Proposal for Practicum II, MFT: International Experience in Cuzco, Peru with Doctors for Global Health & Cristo Vive

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I. Brief Proposal

The student will spend approximately 9 months volunteering for Doctors for Global Health (DGH) in Cuzco, Peru. The student will begin this yearlong experience after completing the 2011 Summer Semester at which point all prerequisites for RCS 6803 Practicum II, MFT will be complete. The student seeks permission to complete Practicum II, MFT during the Fall of 2011 while working with victims of domestic violence through DGH and its partner agency Cristo Vive. The student will then take a leave of absence for the Spring 2012 semester and will return to campus to enroll in classes during the Summer 2012 semester. The student anticipates graduating from the program at the end of the Spring 2013 semester.

II. About Doctors for Global Health (www.dghonline.org):

Doctors for Global Health (DGH) is a private, not-for-profit organization promoting health, education, art and other human rights throughout the world. DGH was founded in 1995 by volunteers working with communities in rural El Salvador in their struggle to implement primary health care and public health services. DGH has since grown into a thriving international movement for health and human rights.

Since its inception, DGH has accompanied communities in Argentina, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Uganda and the United States. DGH is improving the health and well being of these communities by increasing access to quality health care; developing educational opportunities and avenues for artistic expression; and raising awareness of health and other human rights. For further reading of DGH’s Principles of Action, see Attachment 2.
III. About DGH in Cuzco, Peru:

In Cuzco, DGH is providing health support and assistance to the Belen Clinic and serving the basic needs of the local population. The Belen Clinic is in the Santiago district, the poorest and the most populated area of Cuzco. There is a tremendous lack of health services for this impoverished population, with a very high incidence of domestic violence, spousal abandonment, malnutrition, post-traumatic stress disorder, infectious diseases and labor exploitation. The Clinic provides a diversity of services including general medicine, obstetrics, alternative medicine, orthopedics, physical therapy, mental health counseling, dentistry, basic laboratory, and a pharmacy. The clinic also has an ambulatory team that serves several rural and isolated communities outside of Cuzco in the Anta Province.

In addition to primary care health services DGH has two main projects: the Domestic Violence Project and the Health Promoters Program. The Domestic Violence Project (DVP) evolved after identifying a need for education and services for clients at the Belen Clinic who were being impacted by domestic gender-based violence. DVP volunteers work at both the Belen Clinic and partner agency, Cristo Vive, to provide one-on-one client consultations, group therapy, and educational services to victims. Additionally, the volunteers may participate in conducting research on the topic of domestic violence and its role in this community. The Health Promoters Program (HPP) is a program that partners with local institutions and targets young adults, addressing key issues including alcoholism and its consequences, adolescent development, female identity, and sexuality awareness. For further information on the projects conducted through DGH in Cuzco, Peru, see http://www.dghonline.org/our-work/cuzco.
IV. Fulfilling Practicum II Requirements:

A. Clinical Experience: The student will volunteer 30 to 40 hours a week providing counseling services to victims of domestic violence and other clinic patients with various presenting problems. The student will utilize different theories of counseling dependent on the needs of each individual client, will formulate treatment plans and carry out treatment under the guidance of supervisors. The two primary sites for treatment will be the Belen Clinic and Cristo Vive. Both sites have a psychologist who will serve as the on-site supervisor to the student. The student anticipates at least 5-10 hours of face-to-face client interaction per week, with audio recordings of select sessions. All sessions will be conducted in Spanish and later translated and transposed for peer communication and learning.

B. Clinical Supervision: On-site local psychologists will provide direct supervision over student’s daily activities and client encounters. Additionally, as a DGH requirement, student will converse on-line (Skype) weekly with Dr. Lleni Pach, MD regarding specific cases, weekly progress, and overall volunteer experience. Student anticipates the opportunity to work under the direct supervision of Dr. Pach for two months of the overall experience. Dr. Amy Menna, PhD, LMHC, CAP has agreed to meet with the student one time per week via Skype for direct clinical supervision. Finally, student will be under the supervision of Dr. Ryan Henry, PhD, LMFT through the Practicum II, MFT course.

