

# Client-Centered Practice Fundamentals

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**Maya Wahrman:** Hi. Welcome, everyone. So glad you could join us today for Client-Centered Practice Fundamentals. I'm Maya Wahrman. I'm a licensed social worker in the state of New Jersey. I've been in refugee resettlement and immigrant services for a decade. I know how important it is to center our clients in this work. That's what got me into this work and into social work was really wanting to put refugee and newcomer clients at the heart of all the services that we get to provide.

I've gotten to do that in direct service at a resettlement agency, in state government administration, and now here in training at Switchboard. I've also worked within middle school as a bilingual case manager and advocate. Really excited to bring some of those experiences to our presentation today. I want to thank Claire and Vincent for supporting us on the back end. We're going to dive right in. We have a lot to cover.

We're hoping by the end of this session you will be able to identify the purpose and principles of a client-centered approach to refugee service delivery and how it supports both clients and staff. Two, describe strengths-based, culturally responsive, and trauma-informed approaches that center refugee clients in service provision. Three, implement client-centered approaches to communicating with newcomers, setting service provision goals, and making referrals. Those are our learning objectives for today.

## 1. Client-Centered Approach

We're going to dive right in with what a client-centered approach is and the purpose and principles. I know that not all of you are case managers on this call, but "case management" is the catch-all term that we're going to use today as the heart of what service facilitation is, all these different pieces we're doing with clients. Even if you're doing more specialized mental health services, employment services, education, a lot of these tenets of case management are still going to apply to you.

Case management really promotes wellness and autonomy through different kinds of services and interactions. To describe the ways that we're really serving clients, we use, first, assessment and planning. Thinking about where our client's at and where do they want to go, where are we meeting them, what's the goal of our program, what's their goals, how do those fit together, what's our plan and our time together? Whether that's 30 days, 90 days, 2 years, 5 years, there's always going to be some kind of assessment and planning.

We're really focusing on communication and relationship-building with clients. We want to talk to clients about what are our roles? What is your role in this relationship? What are we doing here? How are we going to get the places that we're going to get? We have to build trust with clients to help make any of that happen. We're going to talk a lot more, especially about communication, but keep in mind that this is a fundamental piece of case management and the services we do.

Then there's advocacy and service facilitation. In this case, advocacy really means how to advocate for the client when they need things or help them advocate for themselves. If they're reaching other services and they need a language interpreter,

that's a place we can advocate for them, helping clients understand how they can talk about their rights or what they need in different service relationships, whether it's with you or with a different provider. Service facilitation is really helping them reach all these other kinds of services.

As case managers or client-centered practice folks, we're right there with the client, but we're often connecting them to a lot of other different services. We're working with their kids' schools. We're working with their employers, with the benefits offices, with their landlords. There's a lot of facilitation.

That takes us nicely into the next point, which is coordination and referral. You can't do everything, and you're not supposed to do everything for your client. That's a really important point that we're going to reiterate in different ways. How are we coordinating with the other pieces of their life, the other services that they're meeting? How do you recognize what's out of scope for you and that you're referring clients out? It might be something right at the beginning, "Hey, we don't do legal services. I'm going to do this referral." It might be, "You're no longer eligible to work with me, so I'm going to refer you out to other kinds of services that can keep supporting you."

Finally, a piece of case management is monitoring and documentation. Keeping track of their progress, keeping track of the case file, doing that in an ethical and safe way about the case. We're less going to focus on this today. We did a webinar just a few weeks ago here at Switchboard about high-quality case documentation. I encourage you to check that out. It is worth mentioning that that is a fundamental part of client-centered practice and case management.

Case management has a few phases, and these are really important in thinking about that relationship building and how you're setting expectations with clients. First, you're going to have your initial engagement. Again, that's your intake, assessment, and rapport building. This is your opportunity when you really introduce your role and what your service is going to be together, what the client's role is. This is where the trust starts being built, the relationship starts being made. You don't want to rush this. It's the time when you get to know each other, and you figure out everyone's strengths, resources, barriers, and needs to moving forward.

