International Research and Review, Journal of
Phi Beta Delta, Honor Society of International Scholars
Volume 4 Number 2 Spring 2015

# Pause…Before Rushing In: Examining Motivations to Help In Trauma Impacted Communities Internationally

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**Abstract**

International service learning courses, cultural immersion projects, and international disaster response teams have provided valuable aid, services, supplies and programs to trauma-impacted communities across the globe. Many colleges and universities support global learning and the creation of global citizens, and this ethic is reflected in many educational mission statements. To avoid a tepid humanitarian response to a disaster, it is important for human services providers to critically examine their motivations for assisting so that the result reflects justice, integrity, and cultural competence. This article offers a set of reflective questions for human services providers, cultural immersion curriculum developers, and independent agents to ponder prior to responding to international disasters. We used a qualitative social justice framework to inform and design applied practice recovery efforts. This framework promotes meaningful dialogue for ensuring mutually reciprocal recovery efforts, a goal that will be ultimately more empowering in the long run.

**Keywords**: *Disasters; Cultural Competence; Trauma, Haiti; College Immersion Trips*

When natural disasters such as earthquakes, floods, hurricanes, landslides, volcanic eruptions, blizzards, avalanches, tornadoes or tsunamis hit, there is an almost immediate and urgent reaction to assist in an effort to save lives, limit destruction and reduce suffering. For example, in 2010 a 7.0 magnitude earthquake devastated the infrastructure of Port-au-Prince, Haiti and nearby communities, and resulted in over 200,000 deaths, over 300,000 injuries and displacement of over one million (McShane, 2011; Pan American Health Organization, 2011). Many international agencies rushed to aid or provide rehabilitative support (Landry, O'Connell, Tardif & Burns, 2010) and humanitarian aid (Raviola, Severe, Therosme, Oswald, Belkin & Eustache, 2013), and many nongovernmental organizations (NGOs), schools and organizations also wanted to offer some aid. In this vein, our College, SUNY Oswego (located in a semi-rural area in the Northeastern United States) also wished to provide assistance. However, we were definitive in the need to have community collaborators and partners with expertise in Haitian history, language, culture, worldview, and Haitian mental health, as we wished to avoid taxing the current infrastructure and resources, were cautious about undermining the formal and informal support networks, and feared committing unintentional racism. Furthermore, we lacked

native proficiency in Haitian Creole. Although we understood that disaster response in the first 24-48 hours, which may entail basic living and emergency aid such as food, water, medical assistance, search and recovery efforts, was vital, we understood that the most effective relief providers were those who had culturally competent connections in Haiti prior to the earthquake disaster (Edmonson, 2010; Holguín-Veras, Jaller & Wachtendorf, 2012).

This paper aims to contribute to the cultural competency and disaster response literature by sharing a set of questions for cultural immersion curriculum developers to consider prior to entry into disaster-impacted communities. Many of these questions we considered prior to, during and in discussion of our course and/or immersion experience. As our course completes its fourth offering, we share the summation of questions compiled thus far. Additionally, this article is for religious organizations, educational institutions, community groups, companies, foreign NGOs, private individuals, shelter and site planners, education experts, aid workers and those without prior substantial linkages to a disaster impacted foreign country or region, but nonetheless, who feel a humanitarian urge to help.

## Reasons to Pause

Our international cultural immersion protocol was created out of a desire to provide assistance in the 2010 earthquake in Haiti. Four professors (two from the Psychology Department and two from the Department of Counseling and Psychological Services), at a semi-rural Northeastern university with a predominately White student population, met to consider how assistance could be offered, a request, which initially came from university administration. Our college's student Caribbean Student Association had members interested in helping as well. At the time, the Psychology Department along with the Counseling and Psychological Services Department was initiating an Interdisciplinary Trauma Studies Graduate Certificate program. Our philosophy to 'do no harm', coupled with the redesigning of a pre-existing course in trauma, guided our efforts and encouraged us to pause. Thoughtful, culturally sensitive and immediate intervention is effective; however, rushing in may lead to the following issues and problems.

