



University of Utah Summary of Trainings

Ban Mai Nai Soi Camp

Trainings – June 23 – 26, 2014

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We acknowledge the many contributions of time, talent and resources of the IRC and JRS staff and the community-based staff who continue to support this partnership. They are our constant companions and guides; assisting with providing technical assistance, high quality translation and cultural consultation in order that we can continually adapt our materials in ways that were culturally relevant. Their knowledge, experience and assistance are crucial to the success of these trainings. We greatly value their expertise and are inspired by their commitment to the camp communities.

Schedule

Day 1: Community Assessment & Health and Well Being

- Briefing with IRC staff
- Introductions - Ice Breaker
- Assessment of Community Strengths and Challenges
- Health & Well Being – Introduction to Trauma Aware Yoga
- Physical and Emotional Effects of Trauma

Day 2: Divide Groups: Women's Health, HIV/AIDS & Teacher Trainings

- Trauma Aware Yoga Session (included all groups)
- Review of Themes from the Previous Day (included all groups)
- Women's Reproductive Health
- HIV/AIDS
- Safe Sex Practices
- Self Care Activities – Deep Breathing Exercises, Yoga, Imagery

Day 2: Teacher Training Topics

- Ecological Framework – Person –In- Environment
- Relationship Building Skills
- Strengths-based model for working with families
- End of the Day: Returned to large group for Self Care Activities

Day 3: Working with Adolescents & Substance Abuse

- Trauma Aware Yoga/Self Care Activity
- Teenage Issues: Teen development, behavioral issues, relationships
- Strengthening Families (Engaging Parents & Teens)
- What is Alcoholism? The Cycle of Addiction and physical and emotional effects of how alcohol abuse.
- Peer to Peer Support Programs

Day 4: Community Mobilization

- Morning Yoga - Review of Themes from the Previous Day
- Crisis Intervention
- Disaster Response
- Community Mobilization/Organized Cross-Professional Teams – Assessment, Goals Setting, Identifying Partners, Developing Action Plans & Team Reports
- Graduation and Certificates

Summary of Trainings

Introduction

The overall goals of the 2014 University of Utah trainings were to provide education on issues related to health and well-being, family relationships and emergency response. Workshop topic areas included: teen development, substance abuse, family relationships, HIV/AIDS, women's health, trauma and self-care, and community mobilizing for disaster response. A training team of five instructors conducted full-day trainings from June 23 – 26, 2014 and participant numbers ranged from 85 – 100, depending on the topics.

Over the past three years, the University of Utah trainings have increasingly focused on collaborative approaches to addressing community-identified issues by engaging participants across community-based organizations and NGO's to attend these workshops. The main goals of this program are twofold; first, to work in partnership with NGO's and community-based organizations, serving the camp communities, to exchange knowledge and build the capacity of the these community by providing annual workshops on community-identified topics; and second, to continue to bridge communities across borders (those living in camp communities in Thailand and the resettled community in Salt Lake City). Working from a "Train the Trainer" model, knowledge from the local community is highly valued and centered in our approach. Trainings are increasingly interactive and focused on community capacity building and empowerment models. The lead partners supporting these trainings include International Rescue Committee, Jesuit Refugee Services and the University of Utah. Below are some summary highlights of the 2014 training topics and approaches.

Trauma Aware Yoga

One of our team members (Yvette Melby) has trained in trauma-sensitive yoga and is experienced with using yoga as a treatment for trauma. Yoga was introduced in the workshop on the first day and then integrated throughout the week. As part of the first day training, participants received information about the physical and emotional effects of trauma. Yoga practices varied from asana flow (movement and postures) to breathing, seated yoga stretching and a guided meditation (yoga nidra). Throughout the week, participants received information on how to use these exercises with individuals experiencing emotional and physical discomfort, as well as, a method of self-care. Beginner positions were altered to ensure that the stretches were gentle enough for the participants and still demonstrated that it can help heal muscle pain and increase flexibility if done on a regular basis.

