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Taking TCOM to the Maya

LESSONS FROM A PILOT PROJECT USING THE FAST
AND CANS WITH INDIGENOUS MAYA IN GUATEMALA

Learning Objectives

- ▶ Increased sensitivity to cultures in which “person-centered” care can only be understood within the context of dramatically different concepts of family, education, and social norms.
- ▶ Insights into working with subpopulations from Central America, particularly as it relates to the impact of culture on how the CANS/FAST is administered and interpreted with immigrant Hispanic and Indigenous populations.
- ▶ Strategies for doing outreach with subpopulations whose understanding of the social support/mental health systems of care will be nascent or non-existent.

Why this Project?

- ▶ Historical context and involvement in community
- ▶ Grassroots development of NGO (ACEBAR) and [MayaCREW](#): Responding to the needs of the community: Education, Medical & Dental
- ▶ Opportunity to use the data for grants to build new resource opportunities for mental health and case management services
- ▶ Need to rethink where and how the NGO can best serve the community—a 15 year reset

Up till now, services have included



Education Promotion



Dental Clinics



Why TCOM?

The Guatemalan Perspective

The growing realization that while CEBAR is ostensibly about promoting education and public health, what we actually spend our time doing is social work –



Why TCOM?

The New York/US Perspective

- ▶ My own familiarity, through my work with a NYS waiver program, with the FAST and CANS tools, and my appreciation for TCOM's ability to assess the needs of culturally diverse families and children in the context of multidimensional and complex service systems
- ▶ Changes in the makeup of the populations being served in NY and my role as Spanish language interpreter in assessment process—increased need to explain to the treatment team why their “assumptions” of client behavior may not be culturally appropriate.

Basic Goals of the Project

- ▶ Reorientation and 15 year reset: The first step being to answer the questions: “What is the need and function of CEBAR, and where do we go next?”
- ▶ Increase the professionalism of our team through use of an internationally accepted tool
- ▶ Define service priorities and reach a shared vision of realistic and attainable client goals given the association’s very limited resources
- ▶ Establish a comprehensible metric that can demonstrate the success of our programs to international donors and funding sources
- ▶ To seek funding to build basic mental health services and referral capability in a community that currently has extremely limited access.

Meet the Team



Max Kintner

Manuela Larios

Tomás Estuardo Pacajoj

Basic Plan of Action

- ▶ Two days of training prior to the first interview for Guatemalan associates to reinforce knowledge of TCOM
- ▶ Choice to do in depth interviews with fewer families –Purposive Sample: 10 families with whom CEBAR already had a relationship and high level of trust. In all cases, these were “client families in the sense that at least one child is carrying a CEBAR scholarship, or they have received crisis assistance from CEBAR
- ▶ Prior to and following first interviews, a line-by-line consideration of modules and anchor descriptions to decide whether dimensions, anchor descriptions and ratings were appropriate given community norms, historical narratives, and cultural and economic realities
- ▶ Coding to be done following the interview as a team, with each assessor providing their thoughts on appropriate score.

Interview and Coding Methodology

- ▶ Team based, due to language and commitment to TCOM principles. All interviews done at least in part in K'iche' Maya, with a few interviews done mostly in Spanish
- ▶ Each session started with explanation of what we were going to do in terms of asking questions about their families and challenges they may or may not face in their lives
- ▶ Explained that family stories may be shared, but identifying information would remain confidential (signed consent)
- ▶ After first two clients, Guatemalan associates took the lead in asking questions

The Details

- ▶ In 8 workdays in early August 2018 we did 11 FAST Assessments at the CEBAR office in Chichicastenango. Only the mother was interviewed in 10 cases, in the other father also was present
- ▶ For all children/youth who scored an actionable score on the Child Functioning section of the FASTs, we completed the CANS. A total of 13 CANS were done. In some cases the child was present; in all cases the child was known to NGO staff administering the CANS
- ▶ Most interviews were conducted in K'iche' Maya



Translation and Application

TAKING TCOM TO THE MAYAN HIGHLANDS

Can We Separate Culture and Poverty?

