

INTERVIEWEE: YADIRA RAMIREZ-FLORES, SOCIAL WORKER
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Tell me about the work you do here at Edelman.

My name is Yadira Ramirez-Flores. I am a psychiatric social worker here at Edelman. Pretty much my main role is as a case manager. We do have quite a bit of a caseload, and I have about 220 clients, so I mainly provide case management services. There are a few clients that I see for therapy. It's very hard to do therapy with everyone, depending on their needs. I would say that 70% of my caseload are homeless. They're trying to meet their basic needs first. And doing therapy with someone like that is just very, very hard.

I also run a group, the Spanish-speaking woman's group. I donate four hours of my time at the CETU, which is the Crisis Evaluation Team Unit – each clinician has to do that – in which I basically attend to the phone calls, people that walk in, [and] I assess them to see if they meet criteria for services. If they do, then I tell them to come back the next day, so that they can get their case opened. So that's pretty much in a nutshell what I do.

I am [one of three] Spanish speaking social workers here. So far we have a nurse, a psych tech, and we have two – not community workers, but we have two other Latinas who also work with our clients [they are medical case workers]. I would say about 30 to 40% are Latinos in my caseload. When a client comes in and they are a Spanish speaker, we have a nurse who is [in] welcoming and triage or CETU. She evaluates the clients, and if they meet the criteria for our services, she is the main person that opens the case. Then she decides if the person is a FSP [Full Service Partnership, for the seriously mentally ill] client, if the person is Core Services, which would be me, or if the person is MERT [Medication Engagement Recovery Team] or Wellness. So they get divided into those four different areas of programs that we have.

Primarily my clients are the core clients, meaning that their symptoms are severe, but not as severe as where they need 24 hours or seven days a week care, like the FSP program. They're having a difficult time managing their symptoms [and] haven't been able to really resolve a lot of the trauma that they maybe have experienced. Finances are very poor; either they're homeless and don't have a place to live, or they're living with family or just having a difficult time paying the rent, or are at risk of homelessness. A lot of the clients that I see are usually clients that I will be assisting them [in] applying for disability.

Housing is a big struggle here. But most of the time I'm helping the clients, getting them into a transitional shelter, just trying to find ways to make it more affordable for them, since at our facility, we don't really have Section 8 housing [Section 8 is a Federally funded program that provides vouchers for housing for low-income families], or Shelter Plus Care housing [also Federally funded, provides rental assistance for individuals with disabilities]. It's usually another agency. I refer clients to OPCC [the Ocean Park Community Center in Santa Monica], St. Joseph Center [in Venice], Venice Community Housing Corporation, if that's mainly what they're looking for, housing, because we are very limited here. Once in a while, we will get information as to housing, and where we can refer people, and I just try my best to have that information available, but it's definitely one of the biggest challenges.

What is your biggest challenge?

The biggest challenge for me is mainly the resources, not having the resources. Sometimes it's heartbreaking to see that you can only do so much. For example, yesterday I spent about ninety minutes trying to help a mother who has three children, to locate a place for her and her children, since she had to leave the place where she was due to domestic violence. I worked with her last week for an hour and a half, trying to locate resources and again this week. I e-mailed my coworkers, asking them for resources, and it was amazing the response that I got from them. It makes me feel like I'm not alone; I have my coworkers to help me. But then you call the resources that were given to me and find out that "No, we can only take two children," or "No, all beds are full," or "I'm sorry, but she's within the safety zone, and we can't really help her." Now I have a possible resource for her, but it's not definite. So I'm still trying to look for something.

Time. I also wish that there was more time to really help [my clients, since it is very hard, because of having such] a big caseload. It's very hard to be able to give a client more time that they need. [The clients are] are booked maybe 2, 3, 4 weeks in advance and finding that time to see [clients in between is just difficult]. Most of the time, the client will benefit from being seen maybe once a week, or more than that that, twice a week, especially those clients that have lived [through] some very traumatic stuff and they're barely able to manage their symptoms. But there's not enough hours.

It would definitely help to have another [Spanish-speaking] social worker. But again my caseload is about 30 to 40%, so the majority [are] English-speaking clients. But having another social worker can probably help to consult and look at the cultural aspects more. We do have a Spanish team, and that's pretty much where I go with my questions and concerns. We address a lot of the things, but certainly having another social worker that speaks Spanish would definitely help.