The next piece is service provision, and that's maybe time-wise, the bulk of our work together. This is when we're setting goals and reaching them, we're checking in, we're figuring out what those goals look like and how they might change. A lot of this cannot happen without that fundamental initial engagement. Even though there's more time here, it really does build on the initial engagement.

The final piece is termination or discharge. We're really planning for this from day one. We want to plan for and execute a positive ending with clients. We want them to know we're not going to be serving them forever, know that if it's a time-bound program, that they're aware of when it will end. If it's when they reach a certain milestone, that that's when it will end. We want to make sure that they really understand those pieces. Our goal ultimately in resettlement services is to make ourselves obsolete and redundant, because clients can achieve everything, can do everything for themselves, or they have the resources themselves to keep going.

Within that, we're going to define what a client-centered approach is and really think about how we're going to center our clients. A client-centered approach focuses on assessing client needs, aspirations, and uniqueness. Who's the client in front of us? What do they need? What are they hoping for? What makes them unique? What makes them tick? A client-centered approach honors and respects autonomy. We're not doing for clients or onto clients. They are autonomous people. They have self-determination. They are active members in this work that we're doing.

Part of that is emphasizing choice and control, that clients always have the choice whether to engage in certain services or to do certain things. You can explain to them the consequences if they don't comply with a certain grant program, but ultimately, the choice to engage in this program, to be your client, to partake in activities, it lies with them.

A client-centered approach engages rather than prescribes. It doesn't say, "I've done this 100 times, so I know you need X, Y, Z." It says, "This is what our program asks for. How can we engage together? How would you like to be a part of this?" It's a relationship, not a diagnosis. Client-centered approach, it supports staff because it improves relationships with clients. It makes the trust stronger. It encourages safety in these relationships. It creates empowerment for clients and sustainability so that service providers are not trying to do everything for clients all the time. That's a really important piece.

We're going to move into principles of client-centered practice. There's a few principles that underlie this approach. One is that clients have voice. We all have program goals and objectives to keep in mind, but our clients have voice. We want to listen to that voice, we want to elevate it, and we want to have clients help shape their own goals and priorities. They have a big part in their outcomes.

What goes along with that is that clients are partners. Staff and clients are working together to make decisions. We don't serve clients one-sidedly. We work with them. They are even more important to their case in some way, but we are working with them. We're sharing responsibility for outcomes. Again, we're not serving upon them.

Clients are individuals. We respect the individuality of our clients, and we understand the systems or programs they're a part of. We look to understand their personal need, and we don't make assumptions based on cultural generalities or other ideas that we have. We really take time to look, see, and get to know the person in front of us and treat them as an individual. Maybe we understand how their culture or their cultural values shape them. We'll talk more about this, but they are an individual. They are unlike any other person that you have worked with because they are themselves.

Finally, the clients are dynamic. Clients change over time. As you work with them, as they learn about life in the US, as they gain skills, they take on new challenges that can be a bumpy road, but it can also have a lot of successes and growth. We want to accept that clients are always growing and changing, adjust goals when necessary, respond to what their situation looks like that was different than when you first started working with them, and make sure our services are adapting to meet those changes.

I'm going to introduce our case study, Timur and Nasrin, and we're going to come back to them throughout today's webinar. The text of the first part is now in the chat, but I'd like you to just take a moment to listen and get to know Timur and Nasrin with me. Timur and Nasrin are an older married couple from Afghanistan who arrived in the US two years ago. They are still waiting for approval for their Supplemental Security Income (SSI) benefits. They both have chronic health conditions that require frequent medical appointments and ongoing care.

You have been working with them for the past six months, and they will be eligible for two more years of services. Before coming to the US, Timur worked as a tailor, and Nasrin cared for their five children, who are now adults with families of their own living across the US and Europe. Their son, Ali, who speaks fluent English, was their US tie upon resettlement and lives nearby with his wife and three children.

