



Webinar: Navigating Difficult Conversations with Clients

April 23, 2025, 2:00 – 3:15 PM ET

Transcript

Introduction

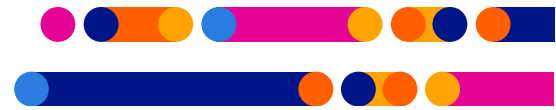
Danica Pucci: Good afternoon and morning to some of you on different time zones, and welcome to our webinar today, which is focused on navigating difficult conversations with clients.

Today's Speakers and Panelists

DP: I am delighted to introduce our speakers for today. First, I would like to introduce my colleague Jasmine Griffin. Jasmine is a licensed professional counselor with over a decade of experience in mental health, program management, and trauma-informed care. She has served in roles spanning case management, supervision, and leadership in nonprofit and government settings. Most recently, Jasmine worked with the IRC's Dallas site as health and wellness senior program manager, overseeing key programs such as intensive and supplemental case management, mental health, client voice, and food security programs. During her tenure at IRC Dallas, Jasmine also stepped into the role of interim deputy director, guiding a team through significant leadership transitions while maintaining the delivery of high-quality services. Jasmine holds a BA in sociology and criminology from Cleveland State University and a master's of professional counseling from Grand Canyon University.

DP: My name is Danica Pucci. I'm a training officer for economic empowerment with over a decade of experience in workforce development and newcomer employment integration. I have led programs focused on early employment, career pathway development, and employer engagement. Previously, I worked as an employment specialist and a career navigator, gaining extensive hands-on experience in early employment strategies and long-term economic mobility through career pathway programming. I received a bachelor's in intercultural studies and a master's of migration from the University of Sussex. I also worked in Lebanon and Jordan, supporting refugee programming and enriching my proficiency in Arabic.

DP: We also have some wonderful panelists today that I would like to introduce. Chuni Lu is the senior program officer of affordable housing solutions at the International Rescue Committee. Chuni oversees the IRC headquarters resettlement housing team's work in developing innovative housing solutions, building new housing partnerships, and providing housing training and technical assistance to staff at IRC offices across the U.S. Chuni has over 20 years of combined experience in urban planning, affordable housing services, community development, financial empowerment, real estate, and small business. From her early career as a city planner focusing on improving conditions in neighborhoods, Chuni's passion has always been in alleviating poverty, empowering vulnerable populations to make life change, and finding solutions to effect social change. Chuni holds a master's degree in social work from the University of Houston and a master's degree in city



planning from the University of Pennsylvania. Chuni is a member of the American Institute of Certified Planners.

DP: Lastly, I'd like to introduce Ian Williams. Ian serves as the program officer for housing partnerships at the International Rescue Committee. He began his journey at the IRC in Missoula as a case aid, then transitioned to a housing specialist before joining the headquarters housing team. Ian is passionate about people-centered approaches and participatory actions in affordable housing, urban resilience, and natural resource management. He holds a master's degree in urban studies from Malmö University. Before joining IRC, Ian's professional experience included UN-Habitat in Spain, Agora University, Agora Nordic Urbanism in Sweden, and the Dong Nai Culture and Nature Reserve in Vietnam.

Learning Objectives

DP: Let's jump into our learning objectives for today. By the end of this session, you will be able to recognize ongoing resettlement challenges that require difficult conversations between clients and providers. Next, you'll be able to identify key communication skills and specific phrases that help maintain supportive, respectful conversations for both clients and providers. Lastly, you'll be able to apply a trauma-informed and compassionate approach to current client and service provision challenges.

DP: I do want to note that this will be an interactive training, so you'll have the opportunity to answer some questions through Slidos and case scenarios.

1. Addressing Client and Staff Challenges with Trauma-Informed Care

DP: Let's go to our first learning objective for today. We are going to begin by addressing client and staff challenges with trauma-informed care. We know, all of us here, that there are a lot of challenges in the resettlement world, and we won't be able to cover all of those challenges in this hour, but I'm hoping that we can work through some strategies to address some of the things that we're planning to talk about.

Discussion Question

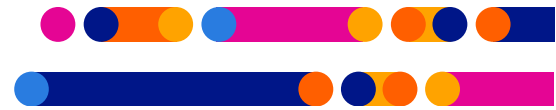
DP: We're going to have our first Slido for today. You can join by going to slido.com and putting in the code 3017678, or you can scan the QR code and answer the question,

Share one or two words that describe the biggest challenges in resettlement work today.

[silence]

DP: Blocked funds, yes. Uncertainty. I hear you. Misinformation, changing policies. Funding is coming through as a huge one that many of you are experiencing across the country. Client vulnerability. Rent payments. Feelings of helplessness. I'm seeing uncertainty, instability, fear, and funding as some of the ones rising to the top from all of you. I think this is a perfect webinar highlighting these different challenges that you all are facing.

DP: Miscommunication, relocation, rental assistance, fear, a lot of fear happening, unemployment and instability, unrealistic expectations, unsafe work. So many of these words are connecting to the topics today,



and I'm just seeing a lot of the words coming through and the challenges that you all are facing, or challenges that are being felt across the country. Thank you so much for sharing your thoughts. I really appreciate seeing what's coming up for all of you in your work right now. There's so much depth in what you named.

DP: As we move forward, you may notice that some of the challenges that you shared, there's overlap in what we'll be speaking about today. We're looking forward to digging into some of these topics more deeply, these patterns we see across the country and across programs and context, so let's take a closer look.

Factors that Affect Staff

DP: I think it's important to note that oftentimes in resettlement work, you will be working with very large caseloads and have large amounts of clients who have significant and complex needs. Working in this context and facing all of the challenges that you listed on the Slido can really complicate case management and strain the interactions you're having with clients.

DP: These factors can lead to burnout, to a loss of meaning at work, and to compassion fatigue, and may lead to feeling overwhelmed or cynical, or even experience some identity crisis. Compassion fatigue, it is cumulative in nature. It's a combination of burnout and trauma exposure, and it might lead you to start asking questions like, "Does my caring matter? Can I keep caring in the face of such trauma and hardship? Does the fact that I'm here and I care matter to the clients and to the world?"

