 2014. I was unable to contact the hospital to make an appointment to visit, due to no known phone number and no exact address.

After a hard day’s work across the city with my RAW Haiti team, who had been working

with orphanage children, we set out to search for the mental hospital. I explained to the people working for me, where we were going and that they would see things that they would not like. I gave them the option to not come, but all were curious and wanted to come along. My staff was just learning to work with children and had no major training in psychology other than working by my side in my roles as practitioner, trainer, and director.

To be sure we found it, we asked many people along the way where the hospital was. All the people in that area knew the location. We arrived at the gate and an old man with very few teeth, but with a clean white button down shirt met us. I explained in Creole who I was and that I wished to speak with someone in charge to make an appointment to return. He allowed me and my team through the gate which emptied into a parking lot with another gate ahead to the hospital grounds. The walls to these compounds were about eight feet high concrete block structures with nothing obstructing a person's passing at the top, like the common glass or barbed wire. I know that if I really wanted to, I could climb the wall.

The iron gate ahead had a chain and lock, with a woman leaning on the inside, waiting for the gate keeper. The old man allowed my team to enter. I instructed my translator to stay close to me and naturally the other men remained close to the other women in our group. The female leaning on the gate, as we passed, motioned to the man that she wanted a cigarette without saying a word. Selective mutism may be a common symptom in this place; it is hard to know for sure. The man took us to the nurse that was on duty by walking us to one of the closest buildings. What I saw, I could not believe and would never have guessed. I was expecting to see a hospital, a large building. Instead what I saw was large flat grassy grounds, with many small 2 room concrete buildings scattered over the expansive land. The grounds were huge and the boundaries were unclear. Only a few people were in site.

Another female patient walked up to us and started to chat and entertain us with her stories while we walked to the nurses' station. My translator explained that she was talking about living in Canada in the past and wild stories that were highly unlikely to be within reality. She also explained that everyone was having sex under the mango trees here and this is how they passed their time. She kept asking us if we had brought condoms to give them, which we had not. Another male patient walked towards me and started speaking in English. I shook his hand and quickly, I realized that he was trying to flirt with me and getting too close. I kept moving forward, with my translator plastered to my side. I kept walking in a straight line with my team following right behind me in an unplanned clear double line. I mention this unplanned walking formation as a non-verbal observation of my team to help communicate the natural fear the hospital invoked. They did well keeping smiles on and being pleasant with everyone who came out of curiosity to speak with them.

We found the only nurse on duty in the nurses' station with no patients in the building. I explained my purpose that I wanted to speak with a director and obtain a tour around the property some day if this was possible. At all other locations and hospitals were we arrived unannounced; we were admitted and given information right away, or able to make an appointment to come back for a tour. The nurse was sour and rude on this day. Quickly, I learned that there was no phone number to the hospital and no way that she could ever get in contact with anyone for me. There were about 250 patients living there and, that day, only ten other people, called "monitors," working on the grounds. They were untrained common people in addition to the one nurse. Everyone working was afraid of easily losing their jobs if they give us further information or walked us around at all. The nurse told us to come back the next day in the morning. I explained it would have to be the afternoon and she shrugged her shoulders. As we

walked out the female patient accompanied us telling more unrealistic stories. I could now see maybe 20 people sitting outside of different little buildings looking to see who the visitors were.

The field notes from this visit are located in Appendix E. They describe accounts of the trip on the following day back to the same hospital. The notes include continued descriptions of the horrible conditions at the Beudet Hospital and were validating of the reports from local mental health providers. Inpatient services in Haiti are not sufficient and would not be recommended. The field notes paint a picture of poor conditions, neglect, a major lack of staff, lack of structure, a hopeless situation, and safety issues with unstable and aggressive patients. It seems that the patients roam free on the grounds and I wonder if some people are locked in buildings. We felt unsafe visiting and clearly the security of the old man at the gate with the keys was insufficient.

Local professionals confirmed McShane's (2011) report that the Mars and Kline Psychiatric Center in Port-au-Prince is the only hospital for acute mental illness in Haiti, unlike the Beudet hospital for chronic mental health issues. I have not visited this Psychiatric Center. I am unclear about the specific services they provide and conditions. A number of local professionals reported that this location is also "horrible." These exact words, and the related inability to explain what is meant by them, were apparent when asking local professionals about this psychiatric center. As there is no formal mental health system in general in Haiti, I was unable to obtain important information regarding the population, staff, specific location, contact information, and services of the Mars and Kline Psychiatric Center. It is assumed that the Haitian government funds this inpatient facility, but it is possible that it is a private psychiatric center.

While interviewing with the Restavek Freedom Foundation staff, the Mars and Klein Psychiatric Center was also discussed. Many of the staff were also "young psychologists" in

Haiti and involved in their student organization. One person trained at the Psychiatric Center for a short period and reported the facility is severely under-staffed and under-sourced. The staff person I spoke with suggested that there is not much actual care happening for the patients (Restavek Freedom Foundation Staff, personal communication, 2014). I must assume from my experiences in Haiti that this means that the patients are neglected to some extent and no real therapeutic progress is made. It seems that patients can get some short-term psychiatric medication support from this acute mental hospital; little else may be accomplished from a mental health perspective.

As previously mentioned, Joseph Vilton, the master's-level psychologist in Haiti whom I interviewed, reported that he had worked at the Psychiatric Center. He provided numerous stories of being an administrator at the Psychiatric Center and noted that the conditions were not optimal for care. He struggled to give further information about what exactly this meant. He did explain that as a master's-level "psychologist" he was needed in a management position and not delivering important services. This means that a majority of direct service providers within this context were bachelor level counselors (J. Vilton, personal communication, August 2014). Clearly at this time there is insufficient information to judge the Psychiatric Center's services success and consider its adequacy.

This chapter presented my understanding of relevant cultural components and available mental health services in PAP. More information will always be needed in these areas to ensure the development of appropriate mental health services in Haiti. Exploration of available services and cultural elements will remain an important focus of the CMHC presented in Chapter Four. My current work in Haiti is considered within the next chapter, because it is connected to mental health and can be the foundation for the development of the CMHC. RAW Haiti, with the goal of

encouraging wellness and better mental health for the Haitian people, is a foundation for the CMHC. Current programs will inform the continued growth of the comprehensive outpatient community mental health center proposed in Chapter Five. Themes of improved wellness and stress reduction will continue throughout this project. Chapter Six will discuss future directions of the center and incorporating medical professionals.

Chapter 4: RAW Haiti

There are many organizations working in Haiti to inject services into the communities. Due to the country's infrastructure issues, it is faster for organizations to deliver services on a small, local scale. I saw great need for additional mental health and supporting services. Children were stressed and having corporal punishment inflicted on them in school. My work in Haiti led me to develop children's programs and teacher trainings through collaborating with other organizations. Collaboration is difficult in Haiti and I knew that I needed to start a new non-profit organization stemming from my work. Things just happened, like it was meant to be. An accountant, lawyer, social worker, web designer, and several other board members were willing to donate time. Given that opportunity, I developed a non-profit, called "RAW Haiti," standing for "Recovery And Wellness for the Children of Haiti," with the board's assistance. The official creation of the organization legitimized my work and helped fund continued development.

At the beginning of this dissertation, I discussed that I have many different roles within this project. These include the roles of service provider, writer, researcher, and program developer. An additional element in the organizational work is that I am now the executive director of RAW Haiti. It is important to note that I make reference to myself by using these different names with the intent of capturing the various roles I play within this project, multiple roles that encompass being a psychologist.

The formation of RAW Haiti allowed for the continued growth of my programs. The organization has been in official operation for over two years. The mission of RAW Haiti is to provide services connected to wellness so that Haitian children can be empowered to rise up and alter their country across future generations. There is not one set definition of wellness in the

United States. Williams (2014) explains that wellness is a state of mind, spirit, and body. Wellness can incorporate many different concepts such as focusing on balance and enjoyment. Many types of healthy living enable wellness: good sleep, nutrition, positive thinking, stress management, fitness, exercise, activities of interest, play, and relationships. Wellness is a broader concept of holistic health and many different types can be found, such as emotional and social wellness (Williams, 2014). Within this project wellness is defined as the entire health of the person, both mind and body. I have found that preventative services are a culturally sensitive way for the community to engage and receive wellness oriented assistance.

Attention to the mental health of the Haitian people sits at the center of this organization's purpose. RAW Haiti has many programs that include a specific focus on providing recreational and creative outlets for children. These programs are designed to increase the children's opportunities to manage their stress, as connected with wellness. The following sections describe elements of the RAW Haiti organization and include discussions of stress management and wellness programs, as well as staff and teacher trainings.

Stress Management and Wellness Programs

Girdano and Every (1979) write about the importance of controlling stress. They explain that mind-body unity has profound effects on health. Physical activity is a natural way of putting the mind and body back together. Rediscovering play and loosing yourself in activities are other ways to reduce stress (Girdano & Every, 1979).

Much of RAW Haiti's focus is on stress management programs designed to increase children's wellness. These programs for children incorporate creative expression through activities such as the arts and sports. Goldberg (1997) explains that being creative is an essential process of awareness that can change existing perceptions. The action of being creative is the

purpose of the activities, and not to produce or problem solve.

Over the years these programs have gone through significant transformations. The ongoing changes of the programs emerged out of the use of the action research approach. It was designed to intentionally make the program's development flexible and organic. While I present the current format of the children's stress management programs, it is important to remember that this is a continually evolving process in which changes emerge from experimenting with different activities. To date, learning soccer, English, dance, music, and art are the preferred activities of the children. These activities incorporate creative expression and, at the same time, a focus on children's wellness lies within how the programs engage children in addressing their stress management.

Through the focus of this dissertation project, the staff has been exposed to many different types of mental health services in PAP. They attended other professional trainings with me at times. They say they are always learning new things about both psychology and Haiti when they work with me. The RAW Haiti staff is trained to integrate the creative activities with the focus on teaching the children to think about how their body reacts to activities. This may enable them to learn strategies to manage their stress. David Emerson presents about the importance of teaching youth to pay attention to their body, know how they feel, and engaging in movement that feels best to them. This holistic oriented yoga trainer explains how the goal of trauma informed yoga is to notice and experience the body and naturally the person learns what works for them. In fact, discussing the goal of change can stop the person from experiencing the in the moment connection with their body (David Emerson, personal communication, April 2015).

Many RAW Haiti staff trainings are done hands-on with the children. For example, I lead

an art activity with the children and the staff focus on observing how I work with them. In later staff meetings, I led discussions on why I chose to manage the activities and students the way I did. I also co-teach with the staff at times and add discussion of stress management. We then process the increased utilization of this topic in their regular classes. On-going staff trainings will continue to be developed.

RAW Haiti also contributes to training Haitian teachers, which is discussed later in this chapter. Being more connected with your body can enable knowing of how to resolve issues, for example stretching and tension. This is also an example of a behavioral and awareness strategy to help youth cope with stressors. Van der Kolk, McFarlene, and Weisaeth (1996) explain that when someone finds effective strategies that help manage stress it could decrease distress and increase a sense of self-worth. I found that the holistic approaches fit well within the Haitian community and will remain the focus of continued work. Teaching children enjoyable activities that can be used when they are stressed could become a natural coping strategy. Building competency can improve the self-worth and wellness of the children.

I helped in the creation of these specific programs in this particular way, locally and from the inside out, in order to meet the community where it is. Indeed, there is a specific link between addressing the great need for basic materials for children in Haiti and managing their stress and wellness. One of my particular emphases to eliminate barriers for the children to creatively express themselves while managing their stress. International efforts will focus in part on providing access to supplies for creative expression, like art supplies and materials for varied activities. RAW Haiti pays for the drinking water each month for all the children at the orphanage, to ensure the children are getting this one basic necessity. Basic needs must be considered even with the focus of services being on mental health. The important consideration

of access to basic needs and creative supplies is discussed in more detail later.

The fundamental principles of wellness and creative expression are the foundation of the current RAW Haiti stress management programs that incorporate soccer, dance, music, art, yoga, and English. RAW Haiti should be transformed into a recreational center component for the CMHC model. This would facilitate community members' comfort by obtaining preventative services through programs like soccer and dance, within a recreation and activities department. These programs employ methods of psychosocial support that are similar to those found around the world. For example, Van Raalte and Brewer (1996) explain that exercise is found to have significant psychological benefits. Regular exercise is shown to improve mental health (Van Raalte & Brewer, 1996). An international component of the RAW Haiti stress management programs is incorporating evaluation activities to determine the effectiveness in helping children manage stress.

I learned, through hiring and working with teachers over the past few years, that the programs are dependent on the teachers' skills and motivations. For example, I found it to be ineffective to train staff in a specifically desired class content area, such as art, unless the teacher has particular creativity and motivation to teach art. This led me to search for teachers with natural talents that can independently run their particular class. For example, soccer is a favorite pastime of Haitians. The RAW Haiti staff are skilled at this sport. This led to the development of a soccer program that is working with 15 boys from the ages of 11 to16 in Cite Soleil part of PAP. Cite Soleil is known as one of the worst ghettos in the world and poverty is rampant. The boys learn to be motivated along with learning physical skills from their soccer coaches that incorporate motivational speaking. Youth sports can encourage personal development. It provides an environment for youth to learn to cope with important realities of life. It may

empower them to be persistent in the face of adversity (Van Raalte and Brewer, 1996). The soccer program is available for 15 children two days a week on the community soccer field, Friday and Saturday afternoons from 3 to 5pm. These soccer programs started about 8 months ago and are slowly building. Due to the limited financial resources of the organization, the program does not operate more frequently and it is currently working to find funding for a food program for the players.

In Haiti, soccer is a male preferred stress management activity. Van Raalte and Brewer (1996) agree that it is important to understand cultural elements and gender roles when developing recreational programs. The coaches for RAW Haiti soccer incorporate discussions of stress management, motivational speaking, and positive thinking within team meetings and practices. Coaches also incorporate the practice of stretching, yoga, breathing, and team work into the soccer program. Several assistant coaches help manage the practices and training exercises. RAW Haiti provides soccer training for all coaches. This program provides all soccer equipment and clean drinking water for practices.

Basic needs are always a barrier when providing services in Haiti and must be addressed in some ways. For example, RAW Haiti receives donations of soccer cleats in the United States and ships them to the programs in Haiti so the children have appropriate footwear. Customarily, the children play barefoot. Thus, one component of the stress management program is to provide the necessary materials so the children can have access to enjoyable activities and at the same time increase wellness.

Damabiah Orphanage. The Damabiah Orphanage in Delmas 48, Haiti, commonly has around 60 children from 2 to 17 years old. I worked with these children for over four years. We work with the children in a variety of ways: soccer, dance, music, yoga, art, and English

programs. The conditions are poor at the orphanage and these resilient children need the teachers and resources to become the next generation of leaders. All RAW Haiti team members have several different roles to enable the team's growth.

The RAW Haiti head soccer coach and assistant coaches conduct practice at the orphanage with around 20 of the older boys attending on Saturday mornings for 2 hours. Girls have been encouraged to play soccer, but do not prefer this activity. They commonly refuse and preferring to dance instead. The coach works with children to increase motivation, determination, and physical skills in the same way as the Cite Soleil soccer program. Many times the children are stuck at the orphanage with little to do and no supplies to put on activities. With the variety of activities given by the RAW Haiti coaches and teachers, it is hoped that the children will learn skills and have outlets to engage in creative expression. The increase in creative outlets is believed to be useful in helping children to manage their stress and learn enjoyable coping strategies (Girdano & Everly, 1996). The teachers actively remind the children of the importance of learning to manage their stress in different ways.

