

Bridging Borders Professional Workshops

College of Social Work, University of Utah & Partners

Workshops Conducted: May 18 – June 1, 2019

Locations: Ban Mai Nai Soi & Mae La

Workshop Facilitators: Allison Cowdell, Hser Eh Dah, Cassidy Doucette, Margaret Doucette, Nathan Garlock, Cynthia Rector, Ed Rector, Sayro Paw, Karen Salas, Elizabeth Schaerr, Carey Treado, Garroe Wah (Team Instructor)

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Summary Report – August 2019

Report Submitted by Dr. Rosmarie Hunter & Kimberly Schmit



Graduation Ceremony with Educators and Special Education Team in Ban Mai Nai Soi
Partners: JRS, IRC, KnEd and Utah Instructors

Overview

This report summarizes the training schedule, topics, strengths, challenges, and training outcomes from the *Bridging Borders 2019 Workshops* in Ban Mai Nai Soi and Mae La camps. Each week was filled with similar training topics and activities, and adjustments were made appropriate to each community setting and participants. Training topics are identified by a collaborative process across the partners and participants over several months. Workshop topics and teams included: a) psychosocial, b) palliative care, c) pre-natal and infant health, d) livelihood projects, (Youth Leadership in BMNS), e) environmental/structural and sanitation issues, f) wound care (Mae La), and g) teacher trainings (BMNS). Workshops were conducted by an interdisciplinary team of professionals (physician, nurse practitioners, engineer, social workers, economist, educators, cultural consultants) and university faculty and students. Topics were taught in English and in Karen and Burmese with translation provided by camp residents and IRC staff.

It is especially inspiring to see partners who have worked together for 10 years continue to be invested in this program and dedicated to supporting these communities. Over this time, the partners have found ways to better support the engagement of residents and professionals in the camps, as well as, the community members in Utah who have been resettled from these camps and who serve as cultural consultants. The partnership includes developing mutually beneficial goals and sharing resources in order to assure the program's success.



Maternal Health & Infant Care Team demonstrating practice techniques

Learning Outcomes / Capacity Building

On the final day of each week of workshops, each group prepared and presented a summary of their learning and a plan for how they will apply their learning. Included here are key points from the final group presentations. These learning outcomes were identified by participants themselves and are listed under each heading in the following section of this report as reported by them. Presentation of these key learning outcomes and a plan for how they will apply their learning is tied to the participant evaluation.

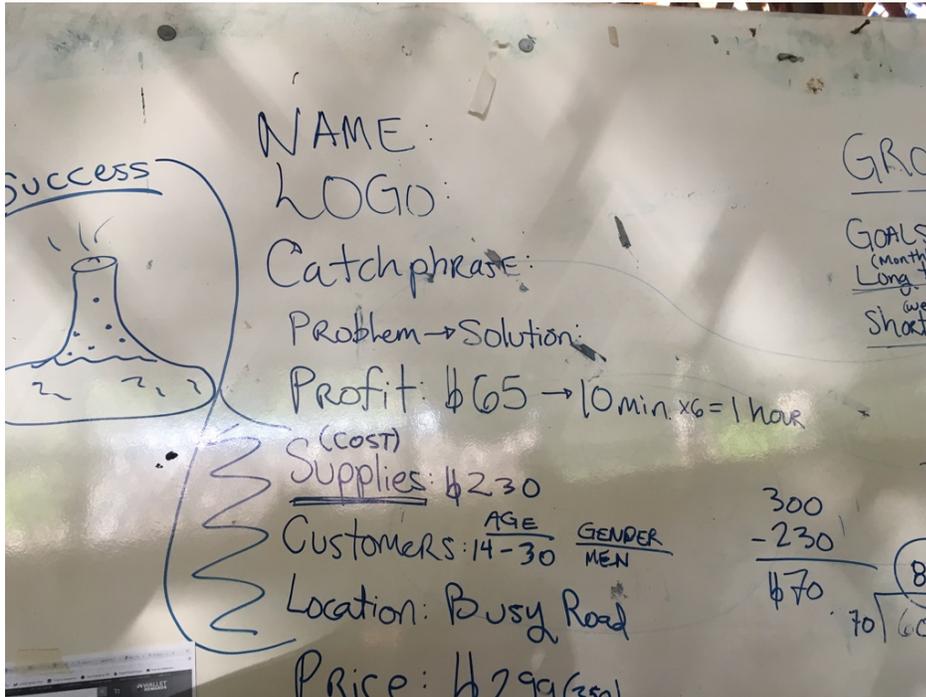


Training Outcomes - Final Presentation – Construciton Team; Ban Mai Nai Soi

Livelihood & Youth Leadership (Ban Mai Nai Soi)

