

ABSTRACT

DEPRESSION AND ANXIETY CROCHET GROUP FOR LATINAS:

A GRANT WRITING THESIS

By

Claudia Fernandez

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The purpose of this project was to locate a potential funding source and write a grant to fund a program for Latina women living in Orange County, California with depression and anxiety. Latinas are at a high risk for depression and other mental health conditions due to domestic violence, gender role expectations, stigma, and limited access to mental health resources. The goal of this program is to reduce depression and anxiety rates among 150 Latinas. This program will provide culturally sensitive empirically supported groups in which crocheting is used as part of an intervention that includes the curriculum from *A Window Between Worlds* (2015), employing art as a healing tool for trauma. The groups will also include cognitive behavioral therapy and encourage the women to use journaling and mindfulness meditation. Standardized instruments will evaluate outcomes. Submission of the grant was not a requirement for this project.

DEPRESSION AND ANXIETY CROCHET GROUP FOR LATINAS:
A GRANT WRITING THESIS

A THESIS

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Committee Members:

Jo Brocato, Ph.D. (Chair)
Marilyn Potts, Ph.D.
Janaki Santhiveeran, Ph.D.

College Designee:

Nancy Meyer-Adams, Ph.D.

By Claudia Fernandez

B.A., 2010, University of California, Irvine

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CHAPTER 1

INTRODUCTION

The Latino population has been rapidly growing in the United States. There are 17 million Latina women, making up 52% of the entire Latino population (U.S. Census Bureau, 2004). Tran et al. (2014) stated that Latina women face many social inequalities that lead to certain health conditions, and as a result limit their access to health care (p. 260). Among these health conditions is an increased risk for poor mental health. Unfortunately, Latinas are at a higher risk for depression and other mental health conditions due to domestic violence, gender role expectations, stigma, and limited access to mental health resources (Tran et al., 2014).

The National Alliance of Mental Illness (NAMI; 2012) reported that 10-14 million people experience clinical depression each year. The largest group of individuals meeting the criteria for a depressive disorder are women ages 18-45. Latina women are at an increased risk, experiencing depression at twice the rate of Latino men, and more likely to experience depression than Caucasian and African American women (NAMI, 2012).

Furthermore, of those who were hospitalized for a mental health disorder in Orange County, California, 20.7% were Latina women. Compared to other ethnic groups or population of Latinas in Orange County, overall, 31.2 % of the hospitalizations for a mental health disorder were in Santa Ana alone. Among Latinas, the number one reason

for hospitalizations was major depression (County of Orange, 2013). Although some statistics regarding Latina women and depression are available, most cases go unreported. Tran et al. (2014) found that less than 9% of Latina women who were depressed contacted a mental health specialist and Latina women who were immigrants contacted a mental health specialist at an even lower rate.

Barriers

As explained by Caplan et al. (2011), beliefs about mental illness are influenced by cultural and religious values among the traditional Latino community. As a result of these beliefs, perceived stigma concerning mental health has become prevalent among Latinos. Religious and cultural values can influence these beliefs and as a result affect help-seeking behaviors. Religion, more specifically Catholicism, is a major part of the Latino culture. The Catholic religion has influenced some of the traits that Latinos display. Fatalism, suffering, and resignation when facing unfavorable conditions are some of these traits (Caplan et al., 2011). For example, many Latinos have fatalistic beliefs about illnesses and misfortunes occurring in one's life; they believe that these adversities are due to God's will, bad luck, or destiny. Caplan et al. (2011) argued that the traits mentioned above have become cultural barriers to seeking medical and psychological preventive care among Latina immigrants. Perceived stigma that causes feelings of shame or embarrassment about depression has also contributed to forming a barrier to seeking mental health treatment among Latinos.

Moreover, other cultural values such as self-sacrifice in Latina women have also become a barrier when facing depression. Matlin (2012) noted that Latina women tend to be more self-sacrificing and believe they have to be selfless by focusing more on the

problems of their family members and friends and ignoring their own needs. The notion of *marianismo* plays an important role in Latina women and their views on depression. For example, women are expected to be devoted to their families, adhere to gender role expectations, be subordinate to others, and put others' needs before theirs (Matlin, 2012). This means that when Latina women are experiencing depression they tend to remain self-silencing, ignoring their own needs, and not seek mental health treatment in order to maintain the peace and harmony in their relationships.

Rastogi, Hastings, and Wieling (2012) explained that another significant barrier why Latinas do not seek treatment for depression is the fear of deportation. Many of these women are not aware of the resources and services available to them despite their legal status. They also believe that if they choose to receive treatment, they will be obligated to disclose personal information that perhaps will result in a negative outcome leading to deportation. Adding to that, 37% of Latinos in the United States do not have health insurance and because of their immigration status, undocumented Latinos are not legally entitled to any benefits such as health insurance. This is yet another barrier to receiving treatment for depression.

Consequences for Not Intervening

Not receiving treatment for depression or other mental illnesses can have severe consequences and in some cases be fatal. Joy and Hudes (2010) shared that Latina women living with untreated depression tend to have low self-esteem, acute and chronic illnesses, poor health, relationship conflicts, financial instability, emotionally insecurity, and unemployment issues. The California Department of Public Health (2012) found that in 2012, in Orange County, 346 Hispanics visited the emergency department due to

suicide attempts. Adding to that, 261 Hispanics were hospitalized due to the same reason, and 30 resulted in deaths. More specific, major depression was the number one cause for 31.2% of the hospitalizations for a mental health disorder in the city of Santa Ana (County of Orange, 2013). One can clearly see that treatment for depression is crucial among many Latinas.

Purpose

The purpose of this project is to write a grant to fund a program for Latina women living in Orange County, more specifically for Latina women with depression and anxiety who live in the city of Santa Ana. The goal for this project is to create therapy groups of about 10 women in each group. In these groups crocheting will be used as an intervention to treat depression and anxiety. These women can keep their crocheted garments or they can choose to donate the garments to a local hospital or shelter. Along with crocheting, curricular materials from from A Window Between Worlds (2015) will be used, which uses art as a healing tool to empower women who have been impacted by trauma. The curriculum from A Window Between Worlds is based on the posttraumatic growth theory which focuses on experiencing positive psychological change as a result of struggling with extremely challenging life circumstances (Jayawickreme & Blackie, 2014). Jayawickreme and Blackie (2014) stated that when a person positively transforms beliefs and behaviors, these can be manifested in identifying new possibilities for one's life, improving relations to others, increasing perception of personal strength, leading to spiritual growth and enhancing appreciation of life. This project will also include cognitive behavioral therapy to encourage the women to use journaling and other techniques as ways to identifying their negative thoughts and replacing them with

healthier more positive ways of thinking. Other interventions such as mindfulness, meditation and breathing exercises will be used well.

Definition of Terms

Depression: Feelings of being intensely sad, miserable, and/or hopeless. Some patients describe an absence of feelings and/or dysphoria, difficulty recovering from such moods, pessimism about the future, pervasive shame and/or guilt, feelings of inferior self-worth, and thoughts of suicide and suicidal behavior (American Psychiatric Association [APA], 2013).

Anxiety: The physiological and psychological reaction to an expected danger, whether real or imagined (Anxiety, 2014).

Postpartum depression: Mood episodes can have their onset either during pregnancy or postpartum. Women with peripartum major depressive episodes often have severe anxiety and even panic attacks. Major depressive symptoms occur during pregnancy or in the 4 weeks following delivery (APA, 2013).