- ▶ Recent UN Report says 83% Extreme Poverty in Guatemala (CIA says 79% among indigenous population)
- ▶ 60% growth stunting rate in this section of Guatemala (50% nationally)
- ▶ No sewage outside the town of Chichicastenango, about 1/3 of our respondents had no electricity
- ▶ > 80% unemployment in formal sector (>60% underemployment in all sectors – part-time or day work)

Financial Resources

- ▶ We settled on a '2' on the indicator Financial Resources if the family did not know where food will come from in a week or two or has relatively dependable family resources for inevitable hard times. A code of '3' was applied if every day is a hand-to-mouth struggle to eat
- ▶ In some families a huge percentage of the income supports chronic alcoholism of one or more family members – who may not show up in FAST/CANS coding
- ▶ Found it necessary to take into consideration the stress of high-pressure debt-collectors resulting from failed emigration attempts and/or high-pressure unsecured loans from quasi-banks that charge extortionate interest.

Extent & Impact of Poverty

- ▶ Financial Resources:
 - ▶ 36.4% of families coded a “2”
 - ▶ 63.6% of families coded a “3”
- ▶ Strain on Families
 - ▶ Caregiver Collaboration (88.9% actionable)
 - ▶ Family conflict (63.7% actionable)
 - ▶ Work/vocational (48% actionable; for those who financial resources support alcoholism, 75% actionable)

Residential Stability

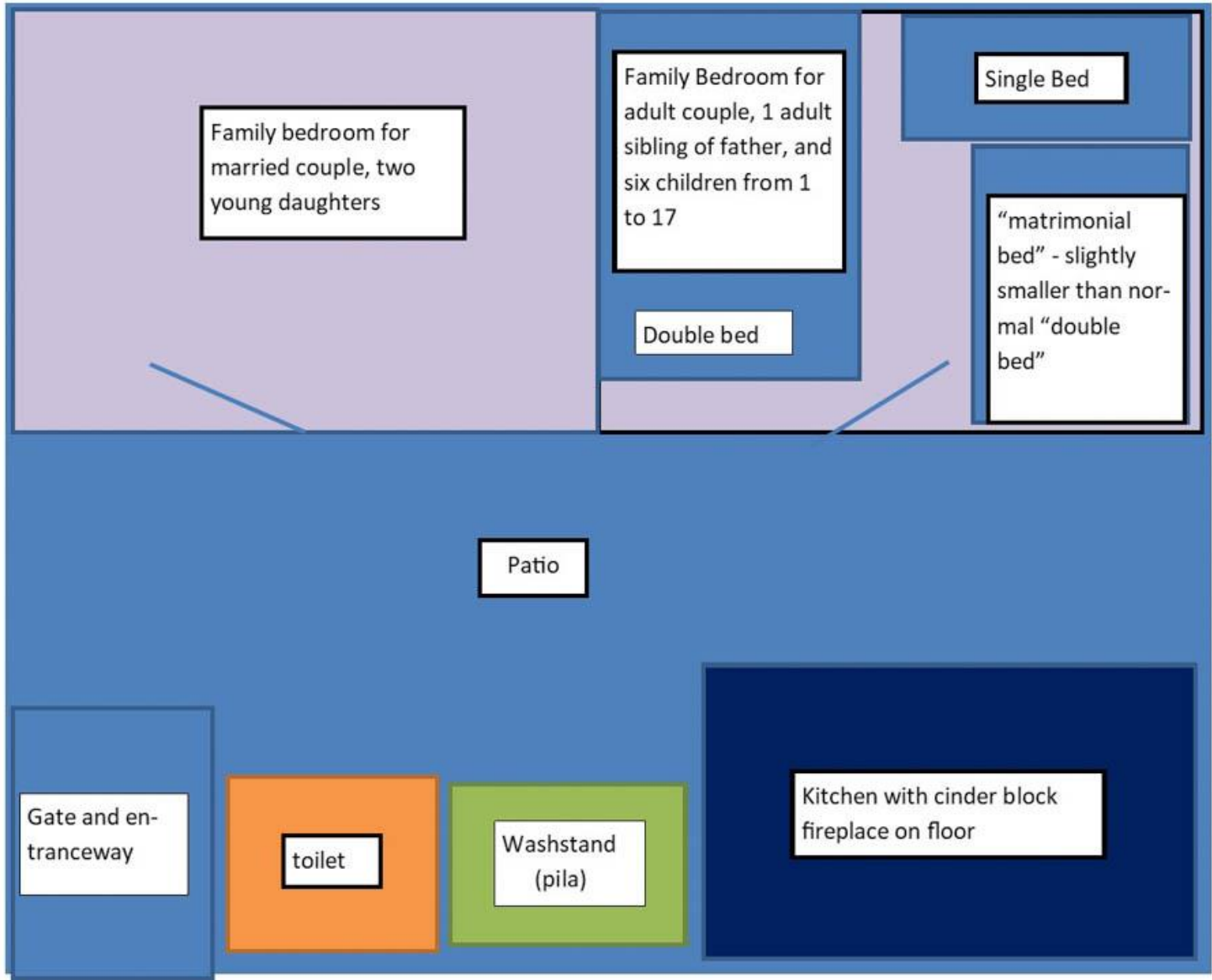
- ▶ Coding confused by very stable ownership of unsanitary and inadequate housing in some cases, and by extreme insecurity of housing in other cases. Residential Stability (27.3% actionable)
- ▶ Payment of rent and/or mortgage complicated by complex and often conflictive extended family arrangements
- ▶ Dissolution of family assets through loss of land due to generational inheritance divisions, and /or exploitation by lenders for failed emigration attempts
- ▶ Family instability increasingly exacerbated by lending and debt – with financing of failed emigration attempts the most extreme form of debt insecurity

