Navigating Difficult Conversations

April, 1st, 2026

Jasmine Griffin: Good afternoon and welcome, everyone. We had over 800 people register for today's webinar on navigating difficult conversations. We are so happy that you are here. My name is Jasmine Griffin, and I'm 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. I previously was the health wellness senior program manager at IRC Dallas, where I also served as interim deputy director. I hold a bachelor's in sociology and criminology and a master in professional counseling.

I am joined today with Maya Wahrman, who is a licensed social worker with a decade of experience in refugee resettlement and immigrant services, including direct case management, school and family services, mental health counseling, program management, public health, and state government administration. Maya holds a master of social work from Rutgers University and a bachelor of arts from Princeton University.

Before we begin, we are thrilled to announce that by attending today's event, you can earn 1.5 ASWB continuing education credits for free which you can maintain and use for your existing licensure. Please stay tuned until the end of this event for very detailed instructions on how to complete the quick assessment and surveys to get your free CEUs.

By the end of the session today, we hope that you are 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 conversations for both clients and providers, apply a trauma-informed and compassionate approach to current client and service provision challenges. This is an interactive training, so you will have the opportunity to answer some Slido questions throughout and work through some case scenarios with us today. With that, I'm going to hand it over to Maya to get us started with our first learning objective.

1. Recognizing Clients and Staff Challenges

Maya Wahrman: Thank you so much, Jasmine, for starting us off here. Great to have so many of you join us today. We're going to start by recognizing and addressing what some client and staff challenges that we're seeing are. It's really important that we give space to recognize this and also know what we're working with when we jump into the questions of difficult conversations. We know there are a lot of challenges in the resettlement world, and we won't be able to cover all of these challenges in our 90 minutes here, but I'm hoping we can get some things brainstormed and start thinking about some strategies in this training.

On the next slide, you're going to join our Slido. The way you can do that is there's

going to be a QR code that pops up here. Yes, you can scan that with your phone, or you can go to slido.com and type in 5558 767. We'd like for you to share one or two words that describe the biggest challenges in resettlement work today. Whatever you're facing, this will come up as a word cloud.

If you want to make someone's bigger, then just type in the same word, and that'll get bigger in the word cloud. It'll emphasize that answer. I'm seeing housing on here as a very big-- We're going to talk a lot about housing and employment, which I see are two of the biggest terms here. I'm really glad that those resonate. There's so many things happening here that this is really important to make some space quickly.

I'm seeing everything from language barriers, client safety, water quality, hopelessness, things about mental health, immigration status, policy changes, uncertainty, how to maintain hope, political climate, funding insecurity, red tape, moral distress. These are absolutely really important and difficult things that we're all facing. I faced them my time in the field. I know Jasmine did as well. I know that all of you are facing each and every day.

Burnout. We're going to touch on burnout. Health care, absolutely. Survival guilt from clients or maybe staff who have survived really difficult things. Depressed clients, finding a job, navigating discrimination and fear. I'm really seeing quite a few things pop out here, including employment and housing, which I'm going to talk about a little bit, as well as mental health.

How are we dealing with folks' trauma and what they've been through? What policy changes look like? We're going to touch on a lot of these. We won't have time to dive into all of them, but I really appreciate all of your information. We can just get some shared language in the room. For the sake of time, I'm going to move on. There will be other Slido opportunities. I really appreciate your participation.

Some factors that affect staff, we've talked about a lot of them in this Slido. I just want to mention a few that can really make difficult conversations with clients even more difficult. One is that we know there are large caseloads. This could be the number of people you're serving or how complicated those cases are. This really complicates case management. It strains client interactions.

In a perfect world, you could sit down, have a really long, difficult conversation with someone, take time to decompress, figure it out, but in reality, you're having to do that with a lot of clients or you have different appointments. You have compliance things you have to get to. We're not only serving one complex case; we have a large caseload. We have a lot of responsibilities. That definitely affects us in this realm.

This can lead to burnout, loss of meaning in work, and compassion fatigue. Burnout being when we just can't do it anymore, when we start feeling overwhelmed or cynical. Compassion fatigue is accumulative in nature. It happens over time. It's a combination of burnout and trauma exposure. I'll talk a little bit more about trauma exposure in a moment. It's really the question, does my caring matter? Can I keep caring? I show up to work, and I care, and it doesn't seem to matter. In the face of such trauma and hardship, can I keep caring? Does the fact that I'm here and that I care matter to my clients and to the world?

Compassion satisfaction is something else we talk about here at Switchboard. Does it feel like my caring is making a difference? The fact that I show up here and care, that matters to my clients. I know all of you have experienced this. I definitely experienced it having worked through Operation Allies Welcome in 2021, and then the response to the war in Ukraine and so many folks who have come and undergone so much loss and trauma. Does it matter that I keep showing up and that I care?

We also, as staff, we have a high risk of trauma exposure from working with clients who have had trauma exposure. We'll talk a little bit more about trauma, but I want to define two terms here first that affect staff, particularly. One is secondary traumatic stress, which 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. It can lead to symptoms that look a lot like posttraumatic stress disorder, like PTSD, such as feeling on edge, having trouble sleeping, or feeling helpless.

Vicarious trauma is a deeper and more gradual change in how you think about the world, yourself, or others. It can affect your sense of safety, trust, or meaning, and even your spiritual beliefs or your world outlook. It builds over time as a result of repeatedly hearing or witnessing others' trauma.

These are big factors of affecting all of us. Things affecting clients, I saw this balloon up in the word cloud almost immediately, are economic and housing challenges. These weren't the only challenges you mentioned, but I want to focus on them here for a second because no matter what's going on in the political climate or the seasonal issues, you talked about different housing things, et cetera, economic and housing challenges are two of the most ever-present and persistent challenges our clients face.

It really can be difficult to align what clients needs and want with what's available and what they can access. Is there a safe and affordable housing available that's close to a place of employment? Are they able to find employment quickly that will help them sustain their family, that matches their previous work experience?

Economic and housing challenges impact client safety, that physical safety and that self-sufficiency. Can I provide for my family? Also their emotional well-being. I want to take a moment here that where we work or what we work in and where we live really affect our feelings of self-worth and dignity. This is true for everyone, but especially for a lot of our clients. Some of them left very nice lives until they had to leave because of persecution. Others have never known stability, and we have everything in between. Think about what they've left behind, whether that's cultural security or good education, a good job. These changes in socioeconomic status can be very jarring.

