Cruzando Fronteras: Addressing Trauma and Grief in Children Impacted by the Violence in the US-Mexico Border

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Abstract

The focus of this paper is to provide an overview of the Cruzando Fronteras project. The aim of the project was to provide assistance to school-age children who have been impacted by the violence in the US-Mexico Border. The target population for this project was 130 children grades 4th and 5th from a southwestern United States elementary school. Children participated in an 8-week program that combined elements of social emotional learning (SEL) and narrative therapy. A detailed description of the program will be provided. Lessons learned and recommendations for future implementations will be also addressed.
Keywords: children, trauma and grief, social emotional learning, narrative therapy

Cruzando Fronteras: Abordando trauma y duelo en niños/as impactados por la violencia en la frontera de México y Estados Unidos
Resumen

El propósito de este manuscrito es presentar un trasfondo acerca del proyecto Cruzando Fronteras el cual está dirigido a proveer servicios y ayuda a niños/as impactados por la violencia en la frontera entre México y los Estados Unidos. La población utilizada en este proyecto fueron 130 niños/as de 4to y 5to año de primaria procedentes de una escuela en el suroeste de los Estados Unidos. Los niños/as participaron de un programa de 8 semanas que combinó elementos de aprendizaje social emocional (SEL) y terapia narrativa. Una descripción detallada del programa será provista. Lecciones aprendidas y recomendaciones para implementaciones futuras también serán discutidas.
Palabras clave: niños/as, trauma y duelo, aprendizaje social emocional, terapia narrativa

The ongoing violence in the US-Mexico border has presented immense implications not only for the citizens of Mexico, but also for those individuals who live in the US border regions. The discussion of the social, political, financial implications of the on-going violence are beyond the scope of this paper; however, it is important to note that the psychological effects and the emotional impact of the ongoing exposure to this violence still very prevalent in the lives of children and families both in Mexico and the US border region. Thus, the impetus from this project came from the desire to provide support services to the children

that day-in and day-out are faced with the reality of structural violence with no outlet to process what is witnessed and the impact that such violence has had in their young lives.

Overview of the Violence in the US-Mexico Border

The Mexico drug violence has become rampant over the last six years and its effects are more deadly, widespread, and evident than ever before. Up until 2006, drug violence had been mostly contained within the bounds of the drug cartels and other participating members (Balli, 2012). As the drug violence drastically increased, it began to affect innocent people, many of whom had no ties to the cartels. In working with Latino communities, particularly of Mexican origin,

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it is important to understand both the context and the impact of the violence on those who have been affected directly, indirectly, and vicariously.

Since the drug war began in 2006, it is estimated that 50,000-55,000 people have died (Balli, 2012; EFE World News Service, 2012) and over 5,000 people have gone missing (International Business Times-US ed., 2012). The impact of the increased violence on the people of Mexico and the borderland has been profound and devastating. The drug war has taken many lives, including those of innocent victims. Many of the killings have been mass killings, committed in daylight, or arranged to be "message killings" (Hill, 2010), further broadening the reach of traumatic events and images. These events have created a sense of insecurity and fear among the citizens of Mexico, many of whom no longer feel safe in their communities and even their homes. Many have lost a loved one and others have no information on the whereabouts of a family member. Some are survivors of a violent crime while others have had to watch a loved one die. Undoubtedly, the effects of the violence had been destructive and far-reaching, affecting not only the people of Mexico, but also their loved ones in the U.S.

The Psychological Consequences of Trauma

The psychological consequences of the continuous exposure to trauma and violence in children had been widely documented in the literature. Post Traumatic Stress Disorder (PTSD) is most common in individuals who have experienced firsthand or vicariously countless experiences of violence (Martin, 2002; Preston, O'Neal, & Talaga, 2008). Individuals suffering from PTSD and acute stress disorder often do present with a host of anxiety symptoms, depression symptoms, transient psychosis, and dissociation. When examining the impact on children, the consequences include aggressive behavior, isolation, poor impulse control, school refusal, poor school performance, guilt, depression, anxiety, approval of violence as a mean of conflict resolution, psychosomatic complaints, sleeping difficulties, hypervigilence, and hopelessness, among others (NCTSN, 2005; SAMHSA, 2011).

