Lessons from MCC’s diverse trauma response work

Paul Shetler Fast
Global Health Coordinator
Mennonite Central Committee
A bit about me

• MCC’s Global Health Coordinator
• Just finished 5 years in Haiti with MCC
• Grew up in an MCC family in Tanzania
• MPH – focus on community-based mental health
• MID – focus on evaluation of small-scale CBOs
Agenda

1. Brief overview of MCC trauma work
2. Evaluation of trauma response programming
3. Key lessons-learned & recommendations
Founded in 1920 amidst suffering

- Initial focus on humanitarian relief
- Psychological & spiritual needs integral
  
  “Not only were food, clothing, and livestock [taken]…but the people were in constant fear of plunder, robbery, and rape…terror…what we heard everywhere was a harrowing, heart-rending story of suffering, sadness, and demoralization”
  
  – 1st MCC report from Ukraine (1920)

- Responding “in the name of Christ” always meant more than just physical needs
Purpose of the Trauma Evaluation

1. Understand the scope of MCC’s trauma response work
2. Develop a framework for categorizing & evaluating different approaches to trauma on their own terms
3. Propose recommendations for work going forward
Evaluation Structure

• 18 Case Studies
  • 8 countries (Afghanistan, Egypt, Haiti, Lebanon, Nepal, Syria, Tanzania, & Ukraine)
  • Field visits to 11 projects, review of data, new interviews & focus group

• 21 Disciplinary Expert Interviews
  • 9 MCC & 12 partner experts
Violence, conflict, and trauma are the result of, and a major contributor towards, social divisions and inequality. Violence creates trauma at individual and community levels; unaddressed, this trauma leads to recurring cycles of violence against self and others. Traumas result from violations of people’s rights & the inability or unwillingness of those in power to protect vulnerable people and uphold their rights. Traumatic exposures without appropriate intervention contributes to population-level ill health and suffering, particularly among vulnerable groups. Traumatic exposures contribute to many illnesses, including to specific clinical diagnoses including PTSD, addiction, depression, anxiety, hypertension, etc.
### Community Building
- Prevention & response addressed by reducing inequality, division, and bringing previously separated groups together in shared spaces and for shared work.

### Community Healing
- Trauma healed, violence reduced & groups reconciled by mutual sharing, awareness raising, and skills in resilience, trauma healing & restorative justice.

### Rights Based
- Change by awareness, giving voice, and mobilizing to demand & uphold rights, and advocate for change to laws, policies, and practices of groups in power.

### Public Health
- Response through targeted evidence-based prevention efforts of traumatic exposure and/or downstream health effects among at-risk populations.

### Clinical Health
- Trauma-linked clinical diagnoses should be addressed through specific evidence-based clinical interventions at the individual level.

#### Example Interventions
- **Youth clubs/activities** bringing participants from different sides of a conflict together.
- **Economic development** with marginalized groups.
- **Creation of shared safe spaces for relationship building/interaction**.
- **Healing the Wounds of Trauma**.
- **Strategies for Trauma Awareness and Resilience**.
- **Healing and Rebuilding our Communities**.
- **Singing to the Lions**.
- **Alternatives to Violence Project**.
- **Advocacy efforts to change policy/law**.
- **Education/empowerment of survivors to stop future violations and demand justice from perpetrators**.
- **Legal efforts to secure protections or compensation**.
- **Developing treatment for trauma-linked conditions**.
- **Early intervention programs for most at-risk sub-populations**.
- **Targeted violence reduction programs for populations at risk of perpetrating violence**.
- **Provision of evidence-based clinical treatments for trauma-linked conditions (PTSD, addictions, depression, anxiety, hypertension, heart disease, metabolic & autoimmune disorders, physical injuries, etc.)**.