Presentations on HIV/AIDS

Information on HIV included transmission/prevention, symptoms, treatment and stigma, noting that education is the most powerful tool for halting the spread of HIV and can help decrease discrimination that often accompanies the illness. We discussed the importance of early detection and anti-retroviral therapy as defenses against the advancement of AIDS. Interactive lessons and small group work focused on high-risk behaviors associated with

HIV transmission. Engaged activities, such as small group exercises were successful with opening the larger discussion about unsafe sexual practices, needle/drug use and condoms. The role-play exercises highlighted how to create a safe environment where HIV-positive clients can tell their story and feel supported with their HIV-related symptoms such as depression and loneliness.

Instructor Reflection – Sue Brown

“I was impressed by the participant’s attentiveness and willingness to engage, especially considering the sensitive nature of HIV/AIDS and sexuality. Based on the results of the high-risk behaviors activity, it was clear that knowledge of HIV transmission/prevention was needed. The most significant takeaway for me was that they were not aware of needle use as a means of transmission. This is significant considering the popularity of tattoos and the rising drug use within the camps (participants noted the use of IV morphine). I think the HIV/AIDS and women’s health presentations could be used year after year. I would definitely incorporate more diagrams/pictures in my slides.”

Women’s Health

The women’s health lesson included anatomy, reproduction, and sexual infection information. For the anatomy portion, we used anatomy handouts and participants filled out the information as we went over the different body parts and their function. Additionally, participants discussed how Sexually Transmitted Infections occur and how they can be prevented.

The information on anatomy and STI’s was received very well. We polled the group before we began, and though some of the workers reported knowing at least a little about all the other topics, “all participants” reported that they did not have knowledge about female anatomy. There were a lot of questions and an active discussion during this lesson and participation by both men and women. It was clear from the discussion that there were many misperceptions or partial information regarding these topics.

Teen Development and Family Relationship

The focus of this module was on the development of the adolescent brain, emphasizing that poor decision-making and risky behaviors can be attributed to the developing brain. By learning that the teen brain is under construction and will not fully develop until the early 20s, parents, teachers and psychosocial workers can better understand the abilities and vulnerabilities of teens and the significance of this stage for life-long mental health. Because teens naturally pull away from their parents during this tumultuous time, it is important to establish strong connections within the community so that there is a system in place to effectively help a teen when he or she presents with a problem. Group activities included exercises focused on ways that parents and teachers can support their teens to make healthy decisions and avoid risky behavior. Similarly, identifying ways that parents can strengthen their relationship with adolescents. On day two, teacher workshops included additional information on family relationships and engaging parents with education.

Substance Abuse & Peer-To-Peer Support Models

Substance Abuse content focused on the cycle of addiction and the emotional and physical effects of alcohol abuse. Maintaining general emotional health and well-being, as well as, techniques for identifying more serious issues were discussed. Materials and interactive exercises focused on skill building activities with assessment, interventions and how to educate and support families who are dealing with mental health and substance abuse issues. Working in small groups, participants also discussed and performed role-play exercises focused on identifying when a referral is necessary, how to make a referral and who to make referrals to. Peer-to- Peer and family support models were discussed. Participants discussed the challenges of dealing with alcohol issues in the community due to a lack of services and a high incident of depression. Working in small groups, participants brainstormed how peer-to-peer and family support models could be implemented and identified areas where education on alcohol abuse could be included, particularly with youth programs.



Community mobilizing for Emergency Response

The final day of training focused on disaster response and emergency preparedness. This was an opportunity to build on the previous workshops and work in cross-disciplinary teams. Group members developed a community-wide emergency response plan including safe places where the community could gather, how to communicate across different stakeholder groups, plan implementation and roles and responsibilities.



Summary and Reflections

Over the course of the trainings, attendees increased their participation levels by being more verbal, active in exercises and with directing the focus of the trainings. Similarly, the participants showed a mark increase in energy levels and enthusiasm for the topic areas and implementing the actions plans.