Keeping Timur and Nasrin in mind, what is one client-centered principle you can apply with Timur and Nasrin? Today, we'll be using Slido to engage. You can scan that QR code with your phone by holding up your phone camera and clicking the link or going to [slido.com](https://slido.com). 1064 608 is the code that you would enter there. I want to remind you those principles we just talked about. Clients have voice, clients are partners, clients are individuals, and clients are dynamic. You can reference their case in the chat. What's one client-centered principle that you're going to apply with Timur and Nasrin if they're your clients? We'll give folks a moment to type.

Absolutely, cultural humility. Responding to their culture. Respect and be aware of their culture, but also think about who they are as individuals. Ask them what their goals are. What would they like to work on? Not assuming. Being aware of their culture. Remembering they have their own goals. They're not born as they're part of your case. Showing them empathy. Seeing them as partners. Going to contact the county for benefits. Good. That's some of the action steps. Self-determination. They have a voice in their medical care.

Thinking about their past work experience. We're going to get into that. Wonderful. Do they have employment goals? Not assuming that they don't just because they're older. Don't make assumptions based on age or culture. Absolutely. Educating them about the policies and the laws, what they might be eligible for. That can be really helpful. Determining their family involvement. Who wants to be involved in the family? What does that look like? Is everyone on the same page, and how can we navigate that?

I love the idea of listening to them because they're older. Unfortunately, we live in a society that often doesn't listen to older individuals as closely or as kindly, and so we want to make sure that we're doing that. They can decide on their benefits. They can decide what kinds of actions do you want to take to follow up on benefits or what alternate resources they might want to do. I love, ask what worked with them in the past when they've worked with different service providers.

Ask them what they want to work on so I can help them be more autonomous when going to the doctor. Wonderful. How can you take charge of some of these services? How can I help you build those skills and practice them so you feel more comfortable? Being aware of gender dynamics and respecting cultural beliefs.

Absolutely. Working with, not for. Understanding medical support is important, but also acknowledging the dynamic and changing goals. I love these.

Ask them for consent to get support from their son. Absolutely. I think there's a lot to be managed there kindly and in partnership. What would you like your son to support with? Then having a conversation with him. Is that something you can actually support with? What kind of role do you want to play? Love this nitty-gritty. Are they digitally literate? Can they engage in digital services or in remote case management? What does that look like? Can you text with them?

Recognize they're unlike anyone you've ever worked with. Absolutely, because they are the only them. Don't assume just because they're older, they don't want to be involved with the community. I love that. They want community connections, potentially. They want to find out what kind of community they want to make beyond just their family, just like you would with any other client. These are really wonderful. I appreciate all your thoughtfulness, and you're really hitting on these key elements of client-centered practice.

Considering the language barrier, absolutely. Mindful of religious practices when scheduling meetings or calls. If they're praying five times a day, and that has to happen within a specific window, making sure you're not having them miss that window. Acknowledge their frustration, if any, with services. Having a feedback loop. How can I improve this? How can our agency improve this? That's a really important way to build trust and improve services.

Think about what resources there are for elderly folks in their community. Do they want to learn? Not assuming that older folks don't want to learn and don't want to practice new skills. Absolutely. These are really wonderful. I appreciate all of you engaging. Keep Timur and Nasrin in mind because we're going to come back to them several times.

I think we'll move on now to our second learning objective. Really diving deeper to center clients, thinking about strengths-based, culturally responsive, and trauma-informed approaches. These approaches are interconnected to our client-centered practice. Sometimes we think of strengths-based and trauma-informed being at odds because one is saying you've experienced trauma and have some kind of deficit, and the other is saying you have strengths, but they really actually work in concert.

I want you to look now at this graphic and think about how this is-- It's a funnel. We're putting all these different approaches in to create client-centered practice. We can't have client-centered practice without one of these approaches. We'll define each one and think about how they complement each other to elevate the client, to elevate their voice, their individuality, their partnership and autonomy, and how they grow and change.