> **Example 1**. "At the Cuban relief center on the Dominican – Haitian border, I met a college student from New York state… she said she had come down on her own to volunteer. But she was there looking for food" (cited in Edmonson, 2010, p. 45).

> **Example 2**. According to Nicolas, Jean-Jacques, and Wheatley (2012): "more than 300 graduate students in social work and psychology (who studied outside Haiti) were employed to provide services. However, many of these students received little guidance and supervision. In the rare cases in which such training was provided to students, it was often led by psychologists and psychiatrists from other countries" (p. 514).

> **Example 3**. According to Maryse Desgrottes, in an interview with Harvard Educational Review editor Raygine (2011), an important Haitian value is reciprocity. Thus, when

NGOs pass out aid (such as bags of rice) without a countermeasure allowing for an opportunity to offer something in return, it rubs against this important Haitian value, possibly decreasing esteem or pride. Desgrottes also shared that there should be a limit on the amount of time NGOs remain in Haiti after they have helped (see interview "There is a Lot That I Want to Do: Reflections on the Relief Efforts in Haiti, 2011, by Harvard Educational Review).

**Example 4**. The Mount Sinai Medical Center (based in New York), the New England Brace Company Foundation (NEBCO, based in the US) and Handicap International (an NGO created in 1982 and present in Haiti prior to the earthquake) are all foreign entities that had a stake in caring for Fabienne Jean, a professional dancer for Haiti's National Theater, who lost part of her right leg in the earthquake. Her story, as covered by various media outlets (Sontag, 2010; Kushner, 2013) chronicle the complexity of a trauma survivor being caught between well-meaning camps with conflicting policies and agendas. Ms. Jean's doctor suggested she travel to the USA for additional medical care and the NGO (that provided her prosthetic leg) wanted her to remain in Haiti (Pierre-Louis, 2011).

**Example 5**. Haiti is not alone in being subjected to human service workers or external helpers rushing in to provide assistance after a disaster. Wessells and van Ommeren (2008) share several examples of good intentions gone bad when mental health and psychosocial support workers intervened in the Sri Lanka tsunami in 2004, and in Tirana following the Serb paramilitaries attacks on Kosovar Albanians.

These examples indicate that good intentions are not enough when providing a humanitarian response to trauma-impacted communities. In fact, Shah (2012) states, "factors that increase the chance of harm include inadequate training for workers that 'parachute' in during disasters motivated by the feeling, "I just had to come and help" (p. 444). Approximately ten years prior to the quake, the Association of Black Psychologists (2003) noted and made recommendations and guidelines for the treatment of ethnic minority populations by mental health providers seeking to support or establish mental health services. Additionally, the Inter-Agency Standing Committee (IASC, 2007) created guidelines on mental health and psychosocial support in trauma impacted communities to help reduce the possibility of well-intentioned efforts causing "unintentional harm" (p. 10), and following its publication, academic discourse about the IASC guidelines (Baingana, 2008; Rivera, Pérez-Sales, Aparcana, Bazán, Gianella & Lozano, 2008; van Ommeren & Wessells, 2008; Wessells & van Ommeren, 2008) ensued.

In 2010, shortly after the earthquake, AHPsy (L'Association Haitienne de Psychologie) was created to be a leader in defining and implementing a mental health plan for Haitian Nationals (Nicolas et al., 2012). Noted also was the need to train the new/next generation of Haitian mental health counselors who can work with country nationals in a culturally competent

manner. In March, 2011, the Disasters Emergency Committee published a 44-page report entitled, 'Urban Disasters –Lessons from Haiti: Study of member agencies' responses to the earthquake in Port au Prince, Haiti.' The report provided examples of good practices as well as recommendations in response to the earthquake. With the abundance of published material available (prior, during and after the quake) to help humanitarian workers prevent unintentional harm, why is it that faux pas (well-intentioned efforts that transform into unintended mistakes) as those noted above still occur?