For example, my agency served a family of special immigrant visas from Afghanistan who had fled the Taliban. The wife had this image in her mind of how the US was going to be, what life in the US was going to like. She thought truly that everyone in the US lived in a house that looked like the White House. They were given a perfectly adequate basement apartment. It was fine. It was accessible to different local services, but because it was so far from her expectations, she told us later that

her first few weeks in the US were the most depressed she had ever felt.

I tell this story because it shows how deeply where we live and where we work and our economy and housing situation affect our feelings of self-worth and therefore our mental health. She was able to overcome that and recognize that it wasn't the most trying experience of her life later, but it really emotionally impacted her. We know the job market and the housing market are two of the toughest areas of resettlement and for many Americans. Oh, I'm hearing there's some audio issues. One moment.

JG: I can hear you, Maya.

MW: All right. Please let me know if you can't. Thanks. Thanks, all. This is true for everyone. The affordable housing crisis makes it difficult to secure stable housing. It's difficult to find jobs that match folks' background. We don't have control over the housing market or over job availability. We're focusing on how we can support clients in navigating these barriers and having conversations, especially about things that are out of our control today.

I want to just mention, I know there are other topics that have come up, whether in the Slido or in the pre-submitted questions, a lot about changing policies, sensitive health topics, stigma in mental health services. All the strategies we talk about today can be used to talk about many of these different topics. We'll have some more targeted resources at the end of our slides that will also be sent out.

I'm just going to pop in the chat a few links about having conversations across cultures and mental health services, about sensitive health conversations, about housing expectations, recognizing we can't go into each and every one of these difficult conversations here, but that a lot of the strategies that Jasmine is going to get into soon are applicable.

Finally, before I hand it off to Jasmine, I want to recognize that trauma is an ever-present part of resettlement work, that clients have often had a lot of trauma exposure, have trauma responses. Staff, as I mentioned, have those secondary trauma responses. Just want to give a little bit of unifying language for us here.

There is no one single definition of trauma, and what's traumatic to one person may not be traumatic to another, but still, trauma may be, we're going to go to the next slide, deeply disturbing, frightening, or life-threatening. It could be outside of what might be considered ordinary or normal. It may result in feelings of being overwhelmed, helpless, or at someone else's mercy or control.

Most critically, I think, to our work here today, it can have short-term and/or long-term negative physical, emotional, psychological, and spiritual impact. How clients are interacting with you, how they show up to difficult topics is really affected by their trauma exposure. What may not be as upsetting a conversation to someone who hasn't had that traumatic experience might become much more distressing. Jasmine is going to talk more about trauma-informed care and why it benefits all of us and protects staff and clients, but it's just really important to recognize that presence of trauma. I'm going to pass it back to Jasmine.

2. Having Difficult Conversations with Clients

JG: Awesome, Maya. Thank you so much for that. Let's jump into our second learning objective, having difficult conversations with clients. We're going to begin with a Slido. Please get your devices back out, or if you're logged into slido.com. We want to hear from you. What is one challenge or difficult situation you've encountered recently in your client interactions? I'll give you all a few moments to get logged back in if you put those away.

Unrealistic expectations, disgusting history of sexual abuse, lack of honesty, financial conversations, temporary absence of a child, lack of legal services, having to manage client expectations. Suicidal ideation is a big one. I'm seeing legal status and legal services a lot. It's lack of resources. Navigating eligibility changes, transportation, food insecurity, cultural differences. You all are pretty much hitting on the same topics, which is really great.

Housing situations I'm seeing again, a lot of confusion and psychological obstacles. Mental health is a huge, huge barrier when it comes to our client interactions. Frustration of not finding employment, language barriers, boundaries. We're going to get into all of this today, so y'all are in the right place. All right. Thank you so much for participating in that Slido. We will come back to Slido shortly, so don't think we're done with that yet.

Let's talk about setting up the conversation. When we think about and talk about trauma-informed care, sometimes we think about the big interventions or the heavy conversations, but honestly, it often starts with the small things that help set the tone for the interaction. Before the client even arrives, take a moment to set the stage for the conversation. That might mean blocking off a few minutes on your calendar to clear your mind, especially if you know the conversation that's coming could be difficult or emotionally heavy. It's really about being present and ready for your client.

It also means doing a quick check-in of the physical space that you're going to be meeting with the client in. Making sure that room is comfortable, clean, and ready for your clients. Many of us have probably had the experience of walking into a meeting room that still has toys, leftover items, or trash from the previous meetings. That can be very frustrating as a service provider when you're trying to scramble and clean that room. Those little details matter because they communicate whether someone was expected and welcomed with care.

When the client does arrive, take a moment to help them settle in. Something as simple as offering water or tea can go a long way. You might even say something to your client like, "Hi, Emily. Thank you so much for coming in today. How was the ride over? Were you able to find the office okay? Would you like some water before we get started?" These are just small gestures that help communicate care, respect, and attention.

Another trauma-informed strategy here is setting expectations early. Let the clients know your role or remind them of your role and what you'll be discussing and roughly how long the meeting will last. This reduces uncertainty and helps people feel more prepared. For example, you might say something like, "Before we begin, I'd like to briefly explain the purpose of today's meeting and what we'll cover. I'll also give you this information in writing, so you don't have to remember everything that was said

today." This is important because when people are stressed or overwhelmed, it can be harder to process and remember information.

It's also helpful to normalize emotional reactions. Oftentimes, the information we share can impact someone's future, their family, or their sense of stability, as many of you have already let us know through Slido. Naming that can help clients feel seen and less alone in their response. You might say something like, "I know this information can feel very overwhelming. Everyone reacts differently, and all reactions are completely normal. If at any point you need to take a break or want to pause, that is absolutely okay."

Another helpful strategy is briefly mentioning next steps early in the conversation. When people know what will happen afterward, it can help reduce anxiety and make the conversations feel more manageable. When we do these things, setting the stage, checking in, explaining what to expect, we're doing more than just being polite. We're actually helping clients by reducing uncertainty, restoring a sense of control, and supporting them in processing information. The added benefit is that it also helps staff build rapport and trust that makes future interactions much easier and productive.

We're going to get into some strategies for difficult conversations. On the left side of your screen, we have what you can do in your own communication and emotions. This simply means that we start with noticing our own reactions. First, we have to remember that silence is okay. In difficult conversations, it can feel uncomfortable when there's a pause, and we may feel some sort of pressure to fill it in, but silence can actually give clients time to process, reflect, and regulate. It's okay to let those moments breathe.

Next is noticing your own reactions and body language. Before we can respond effectively, we have to be aware of what's happening within us. You might notice tension in your body, a change in your thoughts, or shifts in your behavior, like becoming less patient or more reactive. That awareness is the first step to being able to ground yourself in these moments so that you know how to respond. That moves us into staying calm and co-regulating.