DP: I experienced this as the war in Ukraine started, and I had just recently been working with a number of clients in Afghanistan during the crisis in Afghanistan. I started asking myself this question: "Does it matter that I care? Does the work that I'm doing matter?" I think it's a really common experience that service providers can face in the midst of so many challenges and complex caseloads, and the strain and interactions that we have.

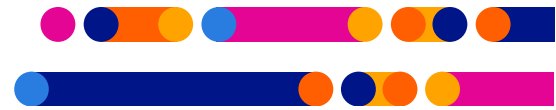
DP: Additionally, staff are at risk of high trauma exposure from secondary traumatic stress and vicarious trauma. We'll talk more in depth about trauma in the next couple of slides, but I just did want to note that secondary traumatic stress is when someone starts to feel the emotional effects of another person's trauma. This can happen when you're hearing about someone's difficult experiences, especially over time, and it can lead to symptoms that look like post-traumatic stress disorder, or PTSD, such as feeling on edge, or having trouble sleeping, or feeling helpless.

DP: Lastly, vicarious trauma is deeper. It's more gradual in how you think about the world, yourself, and others. It can affect your sense of safety, trust, or meaning, sometimes even your spiritual beliefs. It builds over time as a result of repeatedly hearing and witnessing other people's trauma. That is something that I think many of us face in our jobs.

Economic and Housing Challenges

DP: Next, we'll see that our clients face many challenges in their resettlement journey as well. They experience economic and housing challenges as two of the most complex and persistent challenges that they face.

DP: In this work, it's incredibly difficult to align what clients want and need with what's realistically available and accessible to them. It's also important to note that housing and employment are deeply tied to safety and self-sufficiency, and both have a direct impact on a client's emotional well-being and overall sense of



fulfillment. Unfortunately, these are also some of the toughest areas in resettlement. The affordable housing crisis makes it difficult to secure stable housing, and many clients struggle to access jobs that match their skills or offer opportunities for advancement.

DP: On top of that, oftentimes the affordable housing that is available is very far from the jobs that people may be able to get. While we don't have full control over housing markets or job availability, today in this webinar, we are focusing on how we can support clients in navigating these barriers effectively and engaging in the difficult conversations that we all have with our clients about these topics.

What is Trauma?

DP: As we talk about these challenges of high caseloads, risk of burnout, and barriers to employment and housing, it's really important that we recognize that trauma is deeply present, often, and woven throughout the challenges and experiences that you and your clients are facing. Trauma can affect and influence many aspects of a situation, experience, environment, and well-being in subtle but powerful ways.

DP: Let's take a moment to frame what trauma is. There is no single definition of trauma. What one person experiences as traumatic may not affect somebody else in the same way. This is especially important to remember when working with refugee clients. Everyone's experience and responses are different. Even though trauma looks different for each person, there are some common elements that can help us understand how it affects the people we work with and how we show up in response.

DP: These common elements are that trauma may be deeply disturbing, frightening, or life-threatening. It may be outside of what we would consider as ordinary or normal. It also may result in feelings of being overwhelmed, helpless, or at someone else's control or mercy. It may result in short-term or long-term negative physical and emotional, psychological, and/or spiritual impacts.

DP: Now that we've covered trauma and some of these challenges, I'd like to hand it over to Jasmine to take us into the next section.

2. Having Difficult Conversations with Clients

Jasmine Griffin: Awesome. Thank you, Danica, for getting us through that first objective, "Recognize." We'll now get into objective two: identify how we can have difficult conversations with clients.

Discussion Question

JG: To get us started with this objective, let's start off with another Slido. If you can pull your phones back out or log back in,

What is one challenge or difficult situation you've encountered recently while speaking with clients?

[silence]

JG: Eviction, blame, distrust. Some really great answers. Overwhelm, anger, funding cuts, telling the client I cannot help them, clients planning to run away, traumatic experiences, behavior of children at school,



deportations, frustrations with the systems, name-calling, lack of finding jobs, income. Lots of fear, lots of sadness, and funding cuts is coming through quite a bit. Definitely empathize with all of you. Reliving trauma, lack of transportation, uncertainty, stress, language barriers. These are really great answers, you all. Keep them coming. We'll go ahead and move on, but thank you so much. Also saw health insurance. Great answers.

Setting Up the Conversation

JG: When it comes to setting up the conversation and getting ready to meet with your clients, you want to set the stage. This honestly first starts with you preparing yourself. This could look like blocking off some time before the client session to ensure that you have a clear mind for the conversation, especially if you know this may be one of your more difficult clients.

JG: When you set the stage before the client arrives, be sure to go into the client meeting room you're planning to meet with them in. Make sure it's clean, comfortable, and available. I've experienced many times as a caseworker walking into a client meeting room with trash, toys, books left from the previous caseworker's meeting, and so be sure to check on that before the client arrives.

JG: When the client does arrive, you can offer some water, ensure they're comfortable in the room, and check in with them. This could sound like, "Hi, Danica. Thank you so much for coming to meet with me today. How was the ride over? I know this was your first time on the bus. How did it go?" Offering water, "Would you like some water or some tea before we get started?"

JG: Then you can also go over what you'll be discussing and how long the meeting will be. Some other tips for trauma-informed care and to show you care include setting expectations. This could look like you starting the next part of the conversation by explaining or re-explaining your role, going over what you'll be discussing, how long you'll be meeting, and what information will be provided by the end of the session, and also what documentation you may or may not be providing to that client.

JG: For example, this can sound like, "Hi, Danica. As you know, I am your caseworker here to help you navigate your housing concerns. Let me tell you briefly the purpose of our meeting and what we'll be covering. All of this information I'm giving you will be provided in your language. You do not need to remember everything I'm telling you, and you can always return for follow-up questions."