Young children often present with the following: generalized nightmares of monsters or of being threatened, tendency to represent the trauma in repetitive play, stomach and headaches. Furthermore, children who tend to internalize negative feelings can be expected to become withdrawn, depressed, and anxious, boys and girls generally respond differently to violence exposure; improved awareness and intervention could significantly reduce the incidence and long-term effects (NCTSN, 2005; SAMHSA, 2011). Elbert et al. (2009)

address the impact that traumatized children reported lasting interference of war experiences with their daily life, which was corroborated by memory testing, scores in school performance and ratings of social withdrawal; those children also reported depressive symptoms and poor physical health. Additionally, children exposed to direct and/or indirect violence at home/or in the community often experience mental health problems that include posttraumatic stress disorder (PTSD) and social, emotional, and academic problems (Henriksen & Johnson, 2006).

The Need for Culturally Responsive Services

Health disparities and social justice issues are at the forefront when examining the provision of mental health services to individuals in the borderlands. It has been widely documented in the literature that Latinos/as as well as immigrant children and families have less access to health care than their Whites counterparts (Aguilera & Lopez, 2008; Sentell, Shumway, & Snowden, 2007). Furthermore, these disparities extend to other important areas such as housing and residential settings, the educational and legal system, which makes it more difficult for these children and families to access basic services that can improve the overall quality of life in turn, perpetuating the cycle of discrimination and oppression (Torres, O'Conor, Mejia, Camacho, & Long, 2011).

Several reasons have been cited for this divide. From a clinical stand point, the stigma attached to mental health services, lack of culturally-relevant approaches to address mental health needs, shortage of bilingual and culturally competent mental health professionals, and the disconnect between traditional Latino/a cultural values and traditional and/or evidence-based practices (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Torres et al, 2011). From a social justice perspective, poverty, lack of access or limited access to health care, stereotypes, oppression, discrimination, and marginalization plays a pivotal role (Fiscella et al., 2002; Solis et al., 1990; Flores et al., 1998; Zambrana, 1996).

Cultural beliefs may also present a barrier in the access of services for children. According to Gudiño, Lau, and Hough (2008), immigrant families hold a stronger adherence to heritage and cultural beliefs, especially because they are less acculturated than first, second, and third generation individuals who were born in the US. These beliefs can influence attitudes about mental health and may have a stigma associated with mental illness and receiving mental health services. According to the authors, culturally-based views held my immigrants families place a higher emphasis on the

value of family support (familismo), religious-based, or traditional healing methods when children are going through difficult times. Part of the hesitation to seek out services comes from the lack of access to health insurance and fear of deportation.

Furthermore, Gudiño, Lau, and Hough (2008) add that immigrant families may be less familiar with the social problems experienced by their children in the host culture, as well as mental health concepts. In other words, parents might not be aware of the effects of acculturation on their children well-being nor clinical terminology or what to look for regarding symptoms. This can negatively impact (1) the parents' recognition of the child's emotional and behavioral problems, (2) the parents' appraisal of the problems, and (3) the cause of these problems. Consequently, foreign-born caretakers may be less likely than U.S.-born minority caretakers to seek mental health services for their children (Gudiño, Lau, & Hough, 2008). In this regard, education and advocacy for children and families is critical.

Another cultural barrier that may affect the access of services for children is the parents' view of their role within the school system. Many immigrant parents come from countries where it is customary to defer decisions about services and programs for their children to the schools (Delgado-Gaitan &Trueba, 1991). This view may cause parents to step aside out of respect to school authorities. Due to the lack of knowledge about when or how it is appropriate to become involved, immigrant parents may not advocate for their children's needs within the school system (Birman et al., 2007).

In sum, the psychological impact of the ongoing violence in the US-Mexico border in the lives of young children has been far reaching. Complicating matters is the need for culturally responsive services that takes into consideration their unique political, social, and emotional context. Moreover, barriers to care including lack of health insurance and stigma attached to mental health and treatment continue to present challenges when trying to provide services to these populations. The next section will provide a general overview of the Cruzando Fronteras project and the rationale for its development.

