

Supporting Others, Sustaining Yourself: Trauma-Informed Care in Action

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Jenna Christie-Tabron (JCT): Hello, and welcome to Supporting Others, Sustaining Yourself, Trauma-Informed Care in Action webinar. I am Jenna Christie-Tabron, and I will be one of your speakers today. I am a licensed social worker and associate family therapist with nearly a decade of experience in treating adults and adolescents facing various individual and family challenges. I've worked as a trauma-focused clinician, advocate, educator, and consultant in the psychiatric, healthcare, judicial, and education systems. Prior to joining Switchboard, I was the intensive case management supervisor for the Phoenix office.

I hold a bachelor's degree in psychology, a Master's in family therapy, a Master of Social Work, and a Doctor of Education. I am delighted to co-present today with Jasmine Griffin, who is a licensed professional counselor with over a decade of experience in mental health, program management, and trauma-informed care in both nonprofit and government settings. She previously was the health and wellness senior program manager at the IRC Dallas office, where she also served as interim deputy director. Jasmine holds a BA in Sociology and Criminology and a Master of Professional Counseling.

We'd just like to take the time to thank you all so much for joining us today for this workshop. Before we begin, I just really would like to acknowledge that we are navigating some deeply complex times, from funding challenges to the broader uncertainties around resettlement in the United States. These are layered issues that impact many of us in different ways, and we're all trying to make sense of what this means for our communities and futures. That's exactly why spaces and webinars like this matter. Your presence here shows commitment to understanding and finding a way forward together. Switchboard thanks you for showing up and asking that when you dive in today, you dive in with clarity and compassion that this moment we're at.

By the end of today's event, you will be able to describe how sustained empathy and commitment to clients can impact emotional well-being, identify signs of compassion fatigue and moral distress in yourself and others, apply core trauma-informed strategies for setting and maintaining healthy professional boundaries, and implement self-care techniques and peer support approaches in your day-to-day work to reduce isolation and support well-being.

1. Describe how sustained empathy and commitment to clients can impact emotional well-being

JCT: Our first learning objective, describing how sustained empathy and commitment to clients can impact emotional well-being. We're going to start off today with a Slido. If you're not familiar with Slido, you can join from two ways. You can either use your mobile device and scan the QR code on your screen, or you can use your web browser to join at slido.com and typing in the number there, also 5199850. Just starting off with a very quick question, I really want you to take a moment and think back to last week, or maybe even it was yesterday for you, where you had a full day of seeing clients back-to-back.

How did you feel at the end of the day? If you're a supervisor who doesn't see clients, how did you feel after supporting your staff that serves clients? We have a multitude of responses coming in. Exhausted, drained, tired, seems to be some of the biggest consensus right now. Overwhelmed, frazzled. I appreciate that somebody felt accomplished. That was good. I also see accomplished/tired. Even when we're praising ourselves for the accomplishments that we have achieved, it still comes at a cost, with the fatigue. Stressed, incoherent. Productive is good. Heartbroken. Yes. There's so much uncertainty right now.

Our clients are going through so many different challenges that it's very difficult to be emotionally unattached or detached from the situations that they're going through. Hungry, I could imagine that. The emotional toll affects us physically as well because we need that strength, mental strength, as well as physical strength. Uncertain. All right. Thank you all for your responses. I hope that you will continue to be engaged throughout this conversation. Those responses were just designed to really open us up and get our conversation going. I'm going to turn it over now to my co-presenter, Jasmine, to lead us through what is sustained empathy.

Jasmine Griffin (JG): Thanks so much, Jenna. Thank you, everyone, for participating in that first Slido. We will be using it throughout this webinar, so please keep that open. Let's talk about sustained empathy, which is when we consistently put ourselves in our client's shoes. We're listening deeply, which also means remaining aware and staying in tune with the client's emotional state in different interactions and client case manager contexts. We're also caring about their challenges and wanting to help. We do this over long periods of time. It's how we build trust and connection.

However, when we do this continuously, without enough recovery time or support, it can begin to affect our own emotional well-being, as many of you identified in that Slido. In other words, sustained empathy is built through how we show up for our clients again and again, by listening, by validating their feelings, and working hard to meet their needs. This is a strength. The ongoing connection with our clients also means that their struggles can weigh heavily on us over time. Sustained empathy is actually evidence of commitment and care for our clients.

We're going to look at a case scenario to ground us more in what this means. Let's meet Ralphe. Ralphe is a 53-year-old Syrian father of 7 who recently resettled in the United States. He speaks Arabic fluently, but has very limited English, which makes daily communication difficult. He wants to work and provide for his family, but faces several barriers, such as chronic back pain that limits the type of jobs he can take, limited formal education and work skills, few available jobs that pay enough to support his large family, no car, which restricts access to employment appointments and community resources.

JG: Despite all these challenges, Ralphe remains motivated and draws strengths from his family's ties. Several of his older children resettled nearby and offer some support, but still, he often feels overwhelmed by the gap between his hopes and the realities of resettlement. When we hear a story like Ralphe's, most of us are likely starting to immediately scan for solutions. That instinct is human, and it's also where emotional overload can begin if we feel responsible for closing those gaps for

Ralphel. We're going to go back to Slido, and I want to hear from you what emotions might you experience as a provider when working with Ralphel.

Shame, desperation, empathy, helplessness, anxiety, determined, care, sadness, compassion. So really great responses. Sympathy, guilt, worthless, feelings of uncertainty, gratitude. I love the mix of responses. There's no right or wrong emotion to feel here. The goal here is to notice what your response is when you hear this story or come across this client. Responsibility, wanting to help. Awesome. We have one more Slido question, so if you can keep that open. We'll go ahead and move on to the next one. Think about a time when you worked with a client whose needs felt overwhelming.

What helped you balance compassion for the client with your own well-being? Yoga, gratitude for what I have, mindful breathing, setting clear goals, asking what's important for them, boundaries, humor. Love that. Knowing my limitations, art, supervisor support, disconnecting after work, co-worker support, trying to remain positive, supporting colleagues, reminding myself of what I can do. Yes. Acknowledging what's in our control, therapy, being honest, asking for help, family time, prayer, taking time to pause outside, setting limits, understanding. Someone put their dogs. Pets are important. [laughs] Journaling, honesty about what you can and can't do, your faith.