JG: You want to be sure to normalize the reactions your clients may give you or experience. A key part of trauma-informed care is to create a sense of safety for them. You can state up front that you recognize the impact of this information. Validating and normalizing a variety of emotional responses can help people feel seen and cared for. This can sound like, "I know this information is important to you, as it impacts your future. Because it's important, this process can often feel stressful and overwhelming. Everyone reacts differently to getting this information, and some people may have very strong emotions and need time to adjust. All of these reactions are normal and okay. We're here to help you in this process. If, at any point, you need to take a break, we encourage you to take the time that you need. This process can be stressful for many."

JG: You can ask your clients, "What has been helpful for you to manage stress since you've arrived in your new home?" Since emotional reactions can impact memory and decision-making, it may be helpful to provide any next steps in the beginning and even at the end of the session if you're able to. This can sound like, "When we're done, you can review the documents at home and return with any follow-up questions at our next meeting," or, "Please simply reflect on what we discussed today. I'll talk to you next Tuesday at 10:00 AM,



where I'll be happy to offer any clarity or any answers to your questions." This helps clients by reducing uncertainty, restoring a sense of power and control, guiding them in processing information, and normalizing their reactions. It also benefits staff in building rapport and trust.

Strategies for Difficult Conversations

JG: Let's get into strategies for difficult conversations. Here on the left side of the screen, we have what you can do in your own communication and emotions. It's important to notice your own reactions. The first step in creating a calm response and utilizing self-regulating tools is to recognize when you actually need them while you are working to notice your stress level and how it fluctuates throughout the day as you go from meeting to meeting.

JG: Notice what your body feels like. Is there any tension? Do you have a rapid heartbeat? What thoughts are coming up for you? Are they negative thoughts? Are they positive? How does your behavior change? Are you less or more patient? Are you distracted? Once you start to determine when you need to use coping strategies, then you can use those tools to help you self-regulate. Remember, you can only control your response to those situations.

JG: Individuals impacted by trauma, as previously mentioned, often struggle with emotional regulation or the ability to return to their calm or balance in the face of intense emotions. The term co-regulation refers to how individuals impact one another's nervous system. Let's all imagine, for a moment, a time when we've been in the presence of someone who was angry or very anxious. How did your body feel? What were some of those thoughts?

JG: Now think of a time you have been around an individual who was relaxed and calm. What was that experience like? Are these feelings similar or different? Each individual impacts those around them. As trauma-informed staff, we can create a warm, calming presence for our clients, which in turn can be mirrored by those we work with. Being calm in the moment can be very challenging. The hope is that you're able to recognize the tools that you need to help you manage your body's response to stress.

JG: When stressed, the nervous system sends signals to our body to shorten our breathing. To counter this message and to regulate our emotional response, we need to send an opposite signal to our brain and body by taking a deep breath. This is a simple tool to tell the body to return to calm and that everything is okay. In practice, regulating ourselves looks like taking a deep breath, inhaling for three seconds, and exhaling slowly for another three seconds. You repeat this as needed. This is just a subtle way to refocus your mind and your body. It's recommended that we do practice deep breathing when we're not stressed so that we can practice noticing how our body responds in those moments as well. This will help remind you to breathe when you are in moments of high stress.

JG: Something else that happens when we're stressed or feel threatened is that our nervous system sends a signal to our eyes to narrow our vision. To counter this natural occurrence, we strive to open our vision using our periphery as a guide. When you notice your stress, you can practice opening your vision by simply looking up from your cell phone, looking up from your computer screens, and seeing the entire space around you. Take a deep breath, observe with your peripheral vision, and just relax your shoulders and sink into your chair.



JG: Another reminder is that silence is okay. Silence gives time for calming and reflection for both parties. And always be mindful of your body language, maintain appropriate distance, try to stay open and respectful to your clients, and respectful.

JG: On the right side, we have how you can talk and address the client. You want to minimize any potential crowd that could be a distraction for you and your client. Use reflective questions. This can sound like, “I think I understand, but can you rephrase X, Y, Z so I can understand better?” This gives you time as the service provider—time to think, clarify, calm down, and ensure a mutual understanding. Notice your paraverbals. This is the tone and pitch and pacing, the volume and speed of your voice. Think about how you might say, “What,” or “Okay.” That could change based on the tone or the context.

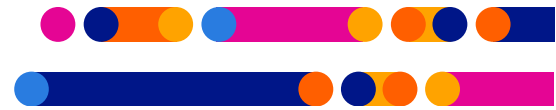
JG: Then lastly, in the middle, we have strategies always available to us before, during, and after a difficult conversation. Staff should never feel alone in their work. Should you feel overwhelmed, stuck, or concerned for your or others’ safety, there are several clear steps that you can take to seek support. If you get stuck, ask your supervisor for support. This can be done by being open with the client about needing to seek support, or if you feel this would increase harm by stepping away, you can proactively reach out to your supervisor before the client session.

JG: If you’re anticipating the conversation going sideways before the clients arrive, invite your supervisor to the meeting so they’re already there, or ask your supervisor to be on standby in case the conversation does go sideways. I know when I was a supervisor, this would happen quite often, and I would just take my laptop down to the client meeting room, work from a little chair outside, and just be on standby for my caseworkers so they knew where to find me.

JG: Throughout all of this, ensure you’re updating the client by seeking permission from them as well. This can sound like, “I want to make sure I’m supporting you the best way we can. I think it would be helpful to have my supervisor answer some questions. Do you mind if I include them in our meeting today?” You can say, “I want to be sure I’m giving you the correct information. I’m going to step away for a quick five minutes to confirm this with my supervisor.” Then you can use that time as an opportunity to speak to your supervisor and return collaboratively with them with a problem-solving approach or alone, more confidently.

JG: If you believe that clients are having difficulty processing the information or you do not feel comfortable with their responses, it may also be appropriate to find an end in the conversation or the meeting by offering a future time to meet. This can sound like, “It can be difficult to take all of this information in during one sitting. Would it be helpful to take a break and schedule a follow-up conversation?” When clients get overwhelmed and they’re feeling or you’re feeling like they’re not engaging in the session productively, you can also say, “Client, you are understandably upset, and this discussion isn’t productive. You’re welcome to come back to our office tomorrow.”