Marianismo: Submissiveness, selflessness, chastity, hyper femininity, and the complete acceptance of the male as dominant in any courting pair (Marianismo, 2014),

Latinas poderosas: A *mujer* (woman)-grounded culturally centered skill set in which Latinas translate and transform everyday processes while preserving and nurturing healthy elements of tradition to reinforce their evolving identities and values (Gloria & Castellanos, 2013).

Fatalism: A doctrine that events are fixed in advance so that human beings are powerless to change them; also a belief in or attitude determined by this doctrine (Fatalism, 2006).

Familism: A social pattern in which the family assumes a position of ascendance over individual interests (Familism, 2006).

Somatization: Conversion of a mental state (as depression or anxiety) into physical symptoms; also the existence of physical bodily complaints in the absence of a known medical condition (Somatization, 2006).

Nervios: (Nerves) refers to a chronic, generalized sense of psychological distress (Alcantara, Abelson, & Gone, 2012).

Multicultural Relevance

Even though the focus of this study is Latina women, it is important to consider that Latina women are not homogenous. The U.S. Census Bureau (2004) informs that there are 64% of Mexicans, 9.4% Puerto Ricans, 3.8% Salvadorians, 3.7% Cubans, 3.1% Dominicans, 2.3% Guatemalans, and the remaining 13.7% are people of other Hispanic or Latino origins. Also, the barriers that Latina women face might be different depending on their culture. For instance, Mexican Latina immigrants might face different challenges on their journey when entering this country when comparing them to Cuban Latina immigrants. Also, another thing to keep in mind is that Latina women come from different socioeconomic statuses, and educational backgrounds.

Relevance to Social Work

Mayden and Nieves (2000) explain that currently the United States is lacking in culturally competent, bilingual, service providers to serve members of the various ethnic groups. With that said, this project will make sure to include bilingual social workers and interns in order to better serve the clients. Furthermore, it is also important to note that Latina women face greater barriers to accessing mental health services than either males

or White women, for instance, access to child care being one of them. Thus, the importance of having a child care provider on site was also taken into account in this project.

Conclusion

Latinas are at a higher risk for depression and other mental health conditions due to domestic violence, gender role expectations, stigma, and limited access to mental health resources. Latina women are also at an increased risk for depression at twice the rate of Latino men and more likely to experience depression than Caucasian and African American women. Furthermore, in Orange County, California, of those who were hospitalized for a mental health disorder, 20.7% were Latina women, major depressive disorder being the number one reason. Moreover stigma concerning mental health caused by some religious and cultural values, *fatalism*, *marianismo*, and fear of deportation are some of the barriers preventing Latina women from receiving treatment.

CHAPTER 2

LITERATURE REVIEW

Women have been gathering in circles throughout history. Some women from Native American and African cultures as well as other cultures throughout history have gathered in what are popularly known as red tents. Welser (2007) noted that in these groups women not only share menstrual and birthing information, but the groups have also served for different purposes, such as spiritual reasons, to participate in activism, and to provide a safe haven for women to voice their opinions and beliefs. Bolen (2003) reported that women in circles discover themselves and provide support for one another through talk. They do this by listening, witnessing, role modeling, reacting, deepening, mirroring, laughing, crying, grieving, drawing upon experience, and sharing the wisdom of experience. Bolen went on to say that when women gather in circles, if the circle is trustworthy and has respectful boundaries, it has the power to positively transform them.

This review of the literature offers insight into the growing problem of depression and anxiety among Latina women in the United States, and how risk factors such as domestic violence, postpartum depression, teen pregnancy, trauma, and transnationalism exacerbate depressive and anxiety symptoms among Latina women. On a brighter note, the literature suggests that there are protective factors such as familism and the concepts of *comadres* and *Latinas poderosas*, which have served as buffers when treating depression among Latina women. Finally, there are findings in the literature review that

support past and current interventions such as group work, art therapy, cognitive behavioral therapy, mindfulness, yoga, spirituality, and altruism which have also played an important role when treating depression among this population.

Risk Factors

Postpartum Depression

Le, Lara, and Perry (2008) gathered data regarding the recruitment process from two randomized controlled trials of prevention programming for postpartum depression. Participants in this study included 217 Latinas in the United States and 377 women born and raised in Mexico. The findings indicated that Latinas in the United States are at high risk for postpartum depression and although the prevalence rate is high, depression is underreported and untreated. The importance of understanding cultural values was underscored by the researchers who then concluded one of the reasons as to why Latina women underreport postpartum depression has to do with the fact that in Latino cultures women are socialized not to invest time and effort in looking after themselves but in looking after others. Not meeting the traditional role of a good house wife and mother may be seen and labeled and selfish (Le et al., 2008). For some Latina women, the presence of strong family ties is important during the perinatal period. In Hassert and Kurpius's (2011) study of 59 Latinas who had given birth during the past 6 months found that having the baby's father present as well as close female relatives is crucial for Latina women and their mental health. Immigrant Latina mothers face several stressors in their daily lives, some of them being unemployment, financial difficulties, and emotional and physical trauma prior to or during immigration. When they reach their destination, they encounter poor housing conditions, language barriers, and perceived cultural

discrimination and being young single mothers they lack social support (Hassert & Kurpius, 2011).

Teen Pregnancy

Latina adolescents have higher teenage pregnancy rates compared to their White peers. According to the Orange County Health Profile, 44.3% of all adolescent pregnancies in Orange County are by Latina adolescents. The city of Santa Ana has the highest adolescent pregnancy rates out of all the cities in Orange County at 53.5% (County of Orange, 2013). Huang, Costeines, Kaufman, and Ayala (2014) argued that Latina adolescent mothers experience more hardships than White adolescent mothers; some of these being higher depression rates, higher school dropout rates, and economic disadvantage. The results of their study with 180 adolescent mothers of African American and Latino descent that examined parenting stress in adolescent mothers and the association with their perceived social support on maternal depression suggested that Latina adolescent mothers had higher levels of parenting stress when they had less perceived social support, which resulted in higher levels of depression (Huang et al., 2014).

Trauma

Kaltman, Mendosa, Gonzales, Serrano, and Guarnaccia (2011) reported that immigrants from Central America living in the United States have a high incidence of traumatic experiences. In Kaltman et al.'s study, 28 women completed life history interviews where various types of trauma were identified. The women spoke about the trauma they experienced in their country of origin, and their immigration experience. Some of these trauma experiences were related to political violence, family members

being kidnapped or disappearing, and exposure to grotesque scenes. Benitez et al. (2010) suggest that cultural beliefs, values, and ethnic factors may play a role when mediating the experiences and effects of abuse and other trauma experiences, and also the development of psychopathology. When looking at past and current studies, it was found that specific types of trauma including physical violence experienced by Latina women were significantly correlated with higher prevalence of depression compared to White non-Latina women (Kaltman et al., 2011).

Domestic violence is one of the many reasons why Latina women experience depression in the United States. Edelson, Hokoda and Lira (2007) reported that in their study 50% of Latina women who were immigrants in the United States reported physical abuse, intimidation, verbal threats, and coercion from their intimate partners. In addition, Latina women who were victims of domestic violence experienced more depression, lower social support, lower self-esteem, and greater trauma-related symptoms (Edelson et al., 2007). Latina women often do not report domestic abuse or depression because of *marianismo*. Some Latina women in domestic violence situations struggle to remove themselves from the violent situation because sometimes family members do not support the idea of the women leaving their husbands, stressing the idea that it is important for children to have their father in their lives and also the importance of their role as a wife (Kaltman et al., 2011). Many Latina women internalize traits such as self-sacrificing behaviors, submissiveness, and deference to others which may increase the risk of remaining in a situation of domestic violence and thus resulting in depression (Edelson et al., 2007).

