

**BUILDING A
CULTURALLY RESPONSIVE,
TRAUMA INFORMED SYSTEM OF
CARE**

**“PROYECTO ESPERANZA”
BOUND BROOK, NJ**

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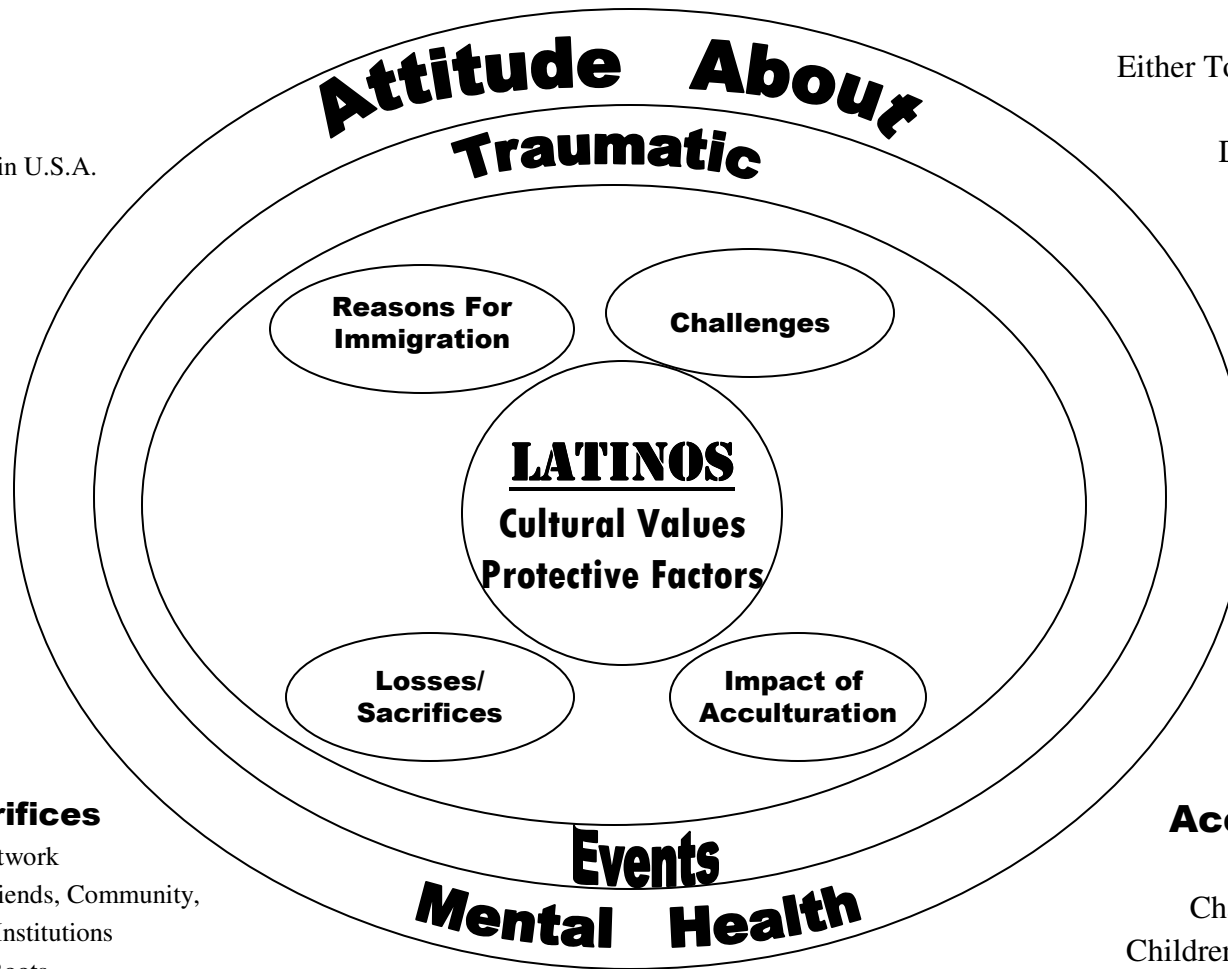
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Reasons For Immigration

Poverty
Unemployment
Political Turmoil
Education
Health Problems
Relatives Living in U.S.A.
Safety

Challenges

Adaptation to new culture
Legal status
Racial Discrimination
Either Too Low or Too High Education
Language Barrier
Difficulty Finding Employment
Access to Familiar Culture
(Familismo-personalismo)
Adequate Housing
Access to Healthcare
Understanding School System
Unexpected Stressors
(illnesses, premature death, divorce, newborns, domestic violence, substance abuse)



Losses/Sacrifices

Loss of Social Network
Family, Friends, Community,
Religious Institutions
Loss of Cultural Roots
Homelessness (Between two worlds & belonging to neither)
Loss of Identity and Status
Loss of Familiar Language

