

Psychosocial Needs of Refugees from Burma:

A Social Work Perspective

Audrey Tyszka

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Thesis Advisor: Blanca M. Ramos

Thesis Reader: David Pettie

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Abstract

The purpose of this paper is to emphasize the need for increased awareness regarding the psychosocial needs of refugees from Burma and the services they may require. Due to the current influx in resettlement of Burmese refugees, a greater focus needs to be placed on effective social work with culturally diverse groups. Refugees from Burma have experienced an immense amount of trauma and loss, which must be understood in order to foster the recovery process. This paper draws on the literature, my experience as a social work intern at the United States Committee for Refugees and Immigrants (USCRI), and my participation in a project that identifies best practices for work with refugees and immigrants at the University at Albany. It will explain the significance of cultural competence, in association with service delivery, the use of an interpreter, and identifying mental health conditions in recently resettled refugees from Burma. Implications for social work will be discussed in order to demonstrate the necessity and difficulty of social work with such a marginalized group.

Introduction

The Office of the United Nations High Commissioner for Refugees indicates that based on statistics from the beginning of 2011, roughly 11 million refugees are living worldwide today (UNHCR, 2011). Refugees are fleeing their homelands, staying in refugee camps, and resettling all over the world. Particularly vulnerable areas include Africa, Southeast Asia, and the Middle East. Often, refugee experiences include war or civil war, torture, economic extortion, and relocation. Through nonprofit aid, some resettle in developed nations, such as the United States, in hopes of social and economic stability. Because refugees lack protection from their national government, it is crucial that the global community works towards protecting this at risk population (UNHCR, 2011).

As the current influx of refugees from all over the world increase the need for innovative and culturally sensitive practice, social workers need to understand that although refugee situations may be seen as similar, each culture copes with resettlement and integration in different ways. Recently, the United States and other developed nations have seen a steady increase in the number of resettled refugees from Burma (Banki & Lang, 2008). The current crisis in Burma has displaced hundreds of thousands of people, forcing them to flee the country in search of safety and hope for a better life.

This paper seeks to increase awareness regarding the immediate psychosocial needs Burma refugees usually experience and the services they may require. It is based on the literature, my experience as a social work intern at the United States Committee for Refugees and Immigrants (USCRI), and my participation in a University at Albany project that identifies best practices for work with immigrants and refugees.

Definition of a refugee

According to the United Nations High Commissioner for Refugees (UNHCR), a refugee is defined as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country." References to refugees have been made over 3,500 years ago, including the persecution of Babylonians and ancient Egyptians (UNHCR, 2011). At the beginning of 2011, the UNHCR reported the number of refugees was estimated at 10.4 million (UNHCR, 2011). Today, refugees are located all over the world, with high percentages residing in Asia and Africa (UNHCR, 2011).

It is important to note that refugees are very different from economic migrants. Economic migrants choose to move in order to seek a better life for themselves or their families (UNHCR, 2011). Refugees flee in order to reach safety and protect their freedoms. It is not uncommon for their national government to be the chief factor in their persecution, and in turn refugees lack protection from their own nation (UNHCR, 2011). These refugees then flee their country, usually ending up in refugee camps, dilapidated shelters, or rural areas. However, the UNHCR claims that more than half of all refugees today live in urban areas (UNHCR, 2011).

Although numerous non-profit agencies operate around the world protecting the rights of refugees, this marginalized group continues to face extreme social and economic hardship.

Possible solutions include repatriation, local integration, and resettlement. However, in many nations, repatriation is not applicable; therefore resettlement has gained support.

Refugees from Burma: Background and Current Status

Burma (Myanmar) is a country located in Asia bordered by Thailand and China to the east, and India to the west with a population of roughly 50 million people. It has a long, turbulent history of military regime and severe economic hardship, including numerous violations regarding human rights (CIA, 2011). One third of Burma's population lives on less than thirty cents a day, making it one of the poorest nations in Southeast Asia (CIA, 2011). After Burma became independent from Great Britain in 1948, specific groups of ethnic minorities were granted autonomy, while other groups were indefinitely ignored (Brees, 2008). From 1962 to 1988, General Ne Win controlled the government with strict socialism and economic isolation, which contributed to the nation's demise. After a military coup in 1988, General Ne Win resigned and a military *junta* took power (CIA, 2011). A military *junta* is specific type of government led by military officials. In the same year, nationwide demonstrations erupted due to unrest over political oppression and economic instability. The *junta* reacted by killing thousands of protestors and declaring martial law (Brees, 2008). Refugee and internally displaced people numbers rose following the demonstrations due to the loss of territory taken by the ethnic armies (Brees, 2008).