Depression

Tofoli, Andrade, and Fortes (2011) stated that most Latin American populations are prone to somatization of depression symptoms. In Chong, Reinschmidt, and Moreno's (2010) study, 100 adult Hispanic patients in a Mobile Health Program in southern Arizona participated in a survey to obtain information about their somatic and psychiatric symptoms. The participants were asked to rate how severe their symptoms were in the depression screening section of the Personal Health Questionnaire-9 (PHQ-9). The results indicated that Hispanic women who were over the age of 40 reported somatic symptoms at a disproportionately higher rate than those women younger than 40 (Chong et al., 2010). Somatic symptoms are symptoms that are vague and unexplained aches and pains, which are often symptoms of depression among Latina women. However, according to Chong et al., for some Latina women with medical illnesses and depression, their somatic symptoms may also be effects of the drugs used to treat the medical disease; therefore, the detection of depression is more difficult. Additionally they found Latinas were more likely to seek medical care for physical distress rather than emotional or psychological distress. One of the reasons for seeking medical rather than mental health treatment may be because of the stigma attached to mental health problems.

In their study of 577 low-income women who met criteria for depression, Nadeem, Lange, and Miranda (2010) indicated that when seeking help for emotional problems Latinas scored higher on a stigma scale when compared to White women; and so stigma concerns might influence Latina women's acknowledgement that they might have a mental health problem. Some Latina women also held the belief that they would

be perceived as crazy and held negative beliefs about other individuals with mental health illnesses.

Grief and Loss, Transnationalism

According to Rocco (2006), immigrants often go through a painful process of grieving the loss of leaving that part of their selves behind, their loved ones, homes, and having to detach from it all once they immigrate to another country. Falicov (2007) proposed a model for family therapy that focused on three contexts with immigrants: cultural-sociopolitical, the community, and relational. Falicov explained that symptoms such as depression, addictions, behavioral problems, psychosomatic illnesses, and anxiety are aggravated or precipitated by the migration process. Family members can experience these symptoms at any time or location, meaning at the time of the departure, at a later time, or at the time of the reunion among the members who were separated (Falicov, 2007). Falicov argued that transnational relational stress is a particular part of the family strains that is imposed by migration; it is inevitable and often impermanent. Falicov also stated those who immigrate are not the only ones who pay the emotional costs of transnationalism, it may also be considered for immediate and extended family members. According to Falicov, Latina immigrants who reside in large cities are primarily treated with medication due to presenting symptoms of depression and psychosomatic complaints, but they rarely speak about the stress they are experiencing due to separation.

Anxiety

Ai, Weiss, and Fincham (2014) conducted three sets of logistic regressions, predicting diagnostic outcomes for 1,427 Latinas identified in the first nationally representative, epidemiological study of Latino and Asian Americans living in the United

States. The researchers noted that compared to non-Hispanic Whites, fewer Latinas met the diagnostic criteria for general anxiety disorder. These researchers argued that Latinas' mental health patterns may be influenced by psychosocial factors that are culturally related. For the most part, Latinas are members of a collectivist culture; they are expected to be more attentive to the needs of others rather than their own needs. That being said family discord has been associated with increased likelihood of general anxiety disorder among Latinas (Ai et al., 2014).

There are culture bound syndromes that are associated with anxiety, *nervios* (nerves) and *ataque de nervios* (nervous attacks) are examples of some of these syndromes (Alcantara et al., 2012). In Alcantara et al.'s (2012) study, 582 participants including Mexican mothers, completed surveys on acculturation, trait anxiety, anxiety sensitivity, lifetime *nervios* and *ataque de nervios*, psychological distress, and acculturative stress. Results showed that compared to Latino men, Latina women report a higher prevalence of *nervios*; also Latina women who have a history of *nervios* are found to have higher odds for anxiety disorders (Alcantara et al., 2012).

Protective Factors

Familism

In Campos, Aguilera, Ullman, and Schetter's (2014) study, 173 men and women of Latino cultural background, 257 of European cultural background, and 642 of Asian cultural background, all living in the United States—completed measures of familism, closeness to family members, general perceived social support, and psychological health. The results showed that familism can serve as a protective factor against perceived stress and depressive symptoms among Latina women. Familism focuses on social support and

interconnectedness which plays a protective role in psychological health. Interacting warmly with close others on a daily basis and having positive responsiveness make individuals feel valued in their social network. Having high levels of familism can serve as a buffer against depression. Latinas acquire more benefits for psychological health because of their closeness to family and perceived support. Since Latina women seem to have higher levels of familism values such as closeness and support than men, which can create benefits for their psychological health (Campos et al, 2014)

Comadres

In a study by Valadez, Lumadue, Gutierrez, and de Vries-Kell (2006), 24 Mexican American females, ages 65-90 from three independent South Texas adult daycare locations were interviewed in order to determine the perceived impact of socialization on Latina mental wellness. There were common themes that arose throughout the interviews; one being the importance of sewing for their grandchildren since they could not always afford to purchase clothes. Making clothes with the other women for their grandchildren made them feel happy and improved their overall mood. There were many testimonials declaring that socializing with their *comadres* (other women their own age) from the center had positive impact on both their physical and mental well-being and decreased feelings of depression (Valadez et al., 2006). Participants stated that having conversations with individuals who shared similar experiences and the overall socialization opportunities provided by the adult day care were moderating factors that buffered against depression (Valadez et al., 2006). Some participants shared that their *comadres* would accompany them to their siblings' funerals and reported that they sometimes understood their pain better than their own children did.

Valadez et al. explained that this was because the participants were surrounded by other individuals who shared a common generational point of reference, and as a result provided emotional comfort.

Latinas Poderosas

According to Gloria and Castellanos (2013) Latinas have created a women-grounded skill set that is culturally centered in which they transform and translate their everyday processes while being able to preserve and nurture elements of tradition that are healthy and used to reinforce their evolving values and identities. Gloria and Castellanos went on to say that Latinas *poderosas* must live through their daily lives experiencing negative experiences about what they represent in today's society and who they are, but when they maintain their cultural values it provides them with a sense of meaning and groundedness in what and who they are as Latinas. Latinas have the ability to transform within their multiple identities, because of their internal ability to handle diversity (Gloria & Castellanos, 2013). Latinas also function as connectors, transformers, and key or wisdom keepers to different realities, by understanding the importance of connectivity with their surroundings and the basic nature of survival. Gloria and Castellanos reported that consciously and unconsciously, survival skills are generationally passed down to Latinas. This transaction happens through daily encounters of sharing time, space, eating a meal, and sitting with others in which their ancestors' values, cultural practices, and customs are transmitted. By embracing their different identities, Latinas move from being victims to survivors and *poderosas* and transform their realities as they encounter daily struggles and processes (Gloria & Castellanos, 2013).