Are there special challenges in helping Spanish-speaking clients?

Certainly, immigration plays a major, major role. Like for example, the Spanish-speaking woman's group that I run with the help of another person. Her name is Beatriz, and she's amazing. The women come in and talk about, for example, having to leave their children in their home country, and how they are having depression and anxiety because it has been years since they have not been able to see them. They contact them through either phone calls [or] sometimes letters, but it's not the same thing as being able to be with them. Some of the women say it's been years that they haven't seen their kids or some say they haven't seen their mom or other family members. And it's being able to understand what they're going through, being able to understand how that plays a major role into what they're facing now, the depression [and] the anxiety. So that's certainly one of the things that we've discussed.

[Also,] for example, the culture plays a significant role. Some of my clients come in and basically say that the family does not understand and they just judge them and say that they're being lazy, that they just don't want to work, that they're giving up. It's being able to educate the family and have them understand that it is a condition. But it's being able to work through those factors and understand where the family is coming from, too. I would say that those are the two major things that we talk about. And immigration – again [limits the] resources. If it's already a limitation with some of the English-speaking clients, it's even much harder with the Spanish-speaking, if they are undocumented.

How do you help clients to move toward Wellness?

How do I do that? In my first session, I usually talk to clients about where they are and the different levels of care that we have. I do try to emphasize that, with time, taking medications, coming here, being in treatment, we will be moving towards that direction. It's not easy when you're in Core [Services]; it usually takes some time. I've been here at this facility for almost four years and so far in my caseload, I think I've transferred not a lot of clients, probably less than ten, to Wellness. There's a lot more that go to MERT and then they go to Wellness.

It's still a difficult piece for them, but it's about educating them, letting them know that they've made great progress. Their symptoms – they learn ways to cope with them better; their medication is working. And making them look at the whole picture of how they came in, when they saw me. I usually go back and say, “Remember three years ago you came in, and you were saying all of these things. You were experiencing all the symptoms, and all these obstacles that you had – being homeless, not having stable income. Look at where you are now.” People that are wanting to become peer advocates, if I see it in them, usually I encourage them to give something back to the community and once I see that they finished the program for the peer advocates, usually I say, “Look at what you've been able to do!” And then transfer them towards that direction.

What led to your taking a job here at Edelman?

This is my first job. I graduated from Cal State LA. I got my Masters degree there, and I came here. I did my internships at Clinica Romero in the Pico-Union area [a largely Latino neighborhood just west of downtown LA]? That was my first internship and then I did my second internship at APLA [AIDS Project Los Angeles].

I think we are certainly able to try to empathize and try to really provide the help that the client needs. We really personally, and I've seen it with my other coworkers, too – we really try to make everybody feel as welcome as possible. We do have clients who come from other clinics. You ask them, “But you have other clinics in your area; how come you're not going there?” And they usually say, “It's not as nice as this one.” I tend to look around and say, “Nice - what do you mean? The building per se or what is it exactly?” And they say, “It's the people. There's a different vibe here.” I haven't worked at any other facility, but certainly I do think that we really do try to see the person for who they are and try to see what's happening, and take all that into consideration and really, really help them.

Originally, I thought I was going to major in international business. That was my thing. I went to school and was there and did the classes. First semester was OK; second semester, I wasn't doing as well as I thought I was going to do. So I thought, “This is not working out for me.” When I was between 18 and 20, it was a very difficult time trying to find out who I was, and what I really wanted to do. Since high school, I [had] said, “International business it is.” And for it not to work out or go as planned, it really shook me.

So I started getting involved in my community, at my local church, and really, really, involved, to where my friend and I actually and other people started a youth group. Then we had some Catholic missionaries that came to our local church, and little by little, I got more and more involved. Next thing you know, I was part of a group there called CERS (Comunidades Evangelizadoras para la Reconciliacion y el Servicio). It was about going

out into the community and helping people out, and really doing religious activities, prayers and [things] like that. I started finding myself thinking about missionary work and thinking that maybe this was something that I could do. I went to a few vocational retreats, and thought about it and thought about it, and I wasn't really sure if that was for me.