Remember, you can't control the situation or the outcome, but what you can control is how you respond, what you do, and how you do it. Your presence matters here. When you are calm and grounded, it can help regulate the client as well. That's the idea of co-regulation. Our nervous systems impact each other's. There are many tools that can support this idea of co-regulation, like slowing your breathing. Personally, I want to recommend using box breathing or 4-7-8 breathing techniques to help you draw your attention inward and focused on your breath.

Something else here is widening your awareness of the space around you to help your body settle in the moment. What I mean by that in practice is widening your vision by simply looking up from your phone, looking up from your computer, and noticing all the happenings around you using your periphery vision. When we're stressed or feel threatened, the nervous system sends signals to our eyes to narrow our vision. This practice helps remind us when to widen our vision and calms our nervous system.

On the right side, we have how you can talk and address the client. First, asking reflective and open-ended questions. This helps slow the conversation down and ensures understanding. It also gives the client space to clarify and feel heard. Next, we want to keep that language simple and respectful and we want to be mindful of our paraverbals. Paraverbals are the tone, pace, and volume of your voice and words. The way something is said can completely change how it is received. Keep that in mind, especially in emotionally charged moments.

Then minimizing the potential crowd. If a conversation becomes tense, having too many people around or present can increase the stress and escalate our clients. When possible, create a more private, calm space because this can help tremendously.

In the middle, we have strategies that are always available to us before, during, and after a difficult conversation. First, you want to seek supervisor support. You're not expected to navigate every difficult situation alone. I recommend that you invite your supervisor in or step away briefly to get support when it's needed. When I was a supervisor, I would ensure to grab a chair and I would just camp out outside of my caseworker's meeting room with their clients just so that I was on standby and they didn't have to come run and find me. If you're a supervisor, I recommend figuring out what works best for you in your context.

Next, we want to think about ending or rescheduling the conversation. If emotions are too high or the conversation is no longer productive, it's okay to pause and come back later. You can say something like, "You are understandably upset, client. This discussion is no longer productive. You are welcome to come back tomorrow or we can reschedule for next week."

Lastly, make referrals. These conversations often highlight additional needs, and offering supportive services or resources can help clients feel more support beyond that moment. Normalize the use of additional supports to help you help your client. You can say to your client, "As we talked about, this information can be very difficult to process. Would it be okay if I provide you with a resource that has been helpful for other clients when they are stressed?" You want to always get that permission.

As you can see, this slide gives you multiple entry points on what you can do within yourself, how you engage with the client, and what support options are available to you. You don't have to use everything and you don't have to remember everything. Having these in your toolbox or your back pocket can help you stay grounded, thoughtful, and responsive in difficult conversations.

On this slide, I want to introduce a simple mindfulness tool called STOP, which can be really helpful in moments when you're feeling overwhelmed or when the situation is starting to escalate. Think of it like a red stop sign or a moment to pause and reset. S is for stop or slow down. This is giving yourself a moment, pausing instead of immediately reacting. T, take a breath. Everyone needs to slow down and take that breath. As I mentioned, use box breathing, use 4-7-8 breathing if you find those tools helpful. Those can help signal your body to calm down.

O is for observe. Notice what's happening in your body, your thoughts, and the environment around you. P is for proceed mindfully. Choosing how you want to

respond rather than reacting in the moment matters so much. It's a simple and really powerful tool to help you stay grounded during difficult conversations and one to remember when you're not feeling regulated. Just simply remind yourself to stop for a moment and breathe.

Having difficult conversations can go well, and it can still be best to refer the client within the agency or outside of the agency. We're going to go through some ways to use trauma-informed care and other best practices to make those referrals when needed. First, you want to get informed consent from your clients, unless it's an involuntary service such as emergency services or mental health crisis.

Two, you want to validate and normalize. Reassure the client that what they are feeling is normal and that support is available. You can say, "What you are experiencing is normal for everything that you have been through. Many people may experience feeling frustrated, overwhelmed, or having a lot of sadness, too many worries, bad memories, or too much stress because of the challenges of resettling in the United States."

Number three, you want to acknowledge the client's strengths and their courage in surviving difficulties and coming to a new country. You can say something like, "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."

Number four, explore cultural understandings and the client's view of what treatment may entail. You can say, "I want you to know that you're not alone. There are others who are going through similar situations to you and/or your family right now. I would love to hear if you have any ideas about what may be helpful for you," or you can even ask them, "What might make you feel better? What has worked for you in the past, or how have you normally handled situations like this when your emotions were high?"

Number five, offer education and resources, information about mental health and psychosocial support services available if a mental health referral is necessary. An example script that you can use is, "In our community, we have a professional health worker named Maya who can support you with these types of symptoms or difficulties. For an internal referral at our agency, we have a trusted staff person who can support you with these symptoms or difficulties," and then you can add, "In addition to the healing and connection we get in 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 really benefit you."

Also it's important to normalize mental health services. Lots of people I know have gone through similar things to what you are describing right now. They have felt better after talking to someone about these experiences in the United States. Talking to a counselor or a mental health worker does not mean that you're crazy. This person is a type of healthcare worker who will listen to you, provide guidance, and may help make things better.

Then lastly, you want to describe confidentiality. The things that are discussed with a counselor or healthcare worker are kept private when you're making those referrals,

so that means they cannot share the information with anyone else unless you give your permission.

Then you want to encourage choice and help seeking. You can say, "You can always see what you think about this service and this kind of support when you meet with them." From there, you can decide if it seems like it could be helpful right now. If it's not required for you to attend, this is always your choice. You want to be sure to answer the questions that your client comes with and hear out their concerns. Then finally, you want to circle back again and close the loop by seeking consent again. You can say, "I will take down all of your information and share it with that worker. Do I have your permission to proceed?"

Let's talk a little bit about difficult conversations with interpreters. Language is more than words. Language also embodies culture and worldview. One of the most valuable skills of an interpreter is being able to bridge between what a word or a phrase means in one language and find and convey that word or phrase in another language that accurately captures meaning.

Because interpreters bridge two or more languages, they also have greater insight into the meaning of non-verbal communication across cultures. Because of this important insight, staff should consider scheduling time with interpreters to learn about common non-verbal communication cues, as well as words and phrases that may indicate distress.

It may also be helpful for interpreters to be able to provide information in real time about perceived misunderstandings, critical non-verbal communication, and words or phrases that have important cultural meaning. 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 using the following guidance for your client. Start by explaining the role of the interpreter in the conversation. For example, you can say, "X will be providing interpretation today. They will make sure to tell you everything that I am saying, and they will tell me everything that you are saying." Then you want to reinforce confidentiality. You say, "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.