JG: Acknowledging the wins, whether they're big or small, working out, collaboration with your team, hope, listening. Y'all are touching on a lot that we are going to be covering throughout this webinar. Thank you so much for participating. Acknowledging that we do have a little bit over 400 people in the room, so we're trying to give everyone time to fill out those Slidos. What we've explored so far is how sustained empathy, the very thing that makes us effective in this work, can also impact us as service providers. Repeatedly hearing clients' difficult stories puts us at greater risk for strong emotional, mental, and physical reactions. This doesn't mean that we stop caring or stop showing up or showing empathy. It means we recognize the cost of caring, and we give ourselves permission to acknowledge its impact. These reactions mean that you're simply being human in a demanding role.

2. Identify signs of compassion fatigue and moral distress in yourself and others

As we move forward, the next step is learning how to recognize those signs of this impact in ourselves and in our colleagues, so we can respond before it overwhelms our ability to cope. Before we jump into this second objective, I want to acknowledge that this section is heavy on terms and definitions. It's important that we all understand these terms in order to help ourselves and to help others. We're going to identify signs of compassion fatigue and moral distress in yourself and others. What you'll see on this slide is the everyday role demands that you are probably very familiar with. These are the normal but heavy parts of the job: large caseloads, complex client needs, demanding paperwork requirements. We're commonly bearing witness to and hearing about traumatic events our clients have experienced. Then there's often that feeling of being overworked and underpaid.

All of these demands together create conditions that can contribute to burnout, vicarious trauma, and compassion fatigue. This is why we call them occupational hazards. When we think about how those hazards actually show up in us as service providers, that's the exhaustion, the cynicism, the emotional toll; we start to see them

more as occupational stress. On the next slide, we'll look at how these hazards show up in us personally as stress and trauma responses. We have five examples of how occupational stress can show up. These are trauma exposure responses that can impact resettlement staff.

JG: Any of these can stem from being exposed to trauma and toxic stress on a daily basis. First, we have burnout. Burnout looks like a loss of meaning in your work. It can look and feel overwhelmed. You can feel cynical. It can also feel like you're having an identity crisis or losing the loss of meaning in your work. We have secondary traumatic stress. These are the emotions and behaviors that are the direct result of knowing about trauma that others have experienced. Symptoms in secondary traumatic stress mirror those of post-traumatic stress that is experienced by our clients.

Then we have vicarious trauma. Vicarious trauma is the cognitive change that comes from knowing about trauma others have experienced. This may include changes in your spiritual beliefs or worldviews on issues like safety or trust. Then we have post-traumatic stress disorder. This is the result of a life-threatening or traumatic event. The emotional response that you'll see here is fear, anxiety, hyper-vigilance, and flashbacks. Sometimes you'll even see nightmares. Finally, we have compassion fatigue, which is what we are zooming more into today. It's the combination of burnout and secondary traumatic stress and is cumulative in nature.

This matters because compassion fatigue can look like burnout, but it's rooted in the cost of caring. If it's left unaddressed, it not only harms staff well-being but it can also affect how clients experience our services. Compassion fatigue is the emotional and physical exhaustion that comes from caring deeply for others who are suffering, especially with their struggles. They might feel endless or overwhelming. It's not just about being tired. It's the result of repeated exposure of client trauma and the emotional labor of always showing empathy. It builds up over time, especially when staff don't have the space to recover.

JG: When someone experiences compassion fatigue, they can feel emotionally numb or detached from clients. This may sound like, "I just don't have it in me today," or look like someone calling in sick or avoiding a certain client. This person may feel guilty, as many of you mentioned in the Slido, for not being able to do enough due to maybe certain limitations or restrictions of their role, or even programmatic changes or policy changes. This can also look like someone overextending themselves to rescue clients, similar to how some of us may have felt during Ralphel's scenario.

Here, it's important to normalize compassion fatigue, especially in case management, because it's a signal. It's not a weakness. It tells us that boundaries, rest, and support are needed. Alongside compassion fatigue, many staff may also experience moral distress. Let's define that briefly. Moral distress occurs when a person knows the ethically appropriate action to take, but is prevented from doing so due to policies, limited resources, or authority constraints. It is different from moral injury because it's about being constrained, not about violating ones deeply held values. People who are experiencing moral distress may feel frustration, guilt, anger, or a sense of powerlessness.

While it's often situational and short-term, repeated experiences can contribute to cumulative stress over time. In the work that we do, some common examples include being unable to provide urgent housing due to agency rules, limited funding preventing full client support, or feeling forced to prioritize one client over another in critical situations. If left unaddressed, moral distress can contribute to burnout, and you'll notice decreased empathy. You may notice even higher staff turnover. We'll go over some strategies to manage moral distress a little bit later, but they typically include seeking support from your supervisors and peers.

JG: Now that we understand that definition, let's pull up Slido. What signs within yourself do you notice when you're experiencing moral distress? What do you notice in yourself? Disengagement, rage, guilt, numbness, fatigue, not being able to sleep, exhaustion, not wanting to go to work. I appreciate the honesty here. Depressed, anxious, weepiness, shortness, heaviness, doubt, irritation, checked out, overthinking. Someone said that they need more food. Very numb, not able to sleep, always tired, easily emotional. Doing the job on autopilot, working longer hours, and having no boundaries, feeling like you're bad at the job, feeling scattered.

Yes. Reactive, hopeless, tied down, and some of y'all are mentioning not taking care of yourself. We will go over that a little bit later. Hygiene. It's a big one. No compassion. Awesome. Now that we have heard from you all on moral distress, I want to differentiate this from guilt since they can feel similar to moral distress, but they're not the same. Guilt often comes from the feeling like it's a personal responsibility. That sounds like "I made a mistake. I should not have left that job. Am I abandoning my client if I'm taking care of myself, or my staff need me?"

Moral distress, on the other hand, comes from systemic responsibility, which can sound like, "I know the right thing to do, but I'm not allowed or able to do it because of a change in the program guidelines or terms of a policy." Clarifying this difference helps us avoid blaming ourselves for systemic barriers. These both can definitely overlap, but it's important to understand that they're not the same. Now let's bring all of these concepts to life with a case scenario and a Slido. I'm going to hand it back over to you, Jenna.

JCT: Thank you, Jasmine. In this case scenario, we will explore Amina's story. As you listen to Amina's situation, I would like for you to notice what comes up for you in your thoughts and your emotions, especially if you are aware of the ways that systems and programs can limit what you can offer, even when you have a client who is motivated. Amina is an 18-year-old from Afghanistan who recently relocated to the area with her sister and brother-in-law. She speaks Dari fluently and has intermediate English skills, which helps with basic communication, but language still remains a barrier in more complex settings.

