

SPECIAL ISSUE

Alcanzando Niños en las Fronteras (Reaching Children Along the U.S./Mexico Border): A Program for Disadvantaged Children

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The Alcanzando Niños en las Fronteras project brings together years of biofeedback, art therapy, and somatic education work with underprivileged and disadvantaged children. The program is designed to reach the most at-risk youth in Mexico: those children living in towns along the U.S./Mexico border. These towns are racked with violence due to the drug wars, and the children in these towns are especially susceptible to being led into illegal activities. In cooperation with Sonoma State University, the U.S. State Department, the Government of Mexico, Rotary International, and a number of other organizations, the program will train more than 200 medical doctors in noninstrumental biofeedback methods, including art therapy, music, somatic training, autogenic breathing, temperature control, and reading. By reaching children early and educating families in prevention and health, the program will have a lasting impact on reducing illegal activities and bringing about true social change.

The Problem: Children Along the Border

Since 2007, the death toll in the Mexican cities along the U.S./Mexico border due to drug violence and criminal activity has reached 16,500 (Johnston, 2011). Seventy percent of these victims were women and children. In remarks to the Central American Security Conference at a Regional Security Conference in Guatemala, Hillary Clinton, U.S. Secretary of State, said that the governments need to work together to combat the criminal organizations feeding the violence while also addressing economic and educational needs in the region (U.S. Department of State, 2011). To break this cycle of criminality and violent behavior, the government of Mexico is putting preventative programs in place to give children and their families an alternative path. Alcanzando Niños en la Frontera (Reaching Children at the U.S./Mexico Border) is one of the first of these programs and will use noninstrumental biofeed-

back to teach self-regulation to children and their families, as well as bring about fundamental social change.

The concentration of Mexican and Central American immigrants on the northern border of Mexico has been a difficult problem with authorities of each border state. These individuals and families lack financial support and education, so they often engage in criminal activities such as drug trafficking, human trafficking, and sexual abuse. Many are joining drug cartels that are recruiting young children who lack self-esteem. The low socioeconomic status of these children leaves them susceptible to adult criminals who may involve them against their will in violent activities, according to the findings of the Mexican Commission on Human Rights on poverty, child labor, and prostitution (Comisión de Derechos Humanos, 2012).

New Psychoeducational Program Supported by the Mexican Government to Address the At-Risk Children

Alcanzando Niños en la Frontera is designed to prevent at-risk children in Mexican border cities from entering the criminal justice system. Children in border towns are at greater risk because of the high levels of illegal activities and an escalating drug war. To shift away from existing cycles of violence and crime to a more functional state, this 3-year program will engage the children and their families with research-based self-esteem and self-awareness therapies (art therapy, somatic education, autogenic breathing, and temperature control for stress relief) as well as music (choir; St. Martin, 2010). The program will enable the children to improve their cognitive and socioemotional abilities and reduce their chance of falling into criminal activity, leading to more productive lives. This program will focus on elementary school-aged children in order to promote healthy child development.

Recent Mexican federal legislation. The Mexican and U.S. governments' goals along their common border include the reduction and prevention of crime and support for human rights. Providing opportunities to poor and disadvantaged children is also at the forefront of the Mexican state and federal governments, and they are seeking curative/preventative programs to improve the well-being of the children and their families along the border. To this end, recent legislation has been introduced in the Mexican federal government that provides four significant pieces to this project (Congreso del Estado de Jalisco, Presentado Inicialmente Juridico, Mayo 30, 2012, Dictamen Aprobo, 17 de Agosto 2012). The four topics are as follows:

1. The use of noninstrumental biofeedback, art therapy, and somatic education for the rehabilitation of first-time sex offenders and the victims of sexual abuse;
2. Increasing the awareness of parents about drug and sexual abuse and prevention in children;
3. Preserving human rights for all children through education, good nutrition, and providing some with an identity; and
4. Implementing education and legal reforms to eliminate discrimination against disabled children.

Previous programs in the United States and Mexico. Similar programs were implemented in the state of California (1990s) and in the state of Jalisco (2000s) and have proven effective for children and families (St. Martin, Bruce, Criswell, & Lovell, 2011). The government of the state of Jalisco was instrumental in the formation and success of the Orchestra Infantil y Juvenil de Lomas Del Paraiso (Childrens' Orchestra Study in Lomas Del Paraiso).

