

Notes from December 17, 2014 Rio Grande Valley/Harlingen Meeting

Children's Bereavement Services

Initial Impressions and Comments Related to NEED

All agree that everyone offering bereavement services in the Rio Grande Valley (RGV) is stretched and stressed. There seems to be no specific support for children, many gaps in resources, and no case management or coordination of services.

We may need to start with awareness and addressing misconceptions regarding child grief and trauma. "Grief is an uncomfortable discussion topic in these communities/this culture." There is often stigma attached to death and grief.

The MADD organization sees much need due to sudden death occurrences. Beyond the emotional issues, there is so much *basic* need for these families. "Just getting food to the homes is hard."

Traumatic grief: Per Rosie Martinez, there are NO services for children affected by violent crime. "Adults do have some resources; and there are 101 homicide cases...but no help for children and no family group." Need to be able to serve children and families at the same time.

There are no dedicated financial resources for children's bereavement. Funding sources are limited. Nina Enriquez noted that there is not a revenue base for bereavement counseling. It is not a reimbursable benefit. {"We would love to have UT Pan American do a pilot program with support for children in the schools."}

Training or comfort level of even willing individuals is lacking. There is no specific agency or entity providing support for bereavement professionals in Valley. Counselors and school districts are busy handling administrative duties. There is not even emergency preparedness for children or crisis response and intervention. This can lead to burnout and stress. Training of First Responders is an important need.

Nancy Saenz from Hope Family Medical Center noted that they would love to have more training. {Michelle Ramirez noted that when they launched multi site Sesame Street "When Families Grieve" events a few years ago, they were well attended and accepted.}

Transportation in the RGV is a huge problem; there is not an adequate public transportation system. "Seems as if it would work better to go out there, into the community centers."

The RGV lacks consistency and expert representation or voice on behalf of grieving families. Joseph Perez of Valley Baptist strongly suggests that RGV needs to have bereavement represented by a single person..."an authoritative source". Wait time is important. "We need to know what exists here already, what the groups are and where they are. Location is key." The need is not only for direct services, but someone/someplace to serve as central referral entity.

Whatever structure that is envisioned must incorporate basic elements including logistics of transportation; available, accessible facilities; and bilingual programming that incorporates cultural beliefs and understanding of grief in the Hispanic community. A successful approach will need to be cooperative and not competitive among hospitals, hospices, or organizations.

With regard to RESOURCES, and “What Exists Now?”

1. There is a very committed and passionate core group of professionals/volunteers (RGV Community Bereavement Task Force facilitated by UTHSC).
2. Joseph Perez says that Valley Baptist does adult grief groups as a “Gift” to the community
3. Methodist Healthcare Ministries has church based community counseling, which is very helpful, as well as nurses in churches.
4. Crime victim assistance group holds an annual candlelight vigil and will possibly do a 3 day event in September.
5. Michael Muniz at UTPA accepts individual clients and has about 20 counseling students per year. Student internships and volunteers could provide manpower in a coordinated system.
6. Michael would like opportunity for a 2- day training on children’s bereavement. It was generally felt that even competent counselors need training in grief and trauma.
7. Dolores Saenz is the only referral resource for trauma counseling in the valley area.
8. Nina Enriquez, through Renaissance Hospital, has started a group for teens and family groups. She also does home visits for adults. She will be starting a group for children monthly in McAllen. She would also like to do research.
9. They could envision training webinars (Assoc of Professional Chaplains, RAHC).
10. Children’s Bereavement Center of South Texas has just completed three training videos related to grief in children. These will be available shortly, at no cost online.
11. Hope Family Medical Center accepts children and teens for individual counseling. Laughter Yoga for relaxation therapy is offered at Hope family Health. .
12. UTPA has a facility that can be used for camps: it is a scout camp, “Oasis”, in La Feria.
13. There is also a very large building, downtown in La Feria that has been offered to Crime Victims Group or use by another nonprofit.
14. It should be noted that most people go to either Harlingen or McAllen for health resources.
15. MADD offers victim advocacy for victims of alcohol related accidents/deaths and referrals to counseling for victims
16. When Families Grieve Sesame Street resource packets with CBCST brochures are provided by UT Health Science to families in need as requested

With regard to OPPORTUNITIES

Question arose regarding whether there needs to be a specific “site” to have a children’s bereavement program. Most believe that it would be hard to do an expressive arts bereavement program without permanent site (s); and wonder if we could set up microcosm sites with sand trays, art material etc...potentially in 3 places in RGV. If funded, you could potentially add 2-3 counselors to rotate through the sites. And you might do grief groups. A starting point would be creating a concept paper with budget (seed money and sustaining revenue noted). Also would need a plan with regard to interns and volunteers. “There are many undergraduate level students in the area who would probably like some involvement. “

Rose Mary Fry indicated that it appears that this entire RGV Children’s Bereavement Support initiative will need a planning phase, during which someone with experience and expertise can do an assessment, articulate a needs statement, and develop recommendations. It will be essential that we secure pilot funding for planning to do it in a structured, comprehensive manner.

A question arose as to whether we could we staff a hotline in San Antonio. Michelle Ramirez says she essentially does this now in limited manner for families in the Valley.

In terms of trainings, the University in Edinburg might be a viable training place...with rooms available. UT Health Science Center in Harlingen can still be utilized upon request. Michelle...with funding...CBCST might be able to hire someone to do training.

It is essential to see where the human resources/students and volunteers are located. Programs similar to the San Antonio model cannot function without a strong volunteer base. Hidalgo County now has a combined population of about a million.

“It will be important, too, to see if the area hospices would embrace this concept.” As part of the pilot effort, you would want to meet with community leaders and potential funders about the need for children’s bereavement services.

Whatever is envisioned, it is important to note that “Grief culture here is different”, per Rosie. There are those who believe that you must let the loved one go after death”, and not focus on this...so that they can rest in peace. Counseling program and counselors will not only need to be bilingual, but bicultural.

Children’s Bereavement Center of South Texas has a philosophy and vision that embraces every grieving child in South Texas having access to competent and compassionate care. Still, our human resources and financial resources are presently challenged by unprecedented growth in San Antonio area programs. We will need to determine the appropriate role for assisting and supporting the Rio Grande Valley. Leadership from RGV will be an essential element of any potential partnership with the San Antonio based Children’s Bereavement Center.