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For Immigrant Families, Language Opens Door to Healing from Trauma

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- Carrmen Ros Norona, MS Ed., Child Witness to Violence Project

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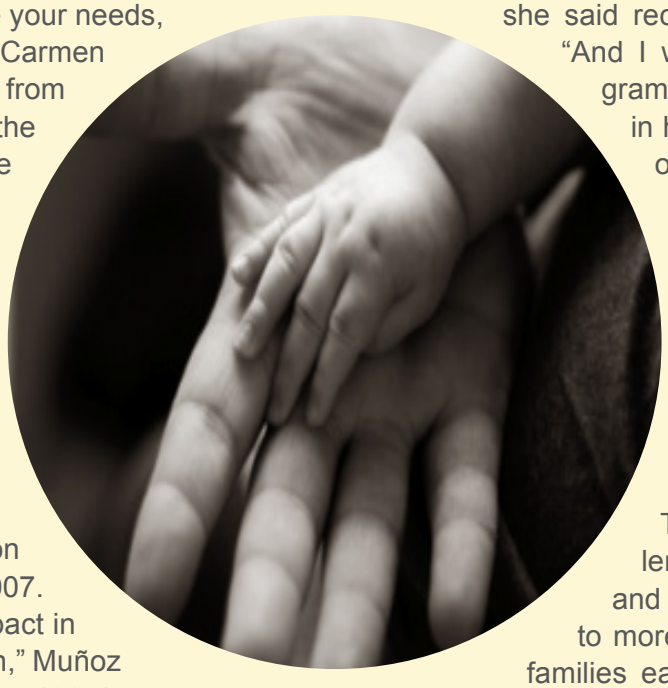
When immigrant families come to the United States, they lose familiar references and routines, and communication is often difficult because of language barriers. For those families who have also experienced trauma, even the small details of everyday life add to the stress and confusion. "It is very frightening not to be able to articulate your needs, feelings, and ideas," said Carmen Rosa Noroña, MS Ed., who is from Ecuador and serves as both the Clinical Coordinator for the Child Witness to Violence Project (CWVP) at Boston Medical Center, and Associate Director for the Boston site of the Early Trauma Treatment Network.



Elena Muñoz encountered these stresses and barriers when she and her daughter Cielo came to Boston from Central America in 2007. "Immigration is a very big impact in the lives of adults and children," Muñoz said of her experience. "It is a 180-degree change: you don't know where to find food, you don't know where to find help. It is very disorienting." Elena and Cielo, then age five, had fled their home country for their own safety- they had been physically assaulted by a gang- and to join Sr. Muñoz, who had immigrated to Boston a few years earlier. But soon after arriving, Cielo began to have difficulties. She had trouble remembering the names of people and places familiar to her in her home country, and she was becoming impulsive and hypervigilant. When Cielo started hitting her parents at home, Elena took her to a pediatrician at a community health center. When he learned of Cielo's past exposure to violence, the pediatrician referred Elena to the CWVP, which is housed in the pediatrics department at Boston Medical Center.

Elena didn't know what to expect when she walked through the door at the CWVP. "I was feeling lost," she said recently through an interpreter. "And I was not clear what this program was about." What she found in her intake worker was "someone who spoke Spanish and listened to me. Her sensitivity was very important because she understood my concern regarding what was happening to my daughter. That was comforting for me."

Language as the Portal

The Child Witness to Violence Project began in 1992 and currently provides therapy to more than 150 children and their families each year. According to Noroña, the majority of immigrant clients seeking services at CWVP are families from Central and South America and the Caribbean; more than half are Spanish-speaking.

The clinicians serving most of the Latin-American immigrant families are bilingual and bicultural. Sessions with Spanish-speaking families are conducted in Spanish using Child-Parent Psychotherapy, a relational child-parent treatment model of treatment for children up to age five. Noroña conducts supervision

sessions with bilingual clinicians and trainees in Spanish, and encourages trainees to write their process recordings in Spanish as well. She noted that writing and analyzing content and process in Spanish enables trainees to reflect with families in Spanish and to translate what they have learned at a theoretical level to a clinical level. "It can be a challenge to provide developmental guidance in Spanish to a parent regarding how, for instance, a child is experiencing a trauma reminder," Noroña said. "If the clinician is too concerned about how well she or he is communicating in Spanish with the caregiver, child or family, this may become an obstacle to engagement. How then do you make meaning of the concepts you learned in class in English so that you can communicate with the parents?"

Trauma and Culture

Being bilingual and bicultural does not guarantee that clinicians will have an immediate rapport with their immigrant clients, said Marta Casas, MA, who is intake coordinator, clinician and trainer at CWVP. "There's always the assumption that belonging to similar cultures–or even the same culture–is going to be useful in therapy, and that is not necessarily true." Casas, who is Colombian and who also serves as a staff clinician at The Trauma Center at Justice Resource Institute (JRI) in Boston, does not assume that her clients will feel comfortable with her just because she comes from a Latin American country and speaks Spanish.

Whereas clinicians need not belong to their client's culture in order to be helpful, they must be curious, respectful, and interested in knowing more about the client's culture, socioeconomic background, and home country's history. It is important to hear, in clients' own words, what their traumatic experience means for them. "Trauma is a subjective experience. It is when you explore the trauma in the light of the client's cultural identity that the trauma becomes a social experience." Clients' efforts to make meaning of what happened to them occur at the intersection between trauma and culture. "While trauma breaks meaning, culture makes meaning," Casas said.

Noroña added that clinicians must be able to view the child's traumatic experience with a culturally-responsive lens. "If we are focused on Eurocentric interventions," she said, "we may see pathology instead of something that is appropriate in a different cultural context." For example, a toddler who has experienced trauma may be thought to have regressed if he or she has stopped using the toilet after having been trained. But an understanding of how toilet training is handled in the client's native country may lead the clinician to a different conclusion. Particularities like these must be explored as part of engaging with clients.

"There is a lot of variation within a culture and we cannot assume that all individuals from a same culture perceive the world in the same way," Casas said. Clinicians must also be aware of and ask about geographic, social class, and historical influences in the family's country of origin. Noroña said that when she sees families from Central American and Caribbean countries, "I always have to understand the sociopolitical context of the country, depending on the client's generation. For example, many people in their 30s or older from El Salvador may have been affected by the massacre during the civil war, or by the ethnocide of 1932."

It also helps to understand each family's immigration history. This information was important when Cielo's family was beginning therapy at CWVP. Because Cielo's parents had been apart for four years, one of the initial goals of therapy was to help the couple work through feelings related to that period, which included not only the physical assault in the home country but dramatic changes in the family structure as a result of their sociocultural transplantation. "One of the important things that the program gave me," Elena recalled, "was learning how to communicate and relate again with Cielo's father, and helping him realize how important he was for us and Cielo."

Elena and her husband also learned how the traumatic events had affected them personally. This allowed them to help Cielo anticipate and understand traumatic reminders, and to cope with stressors and anxiety by expressing her feelings and practicing self-soothing strategies (such as breathing or progressive relaxation).

Through treatment at CWVP, Cielo and her family began their recovery from the trauma they had endured. And it all started with referral to a program where they could speak their native language. "Language provides meaning to everything," Noroña observed. "The possibility of conducting psychotherapy in the mother tongue of the person or family seeking help can be very powerful and therapeutic in itself." Elena added, "I would tell other parents that if they come to this program they will find comfort, hope, and a solution to their problem."