In the Lomas project, children in a high-crime town were provided with noninstrumental biofeedback therapies and music education through a youth orchestra model. The children and their parents in the surrounding area near Lomas Del Paraiso came to a local community center where they were trained in self-expression and self-awareness through art therapy, somatic education, and music education.

Evidence collected by the State of Jalisco Secretaría de Educación and the Department of Social Services supports the conclusion that this program changed the nature of the community. Prior to the Lomas project, the area had high incidences of drug trafficking, vandalism, gangs, delinquency, and alcohol and drug abuse and showed a low level of consciousness in poverty. After the Lomas project, there were reports on the children's performance both socially and academically, especially within their environment that

was heavily involved in drug trafficking, family violence, and delinquencies (Informador, 2013).

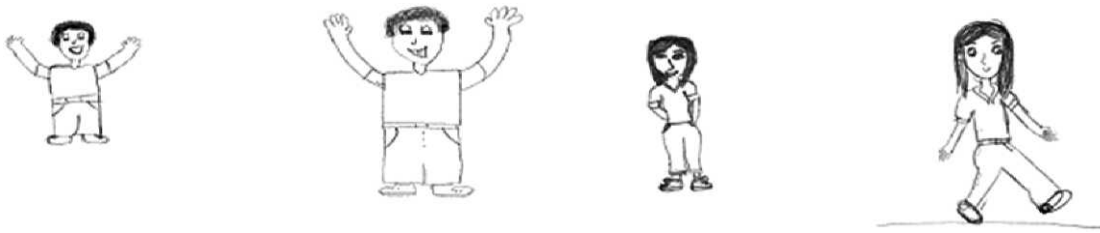
The secretary of education in Jalisco has already expanded programs in the arts and music education and is committed to bringing quality education for primary schools by training teachers with new techniques and methodology to provide better educational services to children. Two sets of children's self-drawings from that study are displayed in Box 1.

These Jalisco programs were built on the successes of the Community University Action programs that were established in 1990 by Sonoma State University to help reach children from low socioeconomic status in the public schools both on local and state level and, since the year 2000, transferred at the international level to Mexico.

Recent research has shown that early intervention promotes education, reduces crime, improves workplace productivity, and reduces teen pregnancy (Hart & Risley, 2003; Mindell, 1982). These early interventions improve cognitive abilities and the health of disadvantaged children (St. Martin et al., 2011). In addition, the ability to read at a minimum of a third-grade level is a predictor of positive adult outcomes.

The Alcanzando Niños en la Frontera Program. The Alcanzando Niños en la Frontera program, built on the model of the Lomas program and an earlier program in Venezuela called "El Sistema," addresses the needs of four populations of children in Mexico and California: disadvantaged, orphaned, disabled, and displaced immigrants. It is expected to affect 16,000 children and their families across the U.S./Mexico border.

- Disadvantaged: Children who come from poor backgrounds and are street children who may be living with parents, without parents, or with a family member such as a grandparent. Or terminally ill children with diseases such as AIDS.
- Orphaned: Children who have no parents and are institutionalized in private orphanages and government facilities.
- Disabled: Children in government programs who have no parents, or families who cannot physically and financially afford to care for their disabled children. Mexico is one of the only countries in Latin America that has not fully conformed to the Americans with Disabilities Act mandate.
- Displaced immigrants: Children who cross borders with their families (migration) or are runaways from their original cities, such as farm workers' children or children of tourists.



Box 1

Childrens’ Orchestra Study in Lomas Del Paraiso

The initial study in Lomas Del Paraiso showed that the children who participated in the orchestra were considered by their parents and teachers to be more socially adept, better disciplined, and more organized after their participation in the orchestra and that their sense of self appeared to be stronger, as evidenced by increased responsibility, improved behavior, and higher academic performance. Two sets of children’s self-drawings from that study are included here.

Physician education and physicians cadres. Thirty-two highly qualified physicians will be selected by the project leaders to become trainers. This group will include emergency department oncologists, psychologists, social workers, and pediatricians as well as medical school teachers selected by the Mexican secretary of health. These physicians will come from the eight Mexican border states as well as the state of Jalisco, which will serve as the hub for training and which has expertise from the Lomas del Paraiso model. The 32 physicians will be brought to Sonoma State University in California, where project experts will provide the medical doctors with noninstrumental biofeedback curriculum and pedagogical methods for project implementation. The professional development training is a very intensive 1-month program with a total of 200 hours of instruction and training and 64 hours of field practicum.