JG: Lastly, we have, “Make referrals.” Be sure to refer to additional supportive programs and explore the client’s interest in additional supports, normalizing the use of additional supports to help you manage stressful situations. For example, you can say, “As we talked about earlier, this information can be difficult to process, and it’s normal to seek support. Would it be okay for me to provide some resources that have helped other clients?”



Mindfulness: STOP

JG: One mindful exercise that you can use to calm, de-escalate, or co-regulate is the use of the simple acronym that we refer to as STOP. This can be used when feeling stressed or overwhelmed. In this context, the S stands for stop or slow down; T, take a breath; O, observe your body, your thoughts, your surroundings; and then P, proceed mindfully. One thing I like to use personally is doing this in the bathroom, where no one else can go with you, or they shouldn't. Going in the bathroom, checking in with myself, deep belly breathing, observing my thoughts, and reframing as needed. Then I return back to the task or meeting that I have.

Referral Steps When Needed

JG: Having difficult conversations can go well. It can still be best to refer within the agency or out of it. We're going to go through six ways to use trauma-informed care and other best practices to make referrals. First, you want to get informed consent from clients unless it's in an involuntary service, such as emergency services or mental health crises.

JG: Two, you want to reassure the client that what they are feeling is normal and that support is available. This can sound like, "Many people may experience feeling frustrated, overwhelmed, or having a lot of sadness, a lot of worries, bad memories, and too much stress because of the challenges of resettling in the United States. I want to reassure you that this is normal and support is available."

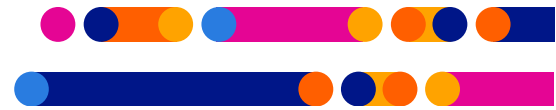
JG: Three, acknowledge clients' strength and courage in surviving difficulties and coming to a new country. You can say, "Surviving war, having to leave one's home country, and moving to a new place takes a lot of strength and courage. Even though these times are stressful and may feel overwhelming, I believe you will get through this difficult time."

JG: Four, explore cultural understandings and the client's view of what treatment may entail. You can say, "I want you to know you're not alone. There are others who are going through similar situations to you right now, and I would love to hear if you have any ideas about what may be helpful for you." You can also ask what might make the client feel better by saying, "What might make you feel better? What has worked for you since you resettled in the U.S. or since you've been in your new home? How do you normally handle these types of emotions?"

JG: Number five, offer education and resources, especially information about mental health and psychosocial support services. If a mental health referral is necessary for an external referral, you might say, "In our community, we have a professional health worker named Zainab who can support you with these types of symptoms or difficulties."

JG: For an internal referral, you can say, "At our agency, we have a trusted staff person named Danica who can support you with these types of symptoms or difficulties." Then you can add, "In addition to the healing and connection we get in the community, extra support can be helpful. If any of these symptoms make it hard for you to do what you need to do each day, this could benefit you." It's so important to normalize the mental health and psychosocial support services available to our clients.

JG: You can even say something to your clients like, "Lots of people I know have gone through similar things to what you're describing right now. They have felt better after talking to someone about these experiences. In the U.S., talking to a counselor, a therapist, or a mental health worker does not mean that you're crazy. This person



is a type of health care worker who will listen to you, provide guidance or support, and may help make things better.” Also, be sure to describe confidentiality in those spaces. That can also sound like, “The things that are discussed with the counselor, therapist, or mental health worker are kept private. That means they cannot share the information with anyone else unless you give permission.”

JG: Then lastly, number six, you also encourage choice by saying, “You can always see what you think about this support when you meet with Danica. From there, you can decide if it seems like it could be helpful right now. If it’s not required for you to attend, just remember that this is always your choice.”

JG: Be sure to answer their questions and take time to hear out their concerns. Get support or follow up if you don’t have all the answers. Finally, you always want to circle back and seek consent again. You can say, “I’m going to take down your information and I’m going to share it with Danica. Do I have your permission to proceed?”

Using Interpretation in Difficult Conversations

JG: Let’s talk about how to navigate these difficult conversations with interpreters. It’s important to remember that language is more than words. Language also embodies your client’s culture and worldview. One of the most valuable skills of an interpreter is being able to bridge between what a word or phrase means in one language and find and convey the words or phrase in another language that actually accurately captures the meaning. Because interpreters bridge two or more languages, they also have greater insight into the meaning of nonverbal communication across cultures they work with. Because of this important insight, staff should consider scheduling time with interpreters to learn more about common nonverbal communication cues, as well as words and phrases that may indicate distress.

JG: It may also be helpful for interpreters to be able to provide information in real time about any potential misunderstandings, critical nonverbal communication observed, and words or phrases that have important meaning to the client’s specific culture. Given that interpreters must remain within their scope and role of providing interpretation, this should be done carefully and with intention. Before beginning any conversations, staff should frame the conversation for the client using some similar guidance to this. You can start by explaining the role of the interpreter in the conversation.

JG: For example, it can sound like, “Dana will be providing interpretation today. They will make sure to tell you everything that I’m saying, and they will tell me everything that you are saying.” Then you want to reinforce confidentiality. This can sound like, “Everything that you say to me and the interpreter is confidential. Neither the interpreter nor I can talk about what is discussed here with anyone else, unless it is needed to further process your case or unless someone is going to harm themselves or another person.”

JG: Then you want to provide a framework for successful interpretation. This can sound like, “Because we want to capture everything that is said, I will pause frequently so the interpreter can convey what I have just said to you. If you can pause after every few sentences as well, that will help the interpreter convey everything that is being said by you to me.”