The Family



Family Together – Findings

- ▶ Blurring of differences between Extended vs. Nuclear Family
- ▶ Discreet nuclear families live in very close proximity – as in the room next door or across the patio – from other nuclear families within the same extended family. To include shared kitchen, bathroom, and washbasin (pila).
- ▶ Reliance on extended family as primary resource, but complexity of relationships and prevalence of family conflicts



Spillover and Secondary Trauma inevitable due to population density and residential crowding

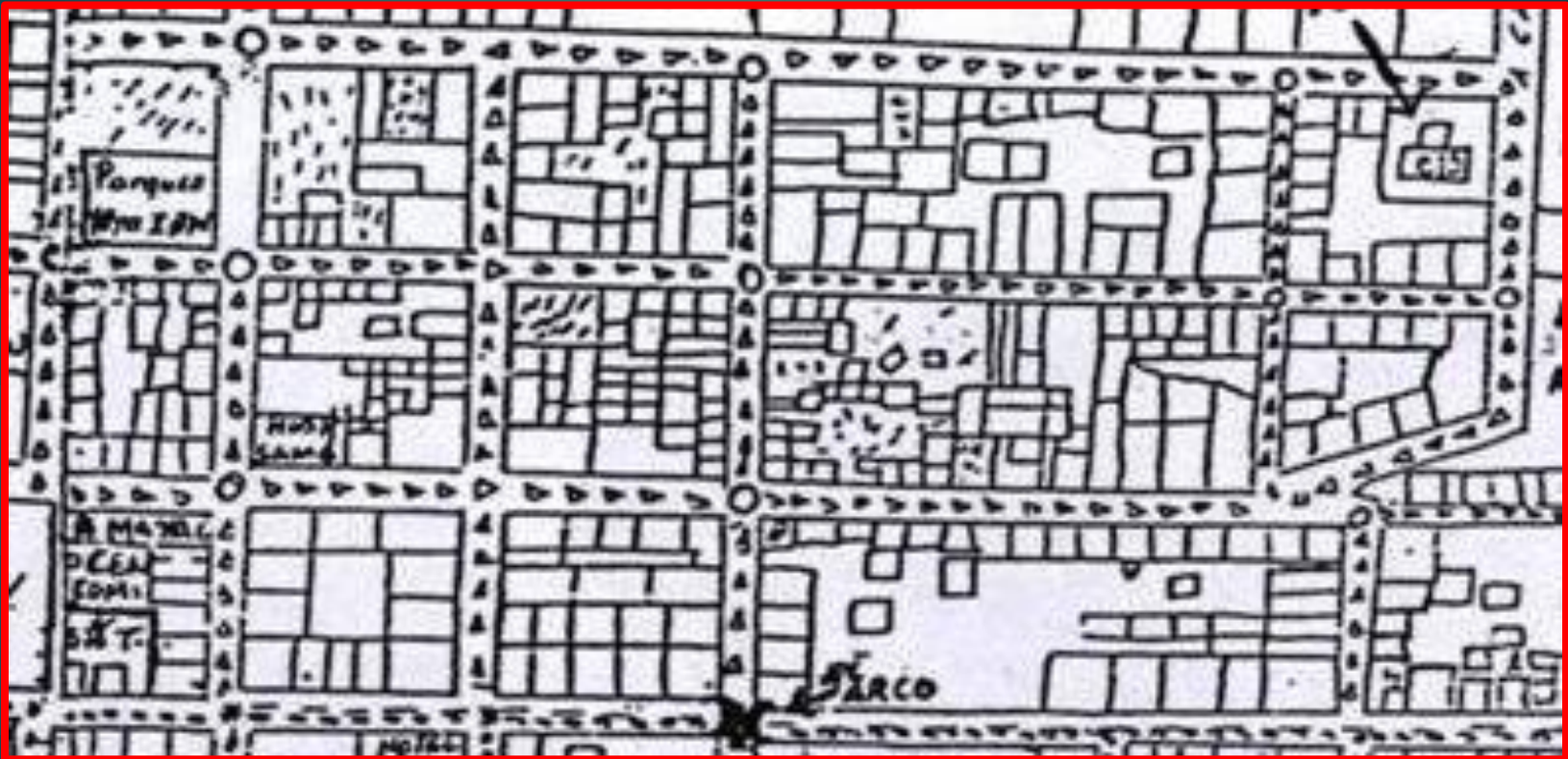


Diagram of several blocks in the pueblo

Impact of Population Density & Lack of Financial Resources

- ▶ Caregiver collaboration (88.9% actionable)
- ▶ Family conflict (63.7% actionable)
- ▶ Appropriate roles (72.8% actionable)
- ▶ Supervision (64.0% actionable)
- ▶ Discipline (56.0% actionable)

Caregiving

- ▶ Blurring of role boundaries, with pre-pubescent or very early adolescent youth saddled with parenting responsibilities
- ▶ High rate of violent domestic relationships due to alcoholism
- ▶ Flat/depressed affect common in women who have had a lot of children or girls who have had to raise families
- ▶ Public inebriation common for men ... due to lack of employment opportunities and cultural factors?

Supervision

- ▶ Cultural predisposition that infants be carried on their mother's back, or in some cases an older sister's back, almost all the time
- ▶ Economic pressures that force mothers to leave children at home with inappropriately young siblings or other caregivers who are not really qualified to provide supervision.
- ▶ Rural/Small town laid-back style of child supervision the norm in many families.
- ▶ No, or very little, disciplinary structure to enforce supervisory norms. Notions of "consequences" appears to be somewhat alien to families

Tolerance for Adolescent Behaviors...

