

# ***Bridging Borders Workshops***

College of Social Work, University of Utah  
Locations: Mae La and Umpiem Camps &  
participants from Nu Po Camp

Workshops Conducted June 2018



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# Overview

This report summarizes the training schedule, topics, strengths, challenges, and training outcomes from the *Bridging Borders 2018 Workshops* in Mae La, Umpiem, and with community members of Nu Po camps. Each camp location (Mae La & Umpiem) participated in 1 - week of intensive workshops for a total of 2 weeks of trainings. Each week was filled with almost identical trainings and activities, and adjustments were made as needs were identified in each camp. There were four training groups. They included: a) psychosocial, b) occupational therapy & physiotherapy, c) youth leadership, and d) organizational leadership & hospital administration. The report is divided into the following sections. Overview; Weekly Schedule; Mae La Summary; Umpiem and Nu Po Summary; Recommendations for Future Trainings & Acknowledgements.

## Day 1

- Briefing at IRC office
- Spirit Card Activity - cards with different pictures and descriptions
  - Ice breaker activity. The group broke into smaller groups, and discussed why a person choose their specific card.
- Group assessment and discussion about the following questions:
  - What are people talking about?
  - What is going well in the community?
  - Challenges?
  - What would you like to learn?
- Overview of trauma and resiliency framework
  - Discussion on trauma definition, symptoms, and experiences
  - Discussion on resiliency definition, examples, and activity
- Activities: Dancing, self compassion activity, and how to build and maintain resiliency

## Day 2

- Introduction of themes: Person in Environment, Strengths Perspective, Whole Family Approach, and Growth Mindset
- Stories shared by Garroe and Paul
- Tour in each groups and further assessment



Left: Groups planning end presentations Right: Maryn Occupational Therapist teaching stretching

## Day 3

The first two sessions were split into two groups. Participants interested in hospital administration could chose to join the psychosocial or the physiotherapy group.

- Session 1
  - Understanding Self care and Secondary trauma: Psychosocial workers, youth, and some hospital administration participants
  - Stroke and Hemiplegia: Physiotherapy and some hospital administration
- Session 2
  - Tapping to Release Negative Emotions and Create New Positive Pathways: Psychosocial workers, youth, and some hospital administration participants
    - Practiced meditation and tapping therapy techniques
  - Fall Recovery and Adult Yoga: Physiotherapy and some hospital administration
- Afternoon sessions
  - Understanding Trauma in the Workplace: Hospital administration participants
    - Workers created action steps on how to be more trauma informed in the workplace.
  - Understanding Leadership: Youth leadership participants
    - Discussion about leadership qualities
    - Many people felt uncomfortable with leadership roles
  - Counseling Techniques and Casework: Psychosocial group participants
    - Worked through case studies
  - Physiotherapy:
    - Spinal Cord Injury, Bedsore Prevention & Transfer Techniques
    - Dementia, Multiple Sclerosis & Lymphedema Management

## Day 4

- Session 1
  - Gender Based Violence: Psychosocial and Youth leadership participants
    - Understanding gender based violence
  - Mentoring versus Management: Hospital administration
    - Discussion about being a leader as opposed to being a boss
    - Leadership qualities
  - Developmental Milestones and Therapeutic play: Physiotherapy participants
- Session 2
  - Gender based violence continued
  - Asset Based Organizations: Organizational leadership and hospital administrators
  - Cerebral Palsy, Pediatric Yoga: Physiotherapy participants
- Afternoon sessions:
  - Trauma Informed Workplace: Psychosocial group participants
  - Strengthening Families: Psychosocial group
  - Creating Change: Youth leadership group
  - Clear communication: Youth leadership group
  - Conducting Home Visits: Physiotherapy group

## Day 5 Group Presentations and Training Outcomes

- Each group prepared a presentation summarizing what they learned, goals established and action steps identified for implementing their learning.

## Mae La Summary

### Strengths Identified

Participants discussed many strengths that helped them to continue to do their jobs. Participants feel a strong sense of community in their personal and work lives. Education was highly valued and seen as a strength in the community. Education is offered in Karen, which accommodates to their native language, and is an additional strength. Other community assets included: community sports, access to free healthcare and free education. Additionally, participants discussed that there are supports for people with disabilities and the elderly. Some camp members are receiving financial support from resettled family members, which has helped improve living circumstances. An example given was that some camp residents have been able to purchase motorcycles. Similarly, participants discussed that there are more markets and stores within the camps. Other examples included: electronic records are being kept and that there is a new malaria medication. Psychosocial workers discussed their social relationships with clients as positive. They enjoy being able to help people and

make a difference in their community. They described good relationships with their coworkers and mentioned that they receive training to help them do their jobs.