JG: Lastly, create space for additional critical information or clarification. You can say, “I’ve asked the interpreter to let me know when they feel like something is being misunderstood or the things I’m saying are causing distress. In this instance, the interpreter will pause and let me know when they think I need to clarify something or address something.” They will tell you, “I think there may be a misunderstanding or concern. I’m



going to let the staff person know.” After the interpreter makes me aware, I will have a conversation with you to address any possible misunderstanding or concern, but everything will still be interpreted.

Practical Skills: Active Listening

JG: It is important to remember to practice active listening skills by maintaining these best practices. As many of you know, when we actively listen, we’re offering our undivided attention. Active listening and action looks like paraphrasing, which is restating what is heard. It looks like summarizing, gathering what has already been said, clarifying the client’s experience, and statements.

JG: It looks like expressing empathy. Communicating that you care, being aware, and sensitive to the feelings, thoughts, and experiences of another. Then lastly, watching for nonverbal cues. Noticing body movement, posture, and gestures. Observe other cues as well, like eye contact, touch, space between you and the client. Listen to the tone of the voice being used by your client. Also, reflect on that with yourself. Consider everything that is not being said. When you practice active listening, you have a better chance of gathering a client’s understanding of the experiences, concerns, and how to best support them.

Why Are Boundaries Important?

JG: Having difficult conversations includes setting boundaries. Boundaries are limits on staff behavior that ensure appropriate, safe, and effective interactions. When we think about boundaries, consider professional boundaries—staying within your scope and your role of work. Relational and personal boundaries—this is a reminder that we do not and should not have any personal relationships with our clients. These are considered dual relationships. Avoid favoritism or unequal treatment of clients. Do not form any friendships with clients. Don’t give out your personal number. Use your work phone number only.

JG: Remember that these types of professional relationships may be new to clients. We should model that for them on how to set professional boundaries. Physical boundaries, being considerate of personal space, no casual touching. Another reminder, sexual relationships are prohibited.

JG: While these other types of boundaries are related to the client-case manager relationship, you should also consider your own personal work-life boundaries. It’s important to take care of yourself. We’ll talk a little bit more about this a little bit later in the presentation, but generally, this includes taking time off when you need it for rest and relaxation, receiving adequate on-the-job training, requesting additional training if you need it, discussing your workload with your supervisor, and monitoring your own personal safety.

JG: Boundaries are crucial for many reasons, and they directly support trauma-informed care principles. Why are boundaries important? They help us build trust and safety. Boundaries establish trust and a sense of safety for our clients. They aren’t just consistent with trauma-informed care; they are a core part of it. They ensure consistency and quality. Boundaries help ensure clients receive consistent and high-quality services.

JG: Empowering clients. We set clear limits. You empower your clients to take ownership of their own progress, aligning with strengths-based approaches. They reduce harm. Boundaries are about safety, both for clients and for service providers. Additionally, boundaries provide legal protection. Strict boundaries help you stay within ethical and legal constraints, particularly around sensitive issues like relationships with clients. Prevention. They also prevent staff burnout. Boundaries help you avoid overextending yourself, preserving your energy and effectiveness in the long run.



Setting Clear Boundaries

JG: In your role, boundaries are essential for fostering professionalism and equity. Clear boundaries establish an atmosphere of trust and respect between you and your clients. They reinforce the professional nature of your work, keeping interactions focused and effective. Boundaries ensure that all clients receive consistent treatment, avoiding perceptions of favoritism. Boundaries protect your personal time and energy, helping you maintain sustainability in this field.

JG: Something to remember is that an exception becomes an expectation. When you go above and beyond for one client and not for another client, even if it's unintentionally, it can break trust with the client. They may feel they need to win your friendship to receive support, which can harm the professional relationship. It can also break trust with the organization. Clients may compare services between service providers, leading to perceptions of unfairness and inconsistency. Again, boundaries create that clarity, equity, and professionalism, ensuring that both clients and staff can thrive in a supportive, sustainable environment.

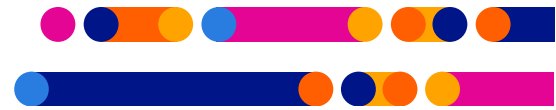
JG: When setting boundaries, it's crucial to be clear and concise. Avoiding the topic can lead to misunderstandings. On this slide, we have six clear steps that we're going to go through, ensuring that your clients understand the "why" behind you establishing those boundaries. On this slide, we first have "limit self-disclosure." This is knowing when is the right time to share or not share personal information with your clients. Asking yourself, is this going to hurt or harm our relationship?

JG: Number two, keeping physical contact to a minimum. Three, staying within the scope and not over-promising or going above and beyond what you can or should do. Four, treating all clients equally and consistently, even in difficult situations. Five, do not borrow money or lend money to clients, and set rules around gifts, food, and drink. For some of us who are licensed, our board rules state we cannot accept gifts. Explaining this to the client and understanding for yourself is what is acceptable and not. When in doubt, number six, seek supervisor support when you're unsure about a situation.

Setting Boundaries Respectfully

JG: How do we set boundaries respectfully? We received quite a few questions about this. How do I say no respectfully? How do I set boundaries with pushy clients? What do I say? Let's look at this. You can say, "I'm hearing that finding a new apartment is really important to you and your family. Unfortunately, I'm not able to help you with that. I would be happy to refer you to someone else who may be able to help." Another example can be, "I know that would help you a lot. I wish I could help you search for better employment, but I'm not able to. My job is to focus on housing. I would love to refer you to our employment specialists who can help you search for a better job."

JG: We want to ensure that we validate the concern the client comes with while setting a limit, providing an explanation, and offering an alternative solution or choice. Another helpful tip is to tell clients, "This is an agency rule." This lets them know that it's not personal and applies to everyone that walks through those doors. This is also another one—if you don't know the answer, excuse yourself and seek supervisor support. With that, I'm going to pass it back over to Danica to help get us through our last objective. Over to you, Danica.