Then you want to provide a framework for successful interpretation. "Because we want to capture everything that is said, I will be pausing frequently so the interpreter can convey what I have just said to you. If you can pause after every few words or sentences as well, that will help the interpreter convey everything that is being said by you to me."

You want to provide avenues for additional critical information. You can say, "I have asked the interpreter to let me know when they feel like something is being misunderstood, or if 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 misunderstandings or concerns, but everything will still be interpreted."

With these steps, you are constantly checking for understanding. You are using simple and clear language to ensure that the client is understanding the context in what the interpreters will be providing.

Even when you're working with an interpreter, active listening and your body language still matter. The client is not just listening to the words being translated; they're also reading your presence, your tone, and your level of engagement directly with them. Active listening means giving your full attention even if you're not understanding the client's words directly.

A few key ways this shows up are paraphrasing. You're demonstrating understanding using the client's own words when possible, so reflecting back what you're hearing. Summarizing, pulling together key points to make sure that you and the client are aligned. You're expressing empathy, showing care and understanding even across language differences. We also want to pay attention to non-verbal cues, things like body language, eye contact, tone, and use of space between you and your clients.

A lot of communication is happening beyond your words and the client's words. When you're actively listening, you're more likely to notice cultural differences in how clients express emotions, concerns, or needs, which helps you then respond in a more thoughtful and supportive way. I'm now going to go and pass this back to Maya, who will walk us through how all of this ties together with setting boundaries.

MW: Thank you, Jasmine. I love talking about boundaries here at Switchboard. I'm sticking in the chat here, our most recent webinar about creating balance in case management. Some of this may seem familiar if you were there, but it's really important. It's something that we're all working on all the time in our service provision.

It's really important to take a few minutes here to talk about having difficult conversations includes setting boundaries. How are we setting our professional expectations about our role and what we're supposed to do? How do we make sure we're only having client-service provider relationships with clients, not dual relationships, so not having romantic or friend or other employment relationships with them? Boundaries also includes creating our own work-life boundaries, which again, I will refer you to the link in the chat for more on that. You can always reach out to us here at Switchboard for more information.

Why are boundaries important? Why are they important in difficult conversations? It's really helpful to create an atmosphere of respect and to make sure that everyone knows what we're supposed to be doing together in the service relationship, what clients can expect. It creates trust and safety. This is a really important part of trauma-informed care, which Jasmine is going to get into.

Boundaries are not in spite of good trauma-informed care. They are supportive of clients. They're a part of creating safety, showing clients, "This is what's happening.

This is what I can do and what I can't do." Doing that, as Jasmine said, right from the outset, so that we can set that tone and create good expectations for our service relationships.

Boundaries also help us ensure consistent and equitable services. All clients know they're being treated fairly across the board. You're accountable to them and to agency protocols. You can explain, "Hey, this is an agency boundary. It's not personal. It's not specific to you. I'm not allowed to do this for anyone, or I don't have the bandwidth to do this for anyone." That's really important. We'll talk about that a little more in the next slide.

Boundaries help empower clients. It helps elevate their strengths and say you are capable of changing, of growing, of doing things yourself. It helps them grow in their own self-efficacy. It is really supportive of clients. It also reduces harm. Our first principle within any kind of human service work is do no harm. Boundaries make sure we're not leaving a client or a situation worse than we met it. That's really important.

It also protects staff from harm, which goes into providing legal protection. There are ethical and legal restraints around sexual relationships with clients which are prohibited. I have seen happen in the field, so this is not a theoretical question. We really need to keep these strict legal boundaries to protect ourselves and protect our agencies from breaking laws or ethical violations. It gives us all a code of conduct that's enforceable and accountable.

Finally, boundaries help prevent staff burnout. That's really important. It's something that's come up already in our Q&A today. Trauma-informed work has to protect staff as well. We get to make sure this work is sustainable. We can do the same kinds of work for all of our clients and do it in the long run. That's part of ensuring consistent and equitable services. Just making sure that we're not spending too much time or emotional energy on one case and that we can continue doing this work safely and healthfully.

How do we set clear boundaries? These are a few tips to setting clear boundaries that will help us in navigating difficult conversations and knowing when to pause and pull back, as Jasmine talked about. We want to limit our self-disclosure and sharing of personal details. We can share certain things about ourselves, and some people are going to feel more comfortable with that than others. Think about when is the right time to share or not share personal information with clients.

I like to think of two guiding questions. Is this going to help or hurt our relationship? Am I sharing for my own good because I really want to tell them what Maya has been through or because I think it would be validating for them? Notice if you're sharing it for your good or for their good. The second question is, are you okay with that info being out there? Once you share something with a client, they're not bound by the strict confidentiality that you are. They could tell someone else. Once you've shared something, it's out there. Those are a couple of guiding questions.

We want to keep physical contact to a minimum. I mentioned sexual and romantic relationships with clients are prohibited, but everyone has different levels of comfort with interacting and physical touch, even just handshakes, for example. It's really

important to err on the side of being professional and respectful here. We never want to make a client feel like you've overstepped with any physical touch.

Some clients from some cultures may feel uncomfortable with a handshake from the opposite gender or definitely a hug. Some alternatives to show respect or pleasure or connection in meeting someone without actually creating physical contact: you can do a namaste hands, you can put your hand on your heart. These are ways to show you're connected, you're engaging, you're using those active listening skills that Jasmine mentioned without physical contact.

You want to stay within the scope of your role. We're ethically and professionally bound to serve where we can and where we're equipped and not beyond that. This helps protect the boundaries of our colleagues also so that if I say I'm a case manager and I can't provide this mental health service for you, your next case manager, that expectation has already been set and they're not put in a difficult situation.

This goes along with treating all clients equally and consistently enforcing program rules. You're not playing favorites. You're not doing something for one client that you wouldn't do for another. They know that everyone is being treated fairly and with the same boundaries by your program. You want to keep in mind that an exception might become an expectation. If I do it for you this once, that person is going to expect that I do it again. Try not to be in a place where you're working extra hard to explain why you did it this one time, or worked outside of your work hours, or anything that looks like a favor. Clients may also see favoritism where it's not intended. If you appear to be going above and beyond for one client and not the other, that can really hurt trust with you and your client. It can also break trust between your client and your whole organization. Similarly, you're going to want to follow organizational policies around accepting gifts, food, and drink. I am a licensed social worker. I put a lot of stock in the NASW code of ethics. Something that I always struggle with in there, it says, "You cannot accept any food or drink from a client, not even a cup of tea."