According to Pierre-Louis (2011), "instead of using the earthquake to rethink their aid policy in Haiti, the donor countries continue to support the same failed approach" (p. 199). Klarreich & Polman (2012) add, "from the very beginning, NGOs followed their own agendas and set their own priorities, largely excluding the Haitian government and civil society" (p. 12). As summarized in the short clip entitled, An Unlikely Problem: Too Much Disaster Relief (2013) by Bloomberg Businessweek, "relief organizations that rush in immediately after a tragedy aren't necessarily able to undertake the years of rebuilding that follow" (p. 29), a problem which undermines long-term recovery.

## Overview of Promising Practices in Psychosocial Response to International Disaster

Current best practices, guidelines and standards for the delivery of Mental Health and Psychosocial Support (MHPSS) include the Inter-Agency Standing Committee guidelines (IASC) (2007), the "Humanitarian Charter and Minimum Standards in Disaster Response" detailed in the handbook of the Sphere Project (2011) and according to Shah (2012), the following four goals: "regarding community as valuable partners, avoiding harm, alleviating suffering and facilitating fruitful change, and ensuring sustainability" (p. 441). Tol, Bastin, Jordans, Minas, Souza, Weissbecker and van Ommeren (2014) also identify IASC (2007) and Sphere Project (2011) as embodying best practices for the field of MHPSS. Additionally, the Psychological First Aid Field Operations Guide (PFA), developed by the National Child Traumatic Stress Network in collaboration with the National Center for Posttraumatic Stress Disorder, provides evidenced based guidelines for assisting individuals in "reducing the initial distress caused by catastrophic events and in fostering short and long-term adaptive functioning" (Brymer, Jacobs, Layne, Pynoos, Ruzek, Steinberg, Vernberg & Watson, 2006, p. 5). A published overview of the PFA (Vernberg, Steinberg, Jacobs, Brymer, Watson, Osofsky & Ruzek, 2008) provides a summary of the nearly two-hundred-page document. The Psychosocial Working Group (PWG) (2004) also provides standards and guidelines for planning psychosocial programs for disaster survivors. As in many disasters, mental health and psychosocial support involves the recovery and identification of human remains so that burial rituals and healing can commence: Sweet (2010) summarizes best practices in this domain.

## Critical Reflection

The IASC (2007) defines mental health and psychosocial support as "a type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat

mental disorder" (p. 17). If two words could summarize emerging consensus on best practices in psychosocial response to an international disaster, they would be *critical reflection*. Creating space for critical reflection, asking difficult questions, welcoming the feedback, and managing the anxiety that some of these questions might bring is part of ethical, culturally relevant and effective MHPSS. Researchers who drive the discourse on critical reflection and promising practices in MHPSS urge human services providers to be mindful of the possibility of reproducing inequities and critically examining power and privilege relationships when engaging in work outside their home countries (Beech, 2006; Shah, 2007; Shah 2012; Wehbi, 2009).

For example, Shah (2007) states that neocolonial processes dim the use of culturally embedded practices that enhance healing after a disaster. Shah (2007) defines neocolonial as "the present-day asymmetrical influence of the West over the non-West. Neocolonialism is an indirect form of control through which the West perpetuates its influence over underdeveloped nations through marketing, development work, relief aid, cultural exchange, and education" (p. 52). Shah provides eight guidelines to counteract the often invisible influence of neocolonial transference dynamics. Such guidelines include paying close attention to how, whether and why culturally embedded treatments are (or are not) utilized (p. 60), examining cultural power, using an ethnomedical consultant, developing integrated services, and critiquing subjectification-victimization practices (p. 60-61). Shah (2007) maintains that ethnomedical competence includes the ability to be aware of neocolonial practices, as well as, to actively advocate for and employ culturally embedded practices, treatments and alternative practices that promote healing. Shah (2012) states that culturally informed MHPSS is best informed when pushback (a process of eagerly seeking feedback, unpacking community resistance to an intervention and seeking redirection to a proposed intervention based on culturally relevant needs) is employed (p. 444). However, pushback is counter to USA academic norms of autonomy and 'expertness', i.e., being recognized as the best in an area or having a superior record of achievement in a field.