In August of 2007, the *junta* increased the price of fuel which led masses of Burmese citizens to protest in conjunction with pro-democracy activists. In the following months, the *junta* brutally suppressed the protests, arresting thousands of involved (Alexander, 2008).

Since September 2007, the *junta* has continued to raid homes and arrest those suspected of participating in the protests, forcing thousands to flee in search of freedom. Elections were held in November of 2010 which kept military officers in Parliament. The international community has condemned these elections as flawed (CIA, 2011). Corruption and extortion in the government remains rampant (Alexander, 2008). The International Committee of the Red Cross has stated that the Burmese military government “has helped to create a climate of constant fear among the population” and “has forced thousands of people to join the ranks of the internally displaced or to flee abroad (Brees, 2008).” Villages have been destroyed, systematic rape and torture have been widely used, and unemployment and severe poverty continue to grow (Alexander, 2008). The intentional targeting, persecution, and forced displacement of these ethnic minorities by the Burmese government are not isolated or intermittent events, but instead widespread practices used to maintain power and control (Shukla, 2008). Roughly 500,000 people have been displaced within the last decade in the eastern region alone. However, millions of Burmese have fled to neighboring countries, including Thailand, India, and China. Majority of these refugees end up living in refugee camps where they can receive protection and assistance. Refugees International claims that currently there are over 150,000 Burmese of various ethnic groups living in the nine refugee camps located in Thailand. It is important to note that there are also hundreds of thousands of Burmese living as illegal migrants on the border or in neighboring countries who are not eligible for refugee protection (Refugees International, 2011).

Repatriation for the Burmese refugees seems impossible at this time; therefore a current focus has been placed on refugee resettlement (Brees, 2008). Fortunately, the Thai government permits the UNHCR to support international refugee resettlement procedures in the refugee camps. As of today, the UNHCR has helped over 60,000 Burmese refugees resettle, primarily in the United States (Refugees International, 2011). Although resettlement is seen as a positive solution, it is an extremely stressful and confusing experience. Refugees are rightfully anxious about beginning life in a new country, and many understand that even the most educated among them will still face social and economic hardship (Banki & Lang, 2008). It is also important to note that not every refugee will resettle (Banki & Lang, 2008).

Research shows that while resettlement can do much to boost the optimism of those resettling; many of those who remain have experienced a loss of morale as other leave. Resettlement has hindered the changes that many refugees have been working for and has done little to improve conditions of those internally displaced in Burma and refugee camps (Banki & Lang, 2008). Also, while resettlement is taking place in large numbers, higher proportions of educated, skilled, and experienced refugees have resettled first. This can be attributed to the notion that many resettlement countries prefer to select refugees for resettlement based their integration potential, which means the best educated and most highly skilled among the refugee camps (Banki & Lang, 2008). However, a refugee's integration potential does not guarantee that their life in a new country will be easy. The resettlement process is long and demanding, and there is often not enough time to for refugees to fully comprehend what the resettlement process entails.

Cultural Characteristics

Although Burma is populated primarily by the Burmese, numerous other ethnic groups reside in this Asian country. After gaining independence from Britain in 1948, Burma was divided into four ethnically based states (Heikkilä-Horn, 2009). This, along with the unequal representation of specific ethnic groups, has been the basis for great conflict in Burma's recent history. Burma lacks a national culture due the ongoing conflict and illegitimacy of the government (Heikkilä-Horn, 2009). Also, the various languages of different ethnic groups make communication a difficult process. Ethnic conflicts have dislocated thousands of refugees into neighboring countries.