## Challenges Discussed

As part of an initial assessment, participants also identified the challenges that they are experiencing. Participants in Mae La camp workshops spoke specifically about fears around repatriation, reduction in budgets that support services and programs, and the violence that they are experiencing in the camp. Repatriation was a constant concern and surfaced during many conversation throughout the week. Participants expressed fears of being forced to move to Myanmar (Burma). They described feeling anxious about their futures. There were also conversations about resources and services being reduced. Examples included: reduced rations, not enough medication, personal loans being taken out by individuals, and financial troubles that participants described as contributing to feelings of depression and suicide. Participants also discussed experiencing an increase in violence occurring through domestic and gender based violence, and drug induced violence. Participants shared that some community members used substances as a way of coping with all of these issues. Other issues included: high turnover in job roles, HIV, second marriages outside of camp, abandoned children, lack of training, change in resettlement laws, limited healthcare, illegal immigration and resettlement issues, and young families not knowing how to parent.



Health workers demonstrating yoga to other training participants, Mae La

## Training Outcomes / Capacity building

On the final day of each week of workshops, each group prepared and presented a summary of their learning, identified group goals and developed action plans for implementation of how they would apply their learning in the community. Below is a brief summary of group presentations.

- Community Health Workers: Participants plan to create opportunities for weaving and selling the products. They set a timeframe for completion within two months. They would do this by collaborating with KWO and ADARA. An example of one of their action plans included putting garbage bags everywhere to stop people from littering. They would use the leaves that can be burned when they are done. They stated this would be completed within three months.
- Hospital Administration: Group participants set a goal to support a female manager in order to provide a different perspective on the management team. Additionally, they wanted to hire and train 25 new medics. They are in need of additional medicine, and were trying to find ways to receive that. They wanted to complete within three months. During the training on “Understanding Trauma in the Workforce,” groups discussed wanting to have a good character. They discussed teaching and encouraging patients to solve their own problems. They believe it is important to treat everyone equally. Group participants also noted that it is important to gather good feedback.
- Karen Women’s Organization: The KWO want to encourage more women and youth to be leaders within the community. KWO members will visit 5 Post Ten schools in the camp to recruit women to be leaders. Their goal is to see women in 30% of leadership positions within the camp. They will meet with different organizations throughout the camp to achieve this goal. Strategies include, planning an event to gather together to eat, play games, and share what they have learned in the trainings.
- Health workers that attended physiotherapy: This group performed several demonstrations of what they have learned. They demonstrated using a soft brush and explained how to use it for dealing with aggressive patients. They demonstrated three stretches for joints demonstration and explanation. Participants shared their learning about the stages of baby development. They showed spoons for feeding people with down syndrome and showed and explained how to use them. They performed a demonstration and explanation of lifting a stroke patient with a belt that was provided by the instructors.
- Psychosocial workers: This group stated they will practice among themselves and share tapping technique with clients. They will focus on building resilience for kids. They will think about bio/psycho/social/eco/spiritual impacts when working with individuals. Participants shared their learning about post traumatic growth

and ways to break the cycle of trauma. They discussed how to identify problems inside and outside of one's control. They will use fun games in support groups. As part of personal care, participants discussed filling up their own jars before can give to others. They learned and will apply using body scans and aromatherapy for treatment.

- VCT Group: This group stated they wanted to share only a little because other groups shared a lot the same. They learned about trauma and that HIV patients have trauma. They will utilize tapping for trauma. In 2018, they want to learn more about trauma and how to reduce patient's trauma. They will encourage patient to do activities that they like to do, such as meeting and talking with friends.



# Umpiem and Nu Po Summary

## Strengths Identified

Throughout the assessments, many training participants mentioned their resilience and ability to adapt to different situations. Within the camp, participants discussed that there are many things improving. Examples included: the hospital, the addition of a food card that can be used in shops, improvements in communication including cell phones and landlines, and a restaurant. Additional community strengths identified were special education school for children, improving health care for maternal care, the ability to grow plants and raise animals, and the opportunity to attend Thai schools. Umpiem discussed having electricity, hospitals, schools, church, and internet access as community strengths. Participants also identified many of the same strengths that were identified in the Mae La summary, some of these are: feeling a strong sense of community in their personal and work lives and the high value that the community places on education.