As culturally responsive providers to newcomers, we know that it's culturally very important, if we go to someone's home, for them to be able to offer us a cup of tea, maybe a small snack. This can be a really trauma-informed moment for them of reclaiming power that they didn't have. They didn't have a home. They didn't have the tea kettle to offer you something before. On this boundary, I would say think about your own code of ethics and your own level of comfort, and how you apply it fairly across the board, and make sure it doesn't conflict with your organizational policies.

For example, it's different to accept a cup of tea or dessert in someone's home than to let a client take you out to a fancy dinner. You also want to make sure that you're comfortable if you have some kind of allergy or something, and someone offers you something that you can't accept. It's okay to set that boundary, or if you have another kind of dietary restriction. You're never obligated to accept something from a client. You definitely don't want to accept money or lend money to clients. Think about how your comfort level goes within that organizational policy.

Finally, as Jasmine mentioned, part of setting clear boundaries is seeking support

from supervisors when needed. I'm going to keep chatting here about setting respectful boundaries. I think our slides dropped off here, so just keeping an eye if those can come back up. There are four general guidelines to setting respectful boundaries, which I'm also going to pop in the chat until the slides come back up. You want to validate the concern. Why is someone asking you to cross this boundary? What's worrying them in that request? Say, "Hey, I hear this is hard. I know this is important to you."

Then you set the limit. You set it kindly, but clearly. You don't want to waffle. You want to tell them what the boundary is. Then you provide an explanation. You tell them why this boundary exists or why it's important. Finally, you want to offer them an alternative. What else can they do instead if you're not able to do that service for them? Let me see if I can share my slides here until we get back up and running. I think you all should be able to see that. I'll let Jasmine tell me if there's a technical issue. Okay, great. An example of how to use these guidelines to set boundaries respectfully.

"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 school enrollment for kids, or whatever your job is. I would love to refer you to Jasmine, who's the employment specialist, and she can help you search for a better job. We really like to give you some example language that you can use here at Switchboard to help practice these difficult conversations. Another example. "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." Again, you're explaining, "I know it's important. I can't do this. It's not in my bandwidth, and here's something else you can do. Here's somewhere else you can go." That's about setting boundaries respectfully. I'm going to pass it to Jasmine to start off our case scenarios. I may have to stop sharing slides for a moment to get it all set. Over to you, Jasmine.

JG: You're fine. I think it's showing pretty well, Maya. Thank you for that pivot. Let's get into trauma-informed approach and case scenarios. First, we consider the full impact of trauma. The physical, the emotional, and spiritual impact, and hold space for how those experience may be showing up for the client in real time. We also want to identify the signs of trauma in behavior, relationships, and interactions. This helps us respond with greater awareness and intention rather than reacting in the moment. A key part of this approach is to build positive, restorative relationships.

When clients experience consistency, safety, and trust, that relationship itself can become part of their healing process. We also want to embrace a holistic view of the client, taking into account their lived experiences, their culture, environment, and strengths as we support them. Finally, we work to minimize potential triggers by being thoughtful in how we communicate, how we structure conversations, and how we create environments that feel safe and predictable. When these practices are all in place, we start to see some important outcomes, which leads us into the next slide around benefits of trauma-informed care.

Now that we've talked about what a trauma-informed approach looks like, let's talk about why this matters and the impact it has on both clients and staff. First, it

improves the client engagement and services. When clients feel safe, understood, and respected, they're more likely to participate, ask questions, and stay connected to services. Engagement becomes more consistent because trust is being built through each interaction that you have with a client. It also helps foster a safe environment for all clients and staff.

When we're intentional about our communication, our presence, and the space we create, clients are more likely to feel a sense of stability and predictability, both of which are very important for individuals who have experienced trauma. Lastly, trauma-informed care supports staff well-being by increasing care and reducing burnout. When staff feel equipped with tools and training to navigate difficult conversations and understand client behavior through a trauma-informed lens, it can reduce frustration, increase confidence, and create a greater sense of purpose in the work. This approach is beneficial for clients and also helps create a more sustainable and supportive environment for staff.

Now that we've grounded ourselves in why trauma-informed care matters, let's take a look at the six core principles that guide this approach. Then we'll bring it all to life through some practical language and scripts you can use in your conversations. What does this look like in practice? During those hard conversations or moments of tension with a client, how can we carry these principles into real interactions? Let's walk through some of the trauma-informed strategies using the six core principles of trauma-informed care as our guide.

Safety. Clients and staff need to feel safe. I think we've said that maybe 300 times today. Physically, emotionally, and professionally. This was mentioned earlier just now when Maya was talking about boundaries because clear boundaries reinforce a client's need for safety. Trustworthiness and transparency is next, which is the consistency and honesty in how we communicate and follow through. Then we have peer support. This is leaning on colleagues for encouragement and shared learning instead of trying to carry the weight alone.

Supervisors can model this by making themselves available, whether in moments when stakes are high or in those more intimate moments during your one-on-ones meetings with your staff. Ask yourself and supervisors, ask your staff, 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, are we paying attention to their culture and context? Peer support is most effective when it feels relevant and safe for our clients.

Next is collaboration and mutuality. This is recognizing that healing is built together. We work alongside our clients, not over them. This can sound like, "Clients, let's take a look at your goals. Is this something that is still important to you? Where would you like to start?" Taking that pressure off of you as the service provider to solve and decide, and putting that ownership back into your clients' hands. Next is empowerment, voice, and choice. When we think about empowering our clients and ensuring they are using their voice and a 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 their own choices. Finally, we have cultural and contextual 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 the context, and you should absolutely adjust your approach with each client accordingly. At Switchboard, we have a lot of cultural backgrounders on our website that could be helpful for you all in your work.

You want to ensure that you are taking into account the considerations for culture and history across all six of these principles when you are working with your clients or with your staff. Here are a few examples of what you can say depending on the context. First, we have, "I cannot continue this conversation if you are disrespectful. That 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." Second, we have, "Many clients we support have experienced what you are experiencing. We know it's hard, and we are here to help you navigate this difficulty."

Third, we have "No problem. I can explain that again. Unfortunately, your services in this program are now coming to an end." When we are thinking about how to respond, remember that clients may need resources to meet their immediate needs and may be unsure of who or whom to trust. They have been through a lot of trauma, so resist thinking that clients' behaviors are manipulative because they are likely scared, they feel unsafe, and they are looking for signs of hope. Now we're going to pull all of this together and go through two case scenarios. You will need your Slidos for the next few minutes.