Burma has been argued to lack a national culture; however majority of the nation has been heavily influenced by Buddhism. Maintaining religion has been very helpful in recovery and transition for many of the refugees from Burma (S. Unher, personal communication, 2010). Fortunately, many refugees continue to practice after resettlement. Also, like many other Southeast Asian cultures, Burmese culture values older age as a sign of wisdom and respect. Most men and women are stratified based on gender roles, and although traditional culture recognizes women as high status, the military regime has undermined them (Holliday, 2001). People from Burma are generally very friendly and outgoing, however showing too much emotion is seen as offensive. In my internship experience facilitating weekly groups at USCRI, I noticed that most of these refugees are quite reserved and prefer to participate in groups. Their apprehension to mental health assessment and treatment can be attributed to the cultural characteristics of modesty and collectivism (S. Unher, personal communication, 2010).

Refugees from Burma: Life in a New Country

Banki and Lang describe the notion that upon entrance into a new country, particularly the United States, even the best educated and most proficient in English will still become exposed to marginalization and oppression (Banki & Lang, 2008). Due to the minimal amount of time given for debriefing at refugee camps, refugees often arrive in a state of confusion and shock. It is not uncommon for families to be broken up, which can cause a great deal of stress on its members (Lacroix & Sabbah, 2011). Also, after experiencing such trauma, refugees often develop Post Traumatic Stress Disorder or Acute Stress Disorder, which negatively effects their adjustment to life in a new country (Lacroix & Sabbah, 2011). Identifying mental health conditions in refugees from Burma will be further discussed later.

One of the key factors in determining refugee adjustment to the United States is socioeconomic status, which is typically below the poverty line (Banki & Lang, 2008; S. Unher, personal communication, 2010). Many refugees rely on public assistance programs to help them make ends meet, usually the bare minimum. Although their lives here may be better than that of a refugee camp, many do not understand why their dreams of a better life do not occur. It is not uncommon for NGOs and the International Organization for Migration, IOM, to promise resettled refugees things such as a car, house, and a better paying job (S. Unher, personal communication, 2010). Leaving ones homeland is difficult enough, and almost immediately, refugees are faced with the harsh reality of living on welfare often in urban areas of the United States. Many people also believe that refugees and migrant workers take away jobs from Americans, which creates a hostile working environment for this already marginalized group (Banki & Lang, 2008).

Upon their arrival, local refugee resettlement agencies have already planned house set-ups and retrieved necessary items to make incoming refugees' stay more comfortable (USCRI, 2011). However, even though the hard work done by these agencies helps to make the transition a little smoother, the road to self-sufficiency is extremely difficult. Although family reunification, community relationships, and a permanent residence do help, often living conditions are unacceptable, negative social perceptions arise, and immigration procedures are long and tiresome (Lacroix & Sabbah, 2011). Refugees are expected to complete medical examinations, learn English, enroll their children in school, and ultimately find employment. The various stressors placed on refugees exhausts the little resources they do have and often makes it difficult to move forward in the system (Lacroix & Sabbah, 2011).

With the current influx of refugees from Burma entering the United States, it places an enormous amount of stress on our already under-funded welfare system. Refugees are entitled to a certain length of public assistance, depending on the state. Although this does help newly arrived refugees begin their journey to self sufficiency, working with social service agencies can be a long, difficult process. This can be attributed to social service workers lack of cultural competency, general knowledge about refugee situations, high case load, and/or employee burnout. It is important to recognize where the issues between social service agencies and their clients stem from in order to improve relationships. Therefore, it is also important to note that the social worker will often have to form relationships with government or social service agencies, and in order to maintain them, a mutual understanding must occur

(Russell & White, 2001). In addition, social worker should advocate on behalf of the client, specifically when working with other service agencies (Russell & White, 2001).

Strategies for Social Work with Refugees from Burma:

Types of Refugee Services

Understanding the various types of services necessary for refugees is crucial for effective social work with this population. Although many services may be similar to that of other marginalized groups, refugees may require specific types. Refugee services include, but are not limited to: resettlement services including case management, immigration services, employment services, and health or mental health referrals. Here, the worker will act as a broker referring clients to other agencies when necessary.