- Interviewing Skills - How to interview people. This included developing good questions and learning how to approach someone and ask questions. Our practice experience for this learning was when we went out into the community and interviewed the shop owner
- Recycle - We learned about recycle. Why it is important and the different materials that could be recycled. We learned about how to sort materials and we developed a plan and a list of materials needed and who the partners would be. Our practice experience for this learning was to set up recycle bins in several locations and provide some education to the area youth and shop owners.
- Business Skills – We first identified what types of businesses would work in our environment and how we might support them. This included going around the camp and doing an assessment. Next, we developed a business idea and plan to sell bags and hats with earflaps. For practice, we interviewed shop owners and we went around the camp selling Mentos. Each of us used a different approach for selling the Mentos and then came back and discussed what worked and what did not.

- Livelihood Workshop for Working with staff in Mae Sot – Participants practiced the Demonstration interview process that was used in BMNS. Participants were engaged with developing questions and then asking them of two businesses. Participants visited two future partner organizations: the Borderline store and the Passport Hotel and restaurant training facility. After reviewed all of their livelihood projects, participants created a strategic plan for how to organize the projects by outputs, outcome, and impact.



Pre-natal & Infant Health

- Helping Babies Breathe – *Helping Babies Breathe* techniques and we practiced the technique and received a certificate at the end.
- Identified and organized our resources - Before we did not have enough materials but now we have materials that we need.
- Assisting Babies to Eat – We learned how to work with mothers to assist mothers with how they can help their new born to eat
- Infant Massage – We learned infant massage techniques and also how it can stimulate growth and use it for stress, digestion and mother/infant bonding. We also learned how to teach mothers how to do infant massage with their babies. We practiced these skills with dolls and with a few mothers who brought their babies to the training.



Infant Massage Training with Mothers & Babies Attending

Psychosocial

- Assessments - We learned and practiced how to conduct assessments and identify what types of problems people have.
- Motivation – We learned techniques to motivate and encourage our clients. EMDR – We learned about how to do stimulations with the arms
- Grief and Loss – We discussed how to support people who are sick and assist families with grieving for a loved one who has passed away or who has a long-term illness
- Depression Scale – We learn how to rate depression on a depression scale
- Self-care – We practiced techniques that can assist us with taking care of self and how to deal with stress. Learning how to deal with stress can help you and also these techniques can be used with people you work with. One example is journal writing.

We practiced all these skills with on ourselves and each other with role-plays and discussing case examples. Some written practice was done with learning assessments and the depression scale.

Palliative Care Model

- The Model - We learned that the palliative care model is for people who are dying and it is an approach that can help them to be more comfortable. There is a focus on pain management and assisting with difficulty breathing and all the end of life challenges. The model can also be used when working with people who have a chronic illness. For people who you cannot cure.
- Assessments – We learn how we can meet with the patient and talk with them. Identify ways to help them be more comfortable. For example, using massage.
- Interventions – We got experiences on how to address issues of a patient dying and what to expect during the end of life, how to help them have more comfort and comfort the family members.

Environmental/Structural & Sanitation (BMNS)

- Materials and Measurements - We learned about the measurement of things that we are making things. We did a lot of hands on activities and we practiced how to make our work better and easier.
- Construction of Toilets - We learned about how to make the toilets - how to use different materials and how to make them. We also learned more details on how to improve them. For example, we have been making toilets and giving them to people in 2 days. But we should wait at least one week for the cement to get strong. This will help the toilet to last much longer.
- Mae La - Progress is about waste management, the system has improved - 3 Rs. Because of improved waste management the health of the camp can improve.

Teachers - Special Education (Ban Mai Nai Soi)

- Special Education Techniques - Our team focused on an Introduction to Teaching with Special Education. We discussed and identified the different roles on the team, for example, teacher, care takers, working with parents. We learned our different roles and how we can support children and families.
- Therapeutic Play – We learned and practiced children exercises and games to play - learning through play - stages of development and how these activities can be used with different development stages. They can be used as assessment and as learning activities.
- Child Safety - How to keep safe, don't leave your children alone, especially near water.
- Brain Development - Working with children who have disabilities - what is happening in the brain for children who have learning difficulties
- Specialties - How to work with children who have a speech problem; how to encourage SE children
- Parents and Families - many of the parents that we work with are not education, so we have to do education with the parents and the children. We must encourage them a lot to learn more and also try to teach the parents

Wound Care (Mae La)

- In the Wound Care Workshops, there was much time spent on developing practice skills through lecture and a variety of hands on activities. Many opportunities to practice each area.
- Participants reviewed and practiced Basic Wound Care and hands on workshops on Debridement
- Edema/Lymphedema evaluation and management - Hands on workshop with compression wrapping of legs
- Common Wounds: for example, diabetic foot ulcers, venous leg ulcers, pressure ulcers
- Amputee Complications and Care - Hands on mirror therapy, wrapping a residual limb (stump wrapping to control swelling and pain)



Wound Care Workshops

Strengths Identified

While there are numerous strengths and challenges with any partnership, we have selected just a few in areas that were dominant themes across the program evaluation and feedback process with IRC and JRS staff and Utah instructors.

