

Case Application and Advocacy Paper: Case Study: Esperanza Mesa

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Culture and identity are such important concepts that as a Clinician, you must be aware and mindful of when taking care of a client. A person's Identity including culture is tied to how they will receive treatment that is given to them. Therefore, as Clinician we need to make sure that we are helping and giving helpful suggestions rather than coming against them and being part of the reason they are seeking therapy to start off. In this case, we have Esperanza Mesa. She is a bilingual Lesbian who is currently married to a man and has a daughter with her husband. She is also catholic and is very strongly tied to her Mexican heritage/culture. The way we approach helping her is to be very specific and catered to her. This is how I would help her to the best of my abilities.

The three cultural factors that helped me to conceptualize this case is the understanding of religion, Sexuality, and family in her culture. Esperanza (who changed her name to Hope due to bullying when younger), spoke about the importance of God in her life. In the times when she was being bullied and teased for Being Mexican, she stated that her family and Catholicism are what kept her grounded in the times when she would get called racial slurs. The other important factor is how she views Sexuality. Hope stated that from a very young she felt the attraction to women but pushed it aside and followed what her family wanted for her, which included getting married and having children. Though these three things are the things she seems to hold dear to her heart and is part of what makes her who she is, it seems these are the very things that are creating barriers in her life.

In creating an environment that she would feel comfortable in during our sessions, I would be certain to ask her during our first session, what I can do to better make the environment more welcoming for her. Outside of asking her, I would be

certain to have a very comfortable area in which she can sit, I may opt to make the seating area a coach in an effort to make it look more inviting. I would opt to have a more colorful and vibrant space as that personally fits my personality, but I also know that Mexican culture tends to be very vibrant and colorful as well. In that aspect, I would also add different snacks that she may like (this information would be gathered in speaking with her) as well as water. If we were to meet over an encrypted web-based setting, I would create the same background which would be seen by her on her screen. In getting Hope to understand the resources that are available to her, I would simply explain them to her. I think in the state that hope is in, she is actively trying to seek help and understand what help she can receive. Due to that reason, I do not believe that much coaxing would need to take place. I think what I would do is have everything readily available for her and let her know where it is. She simply has to go to get the outside help and resources she may need.

Action and Advocacy Plan

In order to begin to build a plan, understanding where Hope is coming from is truly imperative. Hope emigrated to the US when she was roughly 4 years old. In doing so she has an accent that the children in school made fun of her for. While doing this, they also speak about her in a derogatory manner and called her racial slurs. When In high school, she changed her name to Hope, which is the English version of her name. While dealing with this external crisis, she was experiencing an internal crisis which is her sexual attraction. She didn't know what to do or who to turn to, as a result, she simply followed what her family stated as well as what Catholicism mandated. This in

turn suppressed what she truly felt and struggled with. When she sat down and spoke with her husband, she suggested divorce and for her to have sole custody of their daughter. He did not agree and in turn threatened to tell everyone (her family, and church) about her true identity as a lesbian. Essentially, she is trapped in a life that she doesn't really want or desire. She has been threatened by her husband, doubted her self-worth since she was a child, and feels trapped by a life that her family and Catholicism created for her.

In creating a treatment plan, I would start with setting up an environment in the office in which she feels comfortable. That would start from the waiting room until she got to the office, we would be meeting in. In our meetings together, I would focus on tackling her worth. That is something that I would start off with first because not only is it one of the oldest presenting problems she has, but I also believe that unless we tackle that feeling of not deserving there will always be a blockade. There will only be so much we can do and so far, we can go before her feelings of unworthiness start to undo the work we would have done together. The way I would do that would be by using CBT. I believe that this would be the best course of action because it would give us a chance to confront those feelings as well as "rewire" the thoughts she has about herself.

Another approach that can be taken is the Person-centered approach. This would be a great alternative to use for Hope because it would allow her to address those feelings at her pace. I believe that the Person-Centered Approach would be a great way to start building that therapeutic relationship and from there we can merge into CBT to address and confront the thoughts she has about herself. I think this would be a great way to approach Hope, because it would allow her to trust me as her therapist and allow for

that bond to be built in a manner that is healthy enough that we can dig deep to understand her feelings of unworthiness. While we are doing see we will also start to address the feelings of anxiety, insomnia, loneliness, depression, rage, etc. These are feelings that I believe will surface while she is speaking about the feelings of unworthiness. This is something that she has been feeling from a very young age, and I believe that these other feelings are primarily from that main feeling of rejection.

After speaking with her and establishing a relationship, I believe that the next step would be to speak about her relationship with her family and her Catholicism if she would like. I would do this through the lens of a multicultural perspective/modality. That's the best approach because it would allow me to further see everything from her lens rather than approaching this as if I already understand and know. I think that would do the opposite of what I would be trying to do in this process. I think it would be best for her to lay the foundations because from there we can approach this with a solution, in a manner that would be truly helpful as opposed to being more of a hindrance. In this exploration of her family life, I am hoping to understand a bit more about her family dynamics. Doing this would allow me to see her family from her Point of view. However, while she's explaining them to me, she is also looking at them from a different perspective. Now she will revisit her family from a perspective that is outside of herself. I do believe this is a good way to go because it would allow both of us to see her family a little clear, doing so will give guidance in any potential solutions. If she would like it would also be imperative to speak about her religion. How does she view her religion, and what does she believe her religion said about her? This is also a great thing to do

because it lays on the table, how she sees herself through the eyes of Catholicism, as well as how she believes the leaders in her religion will view her.

As we are moving through these steps, the focus is to unpack all that she has been pushing down and holding onto over these years. In doing so I believe that it will start to allow her to see the different problems that are standing in her way objectively. As Clinicians, we cannot give advice or suggestions regardless of how much we may want to do so. As a result, my goal is to help her lay out everything and be able to approach the solutions in a way that honors her and all her identities. Something I would also do with her is to encourage her to go to group therapy as well. I believe that her doing so would create the necessary community she needs as well as giving her another space to speak freely. This is a great way for her to meet other individuals who is on the similar healing journey that she is in, as well as growing from the other members who have been there. I think that it is also important for her to go to group as a way for her to become a bit more independent. In the immediate stage that she is in, she is going to need some hand holding and encouragement. However, as she progresses, she will have to grow and go live in her identity.

The goal is that throughout this process, I will continue to reaffirm and encourage her. In this state that she is in currently, she will be very vulnerable and very susceptible to negativity. I would encourage her and push her to keep moving forward. Therefore the use of the group therapy is so important. It will be important and beneficial for her to be with other women who may have gone through similar events as her. This will serve two purposes: 1) to show that she is not alone and 2) to encourage her to keep moving forward the way these women did. She will be facing many different emotions and tackling

a lot of things that she tried to suppress, I do not want her to be alone while going through this. I want her to have a build community as a fence to keep her up, not suffocate her. I believe this would be very beneficial for her and her process.

I believe that while Hope's Case may be a tougher one, it isn't hopeless. I believe with the plan spoken about above, and with hard work on her end as well, we can help her get to a place where she can be proud. It may be difficult, and I expect there to be some days that are positively annoying for her, but as her Clinician, I will encourage her through the steps. I believe that the plan I have written out can be a great plan to helping Hope.