RAW Haiti has a teacher with a passion for dance and music. He provides a dance class at the orphanage once a week with around 30 children. Dance is a female preferred exercise that is culturally congruent. All children are allowed to attend; the primary audience is girls from the ages of 5 to15. The number of participating children and ages in all programs can vary at the orphanage depending on the children available and interested in the activity on a particular day.

Each class is offered on one day after school each week and the focus is on four topics: (a) soccer, (b) dance, (c) art, and (d) English. Attention to stress management and engaging in coping skills are naturally integrated into the recreational class format in the same way as the soccer program. For example, the dance class is also a stress management program for some

children who enjoy it. This activity encourages exercise and provides an enjoyable activity is a coping strategy and a creative outlet with movement.

Music accompanies the dance activities and is another culturally preferred coping strategy to managing stress. The teacher and children develop and practice choreography. Commonly classes are of older girls from the ages of 6 to 14. Children under the age of 5 do better with the simple games for all young children, like musical chairs. The younger children do not participate as much in these activity programs, due to their developmental level. Many times the younger children watch at the edge of the activity, participate in the snack, listen to the music, and play amongst themselves.

The orphanage has some children who are very good young artists with natural talent. Through the art program it is important to foster a creative outlet for these children. The dance teacher also loves art and permits the children to have access to the art materials at the end of the dance class. RAW Haiti collects art supplies in the United States and ships them to the orphanage to enable art projects. The children have previous skill in making jewelry and bags. RAW Haiti sells their art in the United States with 100 percent of the funds going directly back to the children for drinking water and food. This process is intended have the children experience the rewarding consequences of having a strong determination and work ethic. Older children paint on canvas with RAW Haiti supplies. One of the paintings recently sold at a benefit auction in the United States for $140. These monies were used for a scholarship for this child to get a big box of all kinds of their favorite art supplies which encourages more creative expression and learning.

Creative projects such as bead looming, bracelet making, and painting are taught to keep the children engaged. The growing support staff, uses available supplies, as well as curriculum

handouts to implement art projects that incorporate recycled materials and allow us to operate in a more sustainable manner. RAW Haiti attempts to encourage the continued access to both creative supplies and teachers so children can have the opportunity to participate in enjoyable activities while at the same time helping them learn about what is a useful coping strategy to use when they feel stressed.

One of the RAW Haiti staff is a translator and English teacher. I initially questioned whether learning English was really a strategy to increase wellness. However, all the children seem to love the class and it brings smiles to their faces. This joy is created by the activity of learning English. The teacher has thoughtfully argued that English classes allow a creative outlet to learn and skill building for future jobs. Goldberg (1997) explains that classroom with multiple languages are spoken can enable creative play with words. This type of word play can help youth explore aspects of the world along with express ideas and feelings. Self-confidence can be a major benefit of learning about multiple languages. The children expressed a desire to learn English for increased skills, but to also be able to communicate with international volunteers that visit them. The children hope to find further supports to help them prosper. This teacher also incorporates prayer, music, and motivational speaking connected to stress management within the discussions of the class. Prayer and music are commonly preferred stress management strategies within the culture. He conducted a RAW Haiti English class with about 30 of the older children at the orphanage every Monday for 2 hours.

When I am in Haiti, every 6 months, all my teachers work with me for one week to provide programs for the orphanage children. Multiple days we have activity camps were the children have the opportunity to participate in multiple classes each day like dance, stretching, soccer, art, and English. I help the teachers and children take time to be in the moment with

practicing breathing and yoga. We discuss how these activities make their bodies feel and that they can decrease stress. This supports the programs continued focus on teaching slowly about stress management, along with continued supervision of programs. I teach yoga to the children and at the same moment train the staff to teach children yoga.

Training the teachers is a continuous process. I present plans for continued hands-on training with them over the next year as an example. I return to Haiti in July and plan to train them in several different areas: (a) mind-body connection, (b) mindfulness, (c) trauma-informed yoga practices, (d) strategies to work with children, and (e) relaxation training. In addition to these trainings, I supervise programs and give continued support around development. I am collaborating with the organization formerly known as Yoga Kids and now known as *Go Give Yoga* with the hope that they will come later in the year to teach all of the coaches and teachers to also incorporate yoga, to enable the folding in of these practices. This would enable the addition of more yoga practice. Yoga is a positive strategy to reduce stress and have fun for many children.

Training RAW Haiti Staff

As the Executive Director, I spend at least one week in Haiti every six months, supervising the programs and training the RAW Haiti staff. The person who directs the soccer, English, and music programs joins me on many of these trips. Our Haitian staff consists of a soccer coach, English teacher, dance teacher, security/construction leader, and driver. Many people have multiple roles and responsibilities. For example, the head soccer coach is also the RAW Haiti Assistant Director. Many of the staff help with assistant coaching for the soccer programs. If we have a construction project, two staff with competency in construction shift roles and work on the construction. The staff are trained and evaluated in many different ways with

the focus of improving the programs for the children. For example, the other director and I observe the programs and help make improvements in a hands-on manner. Follow-up meetings are held to continue the development and improvement of programs. As a team we continue to develop program and organizational objectives. When I am not in Haiti, the Assistant Director holds meetings for the Haitian team to come together once a month and focus on important program development and discuss problems that could be adjusted if needed. The director of the soccer, English, and music programs and I are available remotely online during these monthly meetings to enable consultation and support around making decisions as needed. I also train the staff in helpful ways to work with children and different psychological principles.

Teacher Trainings on Behavioral Management in Classrooms

As part of this project, I initiated teacher trainings which became one of the RAW Haiti programs. Working within schools in Haiti, it was immediately clear that many teachers needed further training in classroom management. It was common practice for teachers to hit children in many of the classrooms in Haiti. Turner and Finkelhor (2001) research explains that corporal punishment in classrooms increases psychological distress and depression in children. This research shows that the psychological wellbeing of children is affected negatively the use of corporal punishment in classrooms. Creating a positive classroom environment will increase learning and decrease stress for the children. The trainings teach the teachers to think about managing their own stress along with adding these techniques in class with the children. Training teachers to incorporate more movement and healthy activities in their classroom may teach children to use these strategies more in their lives.

It is known that corporal punishment does not make for an effective classroom environment for children to learn. Carey (2009) reported that significant sources of empirical

data that suggest corporal punishment in the classroom does not encourage long-term learning. There are many other ways teachers and parents can exert control without touching children. Physical punishment has been shown to increase aggressiveness and antisocial tendencies in some children (Casey, 2009). I observed children being afraid to participate in Haitian classrooms, due to physical punishment for getting answers wrong. Within my teacher trainings, I commonly questioned the teachers to tell me whether children learned better if they were happy or scared. All understood easily that children learn better when they are not scared or distressed.

Careful consideration went into developing and putting on trainings for teachers in positive classroom management. I observed in many Haitian classrooms before I started to put on these trainings. A highly trained professional with considerable knowledge of the culture is needed to perform these trainings. I have led the trainings, along with a trained Haitian co-leader that also translates. This co-leader was also a teacher in Haiti for many years and did not use corporal punishment in his classroom. It is important to manage cultural differences and encourage open discussion. For example, this researcher is often asked by Haitian teachers, “you are white, how do you know what we need in our culture?” Openly discussing international education research was helpful in these situations. Discussing different international strategies of education seemed to defuse some tension about the Haitian system. Speaking openly about culture differences in my work in Haiti is a difficult conversation, but extremely important.

I focus the training on learning principles for children. There are many strategies to manage class room that does not cause fear or harm to the students. For example, one favorite way I do this is to set the training up like a student classroom. Inevitably, just like young students, there are teachers that are inappropriate, immature, too talkative, or not focused, along with focused and well behaved trainees. During the training, I manage their behavior like I

would with younger children and openly discuss the process as it is done. The importance of using body location, verbal leadership, and psychological learning principles of children are key concepts that are taught. When a teacher did not stop talking to their neighbor during the training, they were be asked to move their seat while I stood close to them, demanding their attention in different nonverbal ways, yet, while never touching them. All teachers then discuss different ways that were possible and not presented. Please see Appendix F for an example of the training handout for a particular two day school training that was conducted in 2012. The handout touches on concepts of psychology of children, negative and positive reinforcement, developing classroom rules, fun activities, movement breaks, reading the energy of the class, managing classroom behaviors, attention problems of students, reasons for struggling students, teacher stress, motivating students, teacher meetings to consult about problems, and meditation exercises. The French version of the handout is presented after the English version, in Appendix F.

RAW Haiti will be the organizational foundation for the CMHC presented in Chapter 5. Elements of wellness, stress management, recreation, and training will continue throughout the project. The following chapter outlines a comprehensive outpatient CMHC in PAP, Haiti. The implementation of this project and increased mental health services are long term goals of RAW Haiti.

Chapter 5: Comprehensive Outpatient CMHC Model

This project focused on the improvement of mental health for the Haitian people in the Port-au-Prince community. The project's mission was intended to make available an organized, integrated framework of outpatient programs that provides more substantial mental health support for the Haitian people. The CMHC model of this dissertation project was designed to emphasize strength-based approaches within the context and reality of minimal resources. Recreational programs, preventative mental health programs, counseling services, social work services, training providers, and school consultation are elements that comprise the core programs for this comprehensive outpatient model. Evaluation, development of resources, staff, funding, the building, and cultural barriers are discussed later in this chapter.

It is hoped and intended that details of this project will change over time as it continues to be implemented by locating information essential for program development within the local community and through the employment of action research. Implementation of programs ultimately depends, of course, on the population's sensibilities and definition of that which is most relevant for the Haitian community. There are many structural components needed for the initial functioning of the CMHC. It is understood that additional programs will be developed and current programs will be altered through appropriate, and on-going, implementation and evaluation. Once sufficient core mental health services are provided to the community, additional development of services will be considered. The RAW Haiti programs discussed in Chapter 4 are used as a foundation for engaging the Haitian community.

The CMHC will have different departments to structure its functioning. The recreational department will manage all recreational center components. The clinical department will house many of the CMHC services, such as preventative programs, counseling, social work services,

and training. A combined security and maintenance department will ensure the continued operation of the center. The addition of a medical department will be considered within the future directions section in the following chapter.

An integrative model is the primary therapeutic approach that is the foundation for this CMHC. Cognitive Behavioral Therapy (CBT) will be the main approach within this integrative lens that will inform many of the clinical services provided within the CMHC. This therapeutic model is culturally sensitive, flexible, and fits well within the focus of this project. For example, Borkovec and Sharpless (2004) explain that CBT incorporates teaching adaptive coping skills while encouraging the client to remain in the present moment. Mindfulness and the client's here-and-now problems are commonly emphasized within this type of treatment. Exercise and relaxation techniques are behavioral components of CBT that will become a focus within the CMHC programs (Beck, 1995).

Recreation and Activity Programs

The RAW Haiti organization is the anchor point for developing the eventual CMHC. Van Raalte and Brewer (1996) explain that significant evidence shows that exercise is effective in the treatment and prevention of many psychological disorders. These writers agree that service providers helping with exercise oriented programs need to understand the scientific basis and potential positive therapeutic impact. Encouraging exercise through recreation activities gives inherent satisfaction and it is highly likely the person will continue to engage (Van Raalte & Brewer, 1996).

Exercise and relaxation are known as two of the best stress reduction techniques (Prochaska et al., 1994). The CMHC incorporates a recreational center department to help individuals of all ages manage stress. Programs are dependent on resources and staff availability.

It is believed that recreational activities are culturally sensitive way to engage communities in practicing coping strategies to decrease stress. Chapter 4 describes the current RAW Haiti wellness programs for children. This section presents a brief layout for the CMHC recreation and activity department.

Applying learned principles from sports to life can enable the growth of life skills: performing under pressure, problem solving, setting goals, and coping with both excepting success and failure. Sports encourage team members to learn effective communication and decision making. Utilizing sports as an intervention creates opportunities to develop metaphors for a variety of other life situations (Van Raalte & Brewer, 1996).

Haitians love soccer and get great joy from the activity. This is a way to encourage regular exercise in a culturally preferred way for males. Teams that include older men encourage continued health and wellness in ways that are commonly not available for this age group. Increased agility, muscle strength, stretching, and motivational speaking will remain important components of the recreational programs.

Optimally, it would be most helpful for the community to have a variety of programs available for groups of all ages. Within the growth of this recreational program, the current RAW Haiti soccer program could grow into a soccer club. Teams could be available for ages 5–8, 9–12, 13–17, 18–34, and 35+. Males predominantly will participate, but females will be supported to join also. Each age group would meet for practices, 2 days a week for 2 hours and for a friendly game once a week, if possible. Because of the high demand for soccer in Haiti, two full-time head coaches and 4 part-time assistant coaches will be needed to enable teams at the different age levels.

Within the recreation and activities center component of the CMHC it is important to

include indoor activities like yoga, dance, music, arts and crafts, English, and vocational activities when possible. A part time yoga teacher can provide classes 3 times a week at the recreation center for community members. Benson (2001) explains that yoga practices help individuals gain more control over their mind-body connection. Incorporating yoga not only teaches about exercise and stretching, but has helpful meditative and relaxing components. Encouraging participants to explore their awareness and connection with their body can lead to increased wellness (Emerson, personal communication, April 2015). Dance is a female-preferred activity that encourages exercise that can increase wellness and decrease stress. Males will be encouraged to participate, since both genders dance in this culture. A choir and band may also be a positive coping outlet for singing and music that will meet twice a week in the future. Two Part-time dance and music teachers are needed to provide varied weekly classes. An arts and crafts teacher would also be important to provide on regular weekly art classes. An English teacher can provide weekly classes for beginner, intermediate, and advanced levels.

The director of security and construction will manage the maintenance of the center. This leader can work with community volunteers to learn vocational skills. For example, when a construction project is needed on the CMHC building, volunteers can learn hands-on how to help with different maintenance projects. This allows skills to be learned along with experience in volunteering in different areas.

A recreation department director will supervise the staff and oversee the daily operation and continued evaluation of the programs. The recreational department will likely need about eight part time teachers, two full time coaches, and two directors (recreation and vocational/security). All staff will receive many different types of training. It is hoped that a grant will fund these community services, but a very small fee may be implemented if needed.

As discussed in the previous chapter, exercise and enjoyable activities can help people manage stress. These services may help community members and increase their wellness. The recreational and activity center component make a fun way for community members to start engaging in our preventative services. All staff will be trained to refer participants for continued clinical services as needed.

Preventative Mental Health Programs

Preventative mental health programs are appropriate for this CMHC model. These programs will incorporate psychoeducation and hands-on training, to manage many life struggles, like stress and migraines. Benson (2001) explains that mind-body interventions, like stress management techniques and relaxation, help people manage pain and physical issues. If people do not engage in healthy living, like good nutrition, sleep, and exercise, this causes more stress to their bodies. The preventative psychoeducational programs' goal is to teach community members in different wellness areas.

Benson (2001) discusses how the fight or flight response happens when there is some kind of threat of danger or stressor. The bodily reaction increases blood pressure and heart rate, preparing for conflict or escape. Girdano and Everly (1979) explain that a continuous stress response can be physically detrimental to a person, such as organ fatigue. The stress response is meant to end in action to burn off stress hormones, like cortisol. Van Raalte and Brewer (2010) explain that cognitive interventions are needed in addition to behavioral interventions like recreation. Psychoeducation around strengthening positive thinking in the face of suffering and techniques managing stress will be important within the CMHC. Cognitive changes can lead to behavioral change (Van Raalte & Brewer, 2010).

Meditation, yoga, and progressive muscle relaxation are some of the best known methods

for stress management (Prochaska et al., 1994). These writers explain how deep relaxation was found to alter mental and physical states. The relaxation state is opposite to the anxiety state. While relaxed it is difficult to be anxious. Clients commonly do better with three or more techniques for change. Multiple options for relaxation and mindfulness techniques can increase motivation, which commonly leads to better intervention outcomes.