3. Trauma-Informed Approach and Case Scenarios

Trauma-Informed Approach

DP: Thank you. Let's go into our last learning objective, trauma-informed approach and case scenarios. Using a trauma-informed approach is one of the most important tools when navigating difficult conversations with our clients. This approach can help you build trust, foster respect, and avoid any kind of re-traumatization with your clients. Trauma-informed care can be an important part of your client's healing journey. If we're equipped with the tools, we can help enhance natural resilience and self-resilience in our clients.

DP: Being trauma-informed means taking into account the impact of trauma on the physical, emotional, and spiritual aspects of an individual. It recognizes that the signs and symptoms of trauma can manifest themselves in behavior and relationships and family dynamics and communities. Using the core principles of trauma-informed care means building positive relationships with clients based on trust, just as Jasmine was mentioning. That can be corrective and restorative in and of itself.

DP: The core principles of trauma-informed care also mean working to level the power differential by respecting the lived experiences of clients and ensuring that the relationship is collaborative to support shared decision-making. It also means maintaining and supporting a holistic view of clients that understands and supports the interrelated nature of emotional, physical, relational, and spiritual well-being. Most importantly, it seeks to not trigger or re-trigger the trauma.

DP: As we know, and we've talked about, trauma is extremely prevalent for the newcomers that we're working with. A trauma-informed approach needs to be fully integrated into how we serve and how we communicate and how we structure our programs.

Benefits of Trauma-Informed Care

DP: There are some concrete benefits of a trauma-informed care approach that are benefits for our clients and for us as staff. First, trauma-informed care helps improve client engagement and services and leads to stronger outcomes. When we recognize the impact trauma has on somebody's thoughts, behaviors, and decision-making, we're better able to meet them where they are. This reduces distress and helps clients feel safe. Safety is such an important part of this, as you've seen through the previous slides. It, in turn, supports their ability to cope and to move forward. To do that effectively, we need to have an understanding of the places trauma may be showing up.

DP: Second, this approach fosters safer environments for everyone. When clients feel more secure, when they're not experiencing trauma triggers through services, staff will also benefit. Working in trauma-informed environment means that staff are more likely to feel psychologically safe, supported by the leadership, and empowered to set those boundaries that Jasmine was talking about. All of this helps prevent burnout and secondary trauma.

DP: When staff know that there are clear protocols, consistent communication, and space to process challenging situations, they're better able to stay grounded, present, and effective in their roles. A trauma-informed approach isn't just about how we serve our clients; it's also about how we support the people doing the work as well.



The Six Principles of Trauma-Informed Care

DP: What does this look like in practice in hard conversations and moments of tension? How can we carry these principles out into real interactions? I want to walk through six principles of trauma-informed care. The first principle is safety. Start by thinking about safety in a broad sense, both the physical and the psychological. That could mean being mindful of the space you're in. Again, some things that Jasmine talked about—the room, is it clean? Does it feel comfortable? Also, how are you showing up in the conversation? Spend time on the introductions and building rapport. This might seem like a really small thing, but it can go such a long way in helping someone feel more secure.

DP: Always make sure basic needs are being met before diving into anything complex. Maybe the person has taken a long trip on the bus and they are super thirsty. Making sure they have a glass of water rather than just diving into a really difficult conversation before those basic needs are met could really change the trajectory of the conversation. Use strengths-based language, non-shaming language, and remember that boundaries are part of safety, too. Setting and maintaining them clearly can help clients know what to expect, which will help to reduce anxiety.

DP: The next one is trust and transparency. Trust isn't built all at once. It grows over time and through consistency. The small actions that you all are doing, like following through on what you said, will go a really long way. During difficult conversations, it's especially important to be clear about what you're doing and why. That transparency will help clients feel more grounded, unless something is happening to them. Always ask for permission before moving into sensitive topics. I'll give you some examples of that later. Even if it seems like a small thing, assuming consent can quickly chip away at trust.

DP: The third principle is peer support. We don't have to carry the work alone, and neither do our clients. This is a really powerful principle. As you're talking with clients and the conversations are getting difficult, ask yourselves, "How can I connect this person to others who understand what they're going through? Are there peer networks, cultural communities, or groups where they can feel seen and supported?" When we do this, we're paying attention to their culture and their context. Peer support is most effective when it feels relevant and safe to clients.

DP: The fourth principle is collaboration and mutuality. In trauma-informed care, we move away from a top-down model. Clients are the experts of their own lives, and our role is to ask, to listen, and to invite their voice into the process. Shared decision-making where the client is a partner, not a passive participant, helps level those power dynamics. Even small moments of choice or input can shift the tone of an entire conversation.

DP: The fifth one is empowerment, voice, and choice. We want to create space for clients to speak, to choose, and to recognize their own strengths. That might mean offering options instead of directives or pausing to understand a family's perspective before suggesting a next step. At the heart of this is respect, trusting that each client has something valuable to contribute to the conversation. Lastly is cultural and contextual issues. Trauma is shaped by culture, identity, and lived experience. It's important to avoid assumptions and be aware of how culture or past experiences may shape a client's response.

Examples of Trauma-Informed Responses

DP: I want to share a few tips and tricks of things that you can say and not say in some of these difficult conversations. The first one is maybe you respond to a client by saying, "I got through it okay. So will you."



Everyone has to do this.” Rather, maybe a trauma-informed approach would say, “Many clients we support have experienced what you’re experiencing. We know it’s hard, and we’re here to help you navigate this difficulty.” Even if you’ve seen these trauma responses or you’ve experienced them yourself, you can’t invalidate what the client themselves has gone through and is feeling. This can be harder said than done when we’re exposed to the same trauma and trauma responses day in and day out.

DP: The second one is maybe you want to say to a client, “I already told you about this benefit ending.” This can be a really frustrating situation, but a trauma-informed response might be, “No problem. I can explain again. Unfortunately, your services in this program are now coming to an end.” I think it’s important to remember that trauma can lead to lapses in memory and understanding. It’s important to be patient when clients forget or are having trouble retaining and fully understanding the information.