Let's meet Miguel Sinola and Esperanza. Miguel Sinola and their daughter, Esperanza, who's 19, are from Cuba. They arrived in the United States 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 accounting job to avoid wasting his education and experience. Over the last two months, his employment specialist presented him with a few entry-level positions that he turned down. Sonola 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 their case manager that they need to do more for them. If you all can pull up Slido on our next slide, our first question. We'll have two Slido questions here. Thank you all for your patience with our technical glitches today. Describe how you would use a principle of trauma-informed care to respond to the family's distress and anger. We talked about those six principles. [silence] I see a few people typing. Awesome. Validate wanting a certain kind of job. Absolutely. Acknowledge the frustration. Normalize those feelings. Review the expectations.

Show empathy, and also set a boundary and make a referral. Beautiful. Safety and empathy. Validate their desire to use their education. That's so important because we all work hard for the education that we have. These answers are coming in so fast. Empathize. Understand their feelings. Express your wish. Understand the client. Validating their concerns about about employment. Responding with empathy. Acknowledge their priorities. Limit what you can offer, or letting them know what you can offer and what you can't. Empathy for their loss. Absolutely. Offer goal setting. Asking the client what's important to them, as we stated earlier.

Being transparent and tell them they could not probably get that direct type of job right away. Recognizing their education. Validating their frustration. Y'all are hitting it, and I'm so glad that y'all are listening to this presentation. Probably, a lot of this is a refresher for many of you. Thank you, because this is showing us that you are doing this hard work every day. Listening without judgment. Maintaining confidentiality. Validating the distress and anger, but also explain to them that sometimes you need to take a job in a different field to bring that money in. Reminding them what's in their control. Reminding yourself of what's in your control. Highlighting their value and experiences.

Referring them to a volunteer who has the capacity to help them with a job search. Yes, if your agency offers that, that's amazing. Practicing patience. Y'all are doing really great with this Slido. Thank you so much for sharing. We have one more Slido. What might you say? Think about what you might say or what action would you take to carry out this trauma-informed principle that you stated on the previous Slido. I love how much y'all are typing. This is great. I know it's frustrating, but we are here to help you. I know it's disappointing. You are not alone. Provide an alternative. Refer them to a different service provider. Listen actively, letting them know that we know it's not where they want to start.

Acknowledge their experience and offer resources. Letting them have time to process and think about what was said. "Yes, I understand your frustration of not finding the job you're looking for. However, we will work to find a solution." That's beautifully stated. Validating those emotions. "I understand your frustrations and concerns. Let's discuss what we can do." "I understand your frustration. Finding a job in your field in the US takes time." "I understand your concern and frustration about not getting a job. It's important to have a job in the US." These are coming so fast. Let's see. "I understand this is frustrating. Finding a job relevant to your education in the US is hard." Offer alternative resources on what we can do.

React positively because, yes, you are their motivator and maybe the only person in their corner that's motivating them. Reminding them, so many of you all have said you are not alone. A lot of times, us in this room are the hope for our clients. Remind yourselves of that when you may feel frustrated. Offer a referral or free training opportunities. Yes, use those community resources.

Validate, validate. Yes, let's take a step back from action and talk about alternative approaches. That's beautiful. Validate their frustration and their goals, and maybe reintroducing them back to their goals. "Is this goal still important? Is this not working? Should we try something else? What are some alternatives?" Yes, y'all are doing amazing. Thank you so much for everyone that participated in that Slido. That was super, super great, and informative on my end. We have one more case scenario that Maya is going to walk us through. There will be additional Slidos there as well. Please don't put those Slidos away. Thank you. Over to you, Maya.

MW: Thank you so much, Jasmine. I've dropped that last scenario into the chat. I want to tell you about Ahmed and Sara and their three children, Khalid, who's seven, Noora, who's three, and Karim, who's one. They're refugees from Syria who just arrived in the US one week ago. Ahmed and Sara are extremely dissatisfied with their new home. During your first home visit, they tell you that it needs to be much bigger, cleaner, and closer to downtown. They do not like the neighborhood they are

in. They feel uncomfortable with the neighbors they've seen. They demand that you find them a different home. Keeping Ahmed and Sara in mind, we're going to go to our next Slido. How might you establish boundaries with Ahmed and Sara that are clear, safe, and supportive to both them and you? Let's spend some time on this. Take your time typing. [silence]

Okay, so providing reasonable expectations. What can they expect? When can they expect it? Where and what neighborhood? How, if their expectations are different than yours, can they manage it versus you?

Absolutely. Share what you can and what you cannot do while validating the concerns. Explain my job is to connect them with the resources. "I do understand that this is not what you were expecting. I can help you work towards something else." I think that's a really good response. I'm sorry, I missed the last bit of it. Offering time to listen to their concerns. Listening can go a long way. "I understand you want a different home. This is how I can help you. This is how I can't. It may be hard to face so many changes at once, and your new home is not what you expected, or you were hoping for." That's really validating trauma-informed language.

Validate their worries, explain their options, give an explanation what we can do together, and show alternatives we can explore together. Make sure there's understanding. Are they understanding you through the interpreter? Are they able to ask questions now that they know the expectations? What will be the communication like moving forward? "I understand your disappointment." That's a really good one. "Dear Sara and Ahmed, with resources available, this is what I can dedicate to you." I love this client-centered language. You're really listening. You're meeting them where they're at.

You're explaining what the resource limits are, but you're saying, "I understand. Here's something else we can do. This is how you can look for a different home." Help them understand the diversity of the area. That's an important part of this case scenario. There are all kinds of people from all over the world, and this is what life is like in the US. We want to be supportive to other people as folks are being supportive to us. "I can help you with specific actions, but I cannot promise unrealistic requests." Let's focus on what we can do to make your situation safe and comfortable. I love that. That's really action-oriented.

Connect children with others from the same country who've been here earlier. That goes back to that trauma-informed principle of peer support. Making sure that people can support each other through what they've been through and hear from people who look like them, who speak their language, and get that support. Help them to understand that the size and location of a home is dependent on the cost. "Maybe we can look at ways to increase your income so that you can afford housing you prefer. You have options that we can work toward." I love this zoom-out to what is this going to look like in the future? "What are your longer-term smart goals, which we didn't have time to talk about in today's training?