Recovery Model

According to the National Association of Social Workers (1999) the recovery model is a concept for treatment where the clients have primary control when making decisions about their own care. Falloot and Harris (2002) introduced the trauma recovery and empowerment model as a group intervention to reduce the long term emotional, cognitive, and interpersonal consequences of trauma. It allows members to acknowledge the impact of trauma while enhancing their existing strengths for coping with current life events. In pilot studies that have been done among women who have survived trauma, results showed increased overall functioning and decreased psychiatric symptoms. The women reported that the group was helpful because they gained control in their lives, made better decisions, and experienced more positive and safer relationships.

Interventions

According to Yalom (2005), group therapy is equal to individual psychotherapy in its power to provide meaningful benefit to group members; it is a highly effective form of psychotherapy. Yalom asserted that therapeutic change happens through human experiences; he referred to as the 11 therapeutic factors. These factors are: universality, altruism, instillation of hope, imparting information, corrective recapitulation of the primary family experience, development of socializing techniques, imitative behavior, cohesiveness, existential factors, catharsis, interpersonal learning, and self-understanding.

Yalom (2005) stated that the primary curative group factor in group therapy is cohesiveness, because it facilitates collective self-esteem, well-being, and hopefulness for oneself. Yalom explained that when members are in a cohesive group, it enables them to

engage in the self-disclosure and personal exploration that is crucial in effective therapy. Cohesiveness is described as an important agent of change because through acceptance and empathy from the group members, personal self-esteem is altered. Yalom also pointed out universality as being a significant therapeutic mechanism because it allows participants to listen to each other and realize they are not alone in their problems.

Cognitive Behavioral Therapy

Stacciarini, O'Keeff, and Mathews (2007), in their review of 34 publications of interventions for Latinas experiencing depression explained that cognitive behavioral therapy paired with a psychoeducational component was shown to significantly reduce depression in Latina women. When using this approach, clients are taught about depression to help them understand the disorder, as well as relaxation and assertiveness techniques to improve mood control and social skills. Cognitive behavioral therapy also helps clients identify and alleviate the cultural stigma they might have experienced regarding therapy and mental illness. Stacciarini et al. (2007) also concluded that cognitive behavioral group therapy was effective when treating depression in Latinas because it was short term, direct, and focused on problem solving.

Mindfulness

In Desrosiers, Vine, Klemanski, and Hoeksema's (2013) study, 187 adults seeking treatment for mood and anxiety disorders completed a battery of self-report measures that included a mood and anxiety symptom questionnaire, which assessed for depression and anxiety and a ruminative response scale, which assessed for emotional regulation. Desrosiers et al. found that mindfulness has been found to significantly help lower the rates of depression and anxiety, as well as improve the wellbeing of individuals. Through

mindfulness, individuals were able to modulate their emotions when responding to environmental demands. According to Desrosiers et al. reappraisal has also been found to lower the rates of depression and anxiety in individuals. In reappraisal individuals reframe an experience that elicits emotions or a negative stimulus in a way that alters the impact of that experience. Similarly, in Kocovski, Fleming, Hawley, Huta, and Antony's (2013) study of 137 participants whose mean age was 34 years, 54% of participants were female and 62% were diagnosed with social anxiety disorder. Participants were randomly assigned to a mindfulness and acceptance-based group therapy and traditional cognitive behavioral group therapy. The results confirmed that using mindfulness in group therapy was effective for treating a wide range of psychological conditions, including depression and anxiety disorders. This was done by using approaches that promoted acceptance and behavioral strategies to change behaviors.

Yoga

Skowronek and Mounsey (2014) found that yoga produced an average of 39% reduction in symptom scores when looking at three systematic reviews of yoga for depression, anxiety, and stress. These three reviews evaluated 782 participants, ages 18 to 80 years, 82% of whom were females with mild to moderate depression. Participants had yoga sessions that varied from 1 hour weekly to 90 minutes daily over 2 to 24 weeks, where they also implemented other techniques such as relaxation, physical postures, and breathing techniques. The results showed that 483 participants reported significant reductions in depression symptoms in the yoga groups, compared to those in control groups. The Harvard Mental Health Letter (2009) reported that yoga regulated the stress

systems and reduced the heart rate, blood pressure, and respiration, resulting in improvements of perceived anxiety, depression, and well-being.

Art Therapy

Blomdahl, Gunnarsson, Guregård, and Björklund (2013) suggested that art therapy could help clients with depression and anxiety by promoting self-awareness, development of identity, and personal change. With art therapy clients experiencing depression would be able to express their feelings and clarify inner beliefs and experiences. Clients could also practice mindfulness, involving the body, mind, and emotions. Art therapy allows exploration of past experiences and future expectations indirectly in a nonthreatening manner. Therapists have the opportunity to ask clarifying questions of the client regarding the emerging picture.

In a randomized controlled study done by Thyme et al. (2007), of 121 participants, 44 women (36.4%) with depressive symptoms and 77 women (63.6%) with dysthymic disorder were randomly assigned to time-limited psychodynamic art therapy. The results showed that at the end of the study participants scores on the depression scales indicated fewer symptoms of depression compared to their initial levels, and they reported even fewer symptoms at the 3-month follow-up compared to the control group.

There have been similar interventions used in the past to treat depression among Latina and other women groups that strengthen social bonds. Allen and Wozniac (2014) speak about the benefits of rituals whether formal or informal in groups. They explain that through rituals using art, poetry, blessings and music, women support each other in their healing process. They have found that mental health professionals recognize the benefits of these rituals in promoting individual change and enhancing social

relationships. Although it has been found that many of these groups have been used more for women who are recovering from domestic violence and not much has been done specifically for Latina women undergoing depression, these rituals may also have a positive effect on Latina women with depression, since they may gain feelings of empowerment and self-worth.

Similarly, Cohen (2013) described a program for 24 women who had experienced gender based violence in Ecuador. In their groups women were introduced to art therapy techniques, psycho-education, peer support, and psychosocial skill building. All was done within the context of sewing collectively. These women shared and processed their stories by designing and sewing textiles and engaging in psychotherapeutic activities which supported their recovery. The group also helped the women socialize and connect with others and bring them out of social isolation. Adding to that, the women also learned coping skills important when managing intense emotional states, self-expression, reducing stigma, and shame. This program also helped these groups of women discover skills, talent, and capacity that they had not appreciated before. Many of them commented that they felt stronger than before because they were able to find their voice.

Schenk (2014) reported that a women's outreach center in Cleveland used arts and crafts, especially crocheting, as a way to boost the self-esteem of women who are struggling with the transition from shelters to permanent homes. Eighty percent of the women at this center had some type of trauma or mental illness, and many also had substance use issues. The crocheting was found to have a calming effect and enhanced their self-esteem by seeing the results of their work. The women also formed a social support network with each other; they admired each other's work and even the most

reserved participants began socializing with other group members. More than half of the participants were White and the rest were African American. Latina women did not participate in the groups.

Spirituality

Cervantes (2010) argued that a psychospiritual belief system is at the base of Latina clients, specifically those of Mexican and Mexican American backgrounds. Cervantes added that theory, skills, and practice must be appropriately addressed in a culturally consistent framework. He stated that over the past decade it has been a challenge to develop meaningful conceptual frameworks and therapeutic principles that accurately reflect the cultural lifestyles, belief systems and healing. Cervantes explained the purpose of *Mestizo* spirituality as highlighting a spiritual base in Mexican and Mexican American cultural groups, and also illuminating a philosophical approach toward understanding the clinical process. Cervantes introduced an integrative psychotherapy model that embraces an indigenous and spiritual reference point that is specific to Mexican and Mexican American individuals. It is important to note that in *Mestizo* spirituality, traumas, emotional and physical insults, joys, and sufferings of life are viewed a part of one's spiritual journey towards wholeness (Cervantes, 2010). *Mestizo* spirituality considers technique to be less important than the healing presence of the therapist, which is communicated through empathy, genuineness, having an accepting attitude, openness to the diversity of human experience, and the experience of mindfulness (Cervantes, 2010).