DP: The third example is responding with disrespectful language or shouting. Rather, you can say something like, “I cannot continue this conversation if you are disrespectful. This is one of our agreements in the client rights and responsibilities. I’m sorry you’re feeling discriminated against. I would love to speak more about your concerns calmly.” I think that’s really setting into place the STOP method that Jasmine shared and some clear boundaries.

DP: The fourth one is, “All refugees do this for survival. They are just manipulating me and my team.” Rather, a trauma-informed response would be, “Clients may need resources to meet their immediate needs and may be unsure of whom to trust.” Resist thinking that clients’ behaviors are manipulative. It’s a really important one.

Case Scenario: Miguel, Sinola, and Esperanza

DP: Now we are moving into the interactive part. You can prepare to have your Slido ready, and I’m going to read a case scenario where we’ll have the chance to apply some of these ideas, principles, and strategies into a case scenario.

DP: This is the case scenario of Miguel, Sinola, and Esperanza. Miguel, Sinola, and their daughter Esperanza, who’s 19, are from Cuba. They arrived in the U.S. two months ago. Miguel was an accountant in Cuba, and Sinola worked at a restaurant near their home. Esperanza is determined to go to school and has told their caseworker that she does not want to work. Miguel wants to work, but only in an accountant job to avoid wasting his education and experience.

DP: Over the last two months, his employment specialist presented him a few entry-level positions that he turned down. Sinola was also offered two job interviews, but turned them down. The family is nearing the end of their employment service period with no job prospects in sight. The family is distressed and angry and begins telling the case manager that they need to do more for them.

Discussion Questions

DP: In light of this case scenario, I would love for you all to...

Describe how you would use a principle of trauma-informed care to respond to the family’s distress and anger.

[pause]



DP: Take a breath. That is a great one, that grounding. Calm and active listening, yes. Acknowledging the difficulty of the situation. Yes, I love that one. Really validating that. That validation shows an understanding of the emotion that comes with jobs and housing. Using empathy and creating space for them to share. Listening and giving a calm response. Take a deep breath and keep eye contact. These are so good. Acknowledging how difficult the situation is. Paying attention to your body language. Wow, that's such a good one.

DP: Be patient. Great opportunity takes time. Really encouraging them that a great opportunity will come. Stay calm and acknowledge their struggle. Have empathy. Potentially, if you're feeling like supervision support would help, use the STOP method and calmly share with your client that you'd like to invite somebody in. Calm responses and be patient. Let them know that the first job is not forever. Once maybe you're in a calm space, setting the tone of the initial job isn't the job forever. Encouraging more exchange with other immigrants who are here longer to learn from their journeys, so that peer support.

DP: Amazing. We're going to move on to the second question.

What might you say or what action would you take to carry out this trauma-informed principle?

[pause]

DP: Leave space for silence. I understand that you're really frustrated and starting over is hard. Set up some short-term goals.

[silence]

DP: I love that one. Offer to write down together the tools that they can use after the service period ends. Really bringing in their voice in that collaboration. Some kind words of empathy. I understand that this is a very sensitive and stressful topic for you and your family. Telling that you recognize his strengths and empower him. I love that. I understand that this can be difficult.

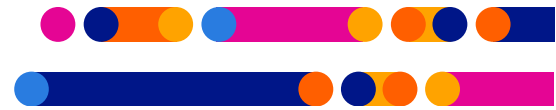
DP: Reassurance and that this is normal. I think all of us have had many experiences with clients in this situation, and unfortunately, it is a common experience, and so showing that understanding and maybe offering the peer support. I love the recognizing the client's strength and empower them. Here is how we can help, here's what we're unable to do, so really setting those boundaries. Amazing. So many great answers.

Case Scenario: Ahmed and Sara's Family

DP: We're going to move to the second and last case scenario, where you'll have an opportunity to add some other great ideas. This is the second case scenario of Ahmed and Sara's family. Ahmed, Sara, and their three children, Kaheld, Noora, and Kareem, are refugees from Syria who just arrived in the U.S. one week ago. Ahmed and Sara are extremely unsatisfied with their new home. During your first home visit, they told you that it needs to be much bigger, cleaner, and closer to downtown. They do not like the neighborhood they are in and feel uncomfortable with the neighbors they've seen. They demand that you find them a different home.

Discussion Question

DP: One more opportunity to use some of the strategies we've shared.



How can you establish clear boundaries with Ahmed and Sara that are safe and supportive to both of them and you as their caseworker?

[pause]

DP: Explaining the “why” to how they were placed in the house. Yes, giving some context for the process of why that house was selected for them. Explain that they can move when their lease is up, so giving them a longer-term solution. Validate their concerns, which can really help people feel safe and seen. Brainstorming safety measures that they can take. I really love that one. Level setting. This is a stepping stone while also, at the same time, understanding and validating their experience.

[silence]

DP: I think ask where their concerns stem from. I love that. That curiosity. It’s the active listening and really giving an opportunity to hear, what are they afraid of? How can we then work together to talk through that? Provide more information and validation of their concerns. Then maybe offer to consider some potential solutions while maintaining the sense that this is a challenging situation.

[silence]

DP: The referral piece. I love that. “I can refer you to our housing support services,” but also setting the expectation that this will take time. I think that that’s a really great use of one of those strategies of referring and giving that solution and empowering them to take that next step to work with somebody. These were amazing answers. Thank you so much for participating. I’m excited to give it back over to Jasmine to go into our question-and-answer time.

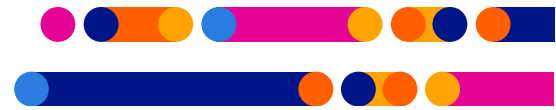
Q&A Panel

JG: Awesome. Those final answers were phenomenal. Thank you, everyone, for participating. We will get into Q&A. We have quite a few questions queued up. We’re going to bring on the rest of our co-hosts so that we can jump right in. One question that we have, Ian, I’m going to send this one over to you:

How do I handle situations where clients cannot afford the housing options available to them?