C. Class Attendance: The student will attend class weekly via Skype. Technical arrangements will be made by USF IT in conjunction with Dr. Henry.
V. Supervisors:

- **Dr. Lleni Pach, MD**

  Associate Professor, Department of Psychiatry, Division of Child and Adolescent Psychiatry, Upstate Medical University, Syracuse, NY; Fellow of the American Psychiatric Association; Member of The American Academy of Child and Adolescent Psychiatry.

  Dr. Pach is a native of Lima, Peru, and obtained her MD degree from the Universidad Nacional Mayor de San Marcos, Peru. She has volunteered her medical services in Chiapas (Mexico), Cuzco (Peru), Managua (Nicaragua), Nairobi (Kenya), Daramsala (India), and Syracuse (New York) at Vera House, an organization that helps victims of Domestic Violence. Since January 2008 she has been director and site coordinator of the Cuzco Project in Peru.

- **Dr. Amy Menna, PhD, LMHC, CAP**

  Dr. Amy Menna is a private practitioner with South Tampa Counselors specializing in trauma, abuse, addictions, and sexual minorities. Dr. Menna currently provides supervision for interns at Metropolitan Ministries and has served as the student’s supervisor during Practicum I. She has her Doctor of Philosophy (Ph.D.) in Counselor Education and Supervision. Additionally, she is a Licensed Mental Health Counselor and Certified Addictions Professional.

- **Dr. Ryan Henry, PhD, LMFT**
VI. Courses completed:
MHS 5020 Foundations of Mental Health Counseling
RCS 5780 Legal/Ethical Issues and Professional Standards
RCS 5035 Rehabilitation Counseling: Concepts and Applications
MHS 5480 Human Growth and Development
RCS 5080 Medical Aspects of Disability
RCS 6220 Individual Evaluation and Assessment
RCS 6476 Human Sexuality
RCS 6408 Psychopathology
RCS 6803 Practicum I
RCS 6430 Dynamics of Marriage and Family Therapy

Registered for Summer 2011: RCS 6930 Family Therapy, Theory and Techniques; RCS 6407 Counseling Theories; RCS 6409 Counseling in Community Settings

VII. Tentative Course Timeline:

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<td>2011</td>
<td>Summer</td>
<td>• RCS 6409 Counseling in Community Settings</td>
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<td>• RCS 6407 Counseling Theories</td>
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<td>• RCS 6930 Family Therapy, Theory and Techniques</td>
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<td>Fall</td>
<td>• RCS 6803 Practicum II (MFT) in Peru</td>
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<td>Spring</td>
<td>• Leave of Absence</td>
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<td>2012</td>
<td>Summer</td>
<td>• RCS 5450 Fundamentals of Substance Abuse Counseling</td>
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<td>• RCS 6930 Marriage Therapy, Theories and Techniques</td>
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<td>Fall</td>
<td>• RCS 6440 Social &amp; Cultural Foundations</td>
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<td>• RCS 6301 Career and Lifestyle Assessment</td>
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<td>• RCS 6510 Group Theories</td>
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<td>2013</td>
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<td>• RCS 6740 Research</td>
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<td>• RCS 6825 Internship</td>
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Attachment 1: Article by former DGH Volunteer


Lessons I learned about domestic violence counseling in Cusco, Peru

By Susana Montesinos

My view from the policlinico was of the snowcapped mountains surrounding Cusco, Peru. Each day I would open my curtains, meditate for thirty minutes and begin my Yin, Anusara or Bikram yoga practice. Often, Lleni and I would see clients all day, though sometimes we would go to Zurite farm for some fresh organic cheese, yogurt and fruit.

I was originally drawn to a month-long internship at Programa Cusco after reading an article about Dr. Lleni Pach’s work in the Peruvian American Medical Society magazine.

I chose this internship so that I could learn more about international social work, live close to my family in Cusco, practice daily mountainside yoga and meditation, and do organic farming at Zurite Agricultural School. I lived at the medical clinic, a policlinico, where Dr. Lleni Pach and I saw clients for individual and family therapy, Monday through Friday. My work at the clinic included observing outpatient therapy, collaborating with Fundacion Cristo Vive, an intimate partner violence agency, and assisting promotores, or emergency responders, from Huamanchacona.