Participants - Workshops participants were eager to learn and highly engaged in the trainings. The people are inspirational, strong, kind and compassionate. While there is a wide range of professional experience, participants demonstrated a hunger and determination to learn and to share their knowledge with others. Workshop participants are also extremely self-sufficient and resilient. The participants have a strong desire to help their community and learn as much as they can in order to assist people. Despite the challenges there is an ever growing, passionate desire for education.

Teaching Methods – Instructors used a wide-variety of experiential applied learning techniques including: practice with peers and with materials/equipment as appropriate (i.e., wound care with fruit, construction of toilets, infant massage with mothers and babies and dolls, etc.) case staffings, role-plays and written assessment materials. Using a wide-variety of techniques enabled instructors to adjust to different skills levels and better evaluate how participants understood the content and mastering the practice skills. For example, when dealing with specific cases in the case staffing method, it was possible to address complex issues, provide hands on practice experience, apply a holistic approach to support individuals and families and also address the importance of supporting a team approach. Similarly, the “hands on” practice methods with infant massage, interviewing skills, assessment, construction of toilets, wound care, etc., provided instructors and participants with opportunities to evaluate knowledge and mastery.

Partnership Communication & Collaboration – All partners are clearly committed to these workshops and and with improving the outcomes of these trainings. Much progress has been made to support ongoing communication throughout the year. Regularly schedule Skype calls and discussions with IRC staff, JRS staff, camp teams and CBOs provides much needed information. Over the years we have found that it is helpful to have an IRC staff member act as a point person who can take the lead in each camp site, similar to the role of the Utah program directors. Additionally, this past year we engaged more of the instructors directly with IRC staff on Skype calls and with sending questions and sending a draft of the training plan and schedule. This was very productive.

Challenges Discussed

Variation in Participants' Skill Levels and Learning Goals - Across the camp communities, there was a wide range of skill levels and knowledge making it somewhat challenging to prepare something of interest for everyone. This was more evident in Mae La where several different groups came together. Because of this, some discussions and learning activities did not apply to everyone in the group. For example, there was a lot of variation among the psychosocial workers – some were caseworkers, some counselors, and others were supporting staff. Additionally, throughout the week in Mae La, instructors learned that the participants had had previous trainings in these same topic areas; however, when instructors assessed their skill levels, there was a wide range of differences with understanding how to apply the concepts and with demonstrating accurate practice techniques. This was primarily observed in the health and mental health care teams (wound care, palliative care and psychosocial). While participants indicated they had some of these trainings before, there was also evidence that they were missing the basics. In several cases, they knew the concepts but it appeared they did not have enough hands on practice to master the skills.

A related example was found in the differences in working with the environmental and sanitation teams in the different camps locations. Below is some feedback from the instructors about their experiences across the camp settings.

Although the tour in Ban Mai Nai Soi was focused on improving the production process for latrine bowls, the tour in Mae La did not seem to have a clear purpose or even a need for the assistance of the Bridging Borders team. The IRC tour guide, repeatedly emphasized that the camp was not facing any (engineering) challenges. The guide insisted that they had all of the materials and resources that they needed and had no need for additional construction or repair. However, when another member of the tour group mentioned that the schools needed repair and that many schools did not have handwashing stations (which they indicated that IRC distributes), the Utah instructors were dissuaded from offering their assistance to the schools.

Shrinking Resources - Across both settings, camp residents shared that they are struggling with all the unknowns, particularly issues of shrinking resources. There is not enough of everything, from food and water to medications. Participants discussed that they think many areas can be improved and some issues resolved, but the budget has been cut and participants shared that they felt increasing restrictions on their communities. There appeared to be wide spread agreement across the different participant groups that the resources are shrinking while the restrictions are increasing. Participants discussed what they feel is a lack of human rights, particularly being able to move in and out of the camps more freely and to work. We recognize that these are complex issues and the information shared during the workshop does not have the benefit of the full context. Still, because this was a dominant theme across the different camp communities and the teams within each community, it is important to share this as a challenge identified by the participants.