Urging social work students to examine the underlying reasons why they seek international placements, Wehbi (2009) suggests that components of pre-departure programs for students should encourage students to reflect on their own cultural backgrounds; examine historical relations between the student's home country and the destination country; and explore beliefs about one's personal agency. The questions provided in this manuscript support this perspective.

While critical reflection is vital, examining successes in the response to recent international disasters is also useful. In a review of lessons learned from six disasters in five countries, Reifels et al. (2013) stressed the importance of "(1) tailoring the disaster response to the disaster; (2) targeting at-risk populations; (3) addressing barriers in access to care; (4) providing multidimensional care; (5) recognizing existing support networks; (6) extending roles for mental health providers; and (7) maintaining efficient coordination and consistency of services" (pages 6-7).

**Differential Adherence to Best Practices**

Although interventions such as community and family support programs, and structured social activities are among the most frequently reported MHSPP programs (Tol, Bastin, Jordans, Minas, Souza, Weissbecker, & van Ommeren, 2014), little information exists as to what works (Kaul & Welzant, 2005) and why it works when providing transnational humanitarian assistance in critical needs areas and "there is as much disagreement as agreement over what constitutes good practices" (Beech, 2006, p. 94). For example, in an 8 month period immediately following the Haiti earthquake, the MHPSS included the following: individual psychological support, group psychological support/ counseling; psychotropic medications; psychotherapy; case management; child friendly spaces; self-help; vocational training; advocacy, and other social support (Raviola, Severe, Therosme, Oswald, Belkin & Eustache, 2013).

However, despite the employment of MHPSS best practices known at the time of the Haiti earthquake "challenges have been documented broadly in the functioning of humanitarian mechanisms, including: introduction of the UN cluster process in an exclusive, top-down manner in disregard of local context and existing coordination structures, potentially undermining local ownership and coordination of humanitarian, reconstruction, and development initiatives with Haitian civil society groups" (Raviola, Severe, Therosme, Oswald, Belkin & Eustache, 2013, p. 445). Thus, even when best practices are outlined, adherence to (or success with) published best practices may be disappointing. Haiti is not alone in this. For example, McIntyre and Nelson (2012) examined adherence to 59 published disaster mental health best practices in three states that experienced federally-declared disasters. Adherence to compliance with published best practices was 71%, 42% and 12%.

There are many reasons why adherence to best practices in MHPSS is less than optimal. Ager (2006) outlines four contested themes in MHPSS programming: the cultural appropriateness of what MHPSS providers offer; how pathology, trauma and suffering is conceptualized; the supremacy of mental health in complex emergencies; and the approaches used to deliver MHPSS interventions to large groups (p. 35). Until it is clear what works with whom, under which conditions, human services providers are vulnerable to possibly making mistakes with good intentions (Reyes, 2006). For example, a former widespread and accepted psychosocial support practice, which is now discouraged by the World Health Organization, includes Critical Incident Stress Debriefing (CISD) (IASC, 2010; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002; WHO, 2005).

In summary, reoccurring themes in the MHPSS literature of best practices include the notion of critical reflection which includes: do no harm; good intentions are not enough; and the importance of employing culturally competent processes. This article contributes to the process of critical reflection by providing a list of questions to ask prior to providing mental health/ psychosocial assistance. What makes our work different is that many of these questions were asked (and are now integrated) in a semester-long course, prior to engagement with a trauma impacted community (Haiti). This structured use of time and reflection allows students to

examine harm/ beneficence, personal motivations and intentions, and to examine and engage in culturally competent practices.