Project Design

Theoretical Foundations

Two distinct frameworks were incorporated while conceptualizing this outreach project. Social emotional learning (SEL) was included because is an empirically supported intervention to foster the development of social skills, coping strategies, and resilience in children (CASEL, 2005, 2012; Coehlo & Figueira, 2011; Elias, 2006). SEL abides by the philosophy that through developmentally appropriate classroom instruction and application of learning to everyday situations, "SEL programming builds children's skills to recognize and manage their emotions, appreciate the perspectives of others, establish positive goals, make responsible decisions, and handle interpersonal situations" (Greenberg, et al, 2003; p. 468). CASEL (2005) defines SEL as the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively.

Some of the most compelling evidence to support SEL programming came from a study conducted by Zins, Weissberg, Wang, and Walberg (2004) that indicated students who receive SEL instruction are more connected to teachers and school, more engaged in learning, more motivated to learn, more well behaved/ less likely to engage in problem behaviors, and able to perform better on achievement tests and get better grades. Thus, since the project was implemented in a school setting, SEL is an ideal framework because it incorporates all relevant aspects of the child's school experience by targeting not only emotional/behavioral outcomes, but also by impacting school climate, school attitudes, and academic attainment.

Directly related to social emotional learning is the concept of resilience. Resilience refers to the ability to bounce back from adversity amidst difficult circumstances (Garmezy, 1993; Rutter, 1987). When examining factors that promote resilience among Latinos/as, religion, spirituality, support from family members, and familismo have been found to be protective factors (Morgan Consoli, Lopez, Gonzales, Cabrera, Llamas, & Ortega, 2011). Moreover, when examining children who have been exposed to difficult environmental factors including poverty and violence it has been found that programs that promotes the development of positive emotions (such as SEL) are excellent tools to promote well-being in children (Oros, 2009). Thus, it makes sense to assume that fostering of resilience should also be a goal of this project.

However, considering the specific population being targeted for this project, it was imperative to closely examine the specific cultural nuances and needs to be addressed. When examining the literature on trauma and grief in children, narrative approaches have been considered a best practice approach. Narrative therapy and storytelling are based on the premise that individuals are experts in their own lives, and the ideas presented in those stories express the beliefs, experiences and different aspects of the author's personality (Bennett, 2008; Cattanach, 2009). Narrative approaches are excellent for children impacted by trauma and grief because they allow children to tell their stories in "their own terms".

Culturally, we are innate "*cuenta cuentos*" or storytellers. Narrative therapy and storytelling have been used in different contexts in order to help children share and process their experiences. Children who present mental health problems and who speak a different language than the therapist, those who were exposed to domestic violence, medical illness, natural disasters, abuse and neglect, have been found to benefit from this approach (Bennett, 2008; Friedrich, 2008).

These interventions provide a space to externalize and explore the child's experiences, ideas and feelings; nevertheless, the child not only expresses what represents his reality, but also how he would like it to be (Cattanach, 2009). When analyzing children's narrative experiences, it has been observed an emotional need of those individuals and expectations from the relationship with others (Nelson, McClintock, Perez-Ferguson, Shawver, & Thompson, 2008; Page, 2001). Other benefits from narrative therapy and storytelling include the possibility for children to increase social skills, identify their experiences with others, introducing them to writing as a way of expressing themselves. It also helps them identify common stories presented in their lives and dialogues, it allows them to engage in the change process of their own experiences, empowers them to make changes if possible, and confront the adversities from a different perspective (Nelson et al., 2008; Wright, Bacigalupa, Black, & Burton, 2008). Hence, these approaches offer a space to give a voice to those stories and individuals in a respectful way while focusing on the child's strengths (Bennett, 2008).

Program Description

Cruzando Fronteras is an outreach project initiated in partnership with a borderland school district and this researcher in February of 2011. The impetus for the project came from an identified need within the district and the desire to better address the emotional consequences of the continuous exposure to violence in the US-Mexico border. The goal of the project was twofold; First, to address trauma and grief via the implementation of a curriculum geared to promote social emotional learning and resilience; Secondly, to provide a safe space for children to share and process their stories via the use of narrative approaches and story books. The goal was not to provide therapy; rather we follow a psychoeducational/classroom guidance approach.