- ▶ When adolescents become liabilities to the economy or status of a family or a community, they may be physically sanctioned, shunned, and sometimes shoved out of family or community unit when:
 - ▶ they start to drink
 - ▶ become violent toward family members or neighbors
 - ▶ engage in delinquency or other unacceptable behaviors
 - ▶ Exhibit non-conformance with norms of school or work
- ▶ High levels of depression among adolescents in the most challenged families

Schooling...

- ▶ Relates to cultural considerations in the discussion about **coding** problems in “supervision.” It’s OK with many families that children don’t go to school because “they don’t want to”
- ▶ Logistical and economic reasons not to go to school – outright costs and lost opportunity costs
- ▶ Few clear models of advantages of going to school – employment opportunities rare, most successful men in pueblo have scant education
- ▶ Very high elementary school dropout is the norm
- ▶ Parents engage in what would be “exploitative practices” with kids as a survival strategy
- ▶ No enforcement of current law requiring children to be in school till they are 13

Emigration and Trauma

Pre-Migration Trauma & Current Mental Health Functioning (Keller, et al.)

- ▶ Migrant families from Honduras, El Salvador, and Guatemala (N=234)
- ▶ Overall, 32% met PTSD symptomology, 24% for depression, and 17% for both disorders (Harvard Trauma Questionnaire/PHQ-9)
- ▶ Met criteria for asylum: 80% from El Salvador , 74% from Honduras; 41% from Guatemala
- ▶ Limitations: Need for additional information/research on Guatemala and the nature of the trauma being experienced.

Increased Salience of project due to US Immigration Zero-tolerance policy

- ▶ Salience of the project increased as a result of the crisis and increasing incidence of family crises related to influx of children and families
- ▶ Growing awareness of pervasive mental health issues among immigrant population
- ▶ Recognition that rural Guatemalans in particular are more susceptible to deportation due to tightening definitions of “refugee.”

Trauma in Guatemala

- ▶ Historical trauma: social context of trauma –
La Violencia (1976-1986)
- ▶ Non-functioning government, and aversion to contact with government officials due to endemic corruption
- ▶ Trauma is often not as related to specific events or situations as it is to pervasive poverty