**Examining Motivations**

As cited in Lowe et al. (2008), "Immersing students into another country's culture is an effective method of promoting cross-cultural literacy and maximizing their learning" (p. 745). Cultural immersion is a strategic and useful method of enhancing cross-cultural awareness (Lewis & Niesenbaum, 2005), global-mindedness (Hadis, 2005), elucidating biases and unconscious beliefs (Wood & Atkins, 2006) and increasing cultural competency (Dupre & Goodgold, 2007). Assessment of the personal, professional and institutional motivations for either a study abroad, international exchange, service learning or immersion experience is important in order to prevent unintentional harm to another agency, country or its peoples. In consultation with students, consultants and faculty over various semesters, and significant reflection before, during and since the completion of our own immersion experience, we created the following list of questions to serve as a screen to examine intentional and unintentional values, assumptions and motives prior to engaging in international work in trauma impacted communities.

In the questions that follow, insert your name, organization, agency, department, collective, or entity where appropriate. The statements below reflect many of the questions we reviewed as we examined not only our motives, but also how we would structure our Ethnocultural Aspects of Trauma course, and the student-faculty cultural immersion experience in Haiti. When considering how to offer assistance, these questions allowed us to examine blind spots and areas for caution. Thus, screening questions prior to individual, agency or institutional immersion into target culture or country include:

A. *Delineate personal motivations*
    a. Why am I helping?
    b. Am I the right person to assist?
    c. Why are we helping?
    d. Are we the right people to help?

B. *Obtain basic information*
    a. Who is asking for the proposed program, intervention, aid?
    b. What exactly is being asked for?
    c. Does what I bring or what my agency brings match with what is being asked for or what is needed?
    d. Does what I bring or my agency brings in any way undermine the economic capital, local businesses or resources of the community or nation state?

C. *Examine the urge in the rush to help from multiple perspectives*
    a. Have I considered how my internalized racism, sexism, classism, ageism, heterosexism, ableism, privilege, and religious biases may impact my motives,

values, assumptions and beliefs about this target group/country (Haiti) and its people?

b. In what way do I view these country nationals as 'different' from me and what meaning do I ascribe to that difference?
c. Are there any conflicts of interests that impact or influence my desire to assist?
d. Are there Haitian run/operated Non-Governmental Organizations (NGOs) that have similar goals as the ones I have? Have I sought partnership with them?
e. How will monetary resources be prioritized?
f. How will I, my team, or my agency negotiate disparities in power?
g. After I (my team, agency) have left, will what I (we) have done to move the country nationals forward based on their best interests, not mine (or my agency)?

*D. Assess cultural competency*

a. Is what I have or what my agency has to offer culturally relevant, culturally sensitive, and appropriate without the imposition of my individual/agency/ institutions' values or beliefs?
b. Do I or my agency possess the prerequisite knowledge, skills and awareness to assist?

*E. Explore history*

a. What is the target country's legacy of contact with foreign national and other outsiders, including those from my country, my institution and my background?
b. What current or past history (cultural, social, political, environment, spiritual, etc.) frames the work being done and the people doing it?
c. What is the country's history of heterogeneous groups, treatment toward those groups and how the work proposed impacts those groups?
d. How have the forces of colonialism, white supremacy, ethnocentrism and externally imposed 'manifest destiny' practices impacted the state, the people, and the agency that I (we) plan to partner with?

*F. Identify partnerships & parameters of involvement*

a. Who are ALL the stakeholders and are they sitting at the table?
b. What are the needs of the community?
c. Do we have the appropriate liaisons or community connections?
d. What are the parameters of involvement (brief, lifetime, seasonal, intermittent or based on funding)?
e. What are the consequences of such involvement (positive and negative)?
f. Who has the most to gain by such involvement?
g. What happens if the project is incomplete, suspended, terminated or interrupted?

G. *Examine the type of training needed before, during and after implementation of the project?*

H. *Discuss how knowledge is shared between and among community members and consultants*. Will there be an opportunity to 'train the trainers'? In other words, due to the strength of social network ties, what is the likelihood that what I have to offer will be formally and informally shared among other country nationals, community leaders/members and stakeholders?

