

HURRICANE KATRINA & NEW ORLEANS & TRAUMA

By Nora J. Baladerian, Ph.D.

Prepared for the APA Annual Convention August 2006, New Orleans, LA

August 29, 2005. In Los Angeles, California, I watched the news along with millions of others, as the hurricane warnings were aired. It was ominous. Less than a year prior, in December 2004, the terrible tsunami had hit in Sri Lanka, with tremendous impact upon those present, and those far away. This, however, was within the USA, so I was confident that if needed, the proper and prompt help to survivors would be readily available.

However, the hurricane hit. Then, the levees broke, flooding the entire city! In the beginning hours, I was not too surprised to see the need for emergency rescues. But then, it continued through the night, the next day, the next night, then for days on end. What happened? Why could we not get helicopters to those on rooftops? Why were hospital patients not evacuated or supplies brought in? Why were there delays? Seven days, some waited, on their rooftops, for help. Months later a landslide happened in the Philippines, we were there within 18 hours. But we could not get help in to New Orleans. Stunned would be a good word to describe my feelings, along with aghast, disbelief and disgust.

Slowly, ever so slowly, it seemed, help began to be made available. There went the Red Cross, FEMA, National Guard, among others. One of my friends helped with the collection and attempted distribution of donated food, supplies, clothing, first aid, animal supplies, baby supplies, which in the end amounted to about 5 truckloads. We were so excited at the response of folks to make the donations, and the truckers willing to drive to New Orleans to deliver the donations. They never made it, though, because the government agents made them turn around. No matter how they tried to get into New Orleans, they were kept away. Later, I heard similar tales of donations made but government officials did not let the donations into the area.

Personally, I did not do anything. I was not confident that financial contributions to the Red Cross would do any good. I did not know how to help. I went on with my life. I felt conflicted. I really wanted to DO SOMETHING, but

I wanted that something to make the intended difference, not have money never provide the help I wanted to send, or provisions never arrive or get used by those not in need. How could I do something and be sure that my help WAS help?

In November, I received an email from a woman named Ecoee Rooney who had attended a presentation I had done in June 2005, asking for more updated information. (I had been asked by the U.S. Department of Justice Office for Victims of Crime to host a pre-release screening of a video I produced for Law Enforcement on Forensic Interviewing Skills to use with Crime Victims who have cognitive or communication disabilities called "VICTIMS WITH DISABILITIES: THE FORENSIC INTERVIEW".)

I noticed a return address of New Orleans, so I briefly answered her question (video is not yet available) and asked how she was doing. She responded politely with thanks for the information and said they were doing "fine". I couldn't believe it, so I wrote back asking, "how are you REALLY?" This resulted in 2

pages of information on the fact that her employer, a large public Hospital, the oldest continuously operating hospital in the nation, had been destroyed. Ecoee, a SANE (Sexual Assault Nurse Examiner) who had attended the June International SART Conference (Sexual Assault Response Team), said that their operations had been decimated, of course, and all future planning was tentative at best. She herself and her family had been gone from their home since they had evacuated "for a couple of days" in late August. They did not know if they would *have* a home when they returned. Shocking.

I immediately felt that I could and wanted to DO SOMETHING. Personally. First, I put a request out on my listserv at www.disabilityandabuse.org to send any educational or supportive materials to Ecoee to give to her patients who had survived sexual assault.

Then, I tentatively asked if Ecoee would allow me to come to New Orleans, at an appropriate time of course,



to do some trauma work with the hospital staff (wherever they might be). She was ecstatic, amazed, appreciative, grateful, welcoming. She asked exactly what type of trauma treatment I was suggesting. I explained Thought Field Therapy to her as basically the application of acupuncture/acupressure therapy to psychological matters such as trauma, grief, bereavement, anxiety, among others, using tapping on the points rather than piercing or painful rubbing.

She forwarded my explanation to the “higher-ups” in medical administration who requested additional information, which I furnished and they responded with an enthusiastic “Yes”. I let some of my colleagues also trained in TFT know that I planned a one week stint in New Orleans for the first week in January, to provide as much TFT trauma therapy as possible within the time frame, to hospital staff and staff at Ecoee’s partner’s place of work, the Volunteers of America program of supported living for individuals with disabilities.