I learned three important lessons:

1. Go to another country to learn, not to be “the expert” who bestows wisdom.
2. Consider culturally responsive ways to charge fees for service as a pathway to dignity.
3. Learn the difference between Peruvian and Western perceptions of safety, rights, and power.

Here I’ll explain more.

Lesson 1: Intimate Partner Violence Expert in Peru.

During my first and only intimate partner violence training, some psychologists in the room described my perspective as “feminist” and inapplicable. I learned about the unique challenges that exist in Peruvian rural communities with unique governance based on familial and community norms.

Case example: Maria, 29, from a local farming community, who spoke both Quechua and Spanish, had recently experienced spousal abuse and death threats from her alcoholic husband. Maria
explained that each farming community outside of Cusco creates their own laws. One of the laws in Maria’s comunidad states that under no circumstances may a husband and wife separate or divorce. If this separation occurs, the one who initiates the separation is required to leave their home, family, community, and inherited land. Maria had unsuccessfully appealed to the community leaders and her family, who encouraged her to stay married. Maria had risked a great deal by filing for legal separation and asking for help. When we finished the intake, Maria declined emergency shelter and returned to her comunidad. She had simply wanted to make a statement to her loved ones by seeking help and standing up for herself, but wouldn’t leave home. In Peru there might be more of an ability to manage abusive relationships by utilizing neighbors, family and friends instead of opting for shelter. Policy changes, male involvement, legal assistance, honest policing and government systems could also help end abuse in Peru.

Lesson 2: Charging Fees for Service as a Pathway to Dignity.
I went to Peru expecting that the services provided at Programa Cusco would be pro bono for indigent clients. I was wrong; Dr. Pach charges one to two dollars per individual client, which is considered a fee for dignity. There is a difference between, fee for profit (making a profit), fee for non-profit (breaking even) and fee for dignity.

In an article in the 2006 International Social Work Journal, Anna Nieman writes that “over a period of time, the so-called welfare stigma breaks down self-esteem and self-efficacy because of the humiliation of being recipients of welfare and handouts.”

In no way am I suggesting that pro bono services should not be offered, I am simply explaining what I learned during this limited experience. Case example: We met with Jane, who was tearfully pleading with Dr. Pach for pro bono therapy. This high pitched pleading, cry, a survival skill practiced by many indigent Peruvian women, comes from true need and oppression. Jane had spent her entire life begging for money on the street and selling fruit. While hearing about her traumatic history, Dr. Pach had also noticed that her children had gone to the best private schools in Cusco. Jane had received scholarships and donations for her children throughout her life. I assumed Dr. Pach would also give her free therapy, but instead she taught me a great lesson. Dr. Pach asked her to invest one dollar in herself, because she had spent her whole life investing in others and in order to be well, she needed to help herself first. Jane grinned from ear to ear and prepaid for three therapy sessions with Dr. Pach. I saw over a short period of time that there was a sense of improvement tied into Maria’s personal investment; pride instead of humble gratitude.

Lesson 3: Peruvian vs. Western Views of Safety, Rights and Power.
My mentor Dr. Tien Ung, a social worker, explained in a recent talk that supporting immigrant survivors of intimate partner abuse may require a different cultural lens and therefore a different way of conceptualizing risk management and safety planning. Western models of intervention were not enough and can often be foreign to women from other cultures where identity and gender
takes on a different meaning than what it does in the West. Women are committed to their own sense of safety by sometimes learning to manage the abuse in Peruvian and Asian cultures; they utilize family, church, and community systems. Women in both cultures believe that they do have rights, though it may not be synchronized to the belief of “rights” as seen in Western society. For example, there is not a need to be equal to men in society or the household.

Both Asian and Peruvian cultures think of rights in a collective sense rather than an individual sense. Rather than fighting for individual rights, women ask themselves “who am I as a mother or wife?” “What is my role in this context?” And “do I believe in myself in this context?”

Finally, we need to involve men as advocates who begin the conversation about the impact of machismo in Peru. One example given by Dr. Ung is that of migrant male workers, holding groups at their work sites where men educate other men about caring for their wives, rather than cheating and beating on them.