Psychoeducational groups that provide information about constructive thinking and relaxation are an example of a culturally sensitive way to engage the community and promote the use of individual counseling when symptoms are more severe. Psychoeducation around mental health services, such as the helpfulness of counseling and consultation, should be very useful in developing an understanding of mental health services by the Haitian people (Restavek Freedom Foundation, personal communication, 2014). Educating all participants about how to seek further help can be incorporated throughout all preventative programming.

Stress is a concept that is known by the Haitian people. Therefore, the development and provision of programs for decreasing stress is another way that the CMHC will engage community members. Providing relaxation classes to community members can increase learning and community support. Splitting classes into age and gender groupings may enable more effective skill building. A group of older women learning to relax in different ways and brain storming what can work within their lives regularly, could enable better discussions about what can really work for these women. Groups of men taking relaxation classes may also find interesting discussions on what could help them generalize the skills to their daily lives. The preventative programs objective is to increase wellness by increasing coping skills along with helpful mind-body education.

It would be most effective to run groups for different ages and genders in order to tailor

strategies. Van der Kolk et al. (1996) explain that age-related decline of mental and physical resilience is a continuous problem. Making available similar age and gender groups could enable participants to feel more understood and supported. A group of grandmothers may be managing similar stressors in their lives. They may be more likely to brainstorm and agree on preferred coping techniques. Discussion, stretching, dancing, yoga, music, and many relaxation strategies could be effective techniques to teach community members to manage their stress better, depending on the composition of the particular group being taught. I hope to produce relaxation audio tracks in Creol that guide the community member to follow favorite relaxation techniques at home, like guided meditation. The audio tracks can be downloaded for devices or CDs created for people to take home.

I believe that psychoeducation programs related to somatic complaints and migraines should be developed to fit this particular culture. Education regarding somatic illness (i.e., migraines and body pain) is needed. McShane (2011), a psychiatric resident working in Haiti, wrote about how depression is expressed by many Haitians in somatic ways like headaches, back pain, fatigue, poor appetite, and feeling empty. He explained that the emergency rooms of hospitals after the earthquake had many people struggling with psychiatric disorders, such as anxiety and PTSD. He explained that common complaints were heart palpitations, sweats, headaches, and memory problems. Many of the people I counseled in Haiti came with similar complaints and tried to seek support from a doctor with no physical findings. Meeting the Haitian community where they are and providing psychoeducation around these types of somatic responses could be a culturally congruent way to engage the community in initial mental health education and services. Additional outreach presentations could be delivered on any needed wellness topic, such as, healthy cooking, relationship building, sleep hygiene, and stress

reduction.

Each week different topics for the preventative programs can be scheduled. If the topic gets significant interest from the community, continued classes on this topic can be implemented. For example, offering a class on how to reduce migraines may enable the development of a series of classes on this topic with interested community members. I have significant personal experience in understanding and managing migraines and look forward to developing and teaching more about this topic in Haiti in the future. I found that migraines are a common problem when counseling community members in Haiti. Classes could provide more general help and symptom reduction for people and make them aware of continued mental health services.

Counselors of different educational levels working at the CMHC will provide the psychoeducational classes depending on their expertise. The counselors who provide individual and family therapy will be actively engaged in developing and implementing preventative psychoeducational programs within the clinical department. CMHC counselors will be available for walk-in visits. This would be a way to engage people receiving preventative programming that need additional services, such as individual and family therapy.

Community members engaging in preventative programs are hoped to increase their wellness. Herriott and Smith (2008) explain that wellness is a process of developing awareness of being in the moment. Improving mind and body states improve health. Wellness is a way of healthy living that incorporates many elements, positive thinking, coping statements, healthy eating, stress management, relaxation, healthy sleep habits, fitness, and more. This proactive wellness approach to complete health is found to be different from crisis intervention, main stream medicine (Herriott & Smith, 2008).

It is hoped that through recreation and preventative programs community members will become more aware of all services provided at the CMHC and may be more likely to engage in more intensive services if needed. Mental Health services may be viewed differently by Haitians because this type of CMHC model actively teaches the community through preventative programs that mental health is just another piece of the entire health of a person. Engaging the community members in small ways to be aware of their mental health and stress levels may normalize services in general.

Counseling Services

Hagan and Donnison (1999) write that in environments that are stricken with poverty and mental health struggles, CBT approaches can be helpful. Padesky and Mooney (2012) explain that CBT approaches have a high degree of success in the treatment of depression, anxiety, and chronic pain. This therapeutic technique can help people develop adaptive qualities and attitudes. These writers describe their strength-based CBT model that claims to have four steps to building resilience: searching for strengths, constructing a personal model of resilience, apply this model to areas of life difficulty, and practicing resilience.

CBT is effective with clients of diverse race, ethnicity, education, socioeconomic status, and background. CBT is based on the evolving formulation of the client and their problems. Brainstorming with the client about their problems and treatment goals help formulate the case and appropriate treatment interventions. CBT is goal oriented and problem focused. Evaluating and modifying dysfunctional thinking can improve symptoms and dysfunctional beliefs (Beck, 1995).

Prochaska et al. (1994) explain that when individuals do not have enough information and education related to their problems and attempt to change, it commonly results in failed

attempts. Wright, Basco, and Thase (2006) discuss how psychoeducation should give the client information so they can continue to make improvements if needed. Education can facilitate the client being their own therapist, which allows them to make changes independently in the future. Mini lessons are commonly used within CBT; with the therapist providing short explanations with the goal of having a collaborative discussion (Wright et al., 2006). Education within preventative programs will be a tool that counselors can encourage their clients to utilize in conjunction with psychological treatment.

While trained as a generalist, I found the Cognitive Behavioral Therapy (CBT) model, the most flexible and helpful technique for implementation in Haiti. Commonly professionals working in Haiti like Dr. Wismick Jean-Charles focus their work and training in this therapeutic strategy. I believe an integrative approach is needed for therapeutic flexibility within this CMHC. An integrative approach would incorporate the utilization of different therapeutic approaches, depending on what is needed in the particular situation. I believe that a CBT, skills, and support based group approaches could be effective to engage the community. This flexibility of using different kinds of techniques enables the CMHC to focus on CBT, an observed culturally preferred approach.

The focus of strength-based CBT approaches is not teaching new strategies, but finding those strategies that already help the person (Padesky & Mooney, 2012). I found this helpful in Haiti within my clinical work. Many times people have strengths and positive things happening that they do not recognize. These skills have shown to last over time. I like strength based strategies of empowering people and reminding them that they have skills and answers they did not realize. When treatment is short term, strength based approaches have been essential in my work.

Counseling will be available by appointment, along with some walk-in appointments, as needed. These walk-in appointments might engage clients that feel they are having an emergency and need immediate counseling support. Master's-level counselors will be given many of the complex cases optimally. Bachelor's level therapists can provide services to ensure that appropriate coverage for walk-in hours and well visits. In my, experience common therapy topics are anxiety, depression, body pain, migraines, memory problems, somatic issues, sleep problems, and struggles with family. Referrals to counseling will likely come from the recreational and preventative programs, along with medical professionals in the community.

Individual counseling will be the initial focus of the clinical department, but family and group therapy will be incorporated into these counseling services. Jacobs, Leach, and Gerstein (2011) believe that services are needed on multiple levels, including, "family, work, school, health, mental health, food supply, and governmental systems" (p.1071). In my opinion family therapy will not be accessed within this current culture in the way it is in the US. I had a request for a counselor to work with a family in Haiti, when the mother had a terminal illness and all were grieving actively with her. Family emergencies may be an opportunity to offer clinical services in this context in a culturally sensitive way. Within the CMHC we must be ready to work with what the community people bring, to support them in a time of need. I believe that American models for family therapy are more complex than commonly needed in a clinic in Haiti. It is more important to engage with a family in a naturally supportive way than to introduce a specific model here. CBT and integrative elements will be helpful within family work. Topics and needs may be varied. Having master's-level psychologists on staff will ensure that the department knows how to manage whatever "walks through the door," so to speak. It is

hoped that the use of any psychological services could increase wellness of community members that participate.

Process oriented group therapy as it is in the US, may not fit into the current Haitian culture. Many therapeutic groups could lower stress and increase relaxation for clients. Some of these groups will be focused on hands-on learning and practicing skills needed, such as hands-on relaxation training within a group setting. A multiple group series format may help people better learn skills, as well as provide continued support and consultation. Community women's groups in Haiti are largely successful, because it seems to give these women a supportive social outlet. With the addition of counselors to these women's groups, adding elements about learning wellness could be a more culturally sensitive way to engage the community where it is. Community men's groups have also been observed to be wanted and adding components of wellness may also be very helpful. Age and gender specific groups are essential within this culture for individuals to feel more comfortable to engage in conversations.

Hiring an experienced master's-level counselor (for example, Joseph Vilton) to be the clinical director of daily operations of psychological services would ensure the daily oversight of the counseling program at the CMHC. Even though master's-level counselors in Haiti are rare, they do exist. Having someone with this higher level of education and ethics overseeing these programs will help ensure that quality of services remain high. The clinical director could help oversee all the psychological supervision, evaluation, and training within the CMHC.

It would be helpful to have a second master's-level counselor at the center as the Assistant Director to ensure appropriate coverage. This level of education is increasingly hard to find, due to the shift to not educate master's-level clinicians in Haiti. An experienced counselor with a completed bachelor's degree should fill the assistant clinical director role if a

master's-level person is not available. This additional professional will ensure that all evaluation, coordination, and training are complete. Having the clinical director and assistant director on site full time, would enable the clinicians to be available for counseling appointments, walk-in psychological consultations, and home well visits. Realistically, all members of the CMHC will have multiple roles within their positions and this fits with what I have found necessary within my work in Haiti.

It will be important for a doctoral level psychologist, such as myself, to half-time supervise the entire functioning of the center and clinical department. Optimally, grant funding to allow me to live half time in Haiti, would ensure the continued development of the center with a consistent vision, along with making sure that the clinical directors and other department directors have appropriate supervision. I have been a strong driving force of continued work and always a challenger for the programs to improve. Having an American doctoral level psychologist as the executive director of the organization and CMHC could enable a strong push to have all psychological services be at American Psychological Association (APA) standards.

With a focus on community collaboration, counselors will try to provide referral information for other services within the city that are not available at the center. Awareness of other mental health services available in PAP will be an important focus of the clinical team. If all services needed are not at the center, it will be essential that the clinical team know how to direct people to further available treatment. Access points for collaboration and networking will continue to be developed. I believe that the development of local resource networks of psychological services will facilitate a more comprehensive mental health delivery approach in Haiti.

Social work services. Rose, Hughes, Ali, and Jones (2011) explained that Haitians have no access to effective social services. Social services are needed in this country, which will limit the possible referrals for additional resources. This limits the extent that counselors can provide social work or case management services. The clinical department will be responsible for collaboration and refer community members to other local services when needed and available. Because of the lack of government infrastructure case management and social work services will need to be incorporated within the CMHC. It is important to be realistic about the countries poverty and that a CMHC will not fill all basic needs of community members. Huge amounts of resources would be required to provide a hungry community with food and housing. These basic needs are unmet and are naturally the main focus of the people.

It is important for this center to remain focused on mental health and providing food and water for specific programs to function. This type of food program will already be sizable and need funding support from donations and grant sources. Collaborating organization may help with some program food products, like the organization Food for the Poor provides rice for many orphanages. Collaborations can be utilized to help support this important clinic food program.

The RFF's work is reputable and provides culturally sensitive services for Restavek children. The RFF is an important referral source for Restavek children. The clinical department will develop a referral network of all known connected services in PAP and continue to add to this network when further relationships are made. The RFF is an example of an organization the clinical director could collaborate with. For example, I suggest that the RFF be permitted to use the counseling rooms and facilities at times to enable them to work in the particular area of PAP. In turn, they may provide some training at the CMHC about how to work with traumatized children. In addition, the RFF staff could train service providers in other areas, such as noticing

signs of abuse and advocating for children. The specialized work with Restavek children and traumatized victims is an important service to the Haitian people. With the focus on wellness at this CMHC the natural healing of relationships would fit well as a collaborating service. Allowing access to clinic space may encourage the increase of organizational supports in the community we all serve.

Encouraging collaboration of social work service organizations, such as, Habitat for Humanity, will be helpful. Davis (2012) explains that Habitat for Humanity had a two week volunteer house building initiative after the earthquake. However, this project was extremely expensive. There was international support after the earthquake that no longer is available. It is unknown if Habitat for Humanity is still active in Haiti. There are many difficulties with finding appropriate housing including: (a) land prices, (b) costs of building permanent housing structures, (c) needing a major wall for security, (d) imited engineers, (e) demand, and (f) legal issues. Davis explains that there is too much focus on housing and not enough on infrastructure. More public services can enable people to feel more secure about investing in housing. Much more attention is needed to the electric, water, sewage, road, and drainage systems in Haiti. Davis elaborates that for the housing issues to improve, the government will have to act and financially support efforts. Housing is a major country issue that requires serious attention from the government.

It will be important to build relationships and collaborate with different universities that have mental health, kinesthetic, or psychiatric departments. International students could provide helpful services and training, but would also receive significant training and experience from working in this impoverished environment.

The RFF, Habitat for Humanity, and universities are three examples of possible collaborations that could help the community the CMHC serves in PAP. The center will remain focused on continuing to develop collaboration like this to increase referral sources for community members. Future directions of social justice and public policy will discuss further within the final chapter.

Food and water programs. Gorman (2010) notes that Maslow's ideas regarding the hierarchy of needs is a framework that emphasized that people are motivated by their lower and more basic needs before their higher level needs. Basic necessities of life (e.g., food, water, shelter, and safety) are considered lower level needs. The levels of need progress as follows: belongingness (affiliation with a group), esteem (seek recognition), self-actualization (fulfillment in personal potential), and self-transcendence (Gorman, 2010). For Haitians to engage in learning and profit from support services it is important that basic needs are satisfied, in the moment, if possible.

Continued support of the basic needs for food and water programs, alongside mental health services, is important within a CMHC model. This could reduce stress of individuals on multiple levels, such as physically and mentally (Gorman, 2010). Likely, food programs would fit best in the CMHC by feeding children and community members when they come and participate in services. Due to the serious country struggles with lack of food and water, it may be impossible to help outside of CMHC programming. Counselors will have referral sources for these basic services, but this will likely be limited. It is difficult for participants to focus on helpful programming when they are hungry.

Food program considerations will require significant time for the CMHC staff to build relationships with other organizations that could help with these services. One counselor will be

designated to coordinate services and continue to search for new options. All CMHC staff will be expected to add to this effort for the improvement of all program referrals.

Training Many Types of Service Providers

Jacobs et al. (2011) have written about counseling psychologists' roles, training, and research contributions to large-scale disasters. They reported that psychologists are needed to assist with widespread suffering and service development. Trained psychologists are rare and a larger number of these professionals are needed in Haiti.

I believe that training is a more sustainable way for psychologists to give to the Haitian people. From an international organization perspective, the current focus is to inject services into the Haitian communities to help improve wellness of the people. The most sustainable way to do this is to train Haitian service providers that will continue to help their community and will break the cycle of dependency on "outsiders" for service delivery. Training would increase the number of service providers, which, in turn, would provide the opportunity for more health care in more areas, thus directly contributing to the wellness of the Haitian people.