Amina wants to finish high school and eventually find a job, but she faces significant challenges. For one, she lives in crowded housing in a one-bedroom apartment with limited financial resources. She does not have access to the same level of agency support she previously received when she was resettled in another state before joining her sister and brother-in-law. She has a fear of using public transportation, which restricts her independence and access to school and work. She struggles with confidence and motivation to attend school consistently.

However, despite these obstacles, Amina is young, resilient, and supported by her sister, which gives her a strong foundation to build toward independence. Now, given Amina's motivation but her limited resources, we'd like for you to use the Slido to tell us what emotions might staff experience when trying to support her. She has so many challenges, so many barriers, but she wants it. She really wants to accomplish something and achieve something. What is it that you might be feeling while you're working with her, given those circumstances?

JCT: Hope. Hope, yes. Hope is a wonderful, wonderful, wonderful feeling to have, just knowing that something is going to happen, something might break through for her. Yes, that frustration is still there because you know that she's capable, you know that she can do it, just granted the opportunities align with her motivation. Mixed emotions, pride in her, compassion. Wanting to encourage her. Anger at the system. So many barriers that are in place, and we just don't understand sometimes why it has to be so difficult for people. Disappointment.

Mutual motivation because she has the motivation to succeed, and you have the motivation to help her, be her support, and her guide as she goes through the process. Pressure and determination. A responsibility to help fix the issues. That's a very big one because sometimes we really take on that heavy burden, that heavy load, that as a caseworker, as somebody in our position, we have the ability or should have the ability to fix these issues, and that's not always the case. Uncertainty. Optimism. Wonderful. Thank you all so much for sharing. I'd like for you to keep the Slido open. We have another one back-to-back for you.

Take a moment now and think about what strategies might help you manage your own expectations as you seek to empower Amina. A majority of the work that we do is that we're setting our own expectations or our own beliefs of what we think should happen or how things should be, and that's not always the scenario. That's not the case. Stay realistic. Realistic. I'm seeing that come up. Focus on what I can control. That is a big one. Acknowledging my own limitations to exist. Understanding our scope. You are so right. I actually was speaking with a colleague just yesterday who reminded me that the more that we operate outside of our scope, the faster we are to burn out.

Offer hope. Get hope from coworkers. Right. They might have resources or connections that we don't have. Focus on the goals and the realistic outcomes. Motivational interviewing. Yes, we actually have a lot of materials on that. I would switch for it. If you haven't had a chance to view it, please do. Prioritize. Sometimes the big picture is what we can see, but it's breaking it down into smaller steps that we've prioritized that helps us achieve the big goal. Utilize your network. Mutual expectation management. That's correct because our clients come into our office with certain expectations. Do they match what we're thinking?

JCT: Safety first, yes. Thinking outside the box. That is so correct. Sometimes the best interventions are those that are really creative, and they're not the standard. They don't fit the mold. Encouragements and communication. Wonderful. Thank you all so much for participating in that Slido with Amina. I am going to turn it back over now to-- Actually, no. I think I'm going to keep this one. I'm going to keep this one. This one's on me still. We're going to talk a little bit more about the signs of emotional distress. Some of the emotions that you would have mentioned in the

initial Slido can be signs of emotional distress that are common experiences in our line of work.

Emotional distress refers to the general psychological discomfort that staff may experience in response to stressors such as sadness or anxiety, or frustration, many of the things that you've mentioned on that Slido. Unlike moral distress, it's not necessarily tied to an ethical or moral conflict, but it can still arise from the different personal challenges, the workplace stress, or repeated exposure to client trauma. Emotional distress may manifest as feeling overwhelmed, being irritable, being fatigued. It can affect your focus, your decision-making, and interactions with clients.

JCT: Here on this slide, we see some very common warning signs, including somatic pain, exhaustion, sadness, fatigue, and difficulty concentrating. As you're reviewing the signs of emotional distress, it's not critical that you memorize all of these signs. The key really is learning to notice when you or a colleague or a member of your team just seems to be off or seem to be challenged, or it seems that they're not operating as their self, and connecting what you see, your observations, to what could be compassion fatigue or what could be moral distress.

I also just want to mention that all of these signs of emotional distress are also normal emotions. If you start to notice patterns or you start to see the continued signs of emotional distress over longer periods of time, it may be something that's worth calling attention to. Of course, even though we see this sometimes in our personal life, the biggest thing is that this shows up in the workplace in a variety of different ways. On this slide, we have a few examples of how these reactions can show up in your workplace. First off, we have avoidance. What does that look like?

Some people mentioned not wanting to take notes. That's avoiding the work, your responsibility, not wanting to do the documentation or see certain clients, especially clients whose stories really take an emotional toll on us. We also have intrusive thoughts or images. That could be fatigue or the difficulty sleeping that several of you mentioned on the call already, seeming like you're daydreaming or you're being dazed, just zoned out during meetings. The cynicism and the changing worldview, feeling hopeless. When is it going to change? When is it going to be more positive for my clients, for me?

JCT: When are we going to see positive shifts? What else is going to happen today that I didn't anticipate, that now I have to navigate this new challenge on top of the existing issues that I'm currently working on with my client? Your changes in mood, your appearing sad, the feelings of numbness or being worried, having that low energy, dragging into work, not wanting to participate even in social activities in the office when you once were a more social person. How has that changed?

You're overreactive to stressors. Maybe you're seeming jumpy, or you're easily startled. Your nervous system is not at rest. It's not regulated. You're always on high alert or always on guard, making more mistakes or forgetting things, or even being short-tempered with your clients or with your colleagues. It can manifest in a variety of different ways. All right. Now, passing it back over to Jasmine to carry us through trauma-informed strategies and how we can utilize that in professional boundaries.

3. Apply core trauma-informed strategies for setting and maintaining healthy professional boundaries

JG: Awesome. Thanks so much, Jenna. We'll go ahead and dive into the six principles of trauma-informed care. As many of you know, these six principles are the foundation of trauma-informed care. These principles are not just for clients. They're also a guide to how we can take care of ourselves and interact with colleagues or staff. Let's walk through them briefly and also talk through how boundaries can look for each. When we think about boundaries, I want to emphasize here that boundaries are put in place for sustainability. Think about them not as walls, but they're guardrails guiding you through your interactions with others.

