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NADA Training Provides PTSD Relief in Haiti

NADA-Ausbildung unterstützt die Versorgung von PTSD-Patienten in Haiti

Abstract

Background: The five needle auricular acupuncture technique known as the NADA protocol was originally developed to address issues of addiction. It has since found wider applications in behavioral health, including use in the treatment of Post Traumatic Stress Disorder.

Objective: To provide ongoing physical and mental support via training in the NADA protocol to the Haitian community affected by Post Traumatic Stress Disorder.

Methods: NADA treatments and training were provided in Haiti three months after the earthquake which devastated much of the country and left hundreds of thousands of victims traumatized and homeless.

Results: Despite the many challenges in a post-disaster zone 24 local Haitians were trained in the NADA protocol. These trainees went on to provide thousands of treatments to a population still enduring trauma, upheaval, and illness.

Conclusion: The elements that led to the success of the project include: previous experience implementing similar trainings, clear intentions, complete flexibility, honoring local customs & protocols, cohesive team work, collaboration with NGOs working locally and follow up visit to training sites. As with our projects in Africa we recognize that the NADA protocol can have a profound effect on communities experiencing hardship and transition.

Zusammenfassung

Hintergrund: Die Fünf-Punkte-Ohrakupunktur-Technik, die als NADA-Protokoll bekannt ist, wurde ursprünglich für die Behandlung von Suchtproblematiken entwickelt. Sie findet mittlerweile jedoch auch Anwendung in der Verhaltensmedizin einschließlich der Behandlung des posttraumatischen Stresssyndroms (PTSD).

Zielsetzung: Die nachhaltige physische und mentale Unterstützung der von PTSD betroffenen Haitianischen Gemeinde durch Ausbildung im NADA-Protokoll.

Methoden: Drei Monate nach dem Erdbeben, das große Teile des Landes verwüstete und hunderttausende Opfer traumatisierte und obdachlos machte, wurden in Haiti NADA-Behandlungen und -Ausbildungen durchgeführt.

Ergebnisse: Trotz der zahlreichen Herausforderungen eines Landes im Ausnahmezustand wurden 24 Haitianer im NADA-Protokoll ausgebildet. Diese wiederum versorgten tausende Menschen aus der Bevölkerung, die noch immer Trauma, Umbruch und Krankheiten ausgesetzt sind.

Schlussfolgerung: Die für den Erfolg des Projekts maßgeblichen Faktoren schließen ein: bereits bestehende Erfahrung mit ähnlichen Ausbildungen, klare Motivation, völlige Flexibilität, das Respektieren örtlicher Sitten und Abläufe, enge Teamarbeit, Zusammenarbeit mit NGOs vor Ort und Nachschulungen. Wie bei unseren Projekten in Afrika erkennen wir den tiefgreifenden Einfluss, den das NADA-Protokoll auf Gesellschaften in Elend und Übergangsperioden haben kann.

Keywords

National Acupuncture Detoxification Association (NADA), Post Traumatic Stress Disorder (PTSD), auricular acupuncture, ear seeds, tent cities, post-disaster

Schlüsselwörter

National Acupuncture Detoxification Association (NADA), Posttraumatisches Stress-Syndrom, Posttraumatische Stresserkrankung, Ohrakupunktur, Dauernadeln, Flüchtlingslager

Background

Late afternoon January 12, 2010 a magnitude 7.0M earthquake hit Haiti, the poorest country in the Western Hemisphere. The epicenter was near Leogane, a town approximately 25 km west of densely populated Port au Prince. The Haitian government estimated 230,000 died, 300,000 injured, 1,000,000 homeless [1, 2] as well as 250,000 residences and 30,000 commercial buildings collapsed or sustained severe damage [3]. As relief rushed in from around the world to save lives, perform amputations for crush injuries and provide clean water, food and shelter Beth Cole

and Megan Yarberry started thinking about the effects of Post Traumatic Stress Disorder (PTSD) that would develop in the near future. Having had experience as relief workers training Kenyan refugees in Uganda in the National Acupuncture Detoxification Association (NADA) protocol for PTSD we knew some of the challenges we would face in providing training in Haitian tent cities (please refer to Dt Ztschr f Akup. 2010;53:6–11).

The NADA technique is a standardized auricular acupuncture protocol used to address behavioral health including addic-

tions, mental health, and disaster and emotional trauma. Because the technique is extremely cost effective and flexible, it is particularly valued where resources may be insufficient to meet need. The NADA protocol is of particular relevance in post-disaster settings and as a treatment tool for PTSD. The NADA technique is provided in group settings in which one provider can treat dozens of patients per hour [4].

Project Development

Unlike Uganda we had no contacts in Haiti. Searches on the internet and reaching out to friends and colleagues did not connect us with organizations on the ground in Haiti. As we continued investigating we gathered acupuncture supplies. Acupuncture needles, ear seed boards and sharps containers were donated. Not knowing what supplies were available in Haitian pharmacies we purchased incidentals such as cotton balls and rubbing alcohol. We also started gathering clothes to donate to earthquake victims and camping supplies as we weren't sure what the conditions would be on the ground.