Ian Williams: That’s a great question, Jasmine. First thing, we need to recognize and acknowledge that there is a housing crisis, especially in the United States. That means that there’s a big gap in what is available and what we can access. The National Low Income Housing Coalition just released their 2025 gap report. They say that 7.1 million rental homes are—that’s the gap between affordable and available rental homes that we can access. That translates to out of 100 renters, only 35 would be able to access those units. That’s true. Not only in the big metropolitan areas of California or New York, but across the United States, in every state, and in every metro.

IW: We have to acknowledge that first, and then we can try to work within those limitations as best as possible. The first thing is we really need to get clients on wait lists as soon as possible. Know how long your wait lists are. As soon as a client gets enrolled in any program or something, get them to make sure they’re getting on those wait lists, as well as any other benefits that might be accessible to them from your state, from your county, et cetera.



IW: You also want to really maintain and establish relationships with landlords of affordable housing locations. Maybe they're an LIHTC property, whatever it might be—build and maintain those relationships so that you can know what's available at any given time and be able to help clients access those units. Another good thing would be to build another relationship with a HUD-certified counselor. That goes back to one of the points that you made of knowing your boundaries. If being able to access some of those things are difficult for you, know who you can turn to pass on information, pass on a client to help access those things. A HUD-certified counselor is a great asset in doing that.

IW: Really, it's important to clearly explain to clients what the realities of the market are so that they can make informed decisions for themselves about what they're trying to access, what's important to them, and what's not important to them, where it's located close to their job, et cetera. Passing on that information. Finally, we really want to get the involvement of any community groups, faith-based organizations, et cetera, any of the partner housing providers, loop them in to get them on board. Maybe you've tapped out your resources, but they might have some additional resources that they can tap into.

JG: Thank you so much, Ian. We have another question that just popped in as well. Chuni, I'm going to throw this one over to you:

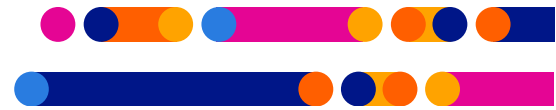
How do we establish healthy communication with landlords, and/or also mediate conflicts between clients and landlords or landlords treating clients really poorly? What would your advice be?

Chuni Lu: Great. Thank you, Jasmine. I want to say what Jasmine and Danica presented today, a lot of the techniques that Jasmine and Danica introduced actually are applicable with the landlord communication as well. These are all very important communication techniques and boundary-setting techniques that we could utilize with not just clients, even sometimes with other partners or landlords. I want to stress that it's always important to always communicate with landlords or property management companies clearly and professionally. We should always be very prepared. If we're prepared, know what we're talking about, that usually will first establish a mutual respectful relationship.

CL: I have a few additional tips on dos and don'ts when communicating with landlords. We can be courteous but firm. If the other side gets aggressive, don't get aggressive with them. If we stay calm and patient, that's how we could move the conversation forward. You don't need to be soft; you could be firm—firm and courteous at the same time. If you can meet in person, that's actually oftentimes better than just trying to email or doing messaging.

CL: Of course, you need to base this also on how much you know about the landlord. If the landlord is going across the boundary and being really aggressive, you may want to change your strategy. In general, landlords, they are business people, so try to get in-person meetings if possible. What they really focus on, oftentimes, is how they can get paid. Focus on the outcome that you want and what they want, and think about what are the common win-win outcomes that will benefit both sides in the beginning before you go in with the conversation.

CL: Doing a lot of preparation upfront will help with the communication with landlords. Communicate, following up always promptly, and ask questions. Don't be afraid to ask questions. With landlords, never over-promise. We want to talk about the factual information about the assistance and support client receives, but never over-promise. Also, with landlords, probably we'll hear "no" all the time and very common, but don't take it personally. The "no" is not targeting at us. Basically, don't focus on the "nos" and just continue to advocate for our clients with landlords.



CL: The other tip is when you talk to one landlord, usually don't bring up other landlords, other properties, and talk negatively about other properties or other landlords, because they do have a network and we want to make sure we don't get into bringing other companies and landlords into the conversation. When it comes to media conflicts, the dos and don'ts I share also are good practice to use. It's what Jasmine and Danica already share a lot on communication and boundary setting.

CL: It's very important to really establish a healthy relationship with landlords from the very beginning. Like I said, already determining events. What are the acceptable outcomes for your client? Stay on facts, avoid personal attacks, and focus on the solutions you want to achieve. Keeping boundaries is also very essential. Again, always follow your agency's policy and protocols. If the situation actually goes beyond what your agency should be responsible for, refer clients to other resources, such as legal aid services that can help mediate the conflict. If you detect housing discrimination, a lot of time you could document and then report later to avoid confrontation.

JG: Awesome. Thank you so much, Chuni. Danica?

Conclusion

Reviewing Learning Objectives

DP: Yes. Thank you so much from our panelists. For all of the questions that you all submitted, there were some really great ones. I'm sorry we couldn't get to all of them, but I want to finish off our training today by reviewing our learning objectives. We hope that you are now able to recognize ongoing resettlement challenges that require difficult conversations between clients and providers, identify key communication skills and specific phrases that help maintain supportive, respectful [relationships] for both clients and providers. We hope that you're able to apply a trauma-informed and compassionate approach to current client and service provision challenges.

Feedback Survey and Recommended Resources

DP: If you could take just a moment to help us help you and scan this QR code or take the link in the chat and answer this very simple six-question survey, it will take about 60 seconds, and it will help us improve future training and technical assistance for you all. We rely really heavily on your insights and your inputs.

[pause]

DP: We have some really wonderful resources to recommend to you all. These will be shared out as well. We have guides and webinars and tools and videos for you all. We've curated a list that is specific to this topic, and we hope that you all will look at them and that they'll be useful and supportive for the work that you're doing.

Stay Connected

DP: For more training and technical assistance, please stay connected to Switchboard. Email us at switchboard@rescue.org or visit us at www.switchboardta.org and follow us on social media. On behalf of all of us at Switchboard, thank you so much for learning with us, and we hope to see you all again soon.



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