#### Example Indicators
- **# of people across boundaries participating in relationship building**.
- **% growth in social contacts across boundaries**.
- **% of participants altering negative views of self**.
- **% of participants using self-calming or other taught techniques**.
- **Change in laws/policies**.
- **% of population reached with education messaging**.
- **% of survivors finding legal justice in the courts**.
- **% change in ACE scores**.
- **% of at-risk population with access to evidence-based treatments for trauma-linked conditions**.
- **% change in condition-specific indicators (e.g. PCL scores for PTSD)**.
- **% of people in remission for target conditions**.
Most projects used multiple approaches

Relative Emphasis in Project Design

- Clinical Health
- Public Health
- Rights-Based
- Community Healing
- Community Building

Countries and Regions: Tanzania, Haiti 1, Afghanistan 1, Nepal, Lebanon 1, Ukraine 1, Lebanon 2, Ukraine 2, Ukraine 3, Haiti 2, Syria 1, Syria 2, Lebanon 3, Afghanistan 3, Egypt, Ukraine 4, Syria 3.
Key Lessons & Recommendations

1. Rely more on **strong and diverse local partners**, rather than relying as heavily on outside experts.

2. Best when **contextualized, culturally adapted, locally owned**, and based on a rigorous assessment of local needs, priorities, and implementation capacity.

3. We must **insist on higher standards** for situation assessments, project design, theory of change, M&E methods, and competencies of the implementing staff.
Health Specific Recommendations

1. “Raising awareness” is not the goal, but only a means to pursuing other types of change.

2. At a minimum, all projects dealing with trauma should ensure people needing urgent clinical care are appropriately referred.

3. Clinical mental health projects require some of the highest level of technical expertise, mastery of evidence-based practices, and deep local adaptation to be effective.
“The trauma needs of different people in different places with different cultures and religions at different times are too complex for one-size-fits-all programs...imported from the outside...The roots of a problem are not observable from the sky, and neither are the best solutions going to be designed on an airplane.”

– Garly Michel, Wozo Haiti, former MCC staff, certified STAR trainer
Bible-Based Trauma Healing
Towards Mental and Spiritual Health

Bryan Varenkamp
Global Trauma Healing Services Coordinator
What is Bible-based Trauma Healing?
TRAUMA (a wounded heart)

Our hearts can be wounded when we are overwhelmed with intense fear, helplessness, or horror.

This is referred to as trauma.

Trauma is a life altering emotional and psychological injury caused by a single event, a prolonged event, or repeated events that overwhelm a person’s normal ability to cope.
Scope of Trauma

• **35% of WOMEN worldwide** experience either physical and/or sexual intimate partner violence or sexual violence by a non-partner sometime in their lives. [www.who.int/news-room/fact-sheets/detail/violence-against-women](http://www.who.int/news-room/fact-sheets/detail/violence-against-women)

• Globally, it is estimated that **up to 1 billion CHILDREN aged 2–17 years**, have experienced physical, sexual, or emotional violence or neglect in the past year [www.who.int/news-room/fact-sheets/detail/violence-against-children](http://www.who.int/news-room/fact-sheets/detail/violence-against-children)

• **1 in 5 WOMEN and 1 in 13 MEN** report having been **sexually abused as a CHILD** [www.who.int/news-room/fact-sheets/detail/child-maltreatment](http://www.who.int/news-room/fact-sheets/detail/child-maltreatment)

• **70.8 million people** around the world have been forced from home (nearly 25.9 million refugees, over half of whom are under the age of 18).

• **1 person is forcibly displaced roughly every two seconds!** [www.unhcr.org/figures-at-a-glance.html](http://www.unhcr.org/figures-at-a-glance.html)

• **Other forms of trauma?:** suicide, addictions, divorce, loss of limb/health/job, unexpected loss of loved one…what about you?
Grassroots to Global

• Around the turn of the century, pastors in rural areas of the Democratic Republic of Congo needed help addressing the results of terrible trauma.
• Workshop materials were developed, incorporating best mental health practices with biblical principles.
• Easy to teach, easy to translate, and easy for church leaders to teach to others.
• From DRC to:

  • 112 countries
  • 16,349 trained facilitators
  • 692 organizations
  • 148 unique languages
    (TH materials of some form)
The **Trauma Healing Institute** led by the **Trauma Healing Alliance** is a global collaboration of ministries dedicated to helping people around the world heal from the pain of trauma.

The program combines biblical and mental health principles into an effective intervention that fosters healing and restores relationship's with God and others.

**THI Advisory Council**

**Mental health professionals and counselors**

**Trained trauma healing facilitators**
Lessons...so far

Core Lessons (essential for all):
- If God loves us, why do we suffer?
- How can the wounds of our hearts be healed? 
  *How can we listen well?*
- What happens when someone is grieving?
  *Composing laments*
- Response: Taking our pain to the Cross (or Jesus)
- How can we forgive others?