First, we have safety. Clients and staff need to feel safe physically, emotionally, and professionally. Boundaries help create that safety. This can look like having secured and locked offices from the public, reminding staff, if you're a supervisor, that you're here to support them in creating a safe space and carving out the time for them to share some of their frustrations or fears. Next, we have trustworthiness and transparency, which is the consistency and honesty in how we communicate and follow through. Clear boundaries reinforce this. Then we have peer support. This is leaning on colleagues and encouragement, and shared learning.

Instead of trying to carry that weight alone, supervisors can model this by being honest about how you're also feeling and coping by saying, "I know this is hard. I'm also struggling with that change. Let's tackle this together and figure out a way forward together." You can also ask what would be helpful for you right now. Then we have collaboration and mutuality. This is recognizing that healing is built together. We work alongside our clients, not over them. This can sound like, "Client, let's take a look at your goals. Is this still something that's important to you? Where would you like to start?"

JG: Taking the pressure off you to solve and decide and putting that ownership back on the client's hands is really important here. Next is empowerment, voice, and choice. When we think about empowering our clients and ensuring they are using their voice and are part of decision-making in our work with them, we want to ensure that our boundaries are not limiting empowerment. They protect the space for clients to make choices. This can apply in the same instances if we're supervisors, in a supervisor-staff context. While staff can't always be a part of that decision-making, holding space for questions and clarity around changes can be helpful.

Then we have the cultural and historical issues. Being mindful and paying attention to the cultural context, including family roles and historical experiences, is important. I encourage you to be mindful that trauma and resilience are shaped by this context, and you should adjust your approach with each client or staff accordingly. You want to ensure that you're taking into account the considerations for culture and history across all six of these principles when working with clients and staff. Notice here how safety and trustworthiness are directly tied to boundaries. Again, boundaries set clear expectations, which can help staff feel safe, and clients know what to expect.

When we think and talk about boundaries, we're not talking about shutting people out. Boundaries are more about creating safety and trust, as we just identified on the last slide. What does the word boundaries actually mean in practice? Boundaries are limits on behavior that ensure appropriate, safe, and effective interactions. They're

an effective tool for managing burnout, vicarious trauma, and the other occupational hazards that are built into the work that we already do.

Boundaries are meant to be protective and empowering. They will help you protect your priorities, your energy, and your ability to keep showing up. They also create clarity and predictability for clients and staff, which is what we saw previously in our trauma-informed care principles. Now, with that, I'm going to go ahead and pass it back to Jenna to get us through another case scenario and some Slidos.

JCT: Thank you, Jasmine. In this particular case scenario, we meet Taye, a 50-year-old man from East Africa who speaks Oromiffa fluently but has extremely limited English. He has lived as a refugee for 25 years and reports surviving traumatic and violent experiences that still impact him today. Since resettling, he has faced ongoing challenges, including difficulty maintaining housing, often due to roommate conflicts, limited job skills and English, which make employment unstable, hesitancy to connect with new people, leaving him isolated. His adjustment has just overall been slow and very discouraging, but Taye remains determined.

He continues to meet with you, search for work, and is eager to learn English as a way toward independence. His persistence reflects resilience even as he struggles with the weight of past trauma and present barriers. Taye is calling his case manager past office hours and on weekends because he needs translation help with daily tasks, and he's constantly arguing with his roommate. I want you to think in your role, what boundary challenges could you encounter when working with a client such as Taye, who continues to have needs but shows limited progress.

I'm sure if you think about your caseload, you may have a client that has some similar circumstances, similar situations, responses. How have you navigated that? What are the boundary challenges you've experienced? Communication issues. Possible pride, that's a big one. Unrealistic expectations, yes. The no phone call on the weekends. How difficult is it? You see the phone ringing, you know that's probably a situation, and then you're thinking in your mind, "Is it an emergency, is it not?" That's a challenge that you have to navigate. Communication with time. Feeling like a crutch instead of support, yes.

JCT: At what point in time does our case management work turn from being supportive to being a hindrance to their independence? Availability, frustration, frustration. Feeling guilty for not helping, yes. That's the guilt that Jasmine would have mentioned earlier in our session today. Provide education. Empower him to be self-sufficient, right, because we don't want a risk of handicapping him, correct. Mutual frustration. Worry that there's nobody else that can help him. Professional and clear communication due to language barriers. Excellent. Crisis doesn't fall into business hours, yes.

Helping him understand his strengths. That's a very excellent point. That goes into boundaries as well, is that how do we respond, and are we responding in a way that is very strengths-based for the client? Wonderful. Thank you all for your responses. Keep your Slidos open. I have another one coming up right after. All right. Drawing on those six principles of trauma-informed care that Jasmine just mentioned, what might you say or do to keep the interaction trauma-informed? As a reminder, there

was safety, there was trustworthiness, peer support, there was collaboration and mutuality, empowerment, cultural and historical issues.

JCT: Stay on topic. Explain my role. Yes, validate, validate, validate. Building rapport, suggesting peer support, staying within the scope. Yes. What did we say about scope? Operating outside of your scope, the faster you're going to burn out, and then that's going to blur the lines of what the boundary should be. Understanding that people are traumatized from the system. Correct. Ask, listen, understand, acknowledge, but don't let your or his emotions take over. Reflect on whether my responses are about the client or myself. That's good. That self-awareness is very important and thank you for mentioning that. Revisiting the client's goals.

That helps you stay within your scope, and that helps you keep the interaction trauma-informed. We're not over-promising. We're not going outside of what we know we're supposed to do, which could lead to potential disappointment. That's helping to build safety and trust in the relationship when we can do that and honor our word. Being transparent, involving the client in goal setting. Yes, it's a collaborative effort. These are all wonderful responses. Thank you all so much for sharing. Turning it back over now to Jasmine to talk to us about the importance of boundaries and how trauma-informed care really helps to set the foundation for some good boundary-setting in our case management work.

JG: Thank you so much, Jenna. Yes. Let's talk a little bit more about the importance of boundaries. As you all know, boundaries help you build trust and establish safety with clients because they create structure and help clients know what to expect. A lot of y'all have already identified a lot of these. They also help ensure consistent and high-quality services by us not providing more services to some and not others. They reduce the risk of harm to clients. They empower our clients to do for themselves instead of having everything done for them.