What are the ways that you can reach these goals? Maybe you have to live here the next two months, but as you find better employment, you can try to secure other housing." Connecting them with community gathering and activities. Reminding them

it's their first home in the US, and the lease is short, so they can move. I think sometimes saying, "This is temporary. This will pass," it helps emotionally, and it helps, "Okay, what can I do logistically to change?" Helping them understand the lease. What happens if they find somewhere else they want to live and they want to break the lease early? Is that possible? Is there going to be a financial penalty?

All that communication, all that information you give them, is going to be really helpful for them to feel like they know what the options are and what's in their power to navigate. Providing options of how to better their situation. Again, I want to really focus on that empowerment within trauma-informed care as well. "How are you able to support bettering your situation and working towards your goals? I can't find you another housing. It's in our contract. I'm going to refer to our rights and responsibilities. This is what we've said we would do for you and in what timeframe. These are other things that you can do that you can go above and beyond for yourself. You can meet your own goals."

Showing them how to contact the landlord to report concerns. Absolutely. Not having everything go through you. How can they talk to the landlord about their concerns? These are all really great ideas. I apologize if I didn't get to capture some of those great ideas as they came fast through the Slido. I think this is really helpful in thinking about how we establish boundaries kindly and respectfully. Support ourselves and make sure that we don't burn out and that we can continue to do this work.

Onto our last Slido, we'd love to hear what are you taking away from today's training? Please share it here. [silence] Let folks get some time to type. I can see a lot coming through, so I'll try to be ready. Taking time to breathe and understand client concerns in a calm manner. Ability to empower clients. Defining clear boundaries. Sample scripts. Six principles of trauma-informed care. Okay, example phrasing. We're so glad, that's helpful. Reinforcing the boundaries to protect us and clients. Importance of empathy. Absolutely. That many are going through similar obstacles. Just being in this space and remembering we're not alone in this work, and that's a way that we can get support.

I'm glad STOP mindfulness was helpful for folks. Again, the importance of boundaries. Taking care of myself to take care for others. Absolutely. We have other resources about that. I put one of them, supporting others, sustaining yourself, in our Q&A. I highly recommend that you check that out. That was also Jasmine's training to learn more about how we can continue to do this work to avoid burnout. Boundaries can build safety and trust. It's okay to pause and come back later. I think that's a really important takeaway of this training.

The importance of interpretation. Working with your interpreter. Making sure the interpreter knows different trauma-informed care principles, that if you do all this work but your interpreter isn't supporting that empathy and that trauma-informed care, then the person who's actually relaying the words to your client for you is not helping you navigate that difficult conversation. We have definitely other resources here at Switchboard about working with interpreters. I've put a couple of them in the chat or in the Q&A. We also have a learning course on training to be a better interpreter, which I put in the Q&A answers.

If you're an interpreter on this call and you want to practice this in actual interpretation, I really recommend that you take that self-paced course. Seeing respectful communication is a necessity. Understanding how trauma affects different areas of a client's life. Again, the mindfulness tool, STOP. You want to acknowledge client concerns and help them take actions for their situation and self-sufficiency. Doing everything for a client, it's not a good boundary, but it's also not good for the client. I think I saw in our Q&A, one of my staff colleagues said, "You're not helping a client grow. Our programs are not long-term. They're not meant to be forever." This is a way that we can really increase their efficacy.

We really thank you for engaging so deeply in this Slido. I hope this has been helpful. Oh, this is a good one. I want to mention it. You don't always have to feel those silent moments. Give the client time to process. We can be really afraid of silence, but silence can be really healing and reflective, as Jasmine talked about. Thank you all so much. We're going to spend just a few minutes on some questions that you all pre-submitted or have sent in now, if we haven't been able to answer them yet in the chat. Jasmine and I will be handling this together.

I thought a really good question that came in was if clients won't accept a mental health referral, but then they expect service providers to give them mental health support. This is definitely something I faced as a social worker and a service provider in the field. In different capacities, I've given mental health support, but that was not my role as a case manager. I didn't have the bandwidth. It wouldn't have been responsible to try to give text message therapy or quick support on my way to another meeting. This is where you really need to set and hold that limit of what is your scope and your professional expertise. Even if you are a mental health counselor, if your role is to help connect the kids to school, it's not professional, and it's not fair to the clients to say, "Oh, I'll listen to your story for a bit, but then I actually have to run." You want to explain to them why you think a mental health referral would be useful because that person has dedicated time, has dedicated training to spend time with their story, to unpack those things more deeply. It's not healthy or safe for them to try to get mental health support from you, even if they trust you. It's a good thing they trust you. You can think about maybe having a warm handoff to a different mental health referral that will help them get that support.

There, I want to plug our new referral tip sheet again, which I put in the chat. That's going to be really helpful in helping you have some of these conversations, as well as the link I put in the chat about talking about mental health across cultures. How can you support clients who are nervous about getting mental health support or looking for counseling? Another great question that came in was on tips on having difficult conversations in a virtual setting. A lot of that really great detail Jasmine gave earlier was about setting up a room, the physical space. You're going to want to do some of that in a virtual setting. Make sure that you're not disclosing too much of your background.

For example, on Zoom, that comes with self-disclosure or thinking about how you're presenting yourself professionally. We also know that we have to be extra observant when we're doing virtual services for what we can see and not see. Thinking about what might be a sign of distress, trying to look out for the body language that we can monitor in a virtual setting. I'm going to pop a couple links in the chat of some really great resources we have about non-verbal communication and safety cues in virtual

settings, and promoting client safety and security in virtual settings. This will give you some more details on those specific virtual context clues that you're going to be looking for in these difficult conversations.

I'm going to take one more, Jasmine, and then pass it to you. What's the best possible way to react when a client is disrespecting you? I think it's a really important question. I saw it come through our Q&A as well. This is where you need to set a very firm, still respectful, but firm boundary. Respectfully, but calmly, end the conversation and say, "We cannot continue these services if you're shouting at me, if you're calling me names," whatever the disrespectful behavior is.

This is when you remind the client of their rights and responsibilities. "You signed here that to engage in these services, we would treat each other with respect. You would not expect to tolerate me yelling at you, and I can't provide you effective services if you're yelling at me. Let's pause. Let's regroup. Let's put another date on the calendar. Maybe let's bring in my supervisor so that we can have a more neutral party mediating," something like that. You're going to want to make sure to reschedule. Jasmine, over to you.

JG: Yes, thanks, Maya. I just want to add to all of the great answers that you shared, a reminder for everyone on this call that we are not and cannot be all things to all of our clients. Please take heed to what we discussed about making those referrals and staying in the scope of your role. If you don't have a mental health service provider within your agency, be sure that you're aware of who in the community can help serve that client with you. A question that just came in through our Q&A. They asked, "Is it a good idea to ask clients if they understand the language of the interpreter?"