Refugee resettlement agencies address basic and immediate needs, such as housing and cash assistance (USCRI, 2011). After finding a safe and stable home for new refugees, case managers guide their clients through medical examinations, public transportation, education for their children, ESL courses, finding employment, and ultimately the citizenship process. Much of this is done within the first three months of arrival, and resettled refugees are expected to reach self sufficiency within the first year (USCRI, 2011). In a study conducted by Mary Russell and Bonnie White, it has been concluded that proactive service provision was a key factor in determining the effectiveness of social work with refugees. Proactive service provision includes cultural bridging, brokering for services, and advocacy for system sensitivity (Russell & White, 2001). In reference to service provision, Russell and White argue that traditional ways and means of providing services may have to be modified in order to be more

relevant and appropriate for refugee client needs. “It has been argued that social work in particular has been complicit in implementing social policies that have led to people being denied access to welfare, dispersed in impoverished areas, and denied jobs. Authors have suggested that such inequalities relate to the formality and bureaucracy of service provision which may be anti-ethical or unfamiliar, resource constraints; language and cultural differences and racism (Hill et al; 2009).” It is necessary to understand the institutional barriers affecting this population at both a macro and micro level (Hill et al; 2009).

Cultural Competence

According to the National Association of Social Workers, “cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.” Cultural competence is the combination and use of knowledge about individuals and groups regarding specific standards, policies, practices, and attitudes used in appropriate cultural settings to improve the quality of services, in turn producing better outcomes (Davis & Donald, 1997). Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings (NASW, 2011). Cultural competence can be achieved through research, interviewing, and immersion. Russell and White state that “social workers aiming to provide assistance effectively are faced with a complex undertaking requiring specific knowledge about their clients’ culture as well as about the impact of their own cultural background on their interaction with their clients (Russell & White, 2001).” What Russell and White are describing

is the notion of self-awareness in the worker, which means identifying personal biases and values and realizing that their clients may differ from that. Sensitivity to one's own cultural background, valuing and respecting differences, and appreciating the influence of one's own culture on social work has been described as essential counseling competencies in multicultural contexts. When working with refugees, not only must the social worker be knowledgeable about refugee procedures and client cultures, but must also be familiar with their own cultural conditioning to become aware of the effect this has on their interaction with refugee clients. Increasing the ability for cultural empathy and establishing meaningful relationships with clients from refugee backgrounds is best achieved through the worker's cultural self-awareness (Russell & White, 2001).

Cultural competence and self-awareness can be particularly helpful in engaging refugee clients from Burma. Burmese cultures rely heavily on the notion of family and community, where Western values of individualism may not be as useful in reaching integration and self-sufficiency. In addition, the notion of mental health is typically a Western concept and is sometimes not fully understood by many Asian cultures. Therefore, individual or group counseling may seem unfamiliar and strange to refugees from Burma. Understanding cultural differences among the groups fosters a multicultural learning environment and helps the worker to reach a stronger sense of self-awareness.

Using Interpreters

Consistent with social work practices, communication is key to developing an effective helping relationship. The client must feel comfortable expressing his or her needs and wants, through verbal or nonverbal means. This is specifically important with refugee populations

due to language barriers (Baker, 1981). In order to fully understand the wants and needs of refugees, it would be ideal for every social worker to provide an interpreter for their clients. However, due to under-funding and the lack of social workers who study these particular languages, it has become increasingly difficult (Baker, 1981). Refugees from Burma speak many different languages and dialects, the most common being Burmese, Karen, Karreni, and Chin. Although some social workers may have a background in these cultures or languages, either being a refugee themselves or engaging in research, most workers do not have the skill or fluency to effectively communicate with these clients. Baker claims that although it is possible for the social worker to learn the languages of the population they are working with, high caseloads and the demands of their job make it unlikely. Thus, social service agencies must be flexible and resourceful (Baker, 1981).

According to Baker, an interpreter is someone who works in-person, translating back and forth between two or more individuals. A translator works with written material, translating from one language to another. Baker stresses that interpreters are more effective when working with refugees because they have greater interpersonal skills, which can help to create a more comfortable atmosphere (Baker, 1981). He addresses two styles of interpretation, verbatim style and independent intervention. Verbatim style interpretation includes communicating the words as closely and precisely as possible. Although many social workers prefer this method to decrease interpreter participation, it can often cause issues if the client does not understand where the worker is coming from (Baker, 1981). It is important to maintain cultural sensitivity with these populations; therefore independent intervention may be

more suitable. Independent intervention typically means the interpreter dominates the conversation, adopting some of the roles of the case worker becoming an integral part in the casework. This type of interpreter can rephrase questions or comments from the social worker to make them more appropriate and sensitive to the client's culture and situation (Baker, 1981). However, the interpreter who engages in independent intervention must be well trusted and have a history of reliable judgment. However, when the client is trying to articulate feelings, it can be difficult in the presence of a third person, or even a family member who may be interpreting. Therefore, regardless of the interpretation method used, it is important to note that the worker and the interpreter must establish a working relationship based on teamwork and mutual understanding (Baker, 1981). Baker argues that much of the art of social work is done through gaining information by the ways in which clients phrase their statements. This in turn increases the desire for good interpreters.