They also provide legal protection to the caseworker or the frontline staff member. They can also prevent staff burnout by keeping you from overextending yourself. Here we see that boundaries protect our compassion. Let's go on to see how setting boundaries with clients and what this can look like. When we establish healthy boundaries with our clients, they feel safer, and we have more consistency, and this can be viewed as a form of kindness.

We want to ensure that we are limiting what and how we share our time and personal details with clients. Then we want to make sure that we limit our physical contact and keep it to a minimum. We also want to stay within our scope, as many of you already identified of your role, and ensure that you're making referrals when it is outside of your scope.

We want to also treat all clients equally and consistently enforce agency and program rules. We don't want to borrow or lend money to or from our clients and set rules around gifts if you don't already have this in place. Many of us who are licensed, this is in our bylaws for our licensure. Lastly, you also want to seek support from supervisors when needed.

JG: What does this sound like? Let's talk about setting boundaries with clarity and respect and some guidelines around what a script can look like for this. It can be hard, and it can feel like we're being pushy or harsh when we say no to a client. Here are some guidelines for setting boundaries in a firm but kind way. You want to validate that concern or emotion behind the client's request.

You want to set the limit. You want to also provide an explanation for that limit. Reiterate what your role is. You want to offer a referral or an alternative choice if possible. For example, this can sound like, "I'm hearing that finding a new apartment is really important to you and your family. Unfortunately, I'm not able to help with that. I would be happy to refer you to someone else who may be able to help."

This can also sound like, "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 public benefits, for example, and I'm happy to refer you over to an agency that can support you with your employment." Another quick tip here is telling clients, as I mentioned on the previous slide, that something is an agency rule.

That can be really helpful because it lets the client know that this is not something that's personal and targeted at them, but this applies to everyone and every client that walks through the door. We have another case scenario, and I want you all to meet Carrie. As you walk through your agency's lobby to meet a client, you're stopped by Carrie, a client known for frequently visiting the office, yelling at staff, and consistently refusing referral services. Carrie tells you she has been trying to reach her coworker, Ahmed, for the past week and demands to speak with him immediately.

JG: When you inform her that Ahmed is currently unavailable, she becomes upset. She raises her voice and says, "Then you need to help me now because Ahmed doesn't do his job." Let's stop for a moment and ground ourselves in this moment. When Carrie stops you in the lobby, frustrated, yelling, demanding to see Ahmed, what's the very first thing that you would do?

I don't want you to think about the whole plan here, just the first step or thought that comes to you, and I want you to put that in Slido on the next slide. Thinking about what is that first thing, taking a deep breath, reminding yourself to be calm, asking Carrie if she's okay, and active listening, so important.

Someone mentioned motivational interviewing before, so important. Remaining curious, acknowledge her frustration, taking a deep breath, finding privacy, yes. Removing Carrie from that waiting room with other clients is so important so that you're not escalating other clients and frustrating them. Responding quietly, acknowledge and name her frustration, affirm her feelings, and don't take it personal because it's not about you. Approaching her with a calm voice. Smile. I love a few of you are saying smile. Ensuring that you are calm. Acknowledging her. Lowering your voice and sitting down beside her. So important. Meeting your client where they're at, literally. Bring her to a quiet area. Stop and think. Validate. Inform your supervisor. This is where you may need supervisor support, especially if Carrie is not your client.

Acknowledging her concerns and always observe. Keep in mind of your own tone. Those paraverbals are so important. Not blocking her in. Love that. Awesome. We

have one more Slido. I want you all to connect your responses to the trauma-informed care framework we've reviewed. Which principle here feels most important as Carrie escalates and demands immediate help?

JG: We have safety, trustworthiness, and transparency, collaboration and mutuality, empowerment, voice and choice, peer support, and cultural historical sensitivity. Awesome. I'm seeing many answers come through. I want to point out that there is no right or wrong answer here. Do know that safety and trustworthiness and empowerment show up strongly in this situation like Carrie's.

As we see from all the responses that are coming in, every principle matters and can matter in these situations. It just depends on your individual approach to your work. Again, there's no right or wrong answer, but I do see safety coming in strong, which is very important. Awesome. To wrap up this section, I want to leave you all with some tips.

You want to give reminders when reinforcing and maintaining your boundaries. Use consistent messaging, provide referrals, when possible, seek support from colleagues and supervisors, and document, and follow up on any boundary crossings. Remember boundaries are about creating conditions where both you and your client or staff can thrive. With that, I'm going to hand it over to Jenna to walk us through some self-care techniques and peer support approaches.

4. Implement self-care techniques and peer support approaches in your day-to-day work to reduce isolation and support well-being

JCT: Thank you so much, Jasmine. All our attendees in this final section, we will look at self-care and peer support approaches to help us sustain those boundaries over time. Now, I hope you did not put your device away and I hope you did not close out Slido because we have another one for you.

What is one helpful resource that you have used to support your own well-being in the past? Maybe it's something that you did that you don't do anymore. Maybe it's something that you just started doing. Therapy? Okay. Therapy came in strong right out of the gate. Thank you all for that, for your honesty and your vulnerability. Exercise, meditation. Taking Sabbath. The spiritual component. Listening to music. That's always my preference. Prayer, skincare, self-care.

Hey, when we look good, we feel good. Walking, taking time off, exercise with my dogs, staying with the emotions. That's very important because sometimes we try to push the emotions a little too quickly and we have to sit with them. We have to acknowledge them before we can really release them. Tea, restfulness, prayers, staying active, movement. Watching funny videos.

Hey, laughter is medicine. Hugging my children. The Finch app. Not familiar with that one, but if others are, someone said the Finch app. Touch grass. Go touch grass, go hug a tree, enjoy nature. Hobbies. Singing out loud. I hope you sound better than I do when you sing. Cooking. Oh, the Finch app has come up again, so that might be something to look forward to. Feeling the sun, yes. Karaoke, talking about the situation, and sometimes crying it out. Crying it out might be necessary to release emotion. Being with friends and not checking work emails. Yes, it can be very difficult

but put it on Do Not Disturb or silence the notifications. Dance, white noise, grounding exercises, great. Great.

JCT: Thank you all so much for sharing the resources. Natural herbs, oh, that was a good one. Thank you for sharing the resources that you have found to be helpful in supporting youth in the past. The importance of self-care strategies is very key. When we talk about self-care, it's really more than just one-off activities. I believe somebody had submitted a question in advance of Q&A, "How often should we be engaging in self-care?" True self-care really includes daily habits.