I think that's very important because you want to make sure that the client is understanding the interpreter and the interpreted language that's being used is what the client needs. I would answer that, "Yes, that I think that is an important ask, and maybe something to determine before a session even starts with the client and the interpreter." I know we have a lot of resources on interpretation, Maya, but I wasn't sure if there was anything further you wanted to add when it comes to that as well.

MW: I would just say that that's where that pre-work you do, both with the client, getting to know them, and an interpreter, is really important. We see this a lot with nuances in language. Spanish dialects, Arabic dialects, those are just two examples of languages that different dialectal or regional differences could, almost, be mutually unintelligible between folks. If you have a Sudanese interpreter for an Iraqi client, that might not be a very effectively interpreted session. Finding out ahead of time what exactly are the linguistic needs of your clients and what can your interpreter provide. The more base work you can do as an agency, but also before a particularly difficult conversation, the better. I'm going to pop a couple of those resources in the chat again, Jasmine.

JG: Awesome. I'm so glad you have all those links available. Let's see. I'm looking at the other questions that were submitted through the Q&A, and a lot of these we have answered throughout the webinar. We did give you all a lot of scripts to use, or to use as a model on how to use certain words and phrasing with your clients. I see a lot of questions about that. I do hope that we were able to answer those questions for you all.

MW: On the heels of the last question, I see someone asked about how to work with clients who can't read or write in their own language and have limited English proficiency. This is definitely a part of sensitive interpretation, that if someone can't read or write in their own language, providing a translated document to them is not going to be helpful. Making sure you give extra time for an interpreter to really read through a document before they're asked to sign.

Making sure that you make clear to them if they forget or they want to review that document again, that's something you have time to do with them, because it's not something that handing them a copy and taking it home will be helpful, because they can't review it on their own. We definitely want to take that extra time to support clients who have emergent literacy to make sure that they get all the information they're looking for.

JG: Absolutely. There is another question that I see about having conversations with our clients when there's limited funding or when the program itself is limited. This particular person said the client is enrolled for two years into PC, Preferred Communities. Something that I always liked to say when I was in my leadership role was that you want to have that conversation about ending services during your first client interaction. Reminding the client when you first meet with them that, "Hey, this program is only for two years," or, "This program is only for three months."

You're constantly reminding them of that at maybe every month check-in and saying, "Hey, we only have two months left. Let's make sure we're tackling your goals, or is there anything else you wanted to work on? Once we close, I can also offer you referrals and maybe start to curate those referrals before that two-year mark or that end mark in the services," so that the client has a warm handoff and is feeling prepared and not just left behind.

MW: One more question. I think it's the last one we have time for. What would be a threshold to know when to cut off a conversation and come back later? How do we know when it's no longer a helpful conversation? Jasmine, do you want to tackle that?

JG: I would just say when things just start getting disrespectful. When you nor the client are listening, I think that that's a perfect time to say, "You know what, neither one of us are present in this conversation anymore," or if you feel like you're being yelled at. I've had to tell clients, "The tone of voice that you're using right now is not respectful, and I'm not able to finish this conversation with you right now."

If you are feeling, as the service provider, threatened, is a very strong word, but if you're feeling threatened or if you're feeling like you're being disrespected, I would just make that clear. If you're not comfortable having that conversation alone, please, again, I stress that supervisors, you know who those clients are. You may not know right away, but you will know eventually, just be on standby for your caseworkers because those conversations can be hard and can get a little bit heated for the caseworkers.

MW: Absolutely. I would also add, even if things aren't quite threatening or disrespectful, if something is stuck in a holding pattern that you're saying the same thing, and the client's saying the same thing, and you're saying the same thing over

and over, at some point, you can say, "Hey, I don't think this is quite sinking in for everyone here anymore. We've talked about this, and we're going to talk about it again at our next meeting, so there's maybe some time to process." That's maybe another way to handle that. There's no one threshold, but as Jasmine said, you have to feel out, and if it's no longer productive or respectful, it's time to reschedule.

JG: Absolutely.

3. Trauma-informed Approaches and Case Scenarios

MW: Thank you all for all these questions. I'm putting again in the chat, the accompanying guide to this webinar that I really encourage you all to look at. We hope, after joining us, we're going to go into our final learning objectives here, that you're 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 and respectful conversation for both clients and providers. Apply a trauma-informed and compassionate approach to current client and service provision challenges.

Now we're at the part of our training where we're going to ask you to help us help you. This is the link for our feedback survey. You can also scan the QR code. This is before we connect you with your free 1.5 ASWB continuing education credits. We want to know how is this training for you? How can we improve our future offerings? We'll give you about a minute to complete the survey. It's completely anonymous. It's only five questions. Please complete this now so that we can improve our future trainings, and then we'll connect you with your CEs for today's event.

All right. Now that you've filled out our feedback survey, we're really thrilled to connect you with your free 1.5 ASWB continuing education credits. I'm putting this link in the chat as well, or you can use that QR code. These continuing education credits can be used to maintain your existing licensure. Scan the QR code. Click on the link. Complete the quick assessment and surveys, and then you can get your free CEs from Switchboard. Thank you for being here for this whole training. We are really glad to be able to provide you with these CEs. I'll say in a moment what you can expect after this webinar.

We have a lot of recommended resources for you. The first one is that guide that I also put in the chat that accompanies this webinar. A lot of those things that I put in the chat throughout are in this recommended resources. If, after the training, you're still looking for something that you couldn't find from the chat, lot of things are flying back and forth, please don't hesitate to reach out to us at Switchboard, and we'd be happy to locate that resource for you. We will be sending all of these slides out to all attendees, and the link of the recording will be posted on our website. All of this is going to be available within 24 hours. I saw a lot of questions about that in the Q&A.

You'll definitely be able to refer back or watch a part that went too fast for you, et cetera. You can always stay connected with us. We're going to go to our last slide here. Please email us at switchboardatrescue.org. Follow us on LinkedIn, where we share a lot of upcoming events and other materials that we're publishing. Go to our switchboardta.org. You can search for resources. You'll be able to see this training, the recording, and the slides there, as well as receiving the email. A lot of our things are available on YouTube.

If you want further support on this topic or you want to talk about a specific case, you can always reach out to us for a technical assistance request, including just a case consultation. We'd really love to hear from you. We're really thankful for all of the hard work that you all do with refugees and newcomers every day. We're glad to support you here at Switchboard with that work. Thanks for joining. We hope to see you next time. You'll be hearing from us with all of those resources as discussed. Take care.

[END]

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.