There are two important components of *Cruzando Fronteras*, first a teacher training component, and secondly, the implementation of the pilot program. As mentioned earlier, the impetus for the development of the program was to address an identified need within this borderland community. Although, the school district supported the idea of the project it was imperative to obtain support from the school. With that goal in mind, the primary investigator held several meetings (October and November 2011) with the school principal and the school counselor in order to get a better understanding of the level of need for the project as well as the characteristics of the school and children. Following that initial meeting, a three- hour workshop/presentation was provided in January 2012 to the school staff in order to present the project and securing volunteer teachers/classrooms for the pilot project. Once school support was in place, a pilot program was implemented from March-June 2012.

Program Structure

Participants

Students were selected by the school counselor and teachers based on the level of behavioral and emotional difficulties displayed by the students. Because the program was designed as an outreach, preventive intervention, all students in each classroom participated in the program. A total of 130 students, grades 4th and 5th were selected for the pilot program. There were four 4th grade classrooms and one 5th grade classroom. All groups were conducted in Spanish, with the exception of one 4th grade classroom in which the program was conducted bilingually. The gender distribution of participants was 68 females and 62 males. The majority of participants were Mexican citizens that crossed the border every day to attend school in the US.

Facilitators

One assistant professor and four volunteer graduate students in counseling and school psychology facilitated the groups. Each group consisted of approximately 13 children and two facilitators. Sessions were offered during school hours. Volunteer students received training prior to the start of the program from the faculty member, which also provided the supervision to the students. Classroom teachers did not facilitated groups as part of the pilot program. They assisted with behavioral management and observed the groups so they could practice and rehearse the skills with the children during the rest of the week.

Lessons

Students meet with facilitators 45 minutes a week for 8 weeks. At the beginning of the program, core elements of SEL were introduced such as self-awareness, self-monitoring, social awareness, relationship skills, and responsible decision-making (CASEL, 2005; Coelho & Figueira, 2011). Halfway through the program, students engaged in the development of their

storybooks, in which they represented the most salient aspects of their lives. During the group meetings, the students were afforded the opportunity to learn coping strategies, rehearse/practice them, and share their stories in a very safe and supportive environment. The lessons were as follows:

Lesson 1. Introduction and Rapport Building-the lesson focus was on rapport building and program goals and objectives. This lesson introduced the concept of feelings/emotions along with the idea of internal (how my body feels when I'm experiencing an emotion) and external awareness (how others can tell when I'm experiencing a specific emotion).

Lesson 2. Feelings Identification-the focus of this lesson was to continue working on rapport building; expanding the feelings vocabulary of students, particularly with words related to grief and loss; rehearse and practice the idea of internal and external awareness.

Lesson 3. Feelings Identification and Regulation-this lesson built on lessons 1 and 2 along with the introduction of the concept of emotional regulation and coping strategies.

Lesson 4. Empathy and Introduction to Storybooks-the main goal of this lesson was to assist students in the understanding of other people's emotions and points of view. During this lesson storybooks were introduced to the students.

Lesson 5. Instillation of Hope and Storybooks-the central tenet of this lesson was to assist students in developing a positive outlook on life despite the numerous adversities they have faced so far.

Lesson 6. Storybooks- students continue working on their storybooks and sharing with the group, as they felt comfortable.

Lesson 7. Storybooks and Termination-during this lesson the idea of termination was first introduced and processed with students. Students were also finishing their storybooks and share them with the group and facilitators.

Lesson 8. Termination and Wrap-up-during this last session students had an opportunity to reflect on the process; provide feedback to facilitators; and received certificates of completion.

Reflections and Lessons Learned

The original idea of the project was to implement a combination of SEL programming and narrative approaches. However, very quickly, we realized that we had to be very flexible and follow the children's lead if we wanted the program to be successful. Therefore, the program scope and sequence evolved to allow students more space to share their stories. It was very obvious that this was the first time some of these children had the opportunity to talk about and process in a safe environment what they have experienced. This project in many respects provided a voice to those who had been silenced or thought they didn't have one. In the following sections we'll summarize the process and the meaning on the narratives through the eyes of our participants.