I. *Examine issues specific to your specialty area*: With mental health as the umbrella specialty for our project, the following issues and questions were also considered:
    a. How has Mental Health Counseling been practiced in this country and community?
    b. What is the recent past historical context of trauma as it is understood in this culture?
    c. How is mental health, mental illness and counseling viewed and understood from this culture's perspective?
    d. In what language will the work be completed?
    e. What is the community's assessment of its mental, emotional and psychological needs?
    f. What is the role of family, religion in the counseling and emotional healing process?
    g. How do country nationals view 'help' culturally?
    h. Are we seeking help or knowledge from indigenous practitioners?
    i. For this work, who are the KEY community contacts?
    j. How are the goals of the proposed project in line with the goals of the national body which defines the mental health plan in the country? The organization that has taken a lead in defining the national mental health plan for Haiti is *L'Association Haitienne de Psychologie (AHPsy)* (Nicolas et al., 2012).

J. *Assess the sustainability/ legacy/ and evolution of Project*
    a. As the project evolves, are there other community liaisons that should be included?
    b. Is this project 'culturally sustainable', meaning will this project improve the welfare, protect and affirm the values of the community without compromising future generations?
    c. Have we sufficiently examined this project from an ecological perspective?
    d. Is the 'exit strategy' as well-crafted and considered as the 'entrance plan'?

K. *Plan for post-crisis crisis management*
    a. In the event of a war between the host and home country, what is the likelihood that those country nationals that collaborated with foreign groups, agencies, organizations (or with me) will be the target of persecution? And if

so, is there a plan to assist them should those collaborators need to flee their home country?

b. In the event my agency or I am involved in an activity that (no matter what the circumstances) causes or results in the harm, death, injury or damage to the community or nation state, what is the plan for restoration? (See Center for Economic and Policy Research, October 23, 2014; Democracy Now, November 8, 2011).

*L. Consider equity and diversity issues*

a. In consideration of groups who differ in relation to ethnicity, age, social class, religion, disability or sexual orientation, will they be negatively or differentially affected by the intervention proposed? For example, if my aid-relief distributor is a church of a specific denomination, does this affiliation exclude those in need who may not share the same religious beliefs? In other words, am I offering assistance without unconscious discrimination?

b. Furthermore, recognizing the impact and intersection of multiple identities, is there a space created for discussion if or when our well-meaning intentions bump into unforeseen issues?

## Implications and Recommendations

As these questions suggest, addressing issues of power, privilege, oppression, and values are important prior to, during, and following cultural immersion encounters (Carrilio & Mathiesen, 2006; Katz, 2013; Razack, 2002). According to Shah (2012), having pre-emptive discussions about social location and lingering oppression may help unlock entrenched systems and asymmetric power structures. For example, Jonathan Katz author of *The Big Truck That Went By: How the World Came to Save Haiti and Left Behind a Disaster, stated in a Democracy Now interview, "*you really have to be careful. It's so easy to come in Haiti and step on toes and be a bull in a china shop" (Democracy Now, January 11, 2013). He referred to the well-intentioned efforts of some celebrities who make inadvertent mistakes in the pursuit of service delivery. In fact, "celebrities do not bring structural solutions or long-term engagement to the table," according to Driessens, Joye and Biltereyst (2012), but celebrities do provide 'glamour' to trauma-impacted areas and make the suffering of 'others' relevant to 'us.' Celebrities, and the complicated role they play, overshadow the work of NGOs in post-earthquake Haiti.

The work that culturally informed, collaborative and cautious transnational human service providers offer in trauma impacted communities is neither exotic, glamorous or simply a good growth opportunity for our college students, and for these reasons, ethical standards are needed (Shah, 2012) along with the willingness to reflect on uncomfortable questions about motivations to respond to disasters globally. Current films and documentaries (Bergan, Schuller, Danticat, Tèt Ansanm Productions, et al., 2009; Peck & Velvet Film GmbH, 2013), that critically analyze the role of foreign NGOs and their impact, echo a similar sentiment of the importance of checking external motivations prior to intervening in trauma impacted communities. These films

simultaneously highlight the stark reality, cheerless attention and somber work provided by human service agencies. Schuller (2012), as documentarian, author and anthropologist, provides policy suggestions to grassroots groups, NGOs, donors and the Haitian government for leveling the field and improving aid assistance and implementation.