At the February 2010 national NADA conference in New Orleans we were fortunate to make some very useful contacts. We've been fortunate to make some very useful contacts through the US and International NADA networks. Quang Huynh had been on an international panel with us at the US '09 and '10 annual NADA conferences. During the year his father manufactured ear seed boards in Vietnam and Quang donated dozens of boards to our Haiti and Africa projects. Ear beads/seeds can be used with or instead of acupuncture needles. Beads/seeds work via acupressure on the point. Small gold magnetic balls or mustard or vacaria seeds are placed on the NADA auricular points and maintained for several days. The ear seed board is a square scored plastic sheet divided into 100 sections. A seed (we used mustard seeds) is placed in each of the 100 depressions then medical tape is placed over the board and cut with an exactor knife into 100 individual ear seeds on the adhesive backing. The benefits of an ear seed board are twofold; cost savings and a renewable supply of ear seeds.

Much of the work for the NADA training manual was complete as we had developed a manual for Uganda. A big challenge in Haiti is language. Most of the population speaks Creole, many professionals speak French and very few



Fig. 1: Beth with Dr. Mark

speak English. Not knowing who we would be training we wanted to prepare an English, French and Creole manual. Once again the NADA conference proved fruitful. A French NADA practitioner, Emmanuelle Mouy, overheard us talking about French translation. Emmanuelle introduced herself and generously donated her time to translating our manual into French. We also received translation assistance from Marie-Therese Laminet of NADA Switzerland.

At the '10 annual US NADA conference in New Orleans Julia Raneri, Haiti Operations Manager for Acupuncturists Without Borders (AWB at <http://www.acuwithoutborders.org>) presented information about her experiences providing NADA treatments in Haiti. She suggested that we begin by providing treatments at Mathew 25, a tent city in the Delmas section of Port au Prince, where teams from AWB had been providing treatments.

Initial Contacts on the Ground

When we arrived in Haiti in April 2010, the drive from the airport was surreal. All of the internet and television news can not prepare one for physically entering a disaster zone. Buildings were staggered at odd angles, piles of rubble reached beyond the horizon and amputee children hopped along side foreigner filled vehicles begging for dollars. As suggested we initiated our project at Mathew 25 where we were instantly welcomed. Treatment was provided under a tarp and a collection of chairs were gathered from around the tent city. Since residents were familiar with the treatment, there was no need for a lengthy introduction or demonstration. The biggest chal-



Fig. 2: Camp Belvil



Fig. 3: Certificate ceremony



Fig. 4: Children with ear beads

lenge was communication. Megan is fluent in French but neither one of us is familiar with Creole. The medical director was kind enough to assist with translation and data collection such as name, age and sex. The flow of patients was steady and manageable. The average NADA treatment is 30–45 minutes for adults and 10–30 minutes for children, the elderly and weak. A 13 year old female amputee repeatedly refused to have her needles removed until 1¼ hours later. About an hour after her needles were removed she returned to sit with the group being treated, presumably finding benefit in the group energy created by the NADA treatment style. Across the street from Matthew 25 we were introduced to Grass Roots United (GRU at <http://www.grassrootsunited.org>). This organization has an ongoing local presence and connects NGOs and individual relief workers with local resources and organizations where their skills or in kind donations are needed. GRU was familiar with NADA as they had also received treatment. We explained our intent to train as many as 20 local Haitians in the NADA protocol to empower the local community and ensure continuous access to NADA. The qualifications required for training were:

- Literacy
- Access to the community
- Willing to provide treatment at no cost
- Collection and reporting of data
- Ability to attend three full days of training/clinic

While GRU contacted potential trainees they suggested that we contact Camp Belvil to provide treatments. Camp Belvil is a tent city in the middle of one of the most affluent gated communities in the Port au Prince area. Important tools for providing treatment in Haitian tent cities is electrolytes and water. The heat was intense even for Megan and Beth, who reside in Hawaii and Florida, respectively. Heat was at a different level here and greatly intensified in tents where we treated. Usually a prerequisite for receiving acupuncture is having eaten in the last few hours to avoid rare, but potential needle shock. The populace at tent cities is regularly hungry and dehydrated. Had we stuck to this rule few, if any would have accessed NADA. Considering the rampant malnutrition and dehydration it was amazing that we encountered only one case of needle shock during two weeks of treatment and training.

The leader of Camp Belvil brought us to Camp Bob about a 30 minute drive on a green hillside. The makeshift church composed from rusty corrugated metal and US-AID tarps functioned as our treatment site. Dilapidated

wooden desks and chairs were squeezed next to one another for group treatments of 40 at a time. Although this community had never heard of or received acupuncture prior to our arrival they were eager to try ear needling to relieve anxiety, depression and insomnia. Local community workers from Camp Belvil assisted with translation and describing the NADA protocol. As in Africa we were surprised at how readily the young children took to needling. Most children received one or two needles, but some requested the same number as adults. For children that were hesitant or resistant we provided ear seeds. During treatment one group instantly became unsettled and ran for the exit. Haiti had just experienced another aftershock. Quickly we gathered the patients back into the church and let NADA reclaim the calmness.