We'll start with a strengths-based approach. This really elevates clients and supports them at their best into their full potential. It means that all people have strengths and capacity to overcome adversity. Every single person you work with has the strength and capacity. It also elevates that all people have inherent capacity for change. That's highlighting that clients are dynamic. A strengths-based approach recognizes

that people are the experts on their own experiences. No one knows what's best for someone better than the person themselves.

In a case like Timur and Nasrin, each of them individually, as well as how they interact as a couple, but remembering that they're individuals, even though they're on a joint case, and each of them are the experts on their own experiences, and that people change and grow through their strengths and capacities. Really emphasizing people are growing and changing all the time, and they're always coming with assets, with things that they know how to do, things that they've overcome, challenges they've taken on and survived. Even if you share some experience or shared culture with a client, they have their own personality, their own personal values and traits that help guide them, and we really want to elevate those strengths.

I will say that acknowledging strengths, even though every single person has strengths, and we always want to acknowledge strengths and bring that into our service provision with them, there might be times that specific interventions are needed and require referrals, like someone's in extreme distress or mental health. Making a referral based on a perceived deficit or need doesn't mean that we can't acknowledge their strengths, but it also means we don't ignore those immediate needs. Again, thinking about that funnel, these things are working together.

Using a strengths-based approach, why do we do it? This will be on the next slide. It fosters trust among service providers, clients, their families, and their communities. Clients know that you respect them, that you want to elevate them, that their families and communities are important to them and are part of their journey. That trust-fostering is really important.

Strengths-based approaches really helps clients recognize and celebrate their unique strengths and cultural assets. I remember doing a lot of family self-sufficiency plans in my time in the field, and we'd always ask, "What strengths or assets do you bring to this case?" Sometimes clients didn't really know how to answer that. They'd never been asked in that way. They'd never been asked to think like that. Showing clients, I see that you really care about your family, that you have gone through this difficult resettlement journey so that you can have a better life for your kid, so they can have a better education. That's a strength.

I see how much you advocated for your family to arrive here. I see how hard you are working in English class. I see how much English you've learned in the limited time you've been here. Some of these things, a client might think, "That's just what I have to do to survive or move forward," but it's a really important way to reframe it to them as this is a strength that you're bringing to your case, and you're not starting at zero, even if it feels like you're starting over in the US.

Part of that is identifying and strengthening the supportive networks and community resilience. Again, remembering we are not going to be working with clients forever. Who else is in their court that they can rely on? Who's supporting them? What other community resources are there? Who's going to help them after you're not serving them? Who can they support once they feel on stronger ground?

Finally, a strengths-based approach really promotes goal orientation. It helps clients identify stepping stones for success. What's a strength I have now? What's

something I can build on so that I can reach my bigger goals? We're going to talk a lot about goal setting in the next section. I'd love to hear from you back on Slido. What's an example of a client's strength you have encountered? Think about that specific client, something that you've seen in a client that's really a strength.

Resilience. Absolutely. Willingness to laugh. I love that. They could have gone through really difficult things, but willingness to have some humor, absolutely. Prior education, self-advocacy, supportive relationships, past work, self-love, gratefulness despite setbacks, being multilingual, perseverance, resilience, determination, flexibility. That's a huge one. You have to be flexible all the time in this kind of work, and that can be very frustrating. That's a big strength to bring.

Eager to learn, family unity, receptiveness, go-getter, takes initiative and asks for what they need. That's an amazing strength to reflect back to a client. Confidence, multiple languages. Absolutely. That's a really important one to reflect back to refugee and newcomer clients who are often feeling, "I wish I knew English better." Engaged in services, have a sense of agency, their openness to try new things. Absolutely.

Being able to advocate for themselves. Even if sometimes you might butt heads with clients a little bit because they're advocating for themselves in a way you might not be able to deliver on in that moment, sharing with them, "I love that you advocate for yourself. You know what your family needs, and you're trying to make this work for you." That's absolutely a strength. Sense of justice, the ability to teach, willingness to learn English in the culture, sometimes not taking themselves too seriously. That can absolutely be a strength and a protective factor. They're excited to learn to read and write.