It is not uncommon for refugees from Burma to be illiterate even in their own languages, all while lacking proficiency in English. This reinforces the notion that interpretation is crucial for refugees to fully understand their social worker and that good communication is necessary for effective social work with refugees. However, it must be noted that the client should not become dependent on the interpreter because learning English is important to navigate the United States successfully.

Health and Mental Health: Identifying Needs in Refugees from Burma

It has been documented that many refugees arrive in new countries with particular health and mental health needs. For example one in six refugees has a physical health problem

and two-thirds experience anxiety and depression (Hill et al; 2009). Although little empirical evidence exists regarding mental health among refugees from Burma, mental health and trauma assessment and intervention regarding refugees from all over the world can be applied to this specific group. Although it is important to note that every refugee situation is different, the types of trauma they experience prior to resettlement can be similar. Both Lacroix and Sabbah agree that pre-migration traumatic events and post-migration experiences have some of the most profound effects on refugees worldwide (Lacroix & Sabbah, 2011). Exposure to certain types of trauma has been linked with negative outcomes such as substance abuse and physical health problems (Davidson et al; 2010). As mentioned before, refugees from Burma, like many other refugees, have experienced the devastating effects of civil war and forced migration, which has led to high incidences of Post Traumatic Stress Disorder and Acute Stress Disorder (Lacroix & Sabbah, 2011). Due to the increasing prevalence of Post Traumatic Stress Disorder, PTSD, among resettled refugees, both authors suggest more research to be conducted on depression, anxiety, and psychological dysfunctions surrounding PTSD in refugees (Lacroix & Sabbah, 2011. “In addition, better knowledge of the cultural and linguistic sensitivity of a range of suitable assessment instruments, along with culturally appropriate norms for those instruments, may provide more accurate information of prevalence rates of PTSD in refugees (Davidson et al, 2010).”

Through clinical evidence and research, we now know that refugees experience intrusive thoughts, hyper-arousal, recurrent dreams, feelings of persecution, and reduced functioning, which are all associated with PTSD (Lacroix & Sabbah, 2011). It has also been concluded that the prevalence of PTSD is higher among refugees who spent time in refugee

camps affected by war and forced migration, which is the current status in Burma. Escaping war, persecution, living in refugee camps, and experiencing internal displacement or resettlement can all be equally traumatizing experiences (Lacroix & Sabbah, 2011). Especially in oppressive, war torn countries, a sense of security, stability, and dignity is lost among community members. The constant atmosphere of fear and loss affects those who survive and leaves lasting impressions. With the resettlement process, there is typically no time for refugees to grieve the loss of their loved ones and homeland.

Valid and reliable mental health assessment methods are essential for providing suitable and culturally responsive care in efforts not only to improve mental health, but also to enhance social, educational, and occupational inclusion (Davidson et al, 2010). Lacroix and Sabbah argue that there is an urgent need to improve the few mental health services offered to refugees through social service agencies and resettlement agencies. First and foremost, it should not be assumed that all refugees with PTSD need mental health services. Particularly in Southeast Asian populations, such as the Burmese, the notion of mental health may not be understood; therefore we cannot assume that all cultures deal with trauma and mental health like the United States does. However, for those who do seek treatment, Lacroix and Sabbah agree that family group intervention has proven to be effective in increasing access to mental health services (Lacroix & Sabbah, 2011). This is due to the fact that in dealing with trauma, refugees regard the family as the most important element. Yet it is important to remember that each family member's experience is multidimensional and idiosyncratic (Lacroix & Sabbah, 2011). In this setting the worker would act as both an enabler and a mediator, ideally working with an interpreter.

