

The background of the slide features a faded, light-colored map of Philadelphia overlaid with a large, semi-transparent compass rose. The compass rose has a white needle with a red tip pointing towards the top right. The map shows various streets and landmarks, while the compass rose includes degree markings and cardinal directions like 'N', 'NE', 'S', and 'SW'.

# **Helping the Helpers: Supervision and Support for Refugee Community Case Aides in South Philadelphia**

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# The Burmese Refugee Population



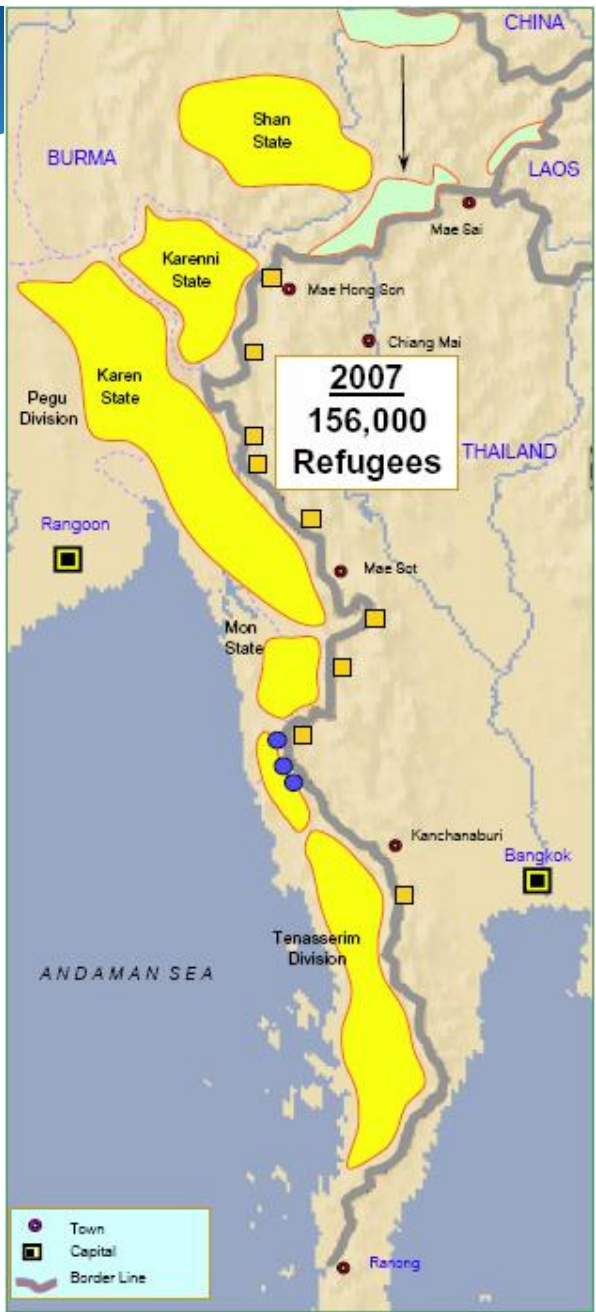
- \* An estimated 3 million people have sought refuge from Burma/Myanmar
- \* Predominately Chin, Karen, and Rohingya
- \* 396 arrivals in the state of Pennsylvania in 2015

# Burmese Refugees in Philadelphia

- \* In Philadelphia we primarily have Karen and Chin families
- \* Most do not speak Burmese
- \* Wide range of years spent in the U.S., acculturation, education, and financial status
- \* The Karen population has encountered a number of barriers to education and literacy is limited







# The Philadelphia Refugee Mental Health Collaborative (PRMHC)

- \* Storefront in South Philadelphia provides base for:
  - ESL Classes
  - After school homework program
  - Community performances and arts displays
  - Weekly social program for elders
  - Crafting and sewing classes and demonstrations
  - Connections with medical, mental health, and social services providers

# Community Health Workers (CHWs)

Lay health workers have a long history in nearly every nation. According to World Health Organization:

*“CHWs are community based workers that help individuals and groups in their own communities to **access** health and social services, and **educate** community members about various health issues.”*

(Bhutta, Lassi, Pariyo, & Huicho, 2010)

# Community Health Workers (CHWs)

*“(They) should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.”*

(Bhutta, Lassi, Pariyo, & Huicho, 2010)



# Community Health Workers (CHWs)

Developing  
Country

Refugees/  
Asylees

Immigrants

Non-  
Immigrants



## Types of Challenges or Barriers to Well-Being

- \* Based on Identity and Privilege
- \* Based on Access to Resources
- \* Based on Acculturation
- \* Based on History



# Refugee Community Case Aids in South Philadelphia



- \* Filled several important needs
- \* Context of sound relationship
- \* Completely person-centered
- \* Informed by thorough and accurate conversations about needs

# Supervision of Case Aids

- \* Clinical supervision literature: Bernard & Goodyear's (2009) Discrimination Model:
  - \* Teacher
  - \* Counselor
  - \* Consultant
- \* Open-ended approach: Make a commitment to learn before you ever hope to teach
- \* Careful of what Paul Farmer called a “misguided personal quest for efficacy.” Feeling effective and being helpful are not always the same thing
- \* “Someone to listen to our hearts”

# Benefits of the Program

- \* Truly multi-talented in navigating the complexity of modern U.S. life
  - \* (Particularly for those who have frequent contact with governmental agencies/services)
- \* Empowerment of aides and community members
- \* Low cost, high-impact, and REWARDING undertaking for resettlement agencies
- \* “Cultural liaisons” who transfer knowledge between agencies and communities

# Common Topics in Supervision

- \* Access to Tools and Resources
- \* Professional Boundaries, Assertiveness
- \* Burnout
- \* Work-Life Balance – “Can’t have authentic friends.”
- \* Program Funding

“We are seeing and feeling the experience of the new refugees every day. We try so hard to help, but sometimes we have our own problems too.”

# Trauma-Informed Practice

“Survivors challenge us to reconnect fragments, to reconstruct history, and to make meaning of their present symptoms in the light of past events.”

– Judith Herman, MD in *Trauma and Recovery*



# Wellness-Focused Work



- \* Cultural Humility
- \* 8 Dimensions of Wellness (SAMHSA)
- \* Strengths-based and holistic
- \* Allows to us to “meet” people where they are

# Dimensions of Wellness



# Cultural Wellness

- \* Key for immigrant families
- \* Support during the acculturation process
  - \* How to bridge ethnic identity with identity as a new American?
  - \* Cultural inheritance and preservation
  - \* Encourage conversations about these changes



# Forthcoming Chapters

- (1) Envisioning Home: The Philadelphia Refugee Mental Health Photovoice Project as a Model of Effective Relationship Building. In *Creating Social Change Through Creativity: Anti-Oppressive Arts-Based Research Methodologies*, edited by Karen Morgaine and Moshoula Capous-Desyllas.
- (2) Community Health Workers as Agents of Change: Case Studies from Haiti, Tanzania, and Refugees in the United States. In *Why Global Health Matters*, edited by Chris Stout.

# An Important Step Forward

Bhutta, Z. A., Lassi, Z. S., Pariyo, G., & Huicho, L. (2010). Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. *The World Health Organization*. Retrieved from

[www.who.int/workforcealliance/knowledge/resources/chwreport/en/](http://www.who.int/workforcealliance/knowledge/resources/chwreport/en/)



# Resilience

Capacity of a system, enterprise, or a person to maintain its core purpose and integrity in the face of dramatically changed circumstances.



# Thank You!

[www.culturalcommunities.org](http://www.culturalcommunities.org)

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