General staff trainings on policies and procedures of the CMHC as they are developed will be essential to incorporate into mandatory internal CMHC trainings. This will ensure that all staff has the same understanding of what they should be doing as a professional within the center. For example, some trainings are about the center mission, objectives, ethics, supervision use, time sheets, and evaluation strategies. Administrators will receive trainings from the executive director around department management, along with incorporating wellness and evaluation within their departments.

Directors and supervisors of each department will teach needed programs. Each director will submit a plan for the training schedule needed for their department and their teaching plan.

Examples of all staff training topics that would be mandatory are relaxation, breathing, meditation, yoga, teacher trainings, positive thinking, coping skills building, CBT, and stress management. Many more will be added to this list. The trainings would be encouraged for all staff, even soccer coaches, so providers are incorporating similar strategies. This could help with generalization of skills and increased learning of community members. I believe that it is important within the CMHC mission to be sure that all coaches, teachers, and staff, no matter their area, begin to understand elements of psychology, wellness, and CBT. Supervisors specifically will receive trainings from directors on multiple important topics, such as, managing staff, documentation, and expectations of their administrative roles.

One example of a department-specific training outline is how the recreational center staff will participate in the mandatory general trainings. Specific recreational department topics include motivational speaking, public speaking, becoming the best coach, incorporating music into programming, intensive yoga teacher training, utilizing recyclable materials, and teaching strategies in art and dance. Trainings will be dependent on experts that are available, such as counseling center staff and visiting Haitian experts, along with American volunteers.

LaFromboise and Foster (1992) wrote about cross-cultural training. They describe many important objectives of cross-cultural competencies, which are important here due to the mix of cultures within this project. Important objectives presented in this source include being comfortable with cross-cultural differences, assessing differences openly, valuing differences, removing barriers, understanding the clients' context and culture, providing culturally appropriate suggestions, and increasing access to services. It is important for Haitians to understand within culture differences. Important sources and information about cultural competency will be weaved throughout many of the trainings within this program.

The doctoral and master's-level counselors will conduct in-depth training for the clinical department to continue to build their education. Examples of clinical training topics could be, working in poverty, varied therapeutic approaches, CBT, working with resistance, and engaging community members in services. Many of these trainings will be more discussion based, along with sharing important academic and application information. These trainings will likely be open to other clinical providers if the topic is appropriate to add outsiders. A fee will be charged for the outside provider training services and certificates given when appropriate.

Professional readings will accompany the trainings when possible. Many of the references utilized within this project will be important for staff to read and discuss. Appendix G contains a core list of sources recommended for training center staff and volunteers. CMHC staff will need to fully read these references and related works during their training to enable the use of terminology about the Haitian culture. These writings will be provided to staff throughout continued training and are hoped to contribute to culturally sensitive programming.

Not only will the CMHC staff need training, but having them provide training to other interested service professionals in PAP could be beneficial to the community. For example, there are many counselors, coaches, teachers, students, mental health and medical professionals within the community of the CMHC that would be interested in taking part in further trainings that apply to them. The remainder of this section will discuss specific examples of trainings that will be provided. Further topics will be developed as implementation of the program continues.

Clinical department staff will receive intense training in CBT and on all other psychological services provided at the CMHC. For example, all preventative program topics will be areas for the staff and professionals to teach within their communities. Relaxation strategies, wellness, positive thinking, coping skills, somatic issues, stress management, and sleep hygiene

will be taught. It is hoped that by including community professionals in the trainings more service providers are educated in wellness oriented topics, which will help disseminate this important information to the broader local community. Inviting other mental health professionals to these trainings could be a source of funding for the CMHC. Training service professionals and offering certificates on a specific area is a needed service that people and organizations are willing to spend money on.

Different lengths of CBT trainings will be available through the training program of the CMHC. Trainers will be responsible for having engaging plans with valuable information. Culturally relevant CBT elements will be the focus of these trainings: (a) psychoeducation, (b) relaxation, (c) affective regulation, (d) cognitive reframing, (e) understanding trauma reminders, and (f) in vivo exposure. The audience for the trainings will be service providers, incorporating many different kinds of professionals.

Dr. Jean-Charles Wismick's CBT trainings, presented in Appendix C, provide a model for implementing the trainings. Because of his experience he may be a good consultant for the program as it develops. As the Executive Director, I will supervise the trainings when possible and work with the trainers on continuing to develop their training regiments.

CMHC counseling practical trainees will be allowed to volunteer time to gain practical experience and supervision to finish their degree in Haiti. Usually the practical year is the fifth and last year of their bachelor's-level education. The training coordinator can help develop the application and four students will comprise the trainee team each year. Interviews with the students and references will help the clinical team decide who fits best to be supervised by the counselors, including the clinical director and assistant director.

Counselors in training will be expected to attend all education topics within the training program. As they start their internship, they can participate in trainings and help with recreational programming. An in-depth five-day training will be given on all important elements of CBT. This will be the most in-depth CBT training available through this training program. After attending this additional education they can help teachers in preventative programs and school consultation.

Counseling trainees will be trained to work with the children in four local schools that need initial CBT services, due to high PTSD screening scores on a post test. They will be taught to be involved in the evaluation process for programs and services, like school consultation. They will collaborate with school teachers and give children pre-tests that screen the levels of PTSD symptoms. If scores are elevated they will give the child 12 weeks of individual counseling at their school. The CBT training and supervision will help them give appropriate initial services to these school children. On the last session, they will give a post test to see if the PTSD symptoms have decreased. If the student's symptom levels are not decreased significantly, the counseling trainee will encourage the child and family to engage in services at the CMHC for further treatment by a senior member of the clinical team. The training program will support these counselors in providing these free services to some community elementary schools.

The training program for the CMHC will be housed within the clinical department. It will be essential to have a bachelor's level counselor at the CMHC to hold the position of a training coordinator for this comprehensive program. This would ensure that needed topics, times, trainers, participants, training rooms and all other elements of this program are coordinated well. Staff and supervisors may request topics for training. It is understood that the programs will continue to evolve as they are implemented over time within the CMHC context.

Training professionals in self-care. Training will ensure that all types of service providers at the CMHC have substantial academic information available for them along with hands-on training. One example of an area of training need is the importance of self care. This is to be sure that the CMHC staff and other service providers are managing their own stress. Gray (2010) reports about the need to support staff working in Haiti. It is important to care for the service providers that assist the community.

The following accounts are from my experiences in Haiti that explain and give a context as to why self care is such an important training area. I found it hugely important to monitor my stress levels while working in Haiti. It is a luxury to have a toilet and a shower many times. The extreme heat in the summer and high stress work, make self-care a needed priority. Making sure that there is time at night to relax, shower, have fun with friends, practice yoga or sharing can be helpful. Making sure that you stay hydrated and fed well, can be harder than you think at times in Haiti.

I found that when I started my own organization I had less stress. I was able to manage things the way I felt appropriate and combat some common stressors. One thing I must remember is that I can only get one or two things done each day. In the United States, I might get eight things done in a day. It is easy for me to get places and be productive. The infrastructure issues of Haiti that affect the countries functioning, like traffic, contribute to things being slower and less productive. It was helpful for me to come to peace with this understanding of the country and for me to set my expectations realistically within this context. This has taken significant self-care understanding. My experiences speak to how self-care is a struggle in the environment, especially with many issues to combat every day. Training staff and other professionals to manage their own stress will enable better service delivery. The objective of

interwoven accounts of the country issues within all sections is to give a better understanding of the realities of the context of the project and all departments of the CMHC, such as this training program.

Being a service provider in Haiti can be extremely stressful. An example of what I call "sensory/emotional overload" is when there is too much traumatic or stressful information or experiences within a short period of time. February 2014 was my 10th trip to Haiti and I had some strange new experiences. I was excited for the trip, but one major change happen after I landed. I got through the airport and had my bags and American team with me. We walked out of the building and I saw my Haitian team waiting for us. Now I thought, "Oh, I am home." Everything was familiar to me. I knew the roads, the car, the people, the language some, where we were going, and what work we would do that week. Driving down the street and just being part of the story instead of trying to understand what was going on around me, was a major change in my understanding and thinking about being in Haiti. This brought clarity to some things that I experienced on every trip that was opposite to this comfortable account.

Imagine going to a third world country for the first time and trying to absorb all the differences around you. This is the opposite experience from the one I explained above and my new feelings about being in Haiti. But imagine, that experience of all the new cultural issues and poverty being seen for the first time. I believe that work in difficult environments can lend to service providers having sensory/emotional overload. I define this as days that are very emotionally difficult, because the number of difficult or traumatic things seen or heard over-stresses the person. In my experience there are many reasons for this overload and stress to happen. Several accounts will be given within this section. One example was on my first trip to Haiti. It was a very long difficult day. I counseled too many people with traumatic stories; then

we went to a tent village in the evening. The village was on an old pig farm, so I am sure you can guess what the ground was made out of. I helped pull a sick and starving child out of a floorless tent and wrapped him in the extra shirt I was wearing. We drove the child back to the clinic and tried to medicate and rehydrate him. Experiences like this made me feel very stressed afterward. This first trip I did poorly at managing my stress. I kept everything inside. When I came home I needed to cry a lot in the privacy of my home, which is not like me. I learned to understand when I am having sensory/emotional overload and try to talk about it with people I trust to gain support. It will be essential that we give CMHC staff outlets to help them manage their stress better also.

One of my last trips to Haiti, I was overloaded when we had a long day at the beach. Being sunburned, running around for meetings at night, money problems, not finding the supplies we needed, horrible traffic, and frustrated staff left me discouraged. I needed to care for myself, so I talked with the people I trusted and took a cold shower, along with trying to think about things differently. I have seen many others struggle with what I call sensory/emotional overload, when they have heard too many sad stories in a day or dealt with a combination of difficult situations like I did that day. When running a CMHC, having trainings programs with elements of self care training, along with stress management, will be important for all the service providers we work with. It is essential for us to be sure that we have the supports and self care that we need to manage in this difficult environment. The many accounts of my own struggles and stressors in this area show that this is very relevant to the training program. I have learned to better manage my stress and it is essential that staff and other service providers also utilize better skills in this area.

Staff members need to actively participate in self-care efforts. They are models for

community members and this could help spread a holistic message of wellness. Many self-care techniques focus on stress reduction, which is a relevant example of an important training area for all staff. A counselor from the clinical department would conduct a self-care series of six, one-hour trainings for all staff that would be focused on discussing self-care practices and making them stronger. Topics incorporated into this training series will be vicarious traumatization, meditation, relaxation, breathing, exercise, sleep, pleasurable activities, relationships, socializing, positive thinking, and whatever else the staff might find helpful on the journey of better caring for themselves.

Disaster Protocols: Psychological First Aid and Safety Protocol. An example of training that could be helpful for CMHC staff and service providers is Macy and Solomon's (2010) disaster protocols around psychological first aid and safety. Dr. Robert Macy is a psychiatrist and trainer in the United States. I attended his certification trainings on psychological first aid and I believe it could be helpful to use within Haitian communities. There are many advantages to including this psychological first aid and safety protocol. One is that these disaster protocols are for all general providers, along with focus on how you approach a person in a disaster environment. The human stress response and coping groups are elements that fit well within the scope of this CMHC, since these principles are intertwined. This could enable more professionals in the community to be incorporated into the CMHC's own disaster plan for emergencies.

Macy and Solomon (2010) developed a manual and trainings on how to provide appropriate psychological first aid response to community based traumatic events in the United States. This model is used within many organizations and schools when large scale traumatic events take place and effect many people. Within these events it is important that the service

providers supporting the community are trained in how to manage difficult and large scale problems. The 2010 earthquake is an example of needing protocols for psychological first aid within the CMHC in the crisis of major disasters. Macy and Solomon's model can be easily used in Haiti with consideration of environmental and cultural differences. Their model presents specific strategies to manage the human stress response, crisis counseling, emergency management, coping groups, vicarious trauma, and compassion fatigue (Macy and Solomon). Although disaster response is not the focus of this CMHC, it is essential that the center be prepared for country emergencies. All CMHC staff should be trained in all of these needed areas and materials should be on hand in multiple languages, if possible, for better dissemination and access of information.

We will invite Dr. Macy to come and train the staff and community members in Haiti. He did significant work in Haiti after the earthquake as a psychiatrist and it would be helpful for him to consult with us, if possible, around future directions of integrated care at this CMHC, which will be considered in the next chapter.

I will give an outline of this extensive training here; however, an easy to use comprehensive manual is available and will be on hand (Macy & Solomon, 2010). This training program starts with training the participants in detecting a threat or disaster. It discusses at length how professionals should react to disasters and the importance of each organization developing a pre-planned set of specific protocols that are ready to use by the staff when a crisis happens. These trainings will help the staff develop a specific plan for the CMHC and local community. Dr. Macy trains on details of the human stress response; how people will react in a variety of ways in an extreme crisis. Role plays and PowerPoint slides specify how a professional can approach to help a person by asking permission and going slowly. How to help people in crisis

by listening, supporting, and helping them think about caring for themselves will be a central focus of these trainings (Macy &Solomon, 2010).

A history of crisis counseling is taught within this disaster protocol and how the professional can help a person manage the difficulty and make a plan to be safe. Implementing stabilization and coping groups within the CMHC during a disaster will be important. Support and debriefing groups will be implemented to help the Haitian people process any future devastation (Macy & Solomon, 2010).

Grief support is a major component of the disaster protocol. When crises happen, commonly people die and this is devastating to many. It will be very important for the CMHC provide additional support during these times. Vicarious trauma and compassion fatigue are common for professionals supporting in an emergency. This training gives significant attention to understanding these concepts and how professionals can care for themselves along with community members (Macy &Solomon, 2010). Self-care is a topic that the CMHC staff will be learning about over time. Having Dr. Macy visit and train with staff will ensure that these protocols are well trained and consultation is received for the center protocol plan.

Behavioral management in classrooms and activities. I created and implemented teacher trainings in Haiti. These trainings were specifically designed to integrate information and strategies regarding understanding the psychology of children within an educational context. As executive director of the CMHC, I want to work with the clinical director to further develop this training topic. I want to continue to teach these trainings with my Haitian co-trainer. It is important that these trainings are adapted to be useful for all staff at the CMHC, not just for an educational setting, to manage children's behaviors anywhere. Due to the continuation of my creative process, I want to continue to develop this training topic as it is implemented in Haiti in

the future. Once these types of trainings are better developed and documented, it will be possible to train other counselors to continue these trainings in schools where we consult.

School Consultation

Dr. Wismick Jean-Charles' school consultation program in five schools in PAP represents a helpful way for counseling trainees to obtain practical experience while providing free services to community children. This school consultation program will be recreated in collaboration with Dr. Wismick if he is willing to spread his program to other local communities in Haiti. Collaboration will be essential for implementation of this program, because only an outline of these services is known. Continued collaboration will likely make available the screenings tools used and all the procedures of the school consultation program. The CMHC will have four counseling trainees to provide services to replicate this collaborative program.

The CMHC school consultation program will work with four local elementary schools. As the executive director, I will make relationships and start the collaboration with the directors of the schools. Once relationships are established and the schools are willing to work with us in improving the mental health of their students, counseling trainees will go into the schools and collaborate with the teachers. They will give a pre-screening to the children to check for elevated scores in PTSD symptoms. The clinical team will help the trainees calculate the screening scores and decide which children need continued support.

Children with elevated screening scores will be offered counseling at their school location for twelve weeks. CBT will be the theoretical model for this short term treatment, which the counseling trainee will provide. At the end of 12 weeks of therapy a post-test will be given to the child to re-evaluate for levels of PTSD symptoms. If scores remain elevated the counseling

trainee will encourage the child to continue treatment at the CMHC for free counseling with one of the senior counselors.