It's intentional act. It's the intentional behaviors for our well-being. It really encompasses our body, our mind, and our spirit. First off, for the mind, it's focusing on what you can control. I know that came up several times in some of the slides earlier, talking about staying within our scope. That's how we cope with some of the challenges is, "I know I can't address everything. I know that everything is not meant to be addressed by me. What is it that I can control versus what is it that's outside of that control?"

Celebrating those small wins, those successes. Before you can get that big trophy, you got to get some of the smaller medals along the way, and celebrating every single one of those steps. Doing visualization, exercises and practicing gratitude. I believe somebody said on one of the slides that one of the emotions that they have is thankfulness. Being able to express gratitude even when there's so much uncertainty or there's so many challenges that you're trying to navigate.

JCT: For body, there were a lot of responses regarding exercise and getting some sunshine, getting those vitamins in from natural sources. Paying attention to your nutrition because you have to be physically feeling good if you want to be mentally feeling well. The two go hand in hand. You can't ignore one and expect the other to be okay. Practicing good sleep hygiene.

We are no good to anyone else if we are full of fatigue, if we're drained, and we don't have a restful night's sleep. Making sure that when we are trying to navigate through our busy day, one of the things that we sacrifice should not be our sleep. In our spirit, there were a lot of individuals who mentioned therapy, counseling, prayer, honoring the Sabbath. Those are some excellent, excellent ideas and self-care strategies.

Some others to go along with that with spending time with their friends and family. That also includes our pets, our dogs as well our family. Practicing mindfulness and connecting with those beliefs, the music and the time with nature. From that Slido it seems like we have some very good self-care strategies.

Some other things that we might need to take a look at are some of the areas in our lives that maybe we're neglecting and we don't mean to neglect, we might need to call a little bit more attention to. As a result of that, we do have some self-care tools and different self-assessments that we dropped in the chat for you to take a look at. For you to conduct those self-assessments in your own time, when it's quiet, when you can really thoughtfully think through some of the prompts that are in those tools.

JCT: Take a look at them and see where you may be lacking in some areas or maybe some areas just are being paid a little bit more attention to than others. See

how you can adjust and how you can build up some of those other areas that may have fallen off as you're so busy taking care and supporting everybody else in your lives.

With that, we're going to transition into a case scenario to really talk about how this looks in practice. What does this look like in real time when we're with our clients? This is a case scenario of Sami, who is a case manager who works for a refugee resettlement agency. He supports many clients that are facing severe food insecurity and struggling to make ends meet due to their low-paying jobs or unemployment. Recently, Sami's agency was forced to reduce staff due to budget cuts. In addition, now to feeling overwhelmed by the number of clients he is responsible for, many of his clients' needs are urgent and critical.

Because Sami feels like he is the only one left to help these clients, he often keeps his phone on after hours in case clients have emergencies. He finds himself assisting clients with things beyond his job description, and he works outside of his normal business hours. Even though he doesn't want to let his clients down, he's starting to feel exhausted and resentful. He also recently snapped at a client who called him on a Sunday and immediately felt regret after his outbursts.

JCT: Now, have you ever been in a situation? Have you been Sami or do you know a colleague who has been like Sami? What is the way that you might have been able to have support him? What is it that could be said? What is it that could be done? If you're the supervisor, how could you support him from a supervisory role? What might be a way that you might be able to support Sami as he's dealing with some boundary challenges and self-care challenges?

Time management. Yes, workload, checking regularly with him. Offer to help with some of his clients, yes. Making sure you turn off the phone after work hours. Suggest a mental health day. Start with clarity, reflecting on seeing. Setting boundaries, limiting the work hours, reminding him of the boundaries, and shutting the phone off. I'm seeing that a lot. Shutting the phone off. Taking your PTO. It's there.

The PTO is there to be used. No one says that you have to be doing something to take PTO. You might just take it just because you need the rest. Check in, making sure that he's taking breaks, no phone after hours. Be present. Sometimes that's all it is. Sometimes it's just being present, giving that opportunity to really debrief and decompress. Validate, go to the beach. Very much in favor of that response. Thank you for sharing that. Sharing the caseload.

Offer to meet up for a meal, yes. Taking small breaks. Offer a small self-care kit. That's very gracious. Sharing the caseload. I'm seeing a lot of helping with the boundary enforcement, turning off that phone, time management, honoring working hours, being a supervisor and really assisting, and taking little mini breaks, as well as utilizing PTO. That seems to be the consensus. Oh, show the client how to call 911 or another referral source in the event of an emergency. Yes.

JCT: Asking if he's okay. A simple question. That is great. Thank you all so much for your responses to that question. Now, when you felt like Sami and you have been overextended and you have been exhausted, what would that look like? Oh. What

made the difference for you? Asking for help? Talking about it? Taking a day off? Venting peer support. Talking with your colleagues. Not communicating my lack of self-care as another failure, yes. Framing how it looks.

Talking with your supervisor, taking time off. Setting auto replies. Taking a break. Thank you all for sharing with that about what has made a difference for you. I hope that you found something that you can use with your colleagues or something that you can continue to use with yourself. With that, since a lot of people are mentioning talking with someone in peer support, that is the perfect tee-up to pass it back over to Jasmine to talk about what does peer support actually look like in your supervision?

JG: Awesome. Thank you, Jenna. Thank you, everyone, for participating in Slido. I know we are asking you all to participate a lot today. Peer support is about recognizing the value of shared experiences and fostering a sense of connection among individuals with lived experience. When staff feel connected to one another, they are more resilient in the face of stress. Supervisors play a major role in shaping connection and can do a lot to enhance peer support on their teams.

Supervisors can encourage collaboration and connection between team members to reduce isolation. This could look like mutual check-ins, debriefing with staff or colleagues after difficult meetings or conversations. This can also be done by creating space for case consultations and case conferencing during team meetings, which provides an opportunity for the staff to support each other and share ideas on cases that may not be theirs.

Another important piece is modeling. When supervisors model vulnerability and talk openly about self-care practices, it signals that seeking support is a strength. I encourage you to carve out space to check in and on with your staff and share openly about how you or others are caring for themselves or not caring for themselves. By spending time in supportive supervision, it shows staff that you care about their well-being and you're creating a safe space for the staff to process difficult cases or moments in their work.