Altruism

Barash, Levine, Berman, and Small (2014) explained altruism as motivation to increase another person's well-being and having selfless concern for others. Barash et al. argued that empirical support demonstrates that in order to help others, individuals will come into or sustain significant cost to themselves. In Vollhardt's (2009) review of literature, she explained that some individuals who have suffered or have experienced traumatic events may become motivated to help others rather than turn against others, calling this altruism born of suffering. Vollhardt explained that in clinical psychology altruism is seen as a possible demonstration of posttraumatic growth. Altruism born of suffering has effects that benefit both the person receiving help and the person providing help. Vollhardt argued that this phenomenon is evidenced in past studies that have revealed positive effects of altruism in coping, such as decreased symptoms of posttraumatic stress and levels of depression.

Marianismo is often negatively perceived by some as solely the tendency of Latina women to internalize self-sacrificing traits, behaviors, submissiveness, and deference to others. However, according to Gloria and Castellanos (2013) there are positive qualities that can be drawn from *marianismo*, including dependability, loyalty, trustworthiness, compassion, and service to others which have been found to decrease levels of depression in some Latina women (Gloria & Castellanos, 2013).

Multiracial Feminism for Chicana Psychology

Lloyd, Few, and Allen (2009) explained that many Latinas do not publically acknowledge or consider themselves feminists because of the taboo against the word. This framework describes gender as experienced concurrently with many factors such as

race, sexual orientation, class, and ethnicity. Loyd et al. (2009) pointed out that the traditional feminist theory does not reflect the issues or concerns of women of color and ignores class, ethnicity, and other identities in the lives of these women. Loyd et al. argued that it is important to use a feminist psychological approach in therapy because it allows class, economic, racial, sexual, and gender oppression of Latinas to be critically analyzed. The Multiracial Feminist Framework was primarily developed to bring together feminists of color with the common idea that race is a power system that often interacts with other oppressive social structures in constructing gender.

According to Saulnier (2008), the structure and dynamics of women's experiences within interpersonal sexual hierarchies and sociopolitical domains are explained by feminist theories. Saulnier explained that using feminist theory in social work is useful to counteract biases of many traditional theories, and that is because feminist theories draw attention to the ways in which every day actions can reinforce discriminatory social structures.

Liberal Feminist Theory was practiced by 24 women who participated in in-depth interviews in an agency that provided services to women with alcohol problems in San Francisco. Facilitators used a psychoeducational approach when counseling women in residential and outpatient groups. Facilitators taught women assertiveness, and encouraged the idea of dealing with their personal problems from a women's perspective. Facilitators pointed out the importance of women-only groups in order for women to find self-confidence, strength, and assertiveness. They believed that in women-only groups this was best achieved because women's issues were less likely to be pushed aside and not labeled as not important (Saulnier, 2008).

Conclusion

Risk factors such as domestic violence, postpartum depression, teen pregnancy, trauma, and transnationalism exacerbate depression symptoms in Latina women. Fortunately, familism and the concepts of comadres and Latinas Poderosas have served as protective factors in Latina women against mental health issues. Throughout history it has been seen that there have been many positive benefits for women who have gathered together in circles or groups. The support provided by one another through talk, companionship, trust, and respectful boundaries has the power to positively transform women.

There have been programs and interventions similar to the proposed program that have shown positive results. Mental health professionals recognize the benefits of the rituals in some of these groups because they promote individual change and enhance social relationships. Also, they recognize the importance of using the Recovery Model and Trauma Recovery to empower clients to have primary control when making decisions about their own care while enhancing their existing strengths for coping with current life events. In the study described above, the group of women who were introduced to art therapy techniques, psychoeducation, peer support, and psychosocial skill building, within the context of sewing collectively, learned coping skills important when managing intense emotional states, self-expression, and reducing stigma and shame. Although these past interventions have been successful for women who were victims of trauma and domestic violence, there are not enough studies done with Latina women battling depression and anxiety. Also, there have been few studies done that have explored the grief and loss experienced by some Latinas because of transnationalism.

There are also fewer programs that use crocheting, along with the Multiracial Feminism approach, as an intervention for Latinas with depression, which focus on the issues and concerns of women of color. If funded, the proposed program will help reduce depression and anxiety among Latina women in Santa Ana, while also creating a positive support system for these women.

CHAPTER 3

METHODS

Identification of Potential Funding Source

The process of identifying a potential foundation funding source was completed primarily by an Internet search. This grant writer used Google and Yahoo search engines including the links and resources provided by the library on the California State University, Long Beach social work page. The following key terms were researched in an effort to identify a potential funding source *grants, Latina women, Orange County, Santa Ana, depression, group therapy, and art therapy.*

Target Agency

The Corbin Family Resource Center was established in 1994 as a public-private partnership. The mission of the Corbin Resource Center is to provide services that strengthen and support families and educate the community. The Corbin Center offers case management/family advocacy, child counseling (individual and group), counseling (crisis and group), domestic violence services, life skills workshops, legal assistance, parenting education, multidisciplinary team, in-home support, adoptive family services, and application assistance for Medi-Cal, CalFresh, and Healthy Families. The organization has received large grants from both government and private foundations (Corbin Family Resource Center, 2014).

Target Population

Corbin Family Resource Center serves the North Orange County area served which has a population of 6,500. Of the 750 Latinos which reside in the 92704 zip code in the Santa Ana area, this program aims to assist the 150 Latina women within that community. The grant is intended to serve this target population due to the high instances of depression among Latina women (NAMI, 2012). The purpose of the grant will be to serve and expand the service capacity of the Corbin Family Resource Center through additional funding for staff positions and operational costs.

Criteria for Selection of Actual Grant

When looking at different foundations for grant opportunities, this grant writer researched program information, which included all qualifications and restrictions on funding. Ultimately, S. Mark Taper Foundation was selected as a potential funding source for this proposed program in part because of the similar goals and areas of focus including the category of the populations, the foundation's mission, and funding priorities. The foundation had an accessible application process and posted on their web site past grants allocated and new and upcoming grants. The S. Mark Taper Foundation was the best fit that provided funding for the proposed program.

In reviewing their programs and the qualifications, the project proposed aligns best with the goals of the S. Mark Taper Foundation. The S. Mark Taper Foundation would be contacted in efforts to get the project funded and for additional application requirements to provide to the agency that would put the project into practice. The S. Mark Taper Foundation is a private family foundation founded in 1989 whose main focus has been to support nonprofit organizations in their work in communities in order to

enhance people's quality of lives. Every year, the S. Mark Taper Foundation conducts one grant cycle and any of the three size categories can be awarded; small up to \$50,000, medium \$50,001- \$249,999, and large \$250,000 and above (The S. Mark Taper Foundation, 2014).