Acculturation Impacts

Parent-Child Conflicts
Change in traditional gender roles
Children assimilate faster than parents
Fear of parents to lose children in new culture
Children caught between parents' cultural values & new one
Marital & Intergenerational Conflicts are intensified
Need to establish new relationships & supportive Social Networks
Highest Risk for Mental & Emotional Problems (depression, anxiety, traumatic stress & substance abuse)

2007 Flood in Bound Brook
FEMA

Cultural Competence
Foundation Trauma Inform Systems of Care

Assessment

Intervention

Crisis Response

Informal Outreach

Formal Outreach

Group

Women's Support Group

Group Formation:

- 12 Members - Attendance average 7 to 10
- Latina Females ages 25 to 40
- Met for 10 consecutive weeks, 2-hour sessions at St. Paul's Episcopal Church, Bound Brook
- Provided onsite child care and food

Group Characteristics:

- Women with two or more Children
- Some were single mothers
- Some cases husband was the only provider – Emotionally absent
- Increased alcohol abuse and DV issues
- All had no other family support
- Loss of close family member after they immigrated to the USA
- Older children left in country of origin
- All of them with history of trauma (sexual abuse, history of DV, severe distressful events during journey to USA)
- Presenting somatic complaints
- All women presented symptoms of depression, anxiety & traumatic stress

Presenting Issues

Children

- Behavioral issues at home: Discipline, fear of being alone, sleep problems, afraid of darkness, fear of rain & thunder, fear of crossing a bridge, conflicts with siblings and withdrawn.
- Behavioral issues at school: Disruptive behavior, poor concentration, decreased performance, irritability, aggression, school avoidance (stomachache & headache).

Women

- Unable to fulfill demands and expectations of them as a mother, wife, worker, and responsibilities & obligations with family members left in their country (loyalty/duty).
- Experienced extreme distress without the buffer of their support network (family, friends, religion), which often left them experiencing a sense of homelessness “between two worlds and belonging to neither”.
- These women presented symptoms of depression, anxiety and traumatic stress.

Traditional Ways of Coping with Traumatic Events

- To avoid thinking
- To endure in silence
- To overcome
- To make extra effort
- To control oneself
- To resign oneself
- To pray
- To have faith
- Fatalistic view
- No pensar
- Aguantar
- Sobreponerse
- Poner de su parte
- Controlarse
- Resignarse
- Rezar
- Tener fe
- Voluntad/castigo de Dios

Main Goal:

The main goal of the group was to improve their emotional state and enhance their coping mechanisms to ultimately foster healing and transformation.

Process & Intervention:

- Allowed them to elaborate/process their experience before, during, and after coming to the U.S.
- Identified the multiple stressors they were facing (accumulation of stressors).
- Processed the impact of the reaction of families left behind (anger, demands, survival guilt).
- Redefined their sense of responsibility & obligation to those left in their countries.
- Allowed to identify and freely express ambiguity about living here and there.
- Processed/redefined the guilt to view it as a sacrifice for the sake of the children.
- Started thinking about living long distance relationships as “part of life” and not a “horrible” experience.

How did women benefit from their participation in the group?

- Sense of community and support to each other (You are not alone)
- Increased awareness and reduced stigma of mental health issues
- Willingness to accept further treatment and referrals
- Knowledge of available community resources
- Involvement of the mothers with school staff. Better understanding of the impact of the disaster on children's behavior
- Resolution of the underlying issues affecting them and learn healthy coping skills
- Learned about the importance of being prepared in the event of future disasters

Recommendations

- Need of identifying the larger socio-cultural, economic and political issues in the context of a particular period in time (fear of rejection, deportation, unwelcoming climate towards immigrants).
- Invest extra time in the engagement phase. Build trust.
- Need to provide constant outreach to the Latino community.
- Work closely with schools and health providers as they become a key resource to identify and provide early assistance to children, adolescents, and families to help reduce violence, depression, substance abuse, and suicidal ideation.
- Work closely with faith based organizations, community programs, local businesses, and community leaders.
- Have a personal commitment to develop a deep understanding of cultural values in order to be effective in treatment so individuals and families can feel understood, accepted, and respected. A traumatic event is not an isolated event, and it is important to understand the role of cultural values in making a sense of the trauma.

Lessons Learned and Influence In The Work We Do Now

- Flexibility: when clients miss appointments, it is not always a reflection of resistance to treatment but having to deal with several obstacles (childcare, transportation, work schedule, money).
- Take into consideration the central role of the family (familismo, collectivistic vs. individualistic, placing family needs above individual needs), treatment should almost always involve not only the client, but also those who they include in their family system, and who are a primary source of support (even if not present).
- Engagement starts with the first contact with agency (front desk staff, access to services that are sensitive to their language needs).
- Future work in the community should include follow up even after goals have been reached.