The school services Dr. Wismick Jean-Charles created focus on measuring children for elevated scores of PTSD symptoms. They provide helpful counseling services to the children in local schools. Making these free services available to children struggling with symptoms may help the child increase their wellness and coping skills to manage difficulties. This school consultation program was a way for Dr. Wismick to support the community children and would be helpful to replicate in other locations. Continued collaboration will enable a detailed plan for this helpful school consultation program.

Evaluation

Remaining in the lens of action research, participatory evaluation practices will be utilized within this CMHC. Argyris and Schon (1989) discussed how participatory action research incorporates participation from people in the target population with adaptations being continuously made by the hands-on evaluation of programs. Participatory evaluations can be helpful when conducted by the local people who run the programs and the communities they serve. Thus, this CMHC maintains a qualitative focus that incorporates a collaborative approach to data collection. This enables the service providers to voice their observations and ideas through the evaluation process. These writers developed a participatory program evaluation manual that will be a helpful guide for the staff and evaluation coordinator to implement important evaluation. The manual is available in French and English. Having both languages will help the CMHC staff understand the objectives and principles of this type of evaluation.

Evaluation of the CMHC and all programs will be an on-going focus. It will be important that at the start of the CMHC with focus on evaluation surveys to help establish base line data.

Topics like mental health perceptions, quality of life, and wellness will be incorporated to obtain initial information about the community the CMHC is serving. A major focus for all administrators will be continued evaluation of the CMHC and the programs over time. Every program will obtain monthly data on people served and opportunities for continued improvements. Specific surveys will be developed for the particular needs of the program. The most important information to obtain will be evaluation of effectiveness.

The most important aspect of psychosocial support programs is evaluating them to determine their effectiveness. Documentation of evaluation for psychosocial support programs is often missing. The program's evaluation will focus on having participating community members write anonymous evaluation survey cards about each program.

Surveys for programs will incorporate the following relevant questions around (a) stress levels, (b) quality of life, (c) opinion on program helpfulness, (d) center experiences, (e) learned skills, (f) ability to generalize, (g) symptom reduction, (h) wellness, (i) perceptions of counseling, and (j) other services available at the center. Different colored cards can represent different recreational class types, like green for dance, red for soccer, and so on. This will help obtain evaluation information about the teacher. It will be important that staff help illiterate individuals fill out cards, due to this being a common issue in Haiti. The evaluation coordinator will make sure the environment is comfortable for the community members, by not having their teacher help explain the survey and have other staff do this. Suggestions can an also be written on the back of the cards and people can leave the cards in a secure box. It will be important that baseline data be obtained first; then, every three months, a round of evaluations should be obtained from all classes to enable a quarterly set of recreational program data.

Preventative program evaluations can incorporate similar colored cards for different

topics taught to the community. These can be a part of the program conclusion before participants leave the center. The clinical team will specifically develop the questions. All teachers will be responsible for developing and completing regular evaluations of the preventative education programs. The counseling available for community members can also utilize a post survey at the conclusion of Sessions 1, 3, and 5. These surveys can collect data on treatment effectiveness, including details of CBT helpfulness. Training programs will collect appropriate post survey colored cards per topic to obtain important information. As previously discussed, the school consultation program will give pre and post screening assessments to local school children. All staff at the CMHC will participate in program and general center surveys to give their feedback to continued evaluation and improvement of the mental health community services. The data from all of these surveys will be processed by the evaluation coordinator with the help of interested counseling trainees.

Evaluations will be conducted in all programs in the CMHC and the center in general. A suggestion box could be put inside the building with suggestion cards. An evaluation coordinator on the clinical team will ensure that all results become processed and reported. The evaluation coordinator will focus on being sure that community members have help to do the evaluations and teachers will have the opportunity to give feedback. This fits well with the action research and participatory evaluation approaches of continually doing evaluation to better develop programs.

Continued development of programs should only occur after evaluations are complete and considered. With future growth of the CMHC, it would be helpful to have a staff person that primarily focuses on implementing and interpreting results of all evaluations. This could ensure the completion and optimal attention given to the evaluation process. Making evaluation of

programs an automatic piece of providing services will help the culture of the CMHC remain focused on this important area of continued data collection.

Development of Resources: Staff, Building, and Funding

Staff. This comprehensive outpatient CMHC model will need many different types of professionals working within the programs. Counselors would ensure appropriate mental health support for the clinic. The clinical director should have at least a masters level psychology oriented education. The number of staff needed will depend on the number of services being utilized. Allowing a master's-level counselor to utilize a space for the first year for free may jumpstart access to services and help obtain psychology trainees. With time it would be helpful to have at least three senior counselors (clinical director, assistant director, and training coordinator) and four volunteer trainees working for the CMHC. I will provide the doctoral level supervision for the clinical department half time and will continue to be the Executive Director of the organization full time.

RAW Haiti currently has four staff and many volunteers working part time on recreational stress management programs with children. Expanding community services will be important so staff can work more and ensure the regular operations of the CMHC building. One current staff, the head soccer coach, recently was promoted to the Assistant Director of Operations in Haiti. He will continue to manage the operations of the entire center in the future. A second staff member will become the Director of security, construction, maintenance, and vocational programs full time. A third staff member will teach English classes half time, along with translation. The fourth will teach dance and music half time. Three additional part-time staff will round out the recreational program in yoga, dance, and art. The recreational center will need a second head coach and 4 half-time assistant coaches, due to the cultural love and known

demand for soccer. Part-time teachers in other areas may want to combine their position with being an assistant coach to work more at the center.

Three full-time kitchen and cleaning staff will be needed to ensure that the center is clean, friendly, and programs have food provided. Vocational students will help the maintenance staff. I am already in the active process of hiring, directing, training, and supervising RAW Haiti staff which can be helpful in the future implementation of this CMHC model. Staff will have regular meetings with their supervisor and the director of their particular program.

Doctors, dentists, and other types of medical professionals could initially utilize the CMHC space, which will grow into a medical department with the focus on integrated care. It is hoped that psychiatrists can collaborate in some capacity, even though they are difficult to find in Haiti. As discussed in the previous chapter, collaboration with universities and medical schools in the US may foster regular use of medical residents and volunteers to provide further services for the community through the CMHC.

Building. It would be helpful for the CMHC building to be very large to house the following list of purposes and materials. Two large open rooms will be needed for many different trainings and recreational activities. One room will remain open for dance, yoga, music, and other activities that require open space. The other will be fitted with folding tables and chairs. The center will need to have 250 folding chairs and 25 folding tables, if possible, along with ten benches. A medium sized art room will be important with shelves for supplies and sewing machines along one wall. Staff will need another large room for a communal office space. It should be full of desks and computers for the staff. An indoor kitchen will be needed that is fitted with appliances and basic equipment, like stove, refrigerator, freezer, and sink. A locked kitchen depot (storage room) will be needed. In Haiti, outdoor kitchens are for cooking

with fire. An outdoor fire will be needed, along with a garden. A truck is necessary for center operation, along with a generator, inverter, large batteries, and solar panels to ensure power is available. Multiple bathrooms on the premises will be important.

We will need three offices for the senior counselors and two medium size counseling rooms. It would be helpful for there to be more comfortable furniture (like coaches, chairs, and desks) in the clinical department, so community members feel comfortable. One large office will be shared by the executive director and assistant director of operations of RAW Haiti. It will need a large locked storage depot attached to it. This is where program supplies will be kept secure. It would be very helpful to have four offices for doctors and medical professionals to rent until we develop the medical department within the CMHC.

Funding: Program planning and grant writing. Currently funding is absolutely minimal. The program development approach will be informed by the work of Kiritz (1980) who wrote *Program Planning and Proposal Writing*. He sets forward a helpful framework to create a well developed proposal to obtain grants and funding: summary, introduction, problem statement, objectives, methods, evaluation, future funding, and budget. This project will utilize his framework with adaptations. It is hoped that this dissertation project could obtain grant funding in the future to support the physical development of a comprehensive outpatient CMHC model in Port-au-Prince, Haiti. This project's focus will hold the culture in mind, while making a particular center for the specific community. If funding was available, over time, it could be helpful to adapt this model to other communities in Haiti to enable better mental health services and wellness.

This dissertation set forward a framework for a mental health center model that can be implemented and adjusted. Within the CMHC model, the continuation of training of psychology

professionals will remain a focus and will enable further gradual changes in the mental health system. It is a future long-term goal that this research would obtain grant funding to physically enable the creation of this community model in Haiti. After being tested and adapted, it will be possible for Haitian mental health professionals to start more centers in different communities.

RAW Haiti is appropriately positioned to house this CMHC model within the non-profit organization. The scope and mindset of the CMHC fits well within its non-profit work and its focus on mental health in Haiti. Currently, RAW Haiti has been in operation for over two years, a time frame usually required by grant sources. Having this organization framework in operation will help this project move forward with finding grant funding. It may be important to consider charging reasonable fees for services at the CMHC, like other grass roots organizations. For example, having professionals pay a reasonable fee for training received or community members paying a small fee for counseling services. This could help defer a part of program expenses and increase sustainability. Grant funding would still be needed for start up and program continuation. The donation capacity of the non-profit organization is currently small, but another important backup source of funding.

There are many things needed to start this CMHC optimally. RAW Haiti needs a piece of land. It is hoped that the land would be big enough for a large CMHC with spaces for all the programs discussed above. Having space for a soccer field, along with outside shaded activities would also be helpful. Then the CMHC building is needed with sufficient offices of different kinds, large training rooms, bathrooms, activity rooms, and staff spaces as listed above. Basic furniture like desks, tables, chairs, and chalk boards will be essential. Materials are also needed, depending on the specific programs, like yoga mats and soccer equipment.

Cultural Barriers

The goal of this project is to sustain a CMHC throughout the continued upheaval within Haiti. The implementation of this project is fluid and focused on maintaining stability and being effective within changes in government, president, and other issues of the country. There will be many cultural barriers to be managed when running a CMHC in Haiti. This section discusses many of these barriers, with the purpose of being aware and problem solving around these issues. My observations and accounts give a texture to understanding the realities to be managed information needed to be more prepared for working in this third world country. This allows us to "hit the ground running," so to speak.

To successfully implement a CMHC in Haiti, it is important to understand the basic and constant struggles of running a program there, due to the poverty and infrastructure issues. Many of the difficulties of developing a program in Haiti have to do with basic needs and the environment. Daily life is very difficult and different than we are use to in our modern American country. A survival mentality seems to underlie many people's reactions in Haiti. One example of this is when we invited several children to be involved in a yoga teacher training demonstration. We accounted for the teachers, but not the children being on the compound for lunch, because of a last minute change to integrate hands-on work with the children within the teacher training. I was dealing with other organizational problems and was called about the lack of food. I was glad I had just bought bread. I arrived and found that the teachers basically did not care that the children had not eaten. I had to argue with the kitchen staff to give my own cheese to the children instead of the adults having extra. As I tried to hand out the cheese and bread for the children, adults swarmed me, demanding it. I needed to explain that they had eaten a nice spaghetti lunch and this was all we had for the children. The children seemed helpless and

quietly waiting and hoping for something. Due to my assertiveness, the children received a small lunch. Many Haitians are very giving, but survival seems to be a major concern in the culture.

There seems to be less structure and social rules in Haiti than in my own country. For example, handing out limited yoga manuals to adult trainees turned into a swarm of grabbing hands and crowding bodies. I had to raise my voice, raise my arms, stand up, and get my body between the teachers and the trainer with the manuals. I asked all to sit in Creole sternly. None sat, but the crowd backed off and became less aggressive. People have to really fight to keep what they have and get something in this environment. Watching children play, you see that aggression and fighting is commonly more prevalent than what might be seen in the US. I learned that being hungry and thirsty increased my own irritability.

The problem of electricity in Haiti is another example of the many daily issues with basic functioning. Electricity is a luxury in Haiti and is only on for part of the day, if lucky. Commonly the lights get turned on at 10pm, if things go well. It is unclear when the power will go out. Refrigeration is not stable and power causes many other problems in a growing society. One morning we took a volunteer to Western Union to get cash. It took all morning and we got turned away from several Western Unions, because the power was off and their generators were not operating. This drastically affected the project that we were trying to complete that day.

Sexism and racism are prevalent in Haiti, just like other cultures. When I travel around the world, I am always reminded how lucky I am to be a woman in America. What I mean is that I am awarded more liberties and freedoms in the United States as a woman than in other cultures. I am becoming a doctor of psychology and a strong leader. Being a strong female leader is difficult in any country, especially one like Haiti where women's rights are not considered fully. However, I currently lead an all male Haitian team and they do a very good job working with me

as their Director. My team knows me well; my toughness and bravery to do whatever is needed without consideration to my gender. For example, you will find me climbing walls and playing in the dirt with the children. I have taught my team naturally through my actions that gender roles and social status does not matter to me much and they appreciate this.

Being a female counselor makes a significant difference in counseling in this culture and is important to understand for future service delivery. I write about my opinion and my experience with sexism when working in Haiti. My first time to Haiti, I saw many people in the community for counseling. One day an old man who was still very mobile came to counseling. He sat with me and my male translator and refused to look at me. He positioned himself facing the male translator and acting as if I were not there. My interpreter communicated what I said about who I was and the questions I had. He quickly explained that he had been having serious problems with his memory and nothing medically could be found. After a time we discussed stress and what could be causes in his life. Towards the end I gave many suggestions of what could be helpful to experiment with behaviorally: taking regular walks, getting more exercise, vitamins, decreasing stress, staying motivated on projects, and getting enough sleep. We discussed list writing and creating systems to remember, like always putting his cell phone in the same place when he was home. The man was appreciative and said good bye to my translator, thanking him, and left without an acknowledgement to me. I sat there and smiled, thinking I understood what had been happening. My interpretation is that it could have really hurt the pride of the man to believe that a young woman, who was a doctor, was helping him, when in his culture women have nowhere near the same equalities as men.

My second trip to Haiti, I continued to provide counseling to the same community members, if requested. The old man returned for another session, which was amazing. I had the

same translator who had worked at the same clinic all year. The man came for a session and thanked my translator, clasping his hands in front of me. He was so thankful for the advice six months ago and reported that his memory issues had improved in major ways. He brought further questions about misplacing things in his house and the kids moving things when he was not looking. We continued to brain storm and the translator gave some good suggestions that would fit within the culture. The man left and hugged my translator, his attention on him even stronger than the first meeting, six months earlier.

My translator was happy and smiling wide after the man left that day. He felt he had helped someone. We sat and I brought forward the obvious of how he ignored me and that the major suggestions came from a female. We laughed and I explained my thinking around this. We discussed cultural components of women's roles and joked about this strange situation with this old man. I was proud that I was able to consult with him for better quality of life, even though he could not accept that it was from a female. At least he accepted the information and felt better, alone this was a major accomplishment. It is important to not take these situations personally and to understand the different cultural elements that are contributing to the dynamics. Just because I do not follow many gender roles, does not mean that sexism is not still rampant in the world and must be continually considered.

The following account speaks to racism against white people in Haiti. Commonly, when Haitians see white people they say "Hey you!" or "blan," which means white person. I understand that this is a cultural reaction, but after being in Haiti for one month, this racism became more frustrating for me. I worked hard for the Haitian people. I was labeled by my color and treated as if I had no name. Commonly it felt like people saw me as dollar signs and the price was double for me on most things. As I become accustomed to the culture and language, I

would catch the people in price gouging, even to buy a soda. I became accustomed to have my Haitian team make all purchases, so ensuring appropriate prices and limited the effects of racism on organization efforts. Only my account is given and many other types of racism should be considered while providing mental health services in Haiti.