Beginning Stage (Day 1-3). During our first meeting, the focus was primarily on building rapport with the students and introducing the project. As part of the first lesson, we did an activity in which students have to introduce themselves by telling the group something they didn't know about them. The students responded well and engaged pretty quickly. We proceeded to introduce the concept of feelings and allow students to talk about them. This activity set the tone for the entire program. We were humbled by the amount of stories that were told that day. Some of them were very similar (i.e. kidnappings, murders, missing relatives, abandonment), but very distinct in terms of the emotional impact in the children's lives. Two stories remain in our minds until this day: one 4th grade boy who told us he hasn't seen his father in 4 years and a 4th grade girl whose dad went missing when she was 7 years-old. Very quickly we realized that these children needed a voice and an outlet. They wanted to talk about feelings and emotions, but not in the way most programs do. They wanted to tell their stories, through their eyes, so we could experience and understand how is the life in the border and the true impact of violence in their lives.

The emotional impact children's stories had on us made us realize the need to change the strategy and become more flexible in our approach. Facilitators were told to keep project's goals in mind, but allowing students to tell the stories was very important too. Day 2 and 3 were no different than Day 1. Upon arrival, it felt we had known those children for a long time. They felt the same way too. Once in the groups, students talked about what was discussed in the previous week and quickly engaged in the task of talking about comfortable and uncomfortable feelings along with coping strategies they have used in the past. Because most children presented difficult stories during the previous weeks, we wanted for them to be able to keep a positive outlook on things. So this time students had to tell us about a time when they feel happy and safe and a time when they feel sad and scared. Also they had to tell us how they deal with uncomfortable feelings and whether that has been helpful or not. As it happened in Day 1, several stories impact us in very distinct ways: the story of a boy whose father was incarcerated because of drug dealings and a little boy whose dad passed away several months ago from cancer. However, we also learned these children are very resilient and

resourceful because although not all of them had good coping strategies, they had a strong support system in their families, peers, and community.

Middle Stage (Day 4-6). The main focus on Day 4 and 5 was to introduce the concepts of empathy and instillation of hope. The first 3 groups sessions were emotionally draining not only for the children but the facilitators as well. The idea for these 2 days was to keep a positive attitude and help children to identify ways in which they can support one another. We also decided to introduce the idea of storybooks as way to provide a safe outlet for children to re-create their stories of trauma. As part of the empathy lesson, we had students do an activity in which they have to switch positions with a group member and try to see a situation from their point of view. During Day 5, we wanted to instill hope amidst adversity; we wanted our students to see that "hay esperanza a pesar de la adversidad". In doing so, we introduce the idea of the miracle question in which we asked students that if things will be different for them the next morning how they will be. We were blown away by the magnitude of their responses but the most common themes were: having money to take care of basic needs; feeling safe; finding missing relatives; and being reunited with love ones on both sides of the border.

The idea of the storybooks was introduced on Day 4 and work through the end of the project. Having the opportunity to use art to communicate their stories proved to be a very positive addition to the groups. Children were able to foster their creativity either by writing and/or drawing about their stories. During those group meetings, children actively engaged in the activity as they share their stories with the group. Group facilitators were available to process any feelings that might arise as the storybooks were taking shape. They also assisted in reminding students about skills being learned, positive coping strategies, and providing opportunities to rehearse and practice those skills.

Ending Stage (Day 7-8). Termination was introduced on Day 7. Discussing the idea of termination was difficult for the children; however, since Day 1, they knew the program would be short-term. During the last two meetings, children had an opportunity to talk about their experiences and provide feedback to facilitators. The last two meetings were particularly emotional since we all had to say goodbye. During the last meeting, we had a wrap-up activity in which students got certificates of completion, a group picture (taken on Day 7), and a small gathering where snacks were provided.

Assessment and Evaluation

As previously stated, no formal outcome data was collected as part of the outreach project since the intention was to provide support to the children and field test the intervention. However, a qualitative analysis of the children's storybooks was conducted by examining both the content of the written and oral narratives and an examination of the themes that emerged from the children's drawings in order to better understand the meaning of the children's narratives. The qualitative analysis also included an examination of the facilitators' field notes and reflection journals. Moreover, during the last meeting both students and teachers had an opportunity to provide feedback to facilitators. Qualitative data from the narratives and feedback session will be shared in the next sections.

The Meaning of Children's Narratives

Several themes emerged from the analysis and were summarized by using quotes from some of the project participants.

Social Justice

Throughout the duration of the project several social justice themes emerged. The most salient ones included poverty; access to basic needs such as food, clothing, shelter; feeling insecure due to the violence; racism, discrimination, and oppression; and marginalization. This quote from a 4th grader storybook represent some of these issues:

"Lo que desearía si tuviera una varita mágica fuera ayudar a mi mamá con mucho dinero para comprar una casa y con su operación" (What I wish if I could have a magic wand is to help my mom with lots of money so she could buy a house and with her surgery).