Environment/Structural & Sanitation Team

Recommendations

In conversations with IRC staff, program directors and instructors, there were opportunities for reflections and learning about the areas of strengths and areas for improvement for the workshops and the partnership. Similarly, each team conducted conversations and evaluations with participants regarding the value and fit of these workshops for their professional area. These conversations identified many positive experiences and outcomes and a desire to continue these relationships and expand into other locations when possible. Collectively, partners and participants were also able to identify recommendations that may address challenges and improve the program. Some of the primary areas are discussed below.

Partnership and Relationships/Visiting the same community each year – Each year we become increasingly aware of the power of these partnership and our relationships to create a learning community. This is especially true in Ban Mai Nai Soi, where the Bridging Borders team has worked with this community for 7 out of 11 years. Due to the consistent presence, the relationships that have developed over these years, and the familiarity of understanding the context of this community, the workshops with this community are very successful. There is mutual understanding and level of trust with this community and the Utah team. This familiarity allows for a good fit, going much deeper with learning as participants are able to pick up where they left off the previous year and move more quickly into hands on practice. At the same time, the Utah program directors now have experience that enables them to better prepare and engage more directly with CBOs, partners from other INGOs and community residents. Returning to the same camp community has been a powerful method for teaching and learning. It is the recommendation of the program directors that the relationship with the Ban Mai Nai Soi

community continue and that this be part of the annual program. Similarly, in order to make the most of this partnership, IRC, JRS and Utah program directors and CBO directors can strategize how to be more intentional about the goals of the program and build on the strengths of these relationships. We believe it is possible to expand the offerings and also to consider how we can engage in year-long learning and capacity building activities.

Size and Experience Level of the Participant Teams – Building on the statements above, the partners (IRC staff and Utah Team) have discussed the differences that we experienced during the June 2019 workshop in the two different camp sites. While there is a strong fit and outcomes in Ban Mai Nai Soi, we also acknowledge that the delivery of these workshops in Mae La had mixed results, particularly with matching the workshops to the appropriate training level (basic, intermediate, advanced) for participants. With Mae La, the Utah team experienced a wider range of skill levels in the same workshop. Consequently, instructors reported difficulty with adjusting the materials in a way that it supported inexperienced participants needing basic information, while at the same time providing more in-depth activities for very experienced professionals. We believe this is somewhat connected to the size of the camp. Due the size of Mae La, it appears to have more resources and generally is located in an area that has greater access to trainings and partners. With this in mind, we recommended that the Utah Team focus the partnership in smaller or rural camp communities that have less access to trainings and resources.

We also received feedback that the relationships are important and in this regards, the Mae La community and Utah team have been working together for 2 years in comparison to the 7 years in BMNS. Size of the number of participants in each workshop is also a factor. As the workshops have been successful and needs have grown, each year there is an increase in the numbers of participants. Large numbers reduces the instructor to student ratio, making it more challenging to do hands on practice activities. We recommend that we consider the size of each group and over all learning goals, particularly when considering skill-based trainings for professionals (nurses, medics, psychosocial workers).



Psychosocial Trainings Mae La

Communication *“The Bridging Borders program structure is built on partnership, which depends critically on communication. I noticed a few areas in which communication with the local partner organizations, could be improved during our visit.”*

At the end of program in the debriefing session with the Mae La IRC staff and the Utah instructors, partners discussed that it would be helpful for all partners to have a more comprehensive exchange of information up front. From IRC, staff was interested in having specific learning objectives tied to the trainings, while instructors requested more details on what the participants already know (from the trainees directly). One suggestion was to give the topics to the participants in advance of the program and then query the trainees as to what they would like to learn and identifying their level of practice experience with the topic.

Summary

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 accomplish and learning and applying 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 and INGO staff 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. In the areas of health and mental health the Utah team saw many of the groups growing in their understanding of the palliative care model and how to best support individuals and families dealing with high risk

health issues, and chronic and terminal illnesses. The focus on many of the workshops these areas was understanding what is happening to the body and mind of the patient, understanding the loss of the patient's abilities, and the increase in discomfort and pain. Workshop participants focus on moving from a curative model to a care model, focusing on the engagement of a team approach that is inclusive of the individual and their family as patients...all needing care. While each camp community is unique and has their own priorities, the Utah team has seen a consistent need to continue workshops on following areas: addressing trauma, interdisciplinary models of health and mental health care (team approaches), teacher trainings and special education, issues of addiction and recovery, family and community-centered models, youth leadership.

Acknowledgements

We greatly appreciate the opportunity to partner with IRC and JRS administrators and staff and to learn with these communities. We would like to share our appreciation and thanks for all of the staff members, community partners from each of the camp communities, the participants and the instructors and cultural consultants. These partners are always prepared, gracious with their time and willing to provide what was needed to make the program a success.