Another effective type of treatment involves groups or multiple families building communities and networks. This places accountability in the client's hands, pushing for advocacy, empowerment, and resilience among these marginalized groups. The Burmese culture is collective and family oriented; therefore it would be in their best interest to have community based mental health programs or interventions (Unher, personal communication, 2010). For example, the use of a peer liaison between the Burmese community and service agencies can create a reliable source of communication and information. This will help to reinforce natural support systems and help social workers to understand how family traditions are a vital part to the coping process. Although family intervention can be a long, gradual process, it truly incorporates the biological needs of refugees with social and cultural dimensions of distress (Lacroix & Sabbah). More culturally competent practices need to be developed in order to effectively deal with non-Western values and the traditions of refugee communities. But until more evidence based research is produced, a group/family strengths based approach has proven to be the most promising with refugee populations (Lacroix & Sabbah, 2011).

Implications

The current influx of refugees from Burma entering the United States has posed numerous challenges for the social work field. Understanding these challenges is crucial for increasing awareness regarding the needs and services this population requires.

Not only must we work to revise service delivery for this population in order to meet their needs, we must do so in ways that ensure cultural sensitivity. Services and service

delivery can be revised and improved through research, client feedback, and above all, a working relationship between service providers.

Mental health among refugees in general has been an area of concern in recent social work. In order for social workers to effectively assess the experiences of refugees, the worker must look beyond traditional clinical measures of PTSD and victimization, and in turn examine the breadth of human experience and cultural background in the resettlement process (Davidson et al, 2010). Therefore, it has been concluded by many researchers that in order to improve the worker's linguistic and cultural competence, there must be greater attention given to the development of trauma assessment for refugees (Davidson et al., 2010). Also, great debate exists over the applicability and appropriateness of Western measures on refugee mental health assessment, as one on one counseling is typically unfamiliar to refugees from Burma (Barkan, personal communication, 2010). In conclusion, more effective and culturally sensitive measures must be developed and used to measure distress within specific refugee populations.

As the number of resettled refugees continues to rise, the social work field must be ready to provide the appropriate services, regardless of high caseload and worker burnout. Each client is given so little of the worker's time because the atmosphere of resettlement agencies is in constant crisis (J. Barkan, personal communication, 2010). Through my experience interning at USCRI, I have witnessed firsthand how agency culture truly reflects services rendered. Much too often these populations are neglected and stigmatized by our social systems. Therefore, it is the duty of social workers to be aware of the various needs refugees require in order to reach self-sufficiency.

Conclusion

Resettled refugees from Burma, like many other vulnerable populations, require an immense amount of support from social workers and social service agencies. It is important to note that although refugee situations may be similar, each experience should be treated individually to ensure client recovery. Specifically, when working with resettled refugees from Burma, the social worker must have a general understanding of their culture and experiences, as well as an awareness of their basic needs.

In order to improve social work practices with refugees from Burma, services need to be revised to fit their immediate needs. Also, interpreters should be utilized when working with clients who are not proficient in English. It would be ideal for the social worker to form a working relationship with the interpreter, creating a sense of comfort for the client. In addition, mental health assessment for refugees needs to effectively address trauma experiences. However, it must be understood that refugees from Burma may be hesitant to address mental health needs.

At this point, I have truly begun to understand the increased need for awareness regarding the psychosocial needs of refugees, specifically from Burma. When working with refugee populations in the future, I will utilize the strategies discussed in this paper to be a more effective social worker. This vulnerable group continues to face numerous challenges after resettlement including issues with housing, education, employment, and service providers. They must endure bureaucratic red tape, only to find themselves remaining in poor conditions. Therefore, understanding both pre-migration and post-migration experiences is crucial for identifying needs, and ultimately effective work.

Effective social work with refugees from Burma begins with basic skills, such as time management and case notes, but also a genuine passion for helping this group reach self-sufficiency (J. Barkan, personal communication, 2010). Due to high case loads hindering workers to truly know their clients, it is crucial to form a culturally sensitive atmosphere in order to gain the client's trust (J. Barkan, personal communication, 2010). A sense of stability, continuity, and advocacy should be present (S. Unher, personal communication, 2010). S

Currently, there are an estimated 11 million refugees living worldwide today (UNHCR, 2011). Often, refugee experiences include the devastating effects of war, torture, economic extortion, and relocation. As war and crisis continue to occur around the globe, social workers will see an increased number of resettled refugees, specifically to the United States, requiring services. It is imperative that we work towards achieving an awareness of the basic needs of all groups, specifically the most vulnerable.

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