A 5th grader wrote about her desire to learn (have access to good education and books) and live in a safe environment:

" Yo quiero estar más en la escuela para aprender más cosas…quiero tener muchos libros para leer. Yo quiero que ya no hayan más malos porque nos asustamos mucho" (I want to be more time in school so I can learn more…I want to have many books to read. I wish there is less bad people because they scare us a lot).

Familismo

Having a strong sense of family support was another recurrent theme in the drawings and the narratives. Even for those children who had lost a family member

or never met one of their parents, knowing they could count on other family members for support was as essential source of support. The central role that family play on those children's lives was manifested by the number of children that, when working on the miracle question activity, indicated they would wish to have money to help their family or a family member in need. Most of these children were not selfish or self-centered, on the contrary, there were preoccupied with the well-being of others, which also speaks to another Latino/a value, which is collectivism rather than individualism.

This excerpt from a 4th grader storybook summarizes all:

" Mi deseo es que mi familia se recupere y ganaran más dinero y que mi papá no se fuera para los Estados Unidos porque mi papá se queria ir... yo quiero ayudarlos a trabajar para ganar más dinero. No quiero que mi familia se separe"(My wish is that my family could earn more money and that my dad wouldn't leave to the United States because my dad wants to leave…I want to work so I can help them with more money. I don't want for my family to separate).

Grief and Loss

Stories of missing or incarcerated parents; deportation; death of relatives; witnessing shootings, death bodies on the streets; fear of being kidnapped were the most salient themes encountered in the narratives and the drawings. This excerpt from a 4th grade girl exemplifies the story of many children whose parents or relatives have gone missing:

"A los 7 años me entere que mi padre habia desaparecido (apenas mi mamá y mi papá se habian divorciado" (At 7 years old, I found out that my father had disappeared (my mom and dad had just divorced).

This quote from a 4th grade boy exemplifies the sense of loss and abandonment experienced by some of these children:

"Lo que yo desearía si tuviera una barita mágica fuera conocer a mi padre porque nunca lo conocí porque cuando nací se fue y me dejo solo con mi mamá" (What I wish if I could have a magic wand will be to get to know my dad because I never met him because when I was born he left me with my mom).

Another 4th grade girl drew a picture of her uncle's grave with the following statement:

"[If I could have a magic wand] I would bring my uncle back to life" ([Si tuviera una barita mágica] Traeria a mi tío nuevamente a la vida).

Lastly, this example speaks about the drama of deportation:

"If I had a magic wand, I will make a passport for my dad so that we go back home and for my mom can have a girl because my mom wants one" (Si tuviera una barita mágica haria un pasaporte para mi papá para que pudiera regresar a casa y para mi mamá que pudiera tener una niña porque ella quiere una).

Violence and the Drug War

The impact of the drug war and on-going violence on both sides of the border were manifested in several ways throughout the program. Themes such as fear of the sicarios and kidnappings, parental incarceration, and drug use and abuse were some of the stories told by several children who participated in the project. The following is a quote from a 5th grade student:

"Si yo tuviera una barita mágica quisiera que se murieran todos los malos como los sicarios porque nos hacen daño ¡Porque son muy feos, unos que malos!" (If I could have a magic wand, I wish that all the bad people like the sicarios would be dead because they are bad and they harm us. They are very ugly and very bad!).

This is an excerpt from a 4th grade boy whose father was incarcerated because he was dealing drugs in both sides of the border:

"If I had a magic wand, even if I could just swing it one time, I would still want my dad back because I can't have two dads, with my dad here I would be the happiest kid in the whole entire world. P.S. And also it will be the best day of my life". (Si tuviera una barita mágica, aunque solo pudiera usarla una vez, yo quisiera regresar a mi padre porque no puedo tener dos padres, con mi padre conmigo, yo seria el niño más feliz del mundo. P.S. Y tambien seria el dia mas feliz de mi vida).

Lastly, one 4th grade boy drew about his painful memories of his father and his drug use:

"Papá no fumes mas drogas"...“Me lastima". (Dad don't use more drugs. That hurts me).