I went to the [career] counseling center at my school, and got a chance to meet a great counselor, and I told her what I was going through. I wasn't sure if I wanted to do missionary work, but surely enough, international business was not for me. She kind of guided me through and said, "How about social work?" I was not really familiar with what they did. And I gave it a try. I liked it and got involved.

What do you love about your job?

I love being able to really help someone in need. Sometimes, it's just knowing that someone is going to be OK with the help that we provide. It may be either assisting someone with benefits or finding a place for them, a shelter, where you know that they'll be out of the streets, or finding ways that someone can learn to cope with that depression, the anxiety, giving them more education on what they're going through.

For example, [I have] a new client, relatively young, I think, 26, [and] the symptoms that she's having are more on the psychotic, disorganized, and at times with bipolar symptoms. Not knowing what was happening, it was really frustrating [for her]. I met with her and I tried to focus more on the symptoms than the diagnosis. But she was trying to find out what was happening to her. I consulted with the doctor and we agreed that it's more of a schizophrenia, and we told her. She was so very relieved. At first, I thought that it was probably going to be very hard for her to hear this and I was kind of waiting as to, "Oh my gosh, what's going to happen, when I tell her what we think is happening?" I told her and she was relieved. She said, "Finally I have an answer to what's happening. And it makes me feel good. Now I know what's happening and I know that I'm not crazy. I know that it's an illness."

It always makes me think of *Mystery Diagnosis*. I really like the show [on the Discovery Channel]. And when you really discover what is happening, it's just amazing. It was nice to be able to help her with that, even though I've been working with her for close to an a year, but little by little meeting with her more often and talking about what's happening, what is it that she really goes through. What is her day like? And being able to discover something like this, it was rewarding. It was very rewarding to see that we gave her an answer. Now it's just working with her to find the coping skills, learning more about it, and helping her to be who she wants to be – which is a happy, independent individual.

Certainly, in my opinion, I would like to improve certain things in the building. I think that this would help with making people more comfortable. Even though ,when people come in, I mean, they don't really look at the building. They would look at the people who work here and how we treat them. But sometimes I think that some of the rooms, if we add a little more color to it – a little plant here, some art, maybe that could help [the place] be more warm to them.

How do you help your clients deal with stigma?

Well, I will go back to what I usually say to some of the clients who are having difficulty coming in here and getting services. Usually, I just tell them it could happen to anyone.

Yes, there are certain mental illnesses such as schizophrenia, [or] schizoaffective disorder, that are maybe harder – not harder to treat – but it will take some more time to be able to have the quality of life that maybe they want, because they need to come in more to get the medications, to work with us more. But certainly, for those clients that are going through a depressive episode, anxiety, even some clients who have bipolar disorder – they see the building and they say, “I don’t want to go there. They’re just [for] crazy people. Are they going to put me in the hospital?” I usually just say, “This can happen to just anyone. And you should see it as a crisis that you are having at this moment, and you need a helping hand to guide you, so that you can be at the point that you want to be.” And that’s what I would like it to be, just a place where they can come in and get the help and be able to get back on their feet. I just really emphasize that it is something that can happen to anyone. We all need a helping hand at one point or another.

Tell me about the women’s group.

It’s a *las comadres* kind of thing - a *comadre* is your best buddy or your best friend, where you feel you can go and confide anything to them. That’s what I want for this group. I always remind them, “This is your group. What I want is for you to feel comfortable, to share about what’s happening with you here, out, everywhere, and for each of us to provide some support.” Beatriz, my co-facilitator, and I – sometimes we don’t really do much. We let them help each other. They do say, “I suffer from this,” or “This is what bothers me,” and then the other lady will say, “Well, this is what helps me.”

I’m not going to lie; (laughs) a lot of times, hey have all these home remedies that they can use. So Beatriz and I constantly have to say, “OK, OK. That can be outside of the group. We are not promoting that. This is mainly coping skills and what works for you. But if that works for you, you can do that outside.” But it’s amazing all the home remedies that they have. *Like what?* Oh, they always have different kinds of herbal teas for everything. A tea to calm you down, a tea for this, a tea for that. Different herbs, it’s amazing. “Oh, my grandmother did this, or my mom did that.” The women vary in age. I mean, we have some, not very young, between 35 all the way to maybe 65? So you can feel the motherly love between them as well.