## Challenges Discussed

The challenges that participants discussed in Umpiem and Nu Po were very similar to those identified by the participants in the Mae La workshops. For example, there were discussions about reduced rations, the uncertainty and anxiety connected to returning to Myanmar (Burma), concerns about reduced salaries in camps, specifically for teachers, higher school fees, not being able to leave camp without permission, issues of substance abuse, young marriage, gender based violence including domestic violence and sexual violence, and depression. Participants living in Umpiem and Nu Po camps also brought up a few different concerns. For example, participants discussed that with healthcare, clients have to bring their own food during hospital stays because budgets have been cut. Similarly there are concerns about not getting good nutrition. Postnatal depression is also a concern among community members. Participants shared that there are less security workers to keep the community safe. They identified discrimination between ethnic groups in the workforce. Job roles are unclear and it is causing some confusion for healthcare workers.

For education concerns, participants discussed that there is not higher education in the camp anymore. Teachers are not paid enough salary for living, making it harder to retain teachers. The KWO mentioned being targeted by angry and/or drug addicted spouses. They are also struggling to engage youth in leadership, as well as attending school. Psychosocial workers mentioned that gambling and drugs are causing a lot of issues. There is a stigma about mental health in the community, making it harder for

psychosocial workers to work with clients. There is also a concern that some clients don't want to take their medication and it is difficult to transport clients to the hospital.

## Training Outcomes / Capacity building

There were presentations on day 5, where each group discussed what they had learned and how they would apply it.

- First youth group: They learned about the "Circle of Control" and SWOT analysis. With the Circle of control, they can decide what they can control and what not to take on. This helps to not be overwhelmed by what one cannot control. SWOT helped to identify strengths, weakness, opportunities, and threats. This helps to identifying a solution. Also learned 5 questions to assess.
- Youth leadership group 2: They will apply problem solving to build a team. They talked about how problems can affect the team. They learned how to understand the problem, how to problem solve, to have good communication, and to speak with supervisor. They will apply SWOT. They will use yoga to calm down and focus. They will practice yoga twice a month for everyone and take turns leading.
- OT group: This group shared that they learned and will share with the community about certain diseases and how it affects other parts of the body, including spinal cord injuries and lymphoma. They demonstrated stretching and yoga tree pose to audience. Demonstrated how to use a special brush for the patient, that helps with aggressive patients. Brush the areas of the arms, legs, back. The last thing is to do an assessment to know if the kids are improving or not. Using the assessment will be helpful. This group will collaborate with other groups in the community. Refer unconscious patients to the hospital.
- Psychosocial group 1 & 2: They stated they have learned a lot but they are going to summarize. They learned about tapping to reduce stress, and demonstrated to the audience. They shared about psycho social mental eco and spiritual areas when working with clients. They learned about what you can and can't control, and how that impacts one's well being. They shared about counseling skills, using the community's strengths and listening to the client. It is important to focus on and remind clients of their strengths. They will use drawing to build resilient kids, as well as helping others to express themselves. They learned more about secondary trauma and recognizing what one can control. You cannot control patients.
- Administration groups 1, 2, & 3: The group will write a proposition to IRC to repair bedding and walls. They would like to start in July. They will detail the costs and labor. The second group needs more staff in sections that have been reduced. They will request more from IRC. They need to give more training to their staff. They also have technology needs, including more computers. Their plan is to

announce job positions, and invite members from each section to apply. The third group would like to repair the toilets. They need an expert from Mae Sot. They will request their budget from IRC.

## Suggestions for Future Workshop Topics

The participants in Umpiem and Nu Po requested more training for health, management skills, psychosocial skills including counseling and assessment, special needs training including braille, and Thai language training. Participants in Mae La specifically requested training on how to influence behavioral change in clients, further understanding trauma and how to reduce it, how to address certain education and health situations, gaining a better understanding of their political situation, refugee and asylee rights and resettlement process. Participants from both camps were interested in how to achieve education outside of camp. For example, participants discussed their interest in learning more about the education at St. Aloysius Gonzaga Institute of Higher Studies (SAG-IHS), the University of Utah Social Work Case Management program, and education pathways to higher education institutions that are available in Thailand or with other groups. Participants also discussed wanting more information on repatriation.