I personally think that supervisors have a huge influence over team culture, so the way that you show up can shape whether a team feels connected or disconnected to the mission. Don't underestimate your influence here. I think we have a couple more bullets popping up. Awesome.

JG: Last Slido of the day. No, I lied. It's not the last Slido. We have this one and one more. If you're unsure about what your agency offers, I want you to know that that's okay. But thinking about your current agency or program, what staff support, programs, or resources does your agency or program currently offer? Free therapy. That is amazing. A lot of us have EAP, yes. Please take advantage of that.

With EAP, many people don't know that you can use that for a different issue or topic that comes up, and so that resets your sessions. Just in case you didn't know that, wanted to put a plug there. Using those mental health sick days, admin days, using sick time. Jenna talked a lot about that. You don't have to have something to do to take off time from work.

Going on a retreat, attending trainings, using the Calm app. I'm a big fan of that one. One-on-one meetings and group meetings to share cases. Very supportive leadership. Shout out to that agency or program. Encouraging your staff to use their PTO reflection days. Yes, we have days like that here at the IRC. Yoga, modeling, humanness from top down. Love that response. Team lunches, group sessions, Wellness Wednesday. Sounds amazing. CEO is asking that you all take your mental health days, so please use your PTO. I'm hearing that loud and clear.

JG: Let's see. Walk during working hours. I know a lot of people who do use their lunch breaks to take walks. That's amazing. Having a coffee group or a wellness chat. Team potlucks. Awesome. Awesome, and team outings. That's good. Having an open-door policy as a supervisor. It's really important. Amazing. Some additional options for support that we'll see on this next slide, and getting support from others, all of these ways are a way of taking care of yourself. Everything that you all mentioned on that previous Slido.

These are just additional ways. A lot of you already said all of this. Supervision, EAP, mentorship programs are something that I've seen in different workplaces. Taking that paid time off. Wellness initiatives, which I saw many of you mention in the Slido. Having flexibility around work schedules. As a supervisor, if you're noticing one of your staff is working late or having a late client meeting, giving them the option to flex their time that next day to carve off some time for extra rest or carving off some time on that Friday. Communities of Practice. This is something that we offer at Switchboard. We'll drop that link in the chat for you all. We would love to see you all in our Communities of Practice. We offer a variety of different topics. As many of you mentioned, personal therapy. Jenna and I both are therapists, so we will always advocate for that. This self-care isn't just about isolation and doing this by yourself. It's a team and an organizational effort. Someone mentioned from the top down in modeling that it's so important.

You want to think outside the box. On our next slide, we'll see some other options or other things that we can think about when it comes to what more you can be doing in your agency if you're a supervisor. Things that I've seen are utilizing MSW students who are looking to fulfill their hours for their internship. You can use them for case aids, for caseworkers, and doing some of that paperwork or follow-ups, and taking some of that burden off your caseworkers.

JG: Again, I mentioned flexing hours, virtual wellness sessions, and providing opportunities throughout the workday for a mental break. Reminding staff, "Let's take a mental break." Not scheduling clients back-to-back but having some time in between those sessions to reset. Also, as a supervisor, not having your one-on-ones back-to-back. Having time for yourself in between those one-on-one meetings to reset as well. Think outside of the box and think outside of your agency.

Now we are finally at the last slide for the day. Thank you all for hanging in there. Whether you're a supervisor or a frontline staff, we would like to know what is one peer support technique you plan to implement in your day-to-day work following this training? Eat lunch out of the office. Removing yourself from that computer screen, yes. Taking your breaks. Mindfulness, actively listening, setting boundaries and being clear about those. Talking to your coworkers.

Again, someone says start taking your lunch breaks again. We work through our lunches, so often I'm guilty of that myself. Stepping away from your office or your computer screen is so important. Attending happy hours. Encouraging supervisors to take mental health breaks. Go for a walk. A lot of us are not taking our lunch breaks, so let's start doing that. Flexing time. Going to my peers and asking how they are. Checking in with coworkers. Being present. Making yourself pause. Stop eating at my desk. Not skipping breaks. It's coming up so much. It sounds like a lot of us are just working through our breaks and our lunches.

JG: Being intentional about utilizing that time and stepping away for ourselves is so important because we can't care for everyone else if we're not caring for ourselves. Drink water. Get some sunshine. Take time for gratitude. Breathing exercises. I'm a big fan of 4-7-8 Breathing, if you don't know what that is, YouTube University can help you with that. Making a really nice Sunday evening self-care routine before the work week. Love that. Deep breathing. Praying. Getting your staff some small gifts.

That's so amazing. I had a supervisor once that used to give us cards every three months just to share her gratitude for us. Awesome. Getting some sleep. Exercising. Thank you all so much for hanging in there today. A lot of terms and ideas were given. Lots of slides. Thank you. Thank you. Thank you for hanging in there. Some key takeaways that we hope that you're leaving this training with are that sustained empathy is powerful and it carries risk to our emotional health if we don't pace ourselves.

Compassion fatigue and moral distress are normal occupational hazards, not personal feelings. Boundaries are trauma-informed tools that protect staff and clients. Self-care and peer support reduce isolation and help sustain us in this challenging work. As everyone prepares to jump back into your long list of to-dos, pause and ask yourself, "What is one boundary or self-care practice that I'm going to commit to trying this week?" The goal is to build enough support around you so that the stress does not consume you. Now I know we're getting ready to head into our Q&A.

JCT: I see we did have a question that came through in the Q&A that has not been answered yet. It says, "How can supervisors prioritize their own self-care when we are supporting our staff through the same moral and emotional distress that we're also feeling?" That is a very, very big question. I don't think there's one right answer, but I can tell you what has worked for me. Then I'll gladly pivot over to you, Jasmine, as you also have supervisory experience as well and can share.

I think one of the first things for me is creating a supervisor support system. I think one of the first things for me is creating a supervisor support system outside of even just your team. I am very fortunate in my role to have a wonderful supervisor who I can also go to, who helps me to process certain things. Sometimes it's also helpful outside of your team to get another fresh perspective, fresh set of eyes from individuals who are further removed from some of the challenges that maybe your team or your department currently is experiencing. Please don't ever underestimate the importance of having that supervisor network.

It's great to have individuals who you can understand and really relate to because, yes, your team is going through different challenges. You're experiencing those

challenges, and you also have the added challenge of supporting them through it all too. One of the things that sometimes we tend to forget, even within ourselves, is that we're also a part of the system that's being impacted.