There are several steps that should be followed in order for an organization to be considered. First, a letter of inquiry must be sent which is only accepted from December through February. When all the letters of inquiry are received and reviewed, the selected organizations will be sent a grant application via mail. These grant applications will be sent between the months of April through June with a cover letter which will indicate when the application will be due to foundation office. If an applicant does not receive an application between the months of April through June, then it is unlikely the organization will receive further consideration during that given grant year. During the months of September and October an official notice of declination will be mailed. Between the months of May through August, grant applications will be reviewed. The applicant will be contacted via telephone if there is any additional information that is needed or if the foundation staff has any questions. During any time in the process, the foundation may conduct site visits. It is important to note that not every organization that has received and completed an application will be selected to be funded. Those organizations which will receive the grant will be notified by September.

Needs Assessment and Collection of Data Needed for the Grant

Data bases such as the U.S. Census, California Department of Mental Health, and the County QuickFacts from the U.S. Census Bureau were accessed. There are approximately 261,365 Latinos in the Santa Ana area (U.S. Census Bureau, 2010). The

literature reviewed also indicated that in Orange County, California, of adults who were hospitalized for a mental health disorder, 20.7% were Latina women, overall 31.2% of the hospitalizations for a mental health disorder in the city of Santa Ana alone, major depression was the number one reason. To assess the need for the program, this grant writer used various methods of data collection. This included a thorough review of the available literature.

CHAPTER 4
GRANT PROPOSAL

Description of Corbin Family Resource Center

The Corbin Family Resource Center was established in 1994 as a public-private partnership. The mission of the Corbin Resource Center is to provide services that strengthen and support families and educate the community. The Corbin Center offers case management, family advocacy, child counseling (individual and group), counseling (crisis and group), domestic violence services, life skills workshops, legal assistance, parenting education, multidisciplinary team services, in-home support, adoptive family services, and application assistance for Medi-Cal, CalFresh, and Healthy Families. The organization has received large grants from both government and private foundations (Corbin Family Resource Center, 2014).

Statement of Need

The Latino population has been rapidly growing in the United States. There are 17 million Latina women, making up 52% of the entire Latino population (U.S. Census Bureau, 2004). Tran et al. (2014) state that Latina women face many social inequalities that lead to certain health conditions, and as a result limits their access to health care. Among these health conditions is an increased risk for poor mental health. Unfortunately, Latinas are at a higher risk for depression and other mental health conditions due to domestic violence, gender role expectations, stigma, and limited access

to mental health resources (Tran et al., 2014). The National Alliance of Mental Health (2012) reports that 10-14 million people experience clinical depression each year. The largest group of individuals meeting the criteria for a depressive disorder are women ages 18-45. Latina women are at an increased risk, experiencing depression at twice the rate Latino men, and more likely to experience depression than Caucasian and African American women (Tran et al., 2014).

Furthermore, in 2010 in Orange County, California of those who were hospitalized for a mental health disorder, 20.7% were Latina women, overall 31.2 % of the hospitalizations for a mental health disorder just in the city of Santa Ana alone, major depression was the number one reason (County of Orange, 2013). Although some statistics regarding Latina women and depression have been found, most cases go unreported. Tran et al. (2014) found that less than 9% of Latina women who were depressed contacted a mental health specialist, and Latina women who were immigrants contacted a mental health specialist at an even lower rate. Stacciarini et al.(2007), in their review of 34 publications of interventions for Latinas experiencing depression explained that cognitive behavioral therapy paired with a psychoeducational component was shown to significantly reduce depression in Latina women.

Moreover, Desrosiers et al. (2013) found that mindfulness has been found to significantly help lower the rates of depression and anxiety, as well as improve the wellbeing of individuals. Skowronek and Mounsey (2014) found that yoga produced an average of 39% reduction in symptoms scores when looking at three systematic reviews of yoga for depression, anxiety, and stress. Blomdahl et al. (2013) suggested that art therapy could help clients with depression and anxiety by promoting self-awareness,

development of identity, and personal change. Schenk (2014) reported that crocheting was found to have a calming effect and enhanced their self-esteem by seeing the results of their work

Population Served

The target population for the proposed Latina Crochet Group program is 150 Latina women with symptoms of depression and anxiety living in the 92704 area code in Santa Ana California. Eligible participants will consist of Spanish speaking Latina women ages 20 and older who have who have been diagnosed with depression or anxiety.

Program Description

The proposed program will potentially be able to serve 150 Latina women by using art therapy techniques, psychoeducation, peer support, and psychosocial skills building. This will be accomplished within the context of crocheting collectively. The crocheting group atmosphere will assist in reducing stigma. Therapy groups will be 1.5 hours long for 10 weeks. There will be four cycles in 1 year and therapy groups will consist of about 10 women in each group. In these groups crocheting will be used as part of an intervention to treat depression and anxiety while the women learn coping skills that are important to manage intense emotional states. Stigma concerning mental illness based in some religious and cultural values, *fatalism*, *marianismo*, and also the fear of deportation are some of the barriers preventing Latina women from receiving treatment. By providing these women with psycho-education in this unique group context, mental health is expected to improve. Furthermore, the proposed program will encourage peer support which may help reduce depression and anxiety among Latina women. Being part of a group composed entirely of Latina women will help them realize that they are not

alone and that there are other women similar to them who are facing the same issues. Crocheting will be used as an intervention to treat depression and anxiety and the women will be able to keep their crocheted garments or donate the garments to a local hospital or shelter. Along with crocheting, the curriculum *A Window Between Worlds* (2015) will be used, which employs art as a healing tool to empower women who have been impacted by trauma. Participants will also be offered yoga and meditation as a way to also help reduce depression and anxiety.

There will be two bilingual, Spanish speaking social workers and four interns who will serve as guides and facilitators during group meetings. They will also link the women to resources outside in their communities; many of these women may be unaware of the resources available to them. There will also be a child care provider present during each group meeting for those in need of child care.

Program Objectives

The goal of this program is to reduce depression and anxiety rates among Latina women in Santa Ana. Participants will also receive a pre- and post-test to determine the effectiveness of these interventions. The following are the objectives of the program:

Objective 1: Recruitment and Assessment

Flyers will be created with information regarding the crochet group. These flyers will be distributed at the Corbin Family Resource Center and announcements advertising the crochet group will be made during Sunday Mass at the local church. Flyers will also be distributed after church to those who are interested. Latina women who are interested in attending the group will meet with one of the social workers or interns for an intake and assessment to assess for eligibility using the PHQ-9 (Spitzer, Kroenke, & Williams,

1999) to assess for symptoms of depression and the GAD7 (Spitzer, Kroenke, Williams, & Lowe, 2006) for anxiety. According to Spitzer, Kroenke, and Williams (1999), the PHQ-9 is a useful research and clinical tool because of its reliability and validity when measuring depression severity. Spitzer (2006) informed that the GAD7 is also a valid, reliable, rapid, and efficient method for identifying the presence of a common anxiety disorder. Both the PHQ-9 and the GAD7 are in the public domain and no permission is required to translate, display, distribute, and reproduce. Selected participants will be identified from the intake and assessment interview as having commitment to attend group, group compatibility, and a desire to improve their lives.

Objective 2: Provide Group Sessions

Bolen (2003) reported that women in circles discover themselves and provide support for one another through talk. They do this by listening, witnessing, and role modeling, reacting, deepening, mirroring, laughing, crying, grieving, drawing upon experience, and sharing the wisdom of experience. Bolen went on to say that when women gather in circles, if the circle is trustworthy and has respectful boundaries, it has the power to positively transform them. The second component of this program involves group sessions with the selected women. Group sessions will consist of 10 women and will be co-facilitated by a social worker and an intern. The groups will meet once a week for 10 weeks in one of the rooms that will be offered at the Corbin Family Resource Center. The goal is to serve 150 women over 1 year, and so 15 groups will run over the course of 4 cycles equaling to approximately a total of 150 group sessions in one year. The social worker and intern will be responsible for introducing themselves and facilitating an icebreaker that will encourage the group members to interview the person

next to them by asking them a series of questions. Then they introduce their partner to the group and will share what they learned about them, this will serve to facilitate dialogue among group members. A Latina woman from the community will also be present during the first group meeting to teach the women how to crochet. Some might already have crocheting skills so they too can help the group members who have not crocheted in the past.