Student and Teacher's Feedback

As stated earlier, during the last session both students and teachers had an opportunity to provide feedback to the facilitators in terms of how they felt the program was helpful and areas they didn't like and would like to improve. Students were very open sharing their feedback and experiences. Five themes were identified across the classrooms: (1) the storybooks provided a

safe space to tell stories; (2) groups were " a space to get things off our chests"; (3) the program allow students to talk about their feelings and learn about respect, empathy, and controlling emotions; (4) being part of the group helped students to get along better; and lastly, (5) increase sense of belonging and acceptance (some children felt isolated and rejected by others at the beginning of the program). Lastly, regarding teacher feedback, several themes emerged: (1) the program exposed the students to a much needed feelings vocabulary and a common language to communicate more effectively; (2) classroom climate improved since the students bonded as part of sharing their stories-they developed respect and empathy; and (3) teachers felt the program help students focus more on the academics because their classroom behaviors improved significantly.

Clinical Implications

As indicated by teacher and student feedback along with the anecdotal information collected from facilitator's observations and field notes, the impact of *Cruzando Fronteras* in the lives of the children touched by the violence in the US-Mexico border can be quantified in several ways. First, due to the limited number of mental health services available to this population, this outreach project assisted in providing a much needed support and intervention at no cost. Secondly, considering the level of trauma, grief, and psychological problems manifested by these students, this project fostered the development of social emotional skills, promoted resilience, and provided a safe space to process their stories of trauma and grief. Third, by addressing the mental health needs of children we indirectly impacted the overall climate of the classroom, their ability to regulate their behaviors, and increase their focus and motivation on academic tasks. Fourth, to our knowledge there are a limited number of projects across the nation targeting this population utilizing a similar framework. We believe our project has the potential to impact positively the lives of children and in turn their families and individuals who work with them.

Although this outreach project produced the intended outcomes we set forth the pilot project, there is an acknowledgement that the project could it have been stronger if a formalized outcome evaluation component was implemented. The following section will address this project's limitations and future directions including the need for systematic data collection as part of future implementations.

Limitations and Future Directions

Several limitations were noted as we reflect back on this project. Time constraints were prominent throughout the project implementation, thus, limiting the depth and breadth of support and assistance that was provided to the school. Time constraints included the amount of travel time involved (2 hours each way; around 225 miles); limited time that volunteers could devote to the project due to other commitments; and lastly, having one hour instead of 45 minutes a week would have allow for more processing in the groups. Another limitation was related to the intervention itself. The fact that we combined two approaches (SEL and narrative therapy) proved to be counterproductive at times, particularly because children appeared to benefit more from the storybooks, although the skills learned as part of the SEL component were helpful. Maybe separating the programs would be beneficial in future interventions.

Thirdly, another limitation was the exclusion of teacher and parental participation during the pilot study. It is expected that in future implementations, teachers take a more active role in the groups to include delivery of social skills curriculum and group facilitation. Additionally, it is these authors' assertion that parental involvement should be an essential component of the program acknowledging the importance and role that family plays in these children's lives. Lastly, the fact that no formal data was collected for this pilot study (besides the feedback gathered from students and teachers during the last day) difficult the examination of outcomes for children, a necessary ingredient if we aspire to provide similar services in other schools.

Regarding future directions, it is hoped that the program will be implemented again at the same school in the fall of 2013. For this implementation, the program will be evaluated using a pre/post test research design. This pre/post test model will evaluate several areas including symptoms reduction, knowledge and utilization of core skills addressed in the groups, teacher rating forms, and if possible, parent rating forms. These last two measures are geared toward evaluating teachers and parent's perceptions of symptom reduction and frequency of presence of PTSD related symptoms. To the extent possible, this project would also seek a self-evaluation component from the students, this will occur at the end of the intervention.

Another area that we would like to formalize for the second phase of this project is regarding the training of school personnel. It is intended that school staff will experience an increased awareness and understanding of how PTSD is manifested in children; how to appropriately intervene; and how to prevent future events of violence from occurring. The effectiveness of the

training of school personnel will occur in two ways via surveys/evaluation of the training and also via the use of focus groups. Focus groups will allow us to process with school personnel the impact such training have had not only in their work with the children but also in alleviating some of the symptoms presented by the children in the schools.

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