Additional Lessons:
- Helping children who have experienced bad things
- Helping people who have been raped
- How churches minister amidst HIV / AIDS?
- Domestic Abuse
- Abortion
- Shame and Guilt
- Moral Injury
- Suicide
- Addictions
- Ebola
- COVID-19
- Caring for the caregiver
- How we can live as Christians amidst conflict?
- Preparing for trouble
- Helping people immediately after a disaster
The Healing Process

TRAUMA HEALING EXPERIENCE ARC

- Bringing pain to the Cross
- Forgiving
- Rebuilding
- Resilience
- Suffering
- Being heard
- Grieving
- Lamenting

[Bringing pain to Jesus]
So how does it work?
Lesson Composition

- Modern-life stories of trauma
- Definition—what is a heart wound, what is grief, forgiveness, rape, etc.
- What does your culture say about it?
- What does God’s Word say about it?
- What helps—own healing, helping others and what doesn’t help, or makes it more difficult to heal
- Expressive exercises that engage other parts of the brain
- Closing
Personal engagement

- Adult learning principles / participatory approach
- Stories and skits
- Expressive art forms/exercises: drawing, singing, dancing, lamenting, etc.
- Small and large group discussion, sharing in pairs
- Practice active listening to one another
- Prayer
- Taking pain to Jesus
- Building community
The heart of the ministry…

... a healing group

- Designed to be used with a small group of people—healing takes place best in a group
- Purposely uses simple ordinary language—no psychological jargon:
  - Used by trained ‘lay’ people serving ‘lay’ people
  - Makes it easier to translate into other languages
The goal is to equip people to be trauma informed and **lead healing groups**

- Initial equipping (training)
  - Practicum (lead 2 small healing groups—friends, family, etc.)
  - Advanced equipping—either at an event or by mentoring
  - Ongoing mentoring one-on-one or via…
  - Involvement in a Community of Practice (local, regional, global)

*Certification for appropriate roles and expertise are given*

⭐️ **Healing Group Facilitator** ⭐️
Contextualization

- **Versions:**
  - Oral Story-based version (60 lgs) & Audio version (25 lgs)
  - Arts and Trauma Healing
  - Muslim-friendly version (2 lgs) (also oral story-based)
  - Generational Trauma version—Black/white racism issue
  - Missionary version, Combat/Veteran, Inmate (jail) Version
  - Children’s version (22 lgs)
  - Teen’s version (3 lgs)

- **Different story sets** on a theme, country or context that is relevant (refugees, rural, urban, persecution, accused of witchcraft, etc.)

- Discovering and using **indigenous art forms**

- Changing the **order and sections of lessons**

- Implementation of **participatory approach**
Does it work?
What's the impact?
Impact research study and results

2,800+ people participated from around the world

Overall, statistically significant:

- decrease in most symptoms of trauma (91%)
- increase in engagement with the Bible and God
- Improvement in emotional and spiritual health
- decrease in domestic abuse and suicide in churches
Testimonies and comments

- Christian Medical College (Vellore, India): Coordinator of Dept. of Distance Education and Head Psychiatrist of Distance Education Unit attended an initial equipping—“This is the best workshop we have ever attended…and we’ve attended a lot!” They are now seeking to incorporate it into their program.

- High clerical officials from two denominations in an undisclosed country were estranged at the beginning of the equipping, not willing to acknowledge the other, but they publically embraced at the end.

- Nepali pastors/oral story-based TH facilitators: “All the pastors in Nepal need this for their own healing!”

- Seminary student in US: “I never knew the Bible was so relevant!”

- PhD in Counseling/former Director of Counseling Services at Dallas Theological Seminary: “I have to change the way I train after being part of this.”
The LORD is close to the brokenhearted; he rescues those whose spirits are crushed.

Psalm 34:18 (NLT)
Thank you!

For more information

- Check out: traumahealinginstitute.org
  COVID-19 trauma healing resources

- Write to: info@traumahealinginstitute.org
  traumahealing@sil.org
  bryan_varenkamp@sil.org