Corruption remains a constant issue within Haiti and running service programs there. Bad business practices are rampant and need to be contended with continuously. A survival mentality seems to affect the business practices in the country. In the US we believe that good customer service will get people to come back and use your business services again. I found this American notion very different from business practices in Haiti. For example one day we took an American team to the beach and hired a Tap-tap to transport the team. The price was set before the Tap-tap drivers knew that the team had white people. At night when we returned to the compound and I tried to pay the drivers, we had a serious problem. The drivers started yelling and wanted more money than was agreed on earlier in the day. I refused to pay more and sent my Haitian guys to go out and reason with them. I found exact change for them and my team forced them to take it or have nothing. This became a screaming match between many Haitian men and was not safe.

Eventually, the drivers had no choice, but to take the original price due to our firmness. In the US this Tap-tap drivers probably would have understood that if they were nice to me, and honored the original price, I would call them in the future to work with them again. I will never hire this Tap-tap again and they lost a good customer. All of their demanding and fighting did not get them extra money and they lost an opportunity.

Through this process these drivers pressured my Haitian team to understand that they wanted more money, because the “Americans had money to give.” They kept saying, “the money is not coming out of your pockets, what do you care if the Americans have to pay more?” I

mention this, because I found this to be commonly said to the translators that speak for me when I am present while trying to purchase something. I am thankful that I am a tough woman that grew up with a father that was an antique dealer. My past taught me the skills of haggling and the importance of being willing to walk away from a deal that is not in my favor. It will be important that the CMHC staff and volunteers account for these cultural barriers and problem solve against them. I find it helpful, to have two trusted staff that do all the shopping and know where to get the best prices in downtown, PAP. Strategies like this enable us to buy more supplies and provide more services.

This account speaks to how business ethics seem to be completely different in Haiti. In many situations it could be fair to say that there are no rules and ethics. Survival seems to be the motivating force and obtaining all you can today with little considerations to future business opportunities. These business practices affect running programs, services, and clinics in Haiti and should be considered in future preparation.

High rates of corruption in Haiti make it important to continually consider this difficulty while running programs in this environment. This is a story that I heard on my second trip and it could be true or not. I heard that a South American country donated two ships full of rice to Haiti after the earthquake. The Haitian government sold one of these boats to another country and then sold the second back to Haitians, for the full price. I wish that stories like this were not true, but it seems that it is highly possible and common to issues here. Corruption is very high in Haiti historically and today.

People always ask me what happened to the money that people donated around the world to help Haiti after the earthquake. It is not possible to be sure, but this is one story that I heard from someone that led a good-sized organization in the United States and in Haiti. It was

reported that the Haitian government pays huge amounts of money (one million dollars) monthly to the United Nations (UN) for security to keep the peace. I think this is a perfect example of how the Haitian government would prefer to secure themselves against the people, rather than feed the people so that they do not riot in the first place. This example gives a small view into how corruption is rampant in Haiti. Power can cause people to react poorly and protect themselves instead of doing what is best for the majority.

Many organizations found in Haiti have corruption within their own groups. It is difficult to ensure that funds are used appropriately in many situations. When I first started working in Haiti after the earthquake, I did not understand why I saw organization leaders being so protective of their work and suspicious of others. Through continued work I began to understand that this is a natural and needed mentality when running an organization in Haiti. Very commonly people try to take advantage, due to needing to survive in many situations. This example speaks to how organizations are corrupt in many situations and the donation money does not go to where people think it is going. Organizations are commonly protective of their work and resources. There are many organizations that are doing great work in Haiti and there are many that are corrupt and keep the money for themselves instead of feeding the children they committed to take care of. These realities are important to consider while establishing collaborations with other organizations. I am commonly able to make long lasting collaborations in my work as a counselor in the US. In Haiti this has been rather impossible. Most collaborations end up not being successful and having to be stopped to keep organization ethical standards high and not wanting to take part in corrupt practices.

Haitians also have the mentality that American organizations make money off of them, which will need to be combated at this CMHC to build a good relationship with the community. I

found that transparency about money and resources is helpful with this. Every day as an organizational leader, I have to fight against the stereotypes of organizations not doing what they say they will do and show that we are the opposite. I work very hard to show how I spend every dollar to the highest ethical standard possible. People who donate money have the right to know exactly how the money is spent and what services are being given to the community through the organizational efforts. I cannot collaborate with organizations that are not willing to support this level of work, which are many groups. I have come to an understanding that if I want to have high ethical standards for business and services where I work in Haiti, I will have to develop the location myself. Starting a CMHC in Haiti on its own property will help enable doing the ethical work needed with fewer problems from collaborators.

It is important to consider the barriers to continued Haitian consultation within this written dissertation process. Haitian's of different education levels, who are fluent in English, have been asked to give their edits and suggestions to the language and programs of the project. The writer has come to understand that the academic language that is utilized in the field can be elitist and unintentionally culturally insensitive. The utilization of Haitian consultants throughout this project is essential. The writer believes that cultural consultation will never be finished and encourages continued feedback. This writer is cautious about sharing this project with others, especially until it is published, due to stealing of organizational ideas seeming to be common place within this environment. This is another important reason why continued feedback is needed from readers after this project is complete. The following discussion chapter will consider future directions of this project and Haitian consultation will remain an integrated part of all future services.

Chapter 6: Discussion

Chapter 1 of this dissertation incorporated the examination of the context of Haiti as a way to set the stage and rationale for the development of an outpatient comprehensive Community Mental Health Center model. Methodological strategies, most specifically the approach of action research, provided the foundation for my work in Haiti and most specifically the development of the current RAW Haiti programs. I described and documented the current status of Haitian mental health services. The initial structure for a CMHC was also presented. This included recreational programs, preventative mental health programs, varied counseling services, training of staff and professionals, and a school consultation program for the community and various important aspects of program development were considered: (a) evaluation, (b) staffing, (c) building, (d) funding, and (e) cultural barriers that impact program development.

Future Directions

The implications for the continued development of the mental health system in Haiti are substantial. This will be the first comprehensive CMHC in Haiti. This project presented a wellness-oriented model for the provision of community mental health services in PAP. Future development will generate additional information for other professionals to use when providing culturally sensitive and comprehensive mental health services on a local, community level.

This project hopes to increase access to education for professionals that may wish to know more about working with people in poverty. For example, the development of an international training program through the CMHC would allow for continuing education students to provide service. In turn, it would provide Haitian professionals greater access to learning with international professionals. Continued development of services is essential to provide quality

outpatient mental health care to the PAP community. Many components of future direction are considered within this section: integrated care, CMHC adaptations in other locations, social justice, and public policy.

Integrated care. Integrating different types of medical care will be important to be culturally sensitive and create a well rounded CMHC center that can provide many services to the community. Rose et al (2011) described the great need for mental health services in Haiti after the earthquake and how mobile clinics were combined with mental health components to provide these services. As the general Haitian population is not informed about psychological services, it inhibits the capacity of the population to seek those services that are, or could be, available.

Desrosiers and Fleurose (2002) suggest that responding to mental health issues in a medical fashion fits well in the Haitian culture. In Haiti individuals seeking treatment frequently go to a medical doctor before seeing a psychologist. Different cultures define mental health in very different ways. Haitians view mental health both within the medical world and spiritual world. Therefore, it has been essential to understand how this culture defines mental health to develop culturally sensitive programs. Having medical services available in the CMHC may enable more patients to be accessed and in turn more psychological service referrals.

I believe that a multidisciplinary clinic could be effective in Haiti. This would be a combination of the above proposed components of the comprehensive outpatient CMHC with medical and dental departments housed in the same building. The focus would be on wellness and the complete health of the individual. The attention would be on all aspects of the human experience: medical, dental, psychological, and educational. Massage and chiropractic are examples of other alternative services that could be helpful for improved wellness, if they were

available. This integration will take time to build and establish contacts. In this vein, I have begun the search to locate available chiropractors and massage therapist in Haiti.

Integrating medical care into this CMHC will be developed in the future. It will be important that the future medical team help create the integrated care elements. At the initial implementation of the CMHC it would be helpful to have four medical offices available for professionals to rent and provide services for community members within the center building. Even though psychiatrists are rare in Haiti, it is hoped to collaborate with this type of medical professional to give services part time through the center. The office spaces can be rented by doctors, dentists, psychiatrists, massage therapists, and chiropractors, or any other type of medical professional that is willing to work within a holistic mind-body approach.

The medical team that joins the CMHC could help further develop the framework for an integrated care model with the clinical staff of the center. First, the CMHC must be implemented to find the best way to integrate care within this context. There are many considerations and barriers that will have to be considered more fully before this integrated model is developed. Rose et al. suggest a number of barriers in Haiti to developing an integrated approach to service delivery. One of these barriers is that health care workers are overtaxed and frustrated with mentally ill individuals. There is a lack of adequate supervision. A third barrier is lack of availability of psychotropic drugs. Rose et al. crucial information about services in Haiti and informs integrating care in the best ways. Further hands-on work and collaborating with medical professionals will be important before creating an integrated care model at the CMHC.

The CMHC will remain focused on training professionals to deliver helpful services and provide adequate levels of supervision. International internships can be developed easily within RAW Haiti's current volunteer program. These trainees can be supervised by the program

developer and other licensed doctoral professionals. This one stop clinic for services would be a comprehensive way to engage the community in culturally sensitive ways. World Health Organization (2008) gives considerable guidance to integrating mental health into primary care from a global perspective and will be considered moving forward with development and implementation.

McShane (2011), a psychiatric resident who worked in Haiti, suggests that 15 psychiatrists are available in Haiti to serve a population of nine million. This number of psychiatrists is clearly not sufficient to provide appropriate care to the entire country. This is another example of the lack of sufficient medical care, and even fewer mental health services. It will be important for RAW Haiti to collaborate with medical schools in order to have psychiatric residents volunteering in Haiti at the CMHC in the future.

Alternative crisis and inpatient services should be considered in the future, but not within the current scope of this outpatient CMHC model. Kiev (1961) writes about folk psychiatry in Haiti and many old medicine ways to deal with illness. This resource enlightens past practices and the cultural context of *Vodou* . I am very reluctant to have anyone obtain inpatient services at the current hospitals available in PAP, due to information presented earlier in this document. Further collaboration with medical professionals and, eventually, the development of an integrated care model at the CMHC may enable less need to refer clients to problematic existing hospital services.

Adaptation to other locations. Future development may consider the adaptation of this CMHC model in different locations in Haiti. PAP is a very large city and reasonably CMHCs are needed in all major sections. After this project has been implemented in one location in PAP,

several different CMHCs could be developed within PAPs local communities to provide more mental health services in Haiti.

Spreading CMHCs to Haitian communities outside of PAP could also be considered. It will be important that CMHC leaders know much about the local community where they are considering spreading services. Each local community may be unique and have their own barriers to providing mental health services to the local people. One example of a barrier to having a CMHC outside of PAP is the major decrease in access to supplies, professionals, and collaborating organizations. Most supplies and goods in Haiti are brought in through the capital, PAP. Obtaining building material in the country, for example, is much more expensive, due to the additional transportation. CMHCs would also need more trucks available, due to the constant need to transport goods from the capital. Much will need to be considered before adapting this CMHC model to other communities in Haiti.

Social justice: Quaker conflict resolution. I know very little about the current work of the Quaker Yearly Meeting group in Haiti. In the past I was connected with a Quaker in Haiti, but this changed over the last couple of years. When in contact, it was clear that they were focusing their work on conflict resolution. This fits well with their missions of peace and non-violence. Understanding about what the Quakers have found helpful in Haiti for conflict resolutions could enable the development of better mental health programs. Mediation and conflict resolution might be positive avenues to improve peace within the community that we serve in Haiti.

I will seek further information about the Quaker movement on these projects and what was found to be helpful around conflict resolution. This work will continue over time and will grow from the inside out. At times this means that it is not possible to have all information at

once and further connections can be made later. This can facilitate continued collaboration to gain knowledge of different work that is helpful in Haiti. One example of how conflict resolution and peaceful approaches can be used within this CMHC is within the current soccer program. Other teams continue to challenge our team of teen soccer players. The other teams taunt our players and want to fight. RAW Haiti encourages friendly competition and peace. The soccer coaches approach other coaches in this way to find a peaceful collaboration.

The passion of the Haitian people for soccer is high and at times leads to serious problems. It is common to hear about shootings and stabbings at community soccer games in Haiti, due to easy fighting. Having Quaker collaborators to teach us more about their social justice and conflict resolution efforts in Haiti, could be helpful within the CMHC. I am a Quaker and this has led me to be a peaceful caring person. I feel strongly that the Quaker mission of peace could be an important focus for the community we are trying to help be wellness oriented. It is possible that more peace in Haiti could lower stress and increase wellness.

Public policy. This writer would like to be more involved in public policy in Haiti and it would be helpful for the CMHC to do the same. The political context of Haiti is difficult and can be dangerous. It is important that policy contacts be developed over time express a voice about the mental health system. This would be for the future when the CMHC is well established and major contacts are secure.

It is readily apparent that there is good mental health work being done within specific pockets of Haiti. The development of more mental health services within PAP and across the country would improve the wellbeing of the Haitian people. The major problem with mental health in Haiti, in addition to lack of services, is the lack of mental health structure within the countries system (Restavek Freedom Foundation, personal communication, August 2014).

This CMHC model's goal is to add to the mental health services within the PAP community. It will also be important to when possible, add to the development of the mental health system. Creating CMHCs in multiple locations in Haiti could be a way to increase more accessible mental health services. Being a voice within public policy in Haiti could bring more attention to the lack of mental health system and advocate for better structure from the government to produce better than their current insufficient inpatient services.

Contributing to public policy efforts around developing and supporting continued educational programs for mental health professionals to obtain their master's degrees could be important for the CMHC. This may increase the number of well trained mental health providers in Haiti and may lead to better wellness of the people. Appendix D gives an example of how Dr. Jean-Charles Wismick was observed being involved in public policy in Haiti. He consulted with the Ministry of Education on how to incorporate mental health trainings into curriculums in Haitian state medical schools. As the CMHC becomes more established, we could become more active in public policy consultation, like Dr. Wismick.

Concluding Remarks

The addition of more of my professional experiences within the body of this work has created to a more narrative account in many places. This was important for the appropriate information to be communicated around the context of Haiti and the reasoning for this project. However, these more narrative accounts house multiple important topics at times that cannot be separated. This can cause difficulty in organizing all important information in an academic way. This narrative approach takes time to explain things well, which requires patience from the reader, unlike other academic writing.

It was anticipated that this dissertation project will result in a final product that will be easily accessible and most useful to the broader Haitian community. As such, the description and documentation of mental health resources located in the Appendices will be adapted to a manual format that includes laminated materials for easy use in the future. Additional ways to make information can easily be accessible to staff and service providers will be further developed and articulated. This will involve the translation of materials as part of the training program.

On a more personal note, I have found this work to be both difficult and rewarding. Considerable drive was needed to develop this hands-on approach to working in Haiti. I found that both courage and risk are needed in developing programs in Haiti. There were many times that I knew something could work and people told me that Haitians would not accept it. I learned that there is a major fear of any unknown thing in Haiti. A perfect example of this is when I became aware that the Haitian children would love yoga and movement to help them manage their stress. I was planning to incorporate this into my programs with children. When I consulted with Haitians, I was told by many that it would not work. I understood that Haitians love dancing along with soccer and felt sure that it was worth the experiment. I reassured the others with whom I had consulted that children would love yoga and took a major risk going against their recommendations. My daring paid off in this situation! I began to train my translator in yoga poses and the purpose of doing this to decrease stress. We provided programs for the children that included drawing, bracelet making, learning about stress, soccer, music, and dance. When we started to teach the children yoga with the mats I had brought, they loved it! The children were laughing and having fun. They learned breathing exercises and ways to decrease their stress using their own body. Half-way through teaching, I looked up at our surroundings and saw that many adults working at the medical clinic were peaking through the windows and tarps towards

our outdoor classroom. Their smiles were from ear to ear. Clearly, the adults could see the importance of yoga for the children.