I received an email from a colleague in Louisiana tentatively asking if “while in New Orleans,” I could provide a free training to his APS (Adult Protective Services) staff on Forensic Interviewing and Assessment of Consent to Sex for forensic cases involving individuals with developmental disabilities. Sure, I’ll be there anyhow, and why not also add to the program trauma treatment for them?

Twelve trauma therapists from seven states (Hawaii, Washington, California, Arizona, Colorado, South Carolina, Mississippi and Louisiana) formed our team. At the end, we called ourselves the “Dream Team.” We worked and lived together as if we had all known one another for years, without any conflict, or negatives whatsoever. Each had her/his own gifts, approaches, styles, to be sure. And each respected the others, learned from each other, and supported one another. It was truly magical.

We stayed in Ecoee and Melody’s house, that they had only returned to one week prior to our arrival! They moved out to the FEMA trailer that had been placed in their backyard for Melody’s Mom, and let 9 of us stay there (the other 3 were living locally in New Orleans).

We arrived (well the rest of the team except me) on Monday. Tuesday had been planned for a “tour” of the city. All had brought their cameras. We traveled in Ecoee’s SUV and a van that had been lent to Melody for the week by Volunteers of America, to support the trauma team. What generosity. We went on the tour. We saw

not blocks but miles of uninhabited and uninhabitable neighborhoods – houses that had slid off their foundations, floating away, but stopped by another house or a tree. Lots of cars on top of houses. Furniture halfway out of windows (the locals called this “vomiting”). Miles and miles and miles of complete destruction. Sad. Desolate. Unbelievable.

Although we were seeing it, I noticed I was having trouble believing my eyes. Each house had an X with information in each quadrant, the top noting the date that someone was there to inspect ... dates like 9-10, 9-22... nearly a full month after the storm was the FIRST visit for emergency assistance. The destruction of the homes was complete...this is now four full months after the storm, and it appeared that nothing had been done at each home. Nothing.

What could anyone do? No help was available. No one could live in the area. No trash pick-up. Hard to drive in the area. We saw the levee breaks. We saw tent-city, where folks had set up tents. We even saw near the airport several hundred trailers not yet distributed. Waiting. We then went to dinner together, and came home to plan our trauma intervention work at the hospital the next day.



The Hospital: housed in military tents at the Convention Center: the dentistry tent, triage tent, SART tent, among others. Eerie. Strange. We worked in the training tent, with a generator going for the air conditioning. Staff could only take one hour for participation, so we had planned 5 hours, 10,11,12,1 and 2pm. The process was to provide a 20 minute informational talk on trauma and Thought Field Therapy, then 40 minutes for participants to experience

trauma treatment with a TFT practitioner. The first hour included as participants the “higher-ups” who had approved our presence there in the first place. They were astounded, and pleasantly surprised at the fact that TFT made an actual difference in how THEY felt.

Each of the individuals was asked to complete a post-treatment evaluation and were rewarded for this work with a book about TFT. We noticed that each hour, more and more people came. At 3pm, people kept wandering in. Curious. Hesitant. Wanting to feel better, wondering how this works. More came. We did not leave until around 5:30. Ecoee took us all to a restaurant for dinner, where she read the evaluations and received a phone call from one of the doctors, asking if we could possibly return on Saturday, since his residents had been assigned to another training on his staff and were asking for an

opportunity to try this trauma treatment!

We were ecstatic, principally because of the fabulous results we had already experienced, but also because there are times when our work is not recognized for the fantastic results it can produce, and here we had a request to return. The evaluations were all we could have hoped for. Many comments were essentially, " I have been feeling hopeless, depressed, and now I am feeling that I have had a huge burden lifted...THANK YOU for this. I am amazed that this simple procedure has such a profound effect. And it has changed my friend as well, and this is so important to me". At the conclusion of dinner, Ecoee announced that the folks at the hospital had given her money to pay for our dinner. Wow.

Because during the treatment, the clinician demonstrates to the client where to tap, we had been tapping upon ourselves all day, and we noticed that we were all feeling fine, unaffected by the traumas we had witnessed both directly and indirectly.

The following day we all went to the Volunteers of America program and worked with their staff, who all had a similar reaction. So grateful to have relief from the traumatic symptoms they had been living with now for months. So amazed that this simple procedure is so powerful.

Friday we worked with the APS folks, and Saturday we returned to the hospital. We were all so excited to be able to DO SOMETHING OF VALUE in our own country, and those in New Orleans were SO GRATEFUL to have 12 people taking their own time and at their own expense to come to their city to help. They were amazingly appreciative, and said that many feel forgotten, as there are no more headlines or even news articles about New Orleans.