JCT: You're sometimes seen as this entity because you have maybe decision-making authority, you have some added responsibilities. Like you said, you're experiencing some of those same challenges, those systemic challenges, and you don't always have the answer. Being able to recognize that and name that and share that with others is going to be very important.

It also helps to remove some of that added pressure when you can recognize exactly what the scope of your role is. Because a lot of times your hands are tied as well in certain situations and different challenges. It's important for you to remember that as well. There's also an idea that a colleague once told me about called collective caring as opposed to solo care. That means that sometimes you have a listening session or you process together as one instead of taking on the burden to process.

To manage your own feelings privately or by yourself without the support of your colleagues and others who really have that understanding of some of the different challenges. In the same way that we're all experiencing some type of distress due to the different things that are beyond our control, the healing or the restoration or the resilience building is also in that same community. If you allow yourself that opportunity to share those moments with your team and other members of your department or outside of the department. Jasmine, is there anything you'd like to add to that?

The only thing that I would add to what you said, Jenna, is as a supervisor, reminding ourselves the same way we're giving our staff those reminders and permission to use time off and take a break and all of that, give yourself that same permission. Sometimes we need our own reminders, but if no one else is going to tell you, I'm telling you now, give yourself permission to step away. After everything Jenna just mentioned and just going into those meetings and being in those spaces where decisions are being made and your opinion may or may not matter, it's important that you pause and just step away and take care of yourself. Even if it's just for a moment, you can't take a whole day. I would encourage you, as everyone almost identified in the Slido is to use your PTO. Use your PTO. It's okay to take a break. It's okay to step away. When you make that decision to step away from work, keep your phone, your work phone off and keep that laptop closed. Don't log in and truly unplug. That's the only thing I would add to that. We have a question about our CoPs. Jenna, how were they created and who facilitates those?

JCT: That's a very good question. I do not know how they were created, but I can tell you how they have transformed and really been established. Our Communities of Practice is not something as unique to Switchboard. You actually can find them from other providers as well. However, Switchboard has taken a look at what are the most pressing topics from the network.

A lot of what we do and what we offer is informed by a needs assessment from refugee service providers, newcomer service providers all throughout the nation. In noticing or identifying the core topic areas that are of supreme interest, then we develop these peer learning spaces, peer community spaces. For example, some of

the CoP offerings that we have, actually mental health and wellness like psychosocial support, actually run by Jasmine.

She can add a little bit more of that. I actually also see a question here related to schools and education. We actually have an education CoP that is combined with our child and family services. We also have client-centered services. We have a financial CoP, housing CoP. We have so many different CoPs based off of the topic areas that are the most pressing. Within those CoPs, we have the attendees that present on various topics that concern the network or those that they are serving.

It's on a monthly basis, taking turns with being able to share out and share resources. Really, it's a space to come together and talk about the challenges that you're experiencing, coming up with solutions to those challenges, as well as an opportunity to share successes and seeing if other successes can be applied in other areas as well. It's a wonderful place and point of connection, a place and point of learning, peer learning, and being able to network beyond your immediate area.

JG: I'm not seeing any other questions, but I did want to point out, Jenna, the resource that we dropped in the slide during your self-care section, the proqol.org website that was dropped earlier. I just want to remind everyone of that tool and resource. It does offer handouts and different tools in various languages, which is why it is a recommendation for you to use for yourself. You can do a self-assessment, and also this could be used for staff if you're a supervisor. I just wanted to point that out again, that it is a free tool and has lots of resources that you can use on all the topics that we discussed here today because we did receive a lot of questions about that in the registration.

JG: Thank you, Jasmine.

JCT: You're welcome.

JG: Just to address really quickly the question that we had regarding any advice specifically for people working in school settings, I'd encourage that individual, please reach out to us privately. We do have a host of resources that are related to working with newcomers in school settings, all of which we can't address here due to the sake of time. We do have some resources and some aids that can definitely help you and your fellow educators.

Moderator (M): Thanks, Jenna and Jasmine. I know we don't have a ton of time left, but I'm wondering if you could speak to how you have either maintained hope during challenging times and shed some light on that as it came in as a question beforehand.

JG: That's a really great question. I think the answer may look different for everybody because how I maintain hope may not be the same way that Jenna maintains hope. One thing I do is ensure that I'm taking care of myself. For me, that means I'm taking care of myself. For me that means really leaning into my morning routine, which includes meditation, sometimes working out, and really, truly turning off work when I'm off, and not logging back in, and just being respectful of my own time. Jenna, I'll pass it over to you since we're a little bit low on time.

JCT: Thanks, Jasmine. One of the ways that I maintain hope is I think about the future as much as I can, and I think about the future that I envision for myself and for my clients, and I align my behaviors with one that is conducive to that future. If I want my clients to be as supported as possible once they are out of services, then I try to be that support and model that support for them in the best way that I can.

Is it always effective? Maybe not, but it keeps me going to know that I'm doing my small part to help make their future as bright and as successful as I possibly can. That's how I keep the hope alive within myself, and also knowing that throughout all the chaos around us, sometimes things really have to be changed and disrupted in order for it to be better in the long run. It's more of a mindset shift that keeps my hope going.

M: That's lovely. Thank you so much for answering that, Jenna. We're going to go ahead and go re-go over our learning objectives. We hope that you are now able to describe how sustained empathy and commitment to clients can impact emotional well-being, identify signs of compassion fatigue and moral distress in yourself and others, apply core trauma information. Inform strategies for setting and maintaining healthy professional boundaries and implement self-care techniques and peer support approaches in your day-to-day work to reduce isolation and support well-being.

We have a list of recommended resources that you all will receive in the follow-up email that you should receive within 48 hours. Please be on the lookout for that in your email inboxes. If you could take 60 seconds before you start jumping off, please scan this QR code or click the link in the chat. We have four questions for you. This helps us improve our future training and technical assistance. If you can please take a moment to complete our survey, we would love to hear from you on today's training.

With that, Switchboard wants to thank you for learning with us today. Please stay connected with us. Scan that QR code to see all of our links. We are on LinkedIn, YouTube, and you can visit us at our website. We also have TA requests for people who want more personalized training opportunities or resources. Please reach out to us. We are here for you. With that, I hope that you all take care of yourselves. We'll see you again soon.

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