Afterward, I learned that no one had really known what I meant by "yoga" and they thought something new and different would not be accepted by the people. They were fearful and skeptical of my new suggestions. It is always important to respect the wants and needs of a culture, but I knew yoga had bridged across cultures and could fit for the Haitian community. It is not easy to go against the norm, however, this has been essential within the action research of this project. While there were risks taken, it proved most helpful in creating comprehensive programs that are well-rounded. Yoga has become one of the core tools for teaching children about stress management, and it has been observed to clearly work, along with soccer, dance, and art.

I believe that the increase of mental health services in Haiti through the proposed CMHC will enable better wellness in the local communities. There is much work to be done to make improvements in Haiti in general, and within the mental health field. I believe that we need to fight against this situation and begin to try new things. CMHC models helped the United States develop and structure their mental health system, and it is possible that this could be helpful in Haiti. I believe that, by injecting services into the community through an integrated care community center is the best way to engage the people.

I have seen with my own eyes in Haiti what works clinically and what does not. Although the country's problems are large, we must find a way to move forward in making improvements. It will be important to continue to implement these programs so that we can show with evaluation evidence that, in fact, these mental health services do improve the wellness of the participants. I have seen that RAW Haiti is prospering and will be an amazing organization. The

more time we give to it, the better it is. This project will enable major improvements on a large scale. This is what I believe Haiti needs.

The proposed CMHC will intentionally not be like others in the United States. Something very adaptive has been presented here. I also have chosen to only set the initial frame for the CMHC because it is important that we work through continued Haitian consultation and further hands-on work. This will help create the best services.

Many readings were sourced and recommended throughout this project. Please see Appendix G for suggested readings that may be helpful in providing mental health services in Haiti or internationally. While these sources have been personally informative to me, they were not specifically utilized in this project. Due to the nature of this project, many sources and personal experiences that informed this writer were not specifically cited. It is hoped that this additional readings section will provide further resources when needed.

An eternally positive, but realistic, perspective has been essential within my work. It is clear to me what is needed, and as an expert in this area, I have a responsibility to help continue the creation of services to improve the lives in the community where I work. I have written what is clear to me and continued development will fill the gaps and give further details to this project. It takes a certain kind of person to do this work. I will continue to give my skills and passion to the Haitian people when possible. With the help of others, all proposed is possible. The real question is not “if,” but “when” it will happen.

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Appendix A- Field Notes: *Vodou*

My past experience in the medical clinic (discussed in Chapter 3) caused me to have a serious interest in the culture around *Vodou* and religion in Haiti. I met a *Vodou* priest, Doudy Louis, and continued to develop a friendship and respect. I saw him do a spiritual reading with a female Haitian friend and it made sense to me. I was assessing him quietly as he was assessing me and her. Many of the things that he said to us could be heard from a psychologist. He used his beauty, charm, and strong ability to read others to empower an intense conversation and experience. It felt like there was a dramatic intensity to the afternoon air where we sat. He began to tell me that there was white and black magic in *Vodou* . Over three years ago when we were starting to learn about each other, there was much that he could not tell me, due to me not being part of the religion. My friend practices dark magic with a mixture of white magic. White magic seems to be more like the work of school psychologists.

Doudy taught me many things about *Vodou* and this different type of religion in Haiti. We have developed trust and have been doing business together around selling metal art, since he is an amazing artist (along with a group of his friends). Frequent business interactions and collaborations have allowed us to learn from each other. Metal art sales have been a major funding source for RAW Haiti.

On one of my most recent trips to Haiti, Doudy was willing to have a *Vodou* ceremony for us so that I could see with my eyes the different things that we had discussed over the years. He made plans and asked the spirits to prepare and create a safe time for us to celebrate and pray. He struggled to get the musicians on the day we needed and he explained that this was a sign to wait for the future and postpone our plans. When I asked if we could move the ceremony to another day, he explained that the spirits were not prepared for the change and bad things could

happen to us if we were not secure with their protection and grace. He explained that another person and/or spirit could cause problems for us. I had agreed previously to at least visit his *Vodou* temple that day. My team was tired and our business meeting together had taken far too long. I requested his understanding that I could not go that day and needed to care for my team. I was nervous that it would be a problem that I could not follow through on what we both desired to happen that day. He was gracious and understanding and we agreed to try again to have a ceremony and visit the temple next time I was back in Haiti.

I am very lucky that I have developed this positive relationship with Doudy. Over time we see that we are both honest with each other and respectful. As an organization leader, I focus on doing what I say and being transparent. Developing relationships that are honest and can grow is very important in my work. Doudy said, along with many other people, like the Damabiah orphanage, "Corey you are different than anyone we have worked with." They go on to explain that we work together as friends that are understanding and open minded. Many people that come to work in Haiti have serious struggles understanding the culture and how to manage their own beliefs. One example of this is, I may be unhappy that the orphanage we work with is doing corrupt business at times. I approached by discussing the matter with them. I explain how the situation makes me feel and how this is in conflict with the business procedures of the US. Most importantly, we have a conversation about the Haitian reality and how I understand that they are trying to survive along with what this means. This allows us to discuss the real barriers present that are causing the problems, which then enables us to brainstorm solutions. This allows space for me to teach them about what international organizations will see as ethical and corrupt. My hope is that these are teaching moments, where the orphanage directors can learn to change how they communicate and this can allow them to collaborate further with organizations that can help

fill their needs in transparent ethical ways.

Doudy tells me stories that he can take a small rock and turn it into a bed in front of others. I have heard from others that they have physically seen *Vodou* priests do this. I look forward in the future, to seeing this with my own eyes. As a scientist, I continue to look for clear proof and data. I have learned that there is a real spiritual phenomenon within the Haitian culture that cannot be explained through science. The thick air the afternoon that Doudy had a reading with my female friend felt mystical in a way I had not experienced. Through my work in Haiti, I have felt this way at different times that seem to be connected to divine intervention. These situations, as a scientist, I am unable to explain through probability and logic. I am left to the conclusion that at times we are meant to be in a place and making the connections we do. I proceed with an open mind and searching to see for myself. My searching and growing understanding coupled with training others may help bridge the gaps between our two cultures to enable more effective work.

On recent trips, I started to learn more about the people in *Vodou* that they call the Bacoo, which is important to mention here. It is said that these are people that want to be *Vodou* leaders (like Doudy), but they were not chosen by the spirits due to not being born with special powers. The Bacoo are believed to be fake and invoke black magic to make money from people. For example, someone might go to them to bless their business. Payment is required and will have to be reinstated each year. If the person does not have the money to continue to pay for good graces for their business in the future, they find their business ruined somehow. The Bacoo suggest that the Bacoo would have bad spirits cause damage or just make it seem this way with manipulation. It has been explained that many people are taken advantage of by these Bacoo, when looking for true religious support.

Appendix B: Field Notes: Interview with Joseph Vilton

Mr. Vilton, the master's-level psychologist I met, had his own small clinic in Delmas in the past, but he found that it was not successful. He attributes this to the people not understanding psychology and the importance of treatment. He mentioned also struggling with his clinic now and how the work is not regular. He is currently working with the Ministry of Education on consultation projects around their state exam process. He also teaches at the state university. It is clear that it can be difficult to make a living as a psychologist with a small clinic in Haiti. He explained that due to many of the Haitian people not understanding the need and methodology of psychological work, they commonly do not partake in long term treatment. He shared that when he has a person engaged in treatment that they may only come back about 3 or 4 times. On one rare occasion he could remember one person attending 5 or 6 sessions. He reported that the low session limit was connected to the medical perspective of medicine in Haiti and that people are looking for a quick fix. He charges about $25 for the first session and drops the price for further sessions, which seems like a smart business decision taking the previous trends into consideration. He slides the price many times, due to the need of the person and his feelings of ethical obligations to help the people that seek treatment.

When asked, Mr. Vilton was willing to share how he works therapeutically with people in Haiti. I was curious about his practices to see if the psychology field would be similar to my experience within my own culture. He reported that if he were to work with deep trauma he would likely choose an analytical approach, with a Freudian background, while also paying attention to behavioral and cognitive aspects. He would pay attention to patterns in the person's life, seemingly very similar to what I would do myself. When working with people that suffered with migraines he would discuss behavioral approaches like breathing exercises and progressive

muscle relaxation. He would discuss the person's life and try to find where the origin of the stress and problem was located. He shared that he uses an individualized approach at his clinic currently and his strategy depends on the person and the struggles that they have. This sounds similar to the integrative approach that I use within my own work.

Mr. Vilton reported that there are more psychologists and doctors needed in Haiti. He explained that the young psychologists in the field now do not have their master's degrees. Commonly, they obtain their undergraduate degree and complete an additional year of internship for their practical component. Mr. Vilton explained that these young psychologists have problems practicing on their own and must work with organizations that have supervisors if needed. He explained that they commonly have minimal experience and need additional training in working with different kinds of people. He agreed that we need more mental health clinics in Haiti.

Appendix C: Field Notes: Interview February 2014 with Dr. Wismick

The morning that we were scheduled to meet, I took my team to Delmas orphanage, where we work, and got some started on a construction project and others started on a remote medical clinic with a volunteer nurse. I then took one translator and driver and we went off through Petronville to find Dr. Wismick's clinic, across the street from a school where the training was, and behind a church. Well, of course, we found a different church with a school and struggled to find Dr. Wismick. Eventually, he answered his cell phone in the middle of the training and explained to the driver where we should be. We arrived with Dr. Wismick meeting us on the street during their lunch break. He led us into the school. He and I enjoyed chatting in English and walked quickly. He led me to the lunch area and offered that I ask the young psychologists questions, which I was hoping to do. He smiled and asked if I would help him do the afternoon trainings on CBT, due to having significant experience in this area and training. Surprised, I agreed and quickly spoke with my team I had with me to explain the sudden changes. Dr. Wismick would have time to talk to me for 45 minutes after the training since I had many questions.

The young psychologists having lunch seemed leery of me, but willing to talk. They agreed that mental health was in great need in Haiti along with community mental health clinics. They explained their education and how they had completed their undergraduate degrees in psychology and were currently in their fifth practical year. Many explained that they were working with organizations that had components that needed case and social workers. A third woman was a nun and helped people through services within the church.

Dr. Wismick opened the training with introducing me. I explained my dissertation and organizational work in Haiti. The class of 60 was attentive and willing to answer my questions.

As usual, I asked if more psychologists were needed in Haiti, and the answer was an overwhelming YES! When ask if more mental health clinics were needed in Haiti, again the answer was YES! I then asked what we need to provide better mental health supports to the people and many made suggestions of increased services, practice videos for counselors, trainings, clinics, and the restarting of community mental health clubs that stopped when the devastating earthquake happened.

Next, I began to train on behavioral skills like progressive muscle relaxation while connecting the application hands-on with psychoeducation. My translator struggled to utilize psychological terminology and Dr. Wismick jumped in to co-lead with me and translate. The students were an interesting mixture of young psychologists and professionals that utilize counseling strategies, like organization workers, pastors, and nuns. After my section of the training, I sat in the back of the class listening to Dr. Wismick hurry through the ending of the training. Due to so much of the terminology being mental health and slides being in English, it was easy for me to follow along with his very comprehensive training of CBT. I took this time to quietly help my translator and driver understand how this connects to the stress management work that we do with children within RAW Haiti. I could see that they were starting to understand the importance of training and being involved in the larger change of the metal health system over time.

At the end of the training, surprisingly, I had several young psychology students that wanted to talk to me and gave me their contact information. I had been searching so long for mental health professionals in Haiti with little success, it was amazing that Dr. Wismick had made this happen. As Dr. Wismick also had to answer student questions, I took this time to talk with them quickly. They explained that they were an organization or an association for “young

psychologists," which I understand to mean the young professionals of Haiti learning to be counselors. They invited me to attend one of their meetings or email the questions that I had to them. I could see that Dr. Wismick was finishing talking with others and I excused myself to meet him. We quickly left the school and walked across the street to his clinic.

Dr. Wismick's clinic was in a private building and on the second floor. He had a nice office with a message table along the wall. His staff of several bachelor level "young psychologists" had another room to work and I could hear people speaking on the beautiful veranda with plants and chairs outside his office. Here I was able to ask the many questions that I had burning about the mental health system and how I could start to understand better to continue my project. Please see chapter 3 for further documentation of this personal communication and our following meeting 6 months later.

Appendix D: Field Notes: Interview August 2014 with Dr. Wismick

During my next trip to Haiti it was important that I met with Dr. Wismick again. I still had many continued questions and I was unable to get the electronic information that I had asked him for. I learned that if you want something important you have to get it yourself. Via email we were able to make a plan to meet while I was in Haiti. Once in the country, I called him and we made a plan to meet in a couple weeks before he left for the US to present at an American Psychological Associated (APA) Conference. He asked that I come to his clinic and he made time for me in-between appointments with clients. My driver, translator, and I were almost to the clinic and Dr. Wismick called me suddenly. He explained a major change had happened and he wanted me to meet him at the university down the road, where he worked. We agreed and scrambled to ask for directions and find the new location. Once at the university, we found his office and explained who I was, doctor Corey. Within US standards this is a misrepresentation of me, due to not being done with my dissertation during this time. For many years, I had explained my credentials to all, by US standards, while working in Haiti. I was asked to simplify my explanation by Haitians and represent myself the correct way in Haiti. I was doctor and that is what they wanted to know. Being white, a Director of an organization, and being doctor Corey has helped me gain entrance to many hospitals and be able to have long and clear conversations with leaders about the culture, who I was, my education, and my purpose in Haiti.

Dr. Wismick came to get me in the main waiting room and brought me and my translator to his office waiting room. In the next room over, he had people waiting in his office with glass walls. He explained quickly that he suddenly was asked to attend a meeting this morning at the Ministry of Education in Petronville, which means meeting with high standing Haitian government officials. He needed to attend for a short time, due to being one of their consultants

around adding psychological training to the state medical school curriculums. He requested that I be willing to meet with him in his car on the way to this important meeting, to which, of course, I agreed. I had many questions and am used to working quickly on my feet. He gave me his laptop to copy what I needed about his background and training, while he finished with the people in his office about another matter.

After a short time they were ready to go and I had my translator and driver follow as I piled in to Dr. Wismick's SUV with driver and the three men that had been in his office. We made a couple of stops for the doctor to get what he needed and he also got me a book about his university's last yearly conference in Haiti. We then went back to his clinic where he met a past student who was a client. I left my driver and translator there. I asked them to wait for me and told them that I had no idea where we were going, but that I would be back in time to drive and make our next appointment. Again I piled into the SUV with Dr. Wismick and his past client in the back seat. I asked my important questions at this time, which I did precisely and quickly. Please see chapter three for further documentation of this personal communication.

We arrived at the Ministry building and his client was going to wait in the car to speak to Dr. Wismick on the way back. I asked if I could follow him to the meeting and he waved me forward. I was thinking, "good thing I dressed very nice this morning for my meeting!" After making it through strict building security we walked into a large white conference room, being the last to enter and interrupting. Dr. Wismick was introduced as one of the major consultants and they also wanted to know who I was. I explained my background, organization, and dissertation work briefly, along with thanking them for allowing me to attend with their important consultant. As is the way in Haiti, the leader wanted to be sure that I was registered as an organization in Haiti. He explained how important this was. I responded that we are an

American organization that operates through registered Haitian organizations, which is accurate. In this way my organization does not have to pay the government's 10,000-15,000 US dollar fee (I have been told by others) that is associated with registering as an American organization in Haiti. Of course this piece of information I did not share at the meeting and quickly reassured them about our work through registered organizations. It is very telling that what these officials cared about was that my organization was registered (for big money) with the government instead of the help we provide to children in Haiti. Government, corruption, and lack of structure have contributed to the state that Haiti is in. All attending the meeting were officials, well dressed, well educated, and most spoke English. In many ways this is the opposite of the people that I work with daily in Haiti. I prefer to help the common people who are struggling.