By the end of the trip, our hosts, Ecoee and Melody had done quite a bit of TFT tapping for themselves, and were now avid endorsers of this trauma therapy. The beauty of TFT had convinced them. The following factors are the ones that tip the balance:

1. It works
2. The results last
3. It works fast
4. There is no emotional (or physical) pain-induced during the treatment
5. There are no side-effects
6. Anyone can learn how to use TFT
7. It has many applications
8. It is free!

These are all really excellent factors, and ones in which any healing practitioner would be interested.

So, it was time to go. Ecoee helped tremendously after the trip by collating the results of all the evaluations we had collected, which were about 187. We had asked people to rate their level of distress pre- and post treatment. The average pre-treatment rating (on a scale of 0-10, ten being the worst, 0 no distress), was 8.03, and the average post-treatment rating was 0.57.

Overall, this was one of the most rewarding experiences of my life. My TFT colleagues, the folks in New Orleans, our hosts Ecoee and Melody who are now members of my chosen family, all made this a wonderful experience. I returned again in February, doing some TFT work in Baton Rouge and in New Orleans on my own, and returned with another team of 12 in March 2006, with another week of healing, and this time, teaching an enthusiastic class of individuals how to administer TFT themselves. This is really a wonderful outcome, to empower folks to be able to learn TFT themselves, so they can continue the healing work as needed.

Because of the invitation to participate on a panel of speakers at the American Psychological Association's Annual Conference in New Orleans on "Responding to Katrina: Personal Perspectives", I brought another team in to New Orleans for the week. The weekend before the APA conference, we held a TFT training at Ochsner Hospital, teaching 60 professionals from a variety of agencies from Louisiana and Mississippi.

Then, during the week, we again provided trauma treatment to many individuals at a variety of agencies and organizations throughout the city. At this time, we are only selecting licensed mental health professionals to join our team who are Certified in Thought Field Therapy. For those wanting to join us on a future trip, these are the criteria along with others that will be clarified for those who apply for our team.

I would return to New Orleans and conduct Trauma Therapy again in a heartbeat. And, all those who joined me there are of the same mind, and commitment, to return as needed. Thanks to those of you for sharing with me the excitement of being able to bring true healing to hundreds of individuals in trauma.

**There are 2 sides to every story.
Here's the other side:**

**TO OUR RESCUE
Ecoee Rooney, MSN, RN, SANE-A.
New Orleans, LA**

Coming home to New Orleans was not easy, but no one thought it would be. What we had thought would be a long weekend visiting friends during a perfunctory evacuation to North Louisiana, we slowly realized, was the beginning of a long, and scary road home. Nothing

could have prepared me for the turns and twists, disappointments in who didn't help and amazement at who did, and the level of commitment of so many life-long friends and family members who came forward with money, supplies, and all we needed to survive those first months after leaving all we knew as our lives behind.

No amount of sensationalized media coverage could have prepared me for what I saw as we drove into the city for the first time, even though the mayor still banned entrance to our part of the city. The vastness of the devastation began to truly sink in as we quietly drove down the interstate past a gray, abandoned landscape. Occasionally, houses that appeared to have been blown apart by some violent force, their guts dangling out, damaged, sat waiting to be discovered by their owners. I'm not sure if I even breathed as we drove into our neighborhood. Neither of us spoke as tears streamed down my face. This was truly ugly; ugly beyond what I had even imagined. The desolation was shocking, the gray, cracked patina on everything, and the inescapable black or brown line clearly marking the levels to which the water had risen. Flooded cars and abandoned boats were scattered about the caked mud and debris. The orange life jackets swinging in the breeze from my next door neighbor's front railing sent a shudder through me as I imagined the terror of the rising waters.

Days later, after settling in at a friend's house uptown, I started the work of moving in to my new office in a building across from my flood-ravaged workplace. Where to start? There was so much to do. I reviewed my pre-Katrina "to do list" for any relevance to life now. Strange how so many projects lost meaning after a disaster of this magnitude. OK, here was something. I noticed I had wanted to request a free video from Dr. Nora Baladerian, a clinical forensic psychologist from Los Angeles, regarding forensic interviewing of people with disabilities. I had seen her speak at several conferences, so I sent her an email, asking her about the video and when it would be ready.