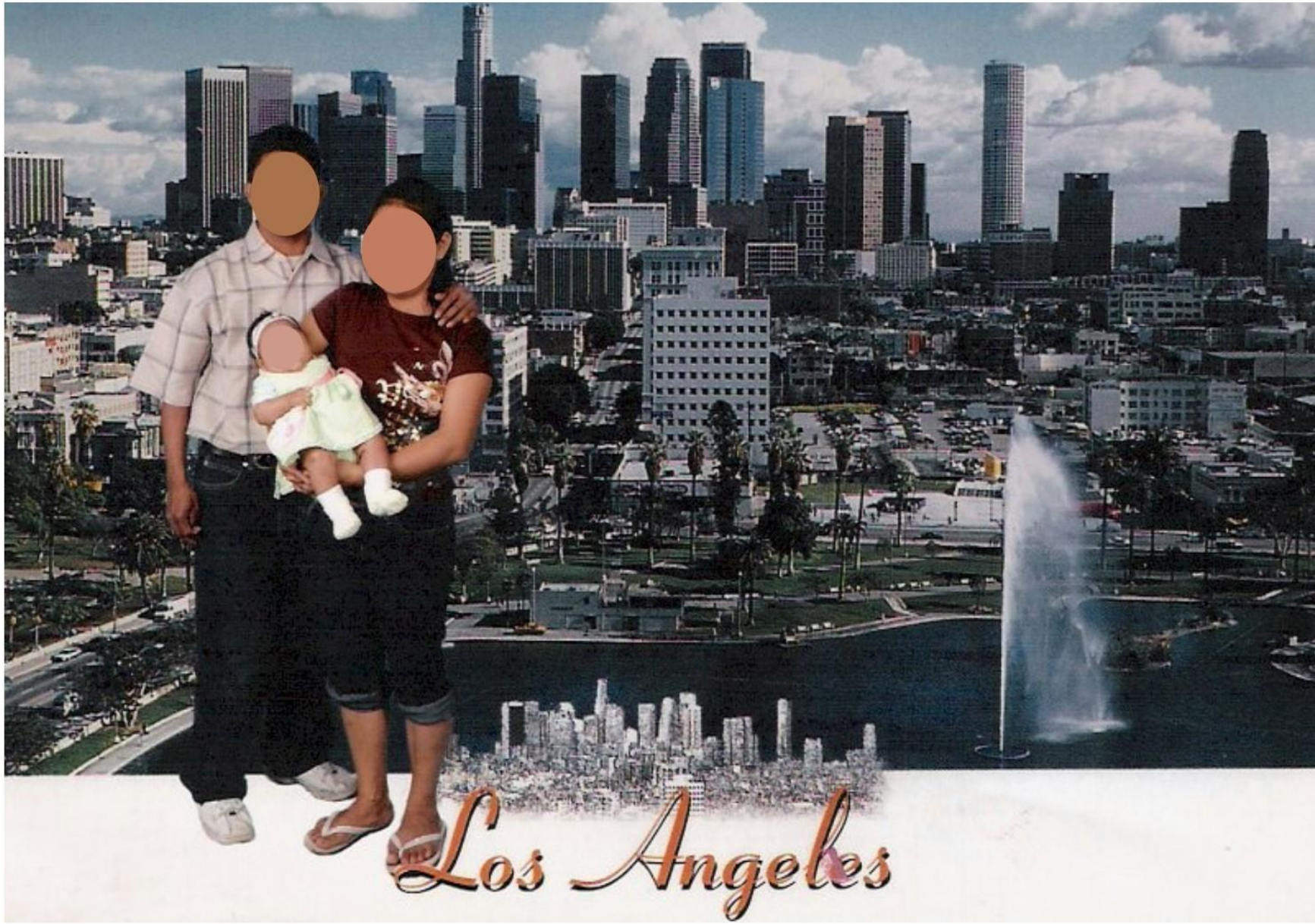
The Trauma Experience in Guatemala

Highest crime and gang violence areas: Guatemala City, the eastern part of the country, and the southern coastal areas – particularly near the borders. Vigilante actions can be equally traumatic



Emigration

- ▶ Gangs and Community/Family Violence
- ▶ Reunification – sometimes against child's will - with Family members in US
- ▶ Economic desperation – loss of land or home, and/or financial stability due to alcoholism and lack of employment or vocational opportunities
- ▶ Young men frequently sent by families as “last best hope” of economic salvation



Los Angeles

Emigration is Almost Always an Act of Desperation

Comment by a Guatemalan wife and mother we met:

Aquí, no siempre tiene trabajo, pero siempre tenemos frijoles y algunas veces tenemos carne. Le digo que si va a los Estados Unidos, sí, él tendrá carne, pero nosotros no tendremos frijoles.

Here, he does not always have work, but we always have beans and sometimes we have meat. I tell him that if he goes to the United States, yes, he'll have meat, but we won't have beans.

Summation

Considerations for US professionals working with Immigrants:

- ▶ Language acuity may not be obvious – clients may seem to be fluent in Spanish but not have real fluency
- ▶ Families are a source of primary conflict as well as of support
- ▶ Trauma symptomology may not be informed by ACE events
- ▶ Alcoholism may be source of trauma, but deeper interview techniques may be needed to reveal this linkage
- ▶ Need to build trust in institutionally based service structures
- ▶ Need to engage in health promotion outreach—Preventive Health and Mental Health are likely to be unfamiliar concepts
- ▶ Lack of vocational training / may be barely literate

This is what WE learned

- ▶ The value – often overlooked – of the FAST/CANS as a structured interview tool
- ▶ Enthusiasm of staff
- ▶ Enthusiastic cooperation of participants
- ▶ Sense of empowerment for all concerned
- ▶ Achievement of goal—identification of needs and strengths
- ▶ Organizational learning—use of tool to engage families in the Educational Scholarship Program



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