In addition, the group will discuss goal-setting, and each week the women will complete an art activity from the *A Window Between Worlds* (2015) curriculum that will help individuals develop a renewed sense of possibility and hope that will profoundly impact their future decisions regarding their relationships, how to stay safe, and the direction of their lives. Art empowers survivors of violence and trauma to transform how they view themselves (*A Window Between Worlds*, 2015). Along with that, the social worker and intern will present psychoeducational material on depression and anxiety while the women crochet. The women will also practice yoga and meditation in group every other week.

Objective 3: Provide Individual and Group Incentives to Retain Group Members

According to the Centers for Disease for Disease Control and Prevention (2014), food plays an important role in the Hispanic culture. For that reason refreshments will be provided during all group sessions. Coffee, tea, water, cookies, and Mexican bread or donuts will be provided. Participants will also be encouraged to bring in refreshments to share with their group members. Participants will be provided with free needles and thread to crochet blankets or any other items they wish to crochet while attending group. Completed crochet items will be kept by the participants or will be donated to a local

hospital or homeless shelter. The social worker or intern will be responsible for keeping track of each group member's attendance by having participants sign in before each group meeting. Every day that they attend a group session, they will receive a ticket, and during the last group session participants will be able to participate in a raffle.

Sustainability

Funding for a total of 1 year for this program is requested from the S. Mark Taper Foundation. Project staff will search for ongoing funding through individual donors, corporations, and grants from other foundations. Other potential funding sources to extend the program can be found by collaborating with funded partners: Community Service Programs, Human Options, Olive Crest Treatment Centers, Inc., and The Raise Foundation.

Program Activities and Timeline

Months 1-2:

The program will start by the Resource Coordinator for the Corbin Family Resource Center recruiting and hiring two bilingual Spanish speaking therapists with a Masters in Social Work, one of whom will be a Licensed Clinical Social Worker (LCSW). These positions will be posted online on the Corbin Family Resource Center's website, the NASW website, and Craigslist. Also, four bilingual Spanish speaking MSW interns will be recruited from California State University, Long Beach, California State University, Fullerton, and the University of Southern California. The social workers will begin by purchasing supplies (file folders, pens, paper, markers, thread, and needles, etc.). The social workers will also begin recruiting members of the community by creating flyers and distributing them at the Corbin Family Resource Center and by

making announcements advertising the crochet group during Sunday Mass at the local church. The social workers will complete screening interviews and assessments to make sure the group will be a good fit for the women. In addition, the social worker will have established a calendar with the activities and topics that will be covered throughout the 10 weeks. A list of weekly refreshments will have been made. At this time, the selected participants will be given a pre-test and a PHQ-9 survey and will begin the first group session.

Months 3-6:

During the following 3 months, the women will continue to participate in weekly sessions. The social worker and interns will monitor their attendance to group by checking the attendance sheet after each group meeting. In addition, they will monitor their depression and anxiety scores by using the PHQ-9 scale, and intervene if the women scores are high, or if they mark a 3 on the last question stating that they are having thoughts that they would be better off dead, or of hurting themselves.

Months 7-9:

The following 3 months will consist of the women continuing to participate in weekly sessions. The group facilitators will continue monitoring the participants' depression and anxiety scores by using the PHQ-9 scale, and will intervene when needed.

Months 10-12:

During the last 3 months, the women will continue to participate in weekly group sessions. The women will be given a post-test during the last group session and a final PHQ-9 survey. Women who attended group regularly will participate in a raffle and will have the opportunity to win several prizes. The participants will also keep their finished

crochet items or will be given the option to donate finished items to a local hospital or shelter. The women will be given the option to be linked to individual therapy at Corbin Family Resource Center or other outside agencies in their community.

Program Evaluation

The evaluation of the program will be done in several ways. Sign-in sheets will be provided during group sessions. In addition, PHQ-9 and GAD-7 forms will be given before each group session to track depression and anxiety levels. At the end of each 10 week group, the women's PHQ-9 and GAD-7 scores will be reviewed and compared to determine if depression and anxiety rates were reduced. The women will also be given a survey at the beginning and at the end of the 10-week group to determine if the elements of the program were found useful or effective in reducing depression and anxiety levels. The program will provide resources as needed and on-going psychoeducational support, while completing a PHQ-9 to assess for depression after every session. Participants will also receive a pre- and post-test to determine the effectiveness of these interventions. All the surveys, pre/post-tests and attendance sign-in sheets will be collected to track satisfaction levels and program implementation. A final evaluation will be made of all pre- and post-tests for the year.

Budget Guidelines

A total of \$170,000 will be requested for one-year funding for the Latina Crochet Group program. The program will include a bilingual LCSW @ \$69,000 plus benefits @ 26% \$17,940 totaling \$86,940, one part time bilingual social worker with an MSW (1@\$23/hr. x 20hrs/week x 52 weeks). The total salary for these two positions:

\$110,860. In addition there will also be a part time child care provider (1@ \$12/hr. x 2hrs/week x 52 weeks). The total salary for this position: \$4,992.

The bilingual social workers will be responsible for creating flyers, distributing them, advertising the group at a local church and assessing the women for the group. The social workers will also facilitate the groups with an MSW intern as a co-facilitator. The social workers will have 20 hours to collect necessary information for the groups and will also assist in building connections with the community to gather donations.

The child care provider will be responsible for watching no more than 8 children while their mothers/grandmothers attend the group meetings. The child care provider will be responsible for having the children's mothers/grandmothers sign in when they drop off their children/grandchildren and sign out when they pick them up as well. Additionally, they will be responsible for cleaning up after the children are picked up. The child care providers will not release the children to anybody else but their mothers/grandmothers unless they have a signed consent form allowing them to do so.

Utilities: The following utilities will be needed to effectively implement the women's crochet group: electricity, internet, and gas. The cost for utilities at \$250 a month x 12 months = \$3,000 for the year.

Program and office supplies: Printing costs will be at \$300 month x 12 months = \$3,600 for the year. This will include printing materials necessary for each session including PHQ-9 forms, sign in sheets, packets of information, A Window Between Worlds (2015) material, certificates, pre- and post-tests. A budget of \$275 a month x 12 months = \$3,300 for the year will be requested to cover miscellaneous supplies such as paper and pens, and crocheting supplies such as yarn and needles. Also, one computer

will be purchased for the social workers to access the internet to print out material and send emails which will be valued at \$950.

Snacks for participants: A \$150 a month x 12 months = \$1,800 for the year budget will be required for snacks that will be provided during group sessions.

Program incentives: Incentives of prizes will be raffled to the women who have attended each month valued at \$300 every 10 weeks, totaling \$1,200 a year. The first prize will be valued at \$20 + \$40 for prize 2+ \$60 for prize 3 + \$80 for prize 4, and \$100 for prize 5. The social workers and interns will research local business who will like to contribute with donations and prizes.