The primary lesson that I learned from this internship is that there are racially, ethnically, and culturally specific and congruent ways to address the issue of intimate partner violence. The understanding of spousal abuse in other countries and in immigrant communities in the United States requires a movement that locates Western models of intervention beside the lives of the women who are living the violence in their own words and ways.
Attachment 2: DGH Principles of Action

Doctors for Global Health (DGH) affirms that every human being regardless of race, gender, class, religion, sexual orientation, physical or mental disability, culture, age or other attribute, has the right to a life of dignity, equal treatment and social justice.

1. DGH works with those who are among the most poor, the most vulnerable and the stigmatized of the world's population, amplifying their voices that they be heard.

2. DGH's approach is to accompany communities with small, community-oriented health initiatives that also promote human rights, encourage sustainability, and respect environmental concerns.

3. DGH aspires to set an example for how medicine should be practiced by promoting Liberation Medicine: "The conscious, conscientious use of health to promote human dignity and social justice." DGH promotes health equity as more basic and fundamental than private, corporate interests. Its mandate is to strive for the optimal health and well-being of all members of the human race regardless of ethnicity, sex, sexual preference, or religion.

4. DGH is committed to advocacy and working for social justice both locally and globally. It encourages its members to take action in their own communities and participate in the accompaniment of communities around the world.

5. DGH pledges to be active in the struggle to expose and confront the pervasive and destructive nature of racism and classism (personal and institutionalized, conscious or unconscious) and all other forms of discrimination, both within DGH and in the world at large.

6. DGH is a volunteer organization that invites and encourages those with a desire to help humanity by providing them with a vehicle to use their unique talents and skills in support of the DGH mission. Special efforts are made to reach out to youth, students of all ages, and people with the wisdom of experience.

7. DGH respects and invites those of all backgrounds and beliefs who agree with its mission and principles to join; proselytizing is contrary to the mission and principles.

8. DGH integrates artistic expression that promotes healing and celebrates all life into its activities. These expressions include literature, music, drama, painting, drawing, sculpture, and other art forms.

9. DGH is vigilant to ensure that its projects, programs, affiliations, and fund raising efforts don't involve even subtle compromise of its values.

10. DGH participates only in investigations, publications, and/or research initiatives that are important to the work of DGH, ethically sound, of benefit to the involved communities, and compatible with DGH's mission. Both the involved local communities and the Board must approve these efforts.
Attachment III: Students brief CV

JANIE GONZALEZ KOIKE
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Tampa, FL 33609
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jkoike@mail.usf.edu

EDUCATION:
University of South Florida College of Behavioral and Community Sciences Tampa, FL
Masters of Rehabilitation and Mental Health Counseling Anticipated May 2013
Certificate in Marriage and Family Therapy

Davidson College Davidson, NC
Bachelor of Arts in Spanish with Honors, Minor in Religion, Cum Laude May 2005

Henry B. Plant High School Tampa, FL May 2001

EMPLOYMENT:
Life Writing Photography, Owner, Photographer 2009 - Present
American Red Cross Tampa Bay Chapter, Manager, Volunteers & Programs 2007 – 2010
Greater Lake Norman Young Life, Staff 2004 – 2007

VOLUNTEER AND LEADERSHIP EXPERIENCES:
Project World Health Jarabacoa, Dominican Republic, Translator, Pharmacist May 2010
EMPOWERED Young Professionals of American Red Cross Tampa, FL, Director 2008-‘10
Tampa Hispanic Heritage, Inc Tampa, FL, Board of Directors 2008- 2009
Children’s International Network Cochabamba, Bolivia, Team Member Summer 2007
Pico Escondido Jarabacoa, Dominican Republic, Leader/Staff April 2005 & 2006; Summer 2002
Greater Lake Norman Young Life Cornelius, NC, Volunteer/Team Leader 2002 -2005

PROFESSIONAL CERTIFICATES AND AWARDS:
Spirit of Excellence American Red Cross Tampa Bay Chapter March 2010
Volunteer Management Certificate Nonprofit Leadership Center of Tampa Bay May 2009
Presidential Scholarship Davidson College 2001-2005
National Hispanic Scholar Plant High School May 2001