Once trained, these 32 physicians will return to Mexico and conduct a training for a group of approximately 200 physicians drawn from the Mexican border states and Jalisco. The training for this larger group of physicians will be hosted by the secretary of health in the state of Jalisco in Guadalajara. The doctors will be grouped into cadres (*células*) so that the 32 Sonoma-trained physicians can continue to train and guide the rest of the professionals, who did not attend the initial training, to support project implementation in their local areas targeting the large border cities. Upon conclusion of the training in Guadalajara, the 32 original physicians and the new group of 200 will return to their home communities and develop a process of professional development for physicians throughout the border states.

Data about project implementation and outcomes will be collected within each of the border states and then forwarded to the state of Jalisco secretary of health for evaluation.

The program teams will be deployed to Tijuana, Nogales, Ciudad Juarez, Ciudad Reynosa, Piedras Negras, Matamoros (North), Tapachula, and Chetumal (South). These towns are heavily influenced by the drug trade, and therefore the children in these towns are particularly susceptible to violence and criminal activity. The Mexican secretary of health will take the lead role in the program in 125 municipalities in the state of Jalisco. Our program of rehabilitation of art therapy, biofeedback, and somatic education will be put in place in 582 Centers of Health for the treatment of children in difficult circumstance.

Program interventions. This program will bring research-supported noninstrumental biofeedback techniques and implementation strategies for improving the self-esteem and self-worth of disadvantaged children. In addition to training and deploying physicians trained in art therapy, somatic education, autogenic breathing, temperature control, and music and reading education, the program will also include parent education awareness through pamphlets, workshops, and videos put out during the 3-year project. This information resource will be an integral part of meeting the ongoing societal educational needs and bringing about social change.

The program is designed for the children to advance and gain proficiency in voice, music, reading, and art. Performance events will be scheduled during the 3 years so that the children can demonstrate their talents to the public. A final project is planned for a collaborative choir performance by the eight city teams (*célula*) and presented to the U.S. ambassador to Mexico.

Because the method of success has been transferred from U.S. public schools in California and Florida to Mexico, it can also be transferred to other clinical and private organizations serving children. The methods and practices can be taught to willing participants who are interested in social change, and this will significantly expand the reach of the program. Similar programs modeled under the United

Nations Educational, Scientific and Cultural Organization are proving successful in international settings such as Russia.

This program will use psychological testing methods to gauge its effectiveness. Both quantitative and qualitative methods will be used to collect the data: the Piers-Harris 2 Children's Self-Concept Scale (2nd edition) and the Draw-a-Person art therapy assessment (Buck, 1948a, 1948b, 1970; Di Leo, 1973, 1983; Goodenough, 1926; Rousseau & Heusch, 2000). The data will be collected and analyzed on a regular basis to ensure that the program is reaching its goals of increased self-esteem, improved academic school performance, and better social and family environments. These assessments will help detect any illegal activity through the children's drawings that may promote program intervention with them. Sampling methods will be used to collect this information. The physician leaders will be responsible for collecting the information for each *célula*. Our expectation is that children within the program will have higher self-concepts than those outside of the program.

The children will also receive somatic instruction based on the Hanna Somatic Education for integrating mind and body practices (Criswell, 1995). The instruction will include relaxation exercises focused on muscle tension involving the neck, head, shoulders, and ankles and autogenic breathing with stress reduction/temperature training—learning self-regulation of the body. Music (choir) and reading achievement will be measured and reported using appropriate means. Additional indicators will include the number of birth certificates issued each year at the annual vaccination day in Mexico conducted by the Secretary of Health and reductions in criminal activity and violence in the border towns, especially among the many children there who lack any legal identity. Levels of project implementation will also be measured. The number of sessions held, number of children attending, and number of families involved will also be recorded.

Conclusions

All children throughout the world deserve a chance to succeed. Through the Alcanzando Niños en las Fronteras project, we will give the children in U.S./Mexico border towns the opportunity to lead a life free from the current violence and criminal activity that has plagued this area for years. Thousands of children will have the opportunity to see life in a new and different light and gain new self-regulation skills through the physicians trained in this project.

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