Instructors suggested continuing workshops in leadership, self care and capacity building as beneficial to the participants. Some suggestions for future training topics include: management coaching, group counseling methods, prevention and early education of issues related to substance abuse, gender-based violence, health and mental health provided at school sites. Instructors also suggested including teachers in future trainings. Instructors continue to consider how the workshops can be structured in ways that provides more practice time with each group. Some suggestions are to increase the number of days in one location, offer a Level 1 and Level 2 training for specific practice topics, as appropriate, return to the same location two years in a row to continue to build on the previous year workshops and relationships developed.

Finally, as these communities begin to plan for moving to Myanmar (Burma) or perhaps other locations, community-based associations would likely benefit from trainings focused on increasing organizational capacity. Groups that currently support health, education and social systems in the camp communities will be increasingly looked upon to establish these systems in new locations. At the same time, these groups are experiencing high turnover and a diminishing number of resources, particularly trained personnel in providing health and mental health services. Administrators and members occupying supervisory and leadership positions in the camps appear to have somewhat limited opportunities to engage with decision making, for example, participation in deciding how resources will be distributed. Program directors see this as an emerging opportunity as these skills will be needed in adapting

to the realities of shrinking resources within the camp and maintaining health and social services as the community members move to Myanmar. A collaborative effort could be initiated for developing a plan for assessing current resources and assisting community-based groups with increasing their capacity to lead their communities through the transitions and changes ahead.

## Discussion & Conclusions

The *Bridging Borders* workshops are focused on the use of interactive techniques, peer-to-peer learning and support models, and applied learning activities. Workshop participants were engaged in identifying what they wanted to learn and apply new techniques to reach their goals. Many participants mentioned both strengths and struggles in their organizations, and in this way the workshops also provided a space for group processing and brainstorming how what they are learning can assist them and the communities they serve. Particularly notable across the participants are: the many individual and group strengths, the drive for learning that participants shared, community resilience and a continued determination to improve the quality of life and serve the community. During the breakout sessions, the Utah team saw many of the groups growing in their understanding of trauma and post trauma and the role it plays in their own lives and the in their communities. For example, one trainer said, “Both groups seemed to hang on to the idea of post traumatic growth and how it could help turn around bad experiences.” There were also opportunities for participants to voice their concerns with a training topic, which trainers were able to discuss. For example, the tapping meditation was confusing because meditation can be a spiritual association. Trainers were able to change the phrasing for participants to tapping technique. This open communication was vital and appeared to be appreciated by participants and instructors.

Participant engagement was strong and crucial to the success of the training. The participants were excellent learners and teachers. They were willing to teach games (community building activities) and interact with the teachers. There are many strategic goals in the team plans that were presented on the final day. The participants planned on presenting these plans to IRC for budget proposals. One trainer stated, “I don’t think there was a single person in our group who didn’t enjoy participating in our trainings. Each trainee had such an eagerness to learn and to grow. For the most part, they were very comfortable with sharing concerns and questions that enhanced their participation.”

# Acknowledgements

We greatly appreciate the opportunity to partners with IRC administrators and staff and to serve these communities. A special acknowledgement to Nitasmai Ransaeva and Dr. Aye Aye Moe for your time and work over many months and Skype calls to prepare for these workshops. We would like to share our appreciation and thanks for all of the IRC staff members, community partners from each of the camp communities and the participants. They were always prepared, gracious with their time, and willing to provide what was needed for trainings. From the basic to the complex, all our needs were provided for. For example, electricity was provided for the powerpoint presentations. A special thanks for acquiring a cord for audio. The IRC drivers were amazing in keeping us safe on the passage. Lunch, snacks and coffee were provided each day, which was very gracious.

One instructor stated, “I would want them to know how appreciative we were of the strong organizational skills of our camp hosts who made many parts of the experience very smooth.” The hard work of the IRC staff members, as well as the community partners we believe led to capacity building of participants. It is inspiring to see the place of IRC staff in theses communities, they are well respected and very much part of these communities. If available, Bridging Borders team members would like to see a post assessment with participants to learn what was helpful to their work, suggestions for topics for future trainings and suggested areas of improvement. In closing, one instructor summarizes our experience very well, she states, “Well organized community, caring and talented people. Very hard workers, committed to their people and the community. Strong desire to learn, high ambition, creative, good humor, inclusive.”