We celebrate special events in their lives. For example, if someone is becoming a citizen, we try to emphasize that and focus on that and say how happy we are. If someone is studying for a test to become a citizen, we all talk about it and say you can do this or that. And it’s amazing the support that they give to each other. On special occasions such as Mother’s Day, which is something we focus on, the holidays. We make a little time for them so that they can feel that they’re special. A lot of times, we do go to some of the *novelas*. [*Telenovelas* are dramatic limited-run television series popular in Mexico and Latin America.] I don’t know if you’re familiar with the *novelas*? We use some of the characters to talk about, for example, women that were able to speak up and get out of difficult situations like domestic violence. Sometimes that’s the best way to reach out to them. “Remember what she did in the *novela*? That’s exactly what you need to do. You’ve got to speak up. You’re worth more than that.” That’s what they like to do. You’ve got to work with where they’re at.

Do many of your clients have problems with their immigration status?

That is something that I do see. A lot of people are quite guarded about it and, looking at the forms that we have, our open face sheet which is the demographic information, you

clearly are able to see whether they have a social [security number] or not. I basically just ask you know, "*Tienes papeles o no tienes papeles?* [Do you have papers or do you not have papers?] In a very subtle way, not "*Si eres indocumentado?*" I really don't like that word very much. They open up, and they say, "No." I just try to basically say, "Don't worry, it's OK. We're here to treat what's happening with you, your symptoms, and not necessarily focus on that." I do however mention that it's probably going to be harder for me to help her or help them with resources. Especially if they are homeless or if they are not working and certainly meet the criteria for disability. But until that gets adjusted, we won't be able to do much. Which they understand and most of the time they're just grateful they're getting some help, that someone is just listening to what's happening to them, and not really focusing on if they're legal or not.

Have you had personal experience?

Well, I am from a small town in Nayarit [a Mexican state on the western coast, bordered by Sinaloa, Durango, and Jalisco], called Las Varas. I was actually born in Puerto Vallarta. As soon as we were born – I am a twin – my mother went back to Nayarit and that's pretty much where I grew up. My parents were [separated] soon after my sister and I were born, and my mom had to find ways to be able to give us a life, to be able to be the breadwinner. So what she ended up doing, like many mothers, is find employment. [She looked for work] out of our local town and unfortunately she wasn't able to make it [there], so she came to the US. My sister and I were left under the care of my grandparents.

We were there until the age of 10, when my mother sent for us. We came here, and it was not easy at all, adjusting to a new country, a new language, and overall, a new family. My mom had already remarried and already had a daughter. So my sister and I felt like we came into a family that we didn't know. When you're not with your mother for the foundation of your years, it's very, very hard. My grandparents were great. They did their best to be there for us and to provide for us and I think the most important things that I needed to learn in life, I got from them, which is being respectful, honest, and [to] have good morals. I think that's all you can really hope for.

My mother decided to bring us [to LA] when we were 10 and of course we were not legal residents. We came in undocumented and it's a traumatic experience in itself. Coming in to a country and you're not even aware of what you're doing. The concept of doing something illegal was not in my head at that time. I didn't even know what I was doing. We were just told, you need to do this at this time of the night and cross the border, and you'll be at your mom's house pretty soon. All we wanted was to be close to our mother. Not seeing her, not being with her for 10 years, it affects you; and all you really want is to be with the one who gave birth to you, like any other child. So we came here, we lived with her and I've got to say life was not an easy thing, as I had pictured it growing up or having these fantasies of what life would be like. It surely was not like that. It was certainly a struggle and there were things in the family that I wish had never happened; but they did, and those things certainly made me the person that I am.

I didn't know what undocumented really [meant] until I was in the process of applying for college in my senior year [in high school]. I didn't even know what that was really all about, not until I was trying to apply [for college] and they told me the word. I was undocumented, and I couldn't really go to school, I couldn't really do anything like ask for financial aid, because I didn't have a green card. So that was really devastating, because I had certainly tried to do my best in high school, so that I would be able to do something and be

someone. It was really disappointing, but I didn't give up. I found a way to go to school and pay for my own college tuition. I couldn't get financial aid and at the time, back in 1997, the whole idea of helping students who are undocumented was not as good as it is now. But certainly I found my ways to be able to go to school and not give up. I think it took me longer than a lot of my colleagues here. It was not an easy line or a straight road for me certainly. It had a lot of deviations and a lot of moments where you certainly get depressed. You know you want something, but you're not able to get it. You know you're very close and you know that it's achievable, but because you're not legal, because you don't have a green card, you're not able to do it.