The Training

In less than one week GRU helped us gather 26 trainees. The group consisted of Camp Belvil community workers, doctors, nurses, medical students, psychology students and animators (community leaders). For a training site we were given a choice of 2 homes each donated by a Camp Belvil foundation member. Each trainee received their choice of an English, French or Creole manual. The first day we hired a translator, but he was often missing in action or at a loss for a translation so we continued the remaining two days without a translator as many students understood English and Megan was proficient in French. We followed a similar outline as in Uganda, mixing didactic with practical applications. The last day of training was held at Camp Belvil with 24 trainees treating the community as we supervised. First in line to receive treatment from the trainees was the local police force. A ceremony providing certificates and acupuncture supplies to 24 trainees concluded the training. We were surprised when we were bestowed with tokens of appreciation signed by all trainees.

Returning to Haiti

Two months later, Beth returned to Haiti. Her purpose was to check in with the trainees and resupply if necessary. She found little changed, and some things worse: as much as 98 % of the rubble remained, 1,600,000 people were living in relief camps, barely any transitional housing had been built, most camps were without electricity, running water



Fig. 5: Girl amputee after NADA treatment



Fig. 6: Police receiving NADA



Fig. 7: Treatments at Camp Bob

or sewage disposal, and incidents of rape were prevalent. It was rainy season and the relief camp tents were torn and falling apart. Only a fortunate few had tarps and most of these were already shredded. With the rains mosquito transmitted diseases such as malaria and dengue fever began to surface. The sense of hope that the world would finally rescue Haiti had disappeared.

Prior to departing Haiti after the initial training we had arranged a communication ladder to provide support for the trainees after our departure, and in order to assure the work continued. Communication proved extremely challenging, however, and we had difficulty getting information about how the trainees were doing and whether the work was, indeed continuing in our absence. A couple of weeks before traveling Beth achieved contact with the Camp Belvil leader to gather as many of the trainees as possible for review, discussion and supervised treatment at one of the tent cities.

Together trainee Dr. Mark and Beth, now colleagues, provided NADA treatments side by side at Camp Bob. Since being trained, Dr. Mark has been continuously giving NADA treatments at his office twice per week. The trainees from the Camp Belvil foundation have been providing treatments two to three times per week. The police force regularly seeks treatment to manage the stress of keeping the tent cities safe. One trainee had not attempted much treatment due to a lack of confidence. To regain confidence and sharpen skills she was given a brief refresher course reviewing point location and receiving and giving a treatment.

One of the animators met with Beth to report abundant activity and success. The two animators have been working together to deliver NADA in the 5 tent cities they oversee, servicing a combined population of approximately 18,000 people. They spent 2 weeks each at the larger camps and one week each at the smaller camps so that within the 7 weeks since our departure, they had provided over 2000 treatments. Both animators plan to continue providing treatments despite the fact that funding has been depleted and they are no longer compensated for their community work in the tent cities. The supply dissemination system put in place after the NADA training is apparently working as the animators have been able to resupply as needed. NADA patients treated in this community report feeling better overall, an increased sense of hope and decreased palpitations, headache and stress. Needles falling out of the ears were a challenge for this team. Beth let them know this is a fairly common occurrence.

Beth's last day in Haiti was spent supervising three trainees from the foundation back at Camp Bob. When treatments were finished, the community leader at Camp Bob was presented with tarps for those most in need. Having provided many treatments regularly over the past two months, the NADA team members were confident, efficient and proud to demonstrate their skills.

Conclusion

Providing treatments and trainings in a post-disaster zone has unique challenges. Among these are:

- Locating on the ground contacts for fact finding and coordination
- Cost inflations due to the volume of NGO's working in the area
- Reliable communication
- Health risks
- Security risks

Despite the many challenges we were able to successfully train 24 local Haitians in the NADA protocol and provide close to 800 treatments during our original 2 weeks in country. These trainees went on to provide thousands of treatments to a population still enduring trauma, upheaval, and illness.

The elements that led to the success of our project include:

- Previous experience implementing similar trainings
- Clear intentions
- Complete flexibility
- Honoring local customs & protocols
- Cohesive team work
- Collaboration with NGOs working locally
- Follow up visit to training sites

As with our projects in Africa we recognize that the NADA protocol can have a profound effect on communities experiencing hardship and transition.

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Author information – STRICTA requirements

Beth Cole is an Acupuncture Physician in Florida where she has been in private practice for 17 years. She is a NADA Registered Trainer and has provided NADA, acupuncture and yoga therapy trainings in Uganda, Kenya and Haiti. Ms. Cole has been awarded by the US NADA organization for her work in East Africa.

Megan Yarberry is the Academic Dean of an accredited graduate program of Oriental medicine in Hawaii where she also has a private practice. She holds a Master's degree in Acupuncture and Oriental Medicine and has 15 years of clinical experience. She is a NADA Registered Trainer, and has had NADA specific experience in HIV/AIDS clinics, prisons, mental health clinics, and detox facilities in Oregon and Hawaii. Since 2005 Ms. Yarberry has provided NADA and other trainings in Kenya, Uganda, and Haiti. Ms. Yarberry has been awarded by the US NADA organization for her work in East Africa.