Promptly, she emailed back, telling me the video was not yet out, but asking about how people were making out in New Orleans. Too overwhelmed to give more than a "we're plugging along" type of response, I quickly sent off a cursory reply. Soon, I was surprised by her open-ended response, "How are you REALLY?" I hesitated, but then decided to give this stranger across the conti-

nent an honest reply. I sat and typed for 15 minutes, describing to her my sadness at the loss of our hospital, our community, our lives, so many people who were left jobless, homeless, grieving. It was very cathartic to spill my guts to someone who was not going through the exact same situation and who was so far away.

What came next really surprised me. She emailed back an offer to come with a team of volunteers that she would put a call out for to bring a trauma relief therapy to our organization. At that time, my organization was still operating out of military tents in part of a large convention hall, but I asked our administrators and they approved her bringing a group to share this therapy with our staff.

Nora and I corresponded back and forth, with increasing familiarity through each email as we worked out housing and other such details. We moved back into the upstairs of our house that last week of December, and the 12 volunteers arrived the first week of January, staying upstairs on cots, blowup mattresses and couches while we took residence with my senior citizen mother-in-law in her FEMA trailer for the week.

air in the stale, dankness of post-Katrina New Orleans.

All strangers to each other, several of our friends and these volunteer therapists visited together in our home that first night, enjoying red beans and rice, crawfish pasta, and conversation. After a while, one therapist asked me,

"Would you like to try the therapy?" "Sure," I answered. She motioned me to sit in front of her and bring to mind something troubling or distressful, and then rate my level of distress about this issue on a scale of 0 to 10. Quick to tears in those days, I immediately thought of one sad situation that always brought me to tears. "OK, I've got it," I said, a bit embarrassed for the tears in front of all these strangers and friends. "Now," the therapist said, "I'd like you to tap here," and began to lead me through a series of tapping on different places on my face and hands and chest.

I became awash in skepticism and concern for my credibility at work, feeling foolish as I followed her strange directions yet, gradually, I began to notice a much stronger sensation than the skepticism. I was overcome by a tremendous sense of relaxation and peace. It was very physical, as my neck loosened, and a smile welled up from inside and appeared on my lips. The tears were gone, and the sad feelings I had before were replaced



with a tremendous sense of peace. As all of the therapists around the room smiled and nodded, in knowing recognition of my response, I sat stunned, smiling and shaking my head. “Amazing. Oh my god. This is amazing! Why doesn’t everyone know about this?”

I was so hopeful bringing the therapists to the hospital to work with the traumatized staff. Little by little, staff members joined the thought field therapy sessions and out of close to 100 people seen and treated only 1 person responded that they felt no response from the therapy – all but one. Our CEO came, our administrators, doctors, nurses, respiratory therapists, clerical workers, human resource workers, family members of staff, all came and had very positive reactions.

I began to doubt my reaction to this therapy, questioning it, wondering what the trick was. However, no matter how hard I tried to conjure up the same sadness I had about the distressful issue I had worked on, I could not, and have not been able to since!

Nora and the therapists all explained that Thought Field Therapy (TFT), a treatment discovered by Roger Callahan has been used world-wide to treat traumatized populations – genocide survivors in Rwanda, people after the bombings in the London underground, after the shootings at Columbine, and in Kosovo. The treatment is based in Eastern medicine and energy meridians, and the linking of the traumatic thought to an energy field, that can be modified and smoothed over through this treatment.

Nora has been back six times, has organized two other teams, supported two TFT trainings by Dr. Caroline Sakai of Hawaii and Suzanne Connolly of Arizona, so that people in the region would be able to use and share this therapy (70 + people were trained), and two other times she has come independently, visiting many different organizations around the city and state to share this trauma relief treatment.

No one is paying her to do this. She is absolutely driven to continue bringing help. There is no way she will ever know the relief, healing and peace she has brought to so many people in New Orleans and the Gulf Coast region. Many people in my organization, and around the region continue to use TFT to help with stress, anxiety, grief and trauma. I never knew help would come through our email exchanges. I thought I was asking for her video – I got so much more – help for myself, my family and my community, and a life-long friend.

How can one ever adequately thank someone for a kindness like this? Thank you, Nora, for taking the time out of your life to commit yourself to us. We didn’t know we needed you – thank you for coming to our rescue. ♦♦♦

For further information, contact:

Nora J. Baladerian, Ph.D., TFTdx

drnora@doctor.com

www.healingwithfft.com