Travel expenses (Mileage): Travel expenses include mileage .57 per mile x 88 miles a month = \$40 a month x 10 months = \$400 for the year.

Training: Other direct costs include fees for training staff at approximately \$1,100.00 per year, which includes a crocheting workshop and A Window Between Worlds training.

In-kind care packages: Non-perishable food items, hygiene items (soap, shampoo, toilet paper, etc.), new bedding or towels, diapers of all sizes, and home goods at a value of \$1,745 will be donated through the Raise Foundation. Also local supermarkets, fabric stores, and the local church will be encouraged to donate non-perishable food items, hygiene items, and needles and thread for the crochet group.

CHAPTER 5

LESSONS LEARNED

Identification of Need for Proposed Program

The idea for this proposed program arose from a personal experience this grant writer encountered at last year's internship. This grant writer was able to facilitate a group similar to the one proposed in this grant. The group was an open group that consisted of approximately 10 Latina women who struggled with depression and anxiety. One group participant was a crocheting expert who taught the rest of the women how to crochet. During each group session the women shared their struggle with depression and anxiety, explaining how it interfered in their everyday lives. The group participants would also discuss coping skills they began using at home, the ones that worked for them and the ones that did not. Psychoeducational material regarding depression, anxiety, and coping skills was presented by social work interns, who facilitated the groups while the women crocheted.

The women formed a close knit group and found support amongst each other in their journey to overcoming depression and anxiety. Their progress was tracked by the PHQ-9 forms that the women completed at the beginning of each group session. At the end of the cycle, the forms were reviewed and it was found that participants' depression symptoms were significantly reduced at the end of the group cycle. When speaking to the LCSW in charge of the group, it was discussed that the crocheting intervention, along

with the combination of mindfulness, psychoeducation, and yoga, was effective in reducing depression symptoms among Latina women.

There were some areas of the group that needed to be modified; the group was not a closed group and so the participants would often bring female family members or friends to group sessions. This would often jeopardize the confidentiality pledge that was made at the beginning of group. Also, during each group meeting, the women participated in 10-minute yoga sessions facilitated by the MSW interns. This practice had to be stopped due to liability issues, which caused the participants to be upset. Analyzing all the strengths of the program as well as the weaknesses greatly inspired this grant writer to create a group that included the strengths of the previous program and improved upon the areas of weakness.

Location of Potential Funding Source

The search for a potential funding source was not an easy task. When searching the internet, it was soon realized that there was a lack of funding sources that were fit for the proposed program. More specifically, there was a lack of funding sources that served low income, Latina women experiencing depression and anxiety in the Orange County area. Most of the sources predominately funded programs in the Los Angeles area, focusing on children and youth. Also, one had to be mindful when researching for topics that a missing word or not using the correct word would change the context of the search.

Strategies to Enhance the Likelihood of Funding

The grant writer learned valuable skills such as time management. The grant writing process can be lengthy and time consuming, and so time management is crucial. It is easy to get distracted and to procrastinate during this process. Having a planner and

a set weekly schedule can be helpful in order to schedule in time to work on the proposed project. Scheduling time at least 1 day a week, as one does for other school assignments and projects, can help the grant writer stay focused and motivated. It is not an easy process but this grant writer learned that staying organized and learning how to manage time are major factors that can positively affect the process. Along with time management and organization skills, breaking up the project into different sections can also facilitate the process. At times it can be overwhelming. If one focuses on one section at a time as opposed as trying to work on the entire project at once, this can help alleviate stress.

Every section of the grant is significant and should be given equal importance. In order to enhance the likelihood of funding, it is important to take the time to formulate a strong literature review to demonstrate one's knowledge about the subject. In order to validate stated ideas related to the subject of interest, it is essential to search for scholarly articles that provide added support. Including some history and prior research done regarding the subject of interest, relevant statistics, and a clear and concise statement of need can help clearly define the purpose of the proposed program. It is also of great importance to provide clear goals and objectives to solidify the plan that is being considered. Having a plan that appropriately evaluates the program in mind can be a helpful way to determine if the program has been effective or not in terms of creating positive results. Also, creating an appropriate budget that includes all the costs needed to fund the program is one of the principal components of the grant writing process. Making sure that everything that is needed is included, as well as providing a budget

justification for the items being claimed, can influence the decision to ultimately fund or not fund the program.

Relevance to Social Work Practice and Policy and Multiculturalism

Mayden & Nieves (2000) explained that currently the United States is lacking in culturally competent, bilingual service providers to serve members of the various ethnic groups. With that said, this project will make sure to include bilingual social workers and interns in order to better serve the clients. Furthermore, it is also important to note that Latina women face greater barriers to accessing mental health services than either males or white women, such as access to child care. After considering that, the importance of having a child care provider on site was also taken into account in this project.

According to Fortuna and Porche (2013), the effects of undocumented and minority status, combined with poverty, can present a set of psychiatric risk factors. Access to basic human services and health care for undocumented immigrants and their children have been limited by policy measures and restrictive legislation (Fortuna & Porche, 2013). Many undocumented immigrants face a large number of challenges, enduring many traumatic experiences while immigrating to this country. These experiences often put them at psychological risk. Fortuna and Porche (2013) noted that undocumented immigrants underutilize social services as well as mental health services, despite the need for mental health supports.

At the time of this writing, there was a lack of policies supporting undocumented individuals. As it was previously discussed, many undocumented individuals underutilize mental health services, mostly because of fear that they may be deported back to their native countries. There is also a lack of mental health services for

individuals who are not documented. According to Berk, Schur, Chavez, and Frankel (2000), for those undocumented immigrants who are currently living in the United States, federal policy decisions profoundly impact their health care. Due to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and its amendments, there have been serious federal and state benefits restrictions for noncitizen immigrants who are lawful permanent residents (Berk et al., 2000). Immigrants who are not documented may find it more difficult to obtain services because of the fact that they are restricted from receiving benefits.

According to Guarnaccia Martinez, and Acosta (2005), in industries and jobs where there is a high concentration of Mexican immigrants, there is a lack of health benefits, pressures of work, low wages, and high cost of services which serve as barriers when accessing mental health services. This proposed program will serve Latina women undergoing depression and anxiety despite their immigration status and will provide resource information and linkage to a variety of services.

APPENDIX
LINE ITEM BUDGET

Corbin Family Resource Center
 Latina Crochet Group
 One Year

	Total Cost	In-Kind	Requested Amount
PERSONNEL COSTS			
Licensed Clinical Social Worker	\$69,000		\$69,000
Benefits @ 26%	\$17,940		\$17,940
Social Worker (MSW)	\$23,920		\$23,920
Child Care Worker (2 hrs. week)	\$4,992		\$4,992
PERSONNEL SUBTOTAL	\$115,852		\$115,852
DIRECT OPERATING COSTS			
Occupancy/Utilities	\$3,000		\$3,000
Printing/Copying	\$3,600		\$3,600
Office Supplies/Program Materials	\$3,300		\$3,300
Computer (1)	\$950		\$950
Snacks	\$1,800		\$1,800
Incentives	\$1,200		\$1,200
Travel @0.57 per mile	\$400		\$400
Training	\$1,100		\$1,100
Care packages		\$1,745	
DIRECT OPERATING SUBTOTAL	\$15,350	\$1,745	\$15,350
INDIRECT COSTS @ 10%	\$13,120		\$13,120
TOTAL COSTS	\$144,322	\$1,745	\$144,322

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