One of the most striking observations of the 2014 trainings was the change in emotional climate of the camp community. In the past, the camp residents have expressed an overall sense of hopelessness – not knowing if/when there will be future. Similarly, there has been a high incident of trauma and grief from a variety of complex dynamics creating a loss of control over one's life. While this context continues, there was an increasing sense of emerging opportunities and very importantly, an interest in the future. Some participants shared that since Myanmar/Burma was now open, there were new possibilities. For example, many participants knew someone that had gone to Burma and successfully returned to Thailand. There were stories of people who went back and forth and were able to visit with family and friends. Others talked about someone they knew who was able to leave the camp and find work in Thailand. At the same time there was an acknowledgement and a shared anxiety that much was unknown, particularly when/how/where they might repatriate and if anything had really changed inside Burma.

We also heard from camp residents who expressed their frustration with decision-makers and the lack of opportunities to resettle for those who remained. They had several ideas about how multiple options could be provided – from integration with the Thailand communities to resettlement and repatriation. During the final day, when groups were engaged in presenting the emergency response plans, these frustrations were more clearly identified. In particular, one group addressed the lack of communication and planning for dealing with emergency response. This led to participants sharing their perceptions that others were making decisions about their futures and residents were not directly engaged in these conversations. They also acknowledged that they “needed to and could” organize their own community to have a greater voice in the decision-making...and if needed, to make their own decisions about their futures. Other members of the group answered these concerns with suggestion about how residents could meet with the Camp Committee to share their concerns. Some participants shared that there was a process in place for these discussions; however, at this time it was still at an administrative/leadership level.

From our observations, the significant development in the camp community was this “emerging interest in self-determination”...there was recognition of options/choice. Individuals were voicing their frustrations, wanting more involvement and brainstorming vehicle for participation in the decision-making process. At the same time, we remain cautious regarding these comments and recognize that we are “outside visitors” and do not have a full understanding of the camp community and the complexity of these issues. Similarly, often a few participants are verbal and may not represent the majority of residents. Nevertheless, we have conducted trainings with the BMNS Camp community three different years and this year was a marked difference in the community climate from previous years.

While there continues to be many challenges, frustrations and much that is unknown with this community, we also witnessed a significant increase in residents sharing their future interests and in having greater participation in the decision-making process.

Additional Topics Identified by Participants and Recommendations

Health

This was the first year that we included information on HIV/AIDS, STT's, women's anatomy and safe sexual practices. Participants had great interests in these topics and valuable discussions emerged. One particular discussion was focused on needle use in the camps; this is related to the transmission of HIV through tattoos and drug injection. It was evident that for many participants this was a new area of learning or an area that needed repeating.

There continues to be a strong interest in alcohol abuse information. More time is needed to develop peer-to-peer and family support models.

Psychosocial Workers

The psychosocial workers expressed an interest in having separate trainings and having some time to work in small groups, staff cases and conduct home visits with instructors who have a social work background. There is an interest in having a separate Play Therapy training for the psychosocial team. Psychosocial staff also expressed an interest in more time for role plays and an interest in learning group dynamics. Many of these techniques would also be valuable for the education staff, particularly the home school team and the women empowerment team.

Education

Regarding teachers and education support staff, the group shared their interest in having workshops on classroom management. The groups that we worked with were new teachers. The majorities of educators are young and feel challenged to control behavior with a group of youth, particularly, older youth who are often absent, come and go as they want and/or are disruptive to the classroom setting. Teachers shared that they often are not respected as a person of authority and would benefit from learning more about how to establish respect.

An additional area of interest was with gaining more information and skills for working with children with special needs. Specifically, teachers expressed an interest in special education content and ways to provide in-home supports for youth and families. Overall, teachers wanted more training on child development and basics on how to work with youth and families. In addition to adding special education content, we recommend including more content on cooperative learning techniques and classroom management.

Community Organizing

Finally, there appears to be growing interest in community organizing. While there is anxiety related to the future of the camps, resettlement, and repatriation, there is also interest in being "prepared, organized and engaged" in the process. There was some discussion regarding wanting to be employable and receiving training that would transfer to other

location and provide an employment pathway. Whenever possible, the camp community will benefit from having as much information as possible. In this situation, information not only serves to inform the community, but also serves as a coping tool. Even if there is still much that is unknown, the community will need opportunities to process what they are thinking and their frustration.