During this portion of the meeting, I was thankful that my Kreole was getting much better and I could understand significant pieces of the French conversations that they were having. Dr. Wismick was a key consultant, due to being the only representative from a private university in Haiti, along with being an expert in psychology. The Ministry of Health met to discuss starting to incorporate training psychological practices within the curriculum of all State medical schools. Quickly we ran out of time and Dr. Wismick knew that we both needed to get back to other meetings. We excused ourselves and discussed the meeting on the way out of the building. On the ride back he had a long conversation with his client, but made sure I had all of my questions answered. We arrived back at his clinic and, while we waved goodbye, he walked to the stairs of his clinic with his past student. I ran and jumped to truck. I explained quickly to my team that we were ready to drive to our next meeting across the city with the staff from the Restavek Freedom Foundation.

Appendix E: Field Notes: Visiting Beudet Mental Hospital

The same exact scene was played out when we returned to the hospital the second day. We found the same old man at the gate and the nurse there, with one other accompanying nurse in the nurses' station building. I asked again to be connected with a director for a tour. The nurse proceeded to tell us basically that we were bad people that we did not come in the morning, as she suggested. I explained how I said this was impossible. The other nurse proceeded to make comments about my translator likely being my boyfriend and taking him back to the United States. These are untrue and frequent comments I hear from the people on the street in Haiti. I had never heard this in a professional situation where I had explained that I was the director of the organization and wanted to discuss possible collaboration. They told me to come back the next morning, which was my only day off in far too long. I asked very clearly if they wanted me to come back tomorrow morning, to sit and wait to see if a doctor happened to stop by as planned, with a strong likelihood that I would meet no one. The woman nodded yes. I explained I may try, but I may be unable and we exited the property again.

As this conversation took place in the building, I could hear out the window my team was laughing with the patients. One male patient spoke English and loved singing and performing for the visitors. He asked them to take video of him with their phones and they accommodated his wishes. I was proud of them for staying positive and making the best of the situation. The long rows of benches where they sat in front of the nurses' station started to fill with curious patients. One man started to act out strangely and was slamming his hands-on the chairs nearby. When I exited the building, my team quickly followed me and my translator to the gate. The singing man wanted to shake my hand goodbye and I cautiously did so with the safety of my team surrounding me. The man tried to pull me in far too close and asked if I would take him to the

US. I extracted my hand and turned with my team protectively following behind making a human barrier. To be clear, I was the only white person on the team, unfortunately this reality is important to consider. Clearly, I was the strong white woman leading the team.

We drove back to our home together seeing a naked woman running down the street as we passed, only a few miles from the hospital. All of us looked at each other and many of the Haitians explained "fou," which means crazy. Was this a girl who hopped the wall of the hospital? I had not seen young women at the hospital. Did they keep them separate if everyone was having sex? Did young women usually stay home with their family? Were they locked up at the hospital? Many questioned swirled in my head.

I asked that my team have a meeting when we returned to the house, like the day before. The day before I had explained psychologically what they had seen and they quietly soaked up all the information and context that I was able to explain. Returning this second day, I slouched in my chair around the circle, with my head in my hands and struggling. I asked my team for help. We had an important decision to make, whether we would continue to try and return to this mental hospital in the future. I explained my major concerns that we would be unable to affect this broken system and how our staff were not trained to work clinically with these people. I explained knowing that if I lived at that hospital for a year I would be unable to affect change. They agreed with me when I explained that I could not work hands-on with people, due to me needing two security guards, one on each side of me. Being a different color causes there to be an intense light on me and being female makes it much worse. How could I work like this? The reality is that I could not work effectively or safely at this location. Usually my one male translator can easily provide appropriate security for me while working in Haiti. Unfortunately, the mental hospital was not the rest of Haiti and the patients were there, because they were

aggressive and a danger to the community. Never before have I had a conversation like this with my team to consider not working with a location again so quickly. I shared my indecision about what to do and being torn; this commonly means in my experience that there were far too many negatives to safely proceed. My endless positivism about people could not outweigh the reality within this inpatient situation. The dancing and fun programs we could do to make the patients laugh would not compensate for the major risks and reality that we would never really be able to change in this hospital system. The team agreed with me and asked for my final decision. I requested that they delete all photos and videos taken, along with explaining the importance of confidentiality for the people with mental illness. I explained that I may try to return to the hospital, but that I was going to see what happened and where the path led me. I am not a very spiritual person, but in my work in Haiti it has been proven to me every day that what is meant to happen will happen. The path has been surprisingly clear at many moments. For example, the next morning was supposed to be my day off, but I had a motorcycle driver ready to leave with me for the hospital. I awoke late and feeling very poor. I had a minor fever and knew I had been working too hard. Before I came to Haiti I had gotten Lyme Disease from New England and this was drastically affecting the speed and intensity that I was able to work. My translator and motorcycle driver were luckily two of my brothers-in-law and would not allow me to leave in this sick state even though I tried. I am very lucky to have a wonderful family in Haiti that I trust enough to also work with me. In a country were trust is particularly hard and bad business is rampant, I am very lucky to have this be different for me now. Later that day, still feeling ill another family member visited and proclaimed that they were taking me and the whole family to the beach the next morning for “treatment.” It was already clear to me we should not return to

the hospital and my last bits of curiosity were taken by the need to care for myself and focus on the work with children I knew with my eyes to be effective.

I understand better now why people were unable to explain what I would see when visiting this largest mental hospital in Haiti. I have tried to make an initial account here, but still there is much that cannot be communicated with words: the desperation, suffering, people misunderstood, and no hope of having effective treatment. They are stuck in a system that will not provide enough care to encourage change, poor conditions, lack of basic staff, lack of leadership, or even enough structure to have a phone number. Many of the patients likely had been completely abandoned by their families and had nowhere else to go. You can only understand if you see for yourself. In a horrible way, I wish I could have had the tour and seen firsthand how poor the conditions were close up. I see the only way to help in this particular system is to consult and advocate high up in the government about major system changes and, still, this may never affect change at this hospital level.

Appendix F: Field Notes: Handout for Teacher Training

"Introduction to Psychology Issues in the Classroom"

Day 1 of Training- May 31st, 2012- Corey Gifford and Woodeman Joseph Training

- Psychology of Children: react to danger in 2 ways (fight and run away), trauma, abuse, bad home lives, don't know how to have healthy relationships, stress, hungry, and neglect effect many of their lives. Some children only know how to be aggressive and have not been taught other ways to act. It is important to get to know every child and understand some of the problems in their lives. If you understand the problems better you will make better solutions. Teachers need to stay positive and show a good example of behavior in class. Children will copy teachers and parents behavior. For example, if one child hits another child and then they are punished with being hit by the teacher: the child learns that they hit and use violence to solve their problems. Showing the children to behave with the teachers actions is important. Children learn from everyone around them. Teachers have an opportunity to make a difference in the student's lives.
- Negative reinforcement: punishment, writing lines, stand on one foot, kneel, leave class, hit children (worst way- only works for a short time and makes them scared), stand in class… Positive reinforcement: reward, encourage with your words, prize/gift, class applause, congratulations, school activities for free... Positive reinforcement is much more effective in managing your class. If you use more positive strategies, over time you will need to use less punishment and your children will be happier and learn more.
- Develop MANY classroom rules. Have the children help you develop the rules as a team. Giving children more power in class can help them feel more positive. Develop a Tree of good Fruits: qualities that are necessary to have a controlled classroom (respect, sharing, honesty, love…).
- Fun activities: Simon Says, Happy and you know it, singing, dancing, yoga and SHAKING, laughing, stretching, breathing, reading, drawing….
- Many children have difficulty memorizing. Everyone's brains work in different ways. Try to teach the children in different ways and using different activities and types of learning.

Day 2

- Controlling your class: try to move the benches in different ways, move around the classroom to keep control, control the class with your eyes and your face, stay close to the children, demand quiet even when the teacher is busy and the children have work to do, always pay attention to what your students are doing…
- Attention Problems: Have the children that struggle with behavior and attention sit in the front of the classroom. It will be necessary to encourage these children more and check that these children are continuing their work. Use fun activities and adapted exercises to re-focus the children throughout the day.
- Teacher and Student Stress: When the teacher is stressed it can be difficult for them to be the best teacher and manage their classroom the best way. Strategies that you can use to decrease stress: breathing (count to 5), exercise, stretching, activities that you love, relaxation, and guided meditation (close your eyes and imagine the beach). These things can help with anger problems, aggressiveness, stress, nervous reactions to noise, and many other things.
- It is important to encourage and motivate your students. Believing that your children are good and can be better is a must. If you believe in the children they will learn to believe in themselves.
- It is most important that you continue to use the strategies that you have learned over time. If you only try them once or only for a couple days, the strategies will not work. If you can consistently put in place rules and discipline, your class will behave better and it will be easier for you to teach.
- Regular Teacher Meetings: Meet as a team more frequently to share ideas and support each other. I would suggest at least 1 time each month. Some teachers have very good control of their classrooms, we can all learn from the strategies that they use.
- HITTING and punishing CHILDREN FOR GETTING AN ANSWER WRONG IS VERY DAMAGING. CHILDREN WILL NOT WANT TO LEARN. Everyone makes mistakes, we need to make a safe environment for the children to learn and make mistakes.
- HAND OUTS

- END WITH CLOUD MEDITATION
- Start with teacher stress-
- Simon says they had fun- and used in class- how simmon says in English and French

“Introduction aux Problemes Psychologiques des Enfants” for the Gastion de la Sale de Classe – presented by Corey Gifford, Psychologue, and Joseph Woodeman, Traducteur

- **Psychologie de l’ Enfant** : Ils réagissent au danger de 2 façons (l’affronter ou s'enfuir), ils ne savent pas comment avoir des relations saines avec les autres, ils sont negligés parfois, les traumatismes, les abus, le mauvais traîtement à domicile, le stresse, la faim modifient leurs comportements. Certains enfants ne savent qu’à être agressif et ils n’ ont pas été enseignés d'autres façons d'agir. Il est important d'apprendre à connaître chaque enfant et de comprendre certains des problemes dans leur vie. Si vous comprenez mieux les problemes, il serait plus facile de trouver de meilleures solutions. Les enseignants ont besoin de rester positif et de montrer de bons exemples de comportement en classe. Les enfants imiterons le comportement des parents et des enseignants. Par exemple, quand un enfant frappe un autre enfant, puis il est frappé par un enseignant: á partir de ce moment l'enfant apprend à frapper et à utiliser la violence pour résoudre leur problemes. En effet , les actions ou reactions du professeur sont tres importantes dans l’eneignement du comportement des enfants. Les enfants apprennent de tout le monde, que ce soit à la maison, dans leur quartier, à l’eglibe ou, à l’ecole etc… Les enseignants ont la possibilité de faire une différence dans la vie de ces enfants.
- **Renforcement Négatif**: la punition, les lignes d'écriture, se tenir debout sur un pied, se mettre à genoux, quitter la classe, frapper les enfants (la pire des sanction, qui ne marche que pour une courte période et les rend peur).
- **Renforcement Positif** : Récompenses, des mots d’encouragements, primes / cadeaux, applaudissements, felicitations, exonerations... Le renforcement positif est beaucoup plus efficace dans la gestion de votre classe. Si vous utilisez des stratégies plus positives, au fil du temps, vous utiliserez de moins en moins une peine ou une sanction et vos enfants seront plus heureux et á même d’apprendre davantage.
- **Élaboration des règlements de la salle de classe**: Demandez aux enfants de vous aider à développer les règlements ensemble, comme une équipe. Donnez aux enfants plus de pouvoir en classe afin de se sentir plus positif. Por exemple, dessinez un arbre appelé **“Arbre de Bons Fruits ou de Qualités.”** Redigez sur le tableau une liste de valeurs morales, par exemple: le respect, le partage, l'honnêteté, l'amour, la tolerence, studieux(se), laborieux(se), attentif(ve) etc ... Ensuite, demandez à chacum de choisir une ou plusieurs qualités qu’ il ou qu’ elle aimerait ameliorer.
- **Pratiquer des activités amusantes** : Des chants “Simon dit,” la danse , des blagues, des exercices d’ étirements, ou de respiration (le yoga), la lecture et des dessins....
- **Mémorisation**: Beaucoup d'enfants ont des difficutés à mémoriser. Le cerveau fonctionne de façons différentes chez chaque enfant. Essayez d'enseigner aux enfants de

différentes manières en utilisant les différentes activités et d'autres methodes d'apprentissage.

- **Gestion de votre classe**: Essayez de déplacer les bancs de différentes positions dans la salle de classe pour faciliter le deplacement. Contrôlez la classe avec vos yeux et votre visage, restez proche des enfants, reclamez constamment le silence, même lorsque l'enseignant est occupé et les enfants ont des travaux à faire, prêtez toujours attention à ce que font vos élèves.
- **Problèmes d'attention**: Demandez aux enfants qui ont des problems d'attention et autres, de s'asseoir par devant. Il sera beaucoup plus facile d'encourager ces enfants et vérifier qu'ils continuent leur travail. Utilisez des activités amusantes et des exercices adaptés pour attirer leur attention pendant toute la journée.
- **Le Stresse des enseignants et des étudiants**: Lorsque l'enseignant est stressé, il peut être difficile pour lui de rester un meilleur professeur et de mieux gérer sa classe. Voici quelques Stratégies que vous pouvez utiliser pour diminuer le stresse: Respiration (compter jusqu'à 5), des exercices d' étirements, les activités que vous aimez, la relaxation et la méditation guidée (fermer les yeux et imaginez la plage, le paysage etc…). Ces activités peuvent vous aider contre des problemes, tels que: la colère, l'agressivité, le stresse, les réactions nerveuses au bruit, et bien d'autres choses.
- **Pensez positivement** : Il est important d'encourager et de motiver vos élèves. En estimant que vos enfants sont bons et peuvent être mieux, c'est une nécessité. Si vous avez confiance en vos enfants, ils vont apprendre à avoir confiance en euxmemes.
- **N.B** : Il est très important de faire la répétition des stratégies que vous avez apprises. Si vous les essayez une fois ou seulement pour quelques jours, ça ne va pas marcher. Si vous pouvez toujours mettre en place des règlements et la discipline, votre classe se comportera mieux et il sera plus facile pour vous d'enseigner.
- **Réunions régulières des enseignants**: Rencontrez plus souvent en equipe pour partager des idées et se soutenir mutuellement. Je dirais au moins une fois par mois. Le fait que certains enseignants ont un très bon contrôle de leurs salles de classe, nous pouvons tous apprendre des stratégies qu'ils utilisent.
- **FRAPPER ou PUNIR** un enfant pour avoir obtenu une mauvaise réponse, est INJUSTE et ARBITRAIRE . Ainsi, il ne voudra pas apprendre. Tout le monde commit des erreurs, nous avons besoin de créer un environnement dans lequel les enfants peuvent apprendre et de commettre des erreurs.

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Appendix H: Suggested Readings

This Appendix H of suggested readings represents read materials that informed this writer, but were not specifically utilized in this project. Many sources and personal experiences informed this project and were not specifically cited within this work. It is hoped that this section will provide additional connected resources if needed. This project's relevant literature sources can be found within the above reference section.

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