So I graduated; I went to a community college. Then I transferred to Cal State LA. [While] I was there, I worked pretty much in jobs that could help me to pay for school. Once I was done with my bachelors degree, episodes of depression would come in, because I would say, "What do I do now?" I found my way of being able to feel like I was doing something by volunteering, staying active in the field, and then having a little job on the side that could help me to get back to school. I had people that never gave up on me, that continued to push me and said, "You can do this. Go back, get your Masters;" and certainly if it hadn't been for those people. I don't think I would have done it, because I was so disappointed.

I went back to school [and] got my Masters. Towards the end of my graduation, it was again another episode of depression, pretty much not knowing what am I going to do, feeling disappointed again. What do you do with that degree and not being able to work on what you were able to achieve. So my biggest accomplishment so far has been to be where I am right now, being able to work here, being able to work for the County, for the Department of Mental Health, and feel proud, because it was not an easy way.

I became [a legal resident in 2007]. I graduated from school in the beginning of 2007 and I got married. Well, I was supposed to be done with school in June of 2006, but I was having a difficult time completing my thesis. A lot was because I think a part of me – it almost felt like I just couldn't go on anymore. I was questioning, "What for?" if I'm not going to be able to do much afterwards. I was fighting depression, I think.

I mean, it's just not being able to work in the profession, [or] to be able to help people. To be able to go into an agency and be the social worker that I studied [to be]. Certainly it causes you to go into a depression in some way or another. Not being able to reach the goal or not being able to get it, to actually feel it, and do what everyone else is doing. You go to school and you see everyone else getting jobs, doing things with their careers, starting their careers. And you're not being able to do the same because you're not yet a legal resident. Even though I had been in this country about 18, 19 years.

I personally know how hard it is to be judged, because you are undocumented or you are not legal. Not necessarily that someone is pointing the finger at you, but certainly when you hear the news, and everybody is talking about immigration reform and they're talking about documented people, certainly you fit into that category. You know that they're talking about you. So being able to really empathize with [my clients], being able to provide words of hope, being able to guide them through and say, "It's going to be OK. I'm not here to question whether you have a green card or not, or whether you are legal or not." [That] really helps. Of course, I do not share my experience with them, but I think [it helps] just knowing how hard it was for me.

Even when I came here, and not being able to go back and see my family, that I left there

when I was 10, not being able to see my hometown – first you struggle with not being able to see your mom, and you kind of fantasize and create this world about (tearfully) what you would like. And then you come, not knowing exactly what you're doing, because I don't think, at 10, it's your fault. Then you go with missing everything that you left. Then I kind of became and I still struggle with [the problem,] where do I really belong? There? Here? It's not easy. It's not easy. But certainly I take all of that with me; and when I do meet with a client, if it's a similar situation, I try to make sure to make them feel as comfortable as possible. Because for a lot of them, just knowing that someone is going to question about their legal status, it's more anxiety provoking than anything else. It can create so much fear. And just easing that for them. Saying that it's going to be OK, and not to worry, helps.

Certainly [my sister] provided a lot of support. My sister unfortunately was not able to go to school. She started school, then she got married very young, before she was 21. So they started a family and was not able to finish school. So she and her husband were great support for me. I remember them just helping me out at times financially, by providing food to me, by dropping me [off], taking me to school – all these things, because I did everything by bus. It was not through driving. So they did a lot. They helped out a lot.

How do you feel when you're able to give back to your clients?

It is very gratifying. When I say something to them, I hope that they are able to listen and see that I mean what I say to them [and that will help] have them feel comfortable with [me]. They open up and they share about their struggles and what they're going through. It's good. Very rewarding.

I know how guilty they feel for leaving their children. Being able to be that child on the other side helps. Just to provide them with some – Just being able to take that guilt away, and say, “Give them time. Talk to them. Let them know what it was like for you, to be apart.” Because when you are apart and the more the years go by without seeing someone, there can be lots of resentment from the child. I'm not talking about everyone. But certainly there is that in a child for not being able to be with their parents and being able to be that child, I think, helps.

END OF INTERVIEW