Given our experiences, we offer the following recommendations to those who are interested in providing mental health, psychosocial support or humanitarian aid. While there are complicated and diverse factors one must consider in doing this work, the following major areas must not be overlooked:

1. ***Become thoroughly informed about the specific country of interest***-Be sure to orient yourself to the history, politics, language, and culture of the country that you plan to visit. We recommend a trip to your local and / or university library for the attainment of accurate, peer-reviewed and primary source materials. This crucial step, prior to the development of the course or the trip, will allow you to integrate readings, facts and themes not only into your course, trip, or pre-departure itinerary, but will also allow one to evaluate how complementary the proposed intervention is with the current needs and cultural history of the country. Equally importantly, intervention leaders will serve as role-models for their students and companions, highlighting the importance of being informed, aware and culturally relevant.
2. ***Secure a cultural consultant***. Although it would be ideal to obtain a mental health professional from the country of interest, it is very important that you work with a cultural consultant who can ensure that you are meeting your own expectations with regard to cultural competencies and who can serve as a go-to expert for you and your students as questions arise.
3. ***Connect with a host country (in country) partner***. If your consultant has not established partnerships in the country, it is crucial that you connect with a host country partner. Having a partner on the ground will serve as a cultural broker for you and your group, enhance your education and training of the country and town, and ensure that you are responding to the direct needs of the community rather than delivering a 'helicopter intervention.'
4. ***Plan cultural immersion prior to the trip***. As part of the course or training, be sure to expose your students to the culture through special guest speakers, attending local or national events, conferences, or participating in activities that are directly related to the country and culture of interest. Interview citizens from the country of interest who are in different stages of acculturation. Visit the country with a cultural consultant prior to taking students. These activities will ensure that all agents have foundational understanding of the people, of the culture and of the country prior to entry for execution of the intervention.
5. ***Ask and answer the questions posed in this manuscript.*** Write down the responses and discuss them with your cultural consultant and host (in country) partner. Force

yourself to examine layers of motivation, resistance and weaknesses in cultural competency.

## Conclusions

Critical examination of faux pas reveals how unstated values (such as ownership, acquisition, need for power and individualism) become apparent in disagreements, conflicts and misunderstandings; and reveals underlying needs, dreams, worldviews and latent motivations of visiting and foreign country nationals. Culturally competent service delivery requires a willingness to check for and confront implicitly biased notions to prevent indiscernible harm. The questions noted above do not assume that simply because United States born and educated human service providers (counselors, psychologists, therapists, aid workers) are trained to work with people in distress, that they, by default, are the best ones to do so. Adhering to best practices as they relate to the disaster area, employing culturally competent practices, seeking pushback from the impacted community, engaging in critical reflection and examining personal motivations are activities which take time but retain the dignity of all parties involved. Finally, we cannot underestimate the importance of seeking collaborative efforts with Haitian nationals to ensure a culturally relevant impact for programs dealing with psychosocial support.

The following refrain, shared by our primary Haitian National consultant, both summarized the core objectives of our work, as well as, planted a common consciousness that guided our behavior: *it's not about us, it's about them*. To this refrain we add, *pause… before rushing in*.

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## Acknowledgements

The authors acknowledge the contributions of Dr. Roger A. Brooks, a co-designer of the course, who earned his Ph.D. in counseling psychology from the University of Notre Dame. We also acknowledge Dr. Gerald Porter, Dr. Marc Prou, Khalid Saleem and Abner Septembre for expertise in the design of the course, contribution to the program or participation in the immersion experience in Haiti.

## Declaration of Conflicting Interests and Funding

The authors declare no potential conflicts of interest related to the authorship, distribution or publication of this article. The authors received financial support from the State University of New York at Oswego for expenses incurred in both the pre-trip and the group trip to Haiti. The authors received no financial support for the authorship of this article.

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