They're kind. Kindness is such an important strength to reflect to people. Absolutely. Where would we be without kindness? A lot of times, these are people who have not been shown a lot of kindness, and so to be able to say in the face of all this, "You're so kind." Looking at the positive side. Letting younger people teach them the language like their kids. That takes a lot of humility. Absolutely. Desire to de-escalate conflict. Those are amazing strengths.

Hospitable. They're inviting you in, they're offering you a cup of tea. What a beautiful strength to be hospitable, showing pride in their own culture, that they're resourceful, they're able to get people invested in their story, in their case. When they acknowledge they need help, we're going to talk about that under referrals. That's absolutely a strength. Reflecting to them, this is not a weakness. It's a strength that you say, "Hey, in this thing, I need help." Good self-advocate.

These are really wonderful. Honesty, joy in the midst of difficulties, adapting to a new environment. I'm sure you're reading a lot of these and saying, "Oh, yes, I've seen that in a client. I know what that looks like." Really want you to keep these in mind as we keep trying to integrate these different approaches. I also want to mention that we have an e-learning course, which Claire just dropped in the chat, on introduction to strengths-based services. It does have continuing education credits attached, all free. Feel free to check that out if you really want to dive deeper into this strength-based piece, specifically.

We're going to move on to talking about cultural responsiveness, but I really appreciate how you centered these strengths. Some tips for working across cultures. There's a lot of different things, and we're always balancing this with centering that individual and that client-centered practice. We recognize that our clients' values and priorities are shaped by personal experiences and also by their cultural context.

When we're working across cultures, we do want to understand relevant norms and expectations, especially with sensitive topics. We also want to focus on the individual and establish a personal connection. That's a through line for working across cultures. We're learning about cultures, and we're always seeing the individual in front of us. It means balancing that cultural awareness with respect for each client's unique experience is central to effective and respectful newcomer service provision.

Educating ourselves, we're always learning. We're not making assumptions based on one thing we learned or something we don't know. Really important is to ask when uncertain, whether that's to ask someone of that culture, "Hey, I want to make sure I'm doing this right." Even better to ask the client themselves, "How would you like to greet me? Would you prefer a handshake? Would you prefer no touch? Can I take off my shoes when I enter your home?"

If you're not sure, it's better to ask. That's part of that trust-building, and to learn about the client in front of you and also about different cultural, religious similarities or differences. Asking open-ended questions can help you understand what feels respectful to the client and if certain topics feel off-bounds or especially sensitive due to past experiences. Throughout this, we're always going to try to keep an open mind and find common ground. Working across cultures means accepting that there's a lot of different things that we're navigating that are different about our experience, but there's always something in common. No one is ever so other that we can't understand them, that we can't find common ground.

Thinking about zooming out for a moment, how you're going to try to create a welcoming environment for clients. Learning culturally appropriate greetings. Even if you learn a few words in the client's language, thank you, hello, please, that can build a relationship. It doesn't replace needing language interpretation, which we'll talk about. These things can be really impactful.

Thinking about expectations around physical space. Again, are handshakes and physical contact going to be helpful or harmful in building this relationship? What are the household norms of taking off shoes, or how you might enter someone's home respectfully? How are you going to communicate your intentions respectfully and show that you see the person in front of you and you care about both their culture and their individuality?

We talked about working across cultures, but I want you to also consider shared culture or community. This is on the next slide. If you share religion, language, community, or other background with clients, think first, how does this support your understanding of your clients and your relationship with them? What might still be different or surprising between your experiences? What might be challenging about having a shared background with them? All of these things are true.

If this really resonates with you and applies to your own context, I'd love for it to inform your next Slido response. There's always things that we share and that are different between us and clients, even if we're from the same country or community. In this Slido, I'd love to hear from you. What cultural norms or values have you encountered that surprised you or challenged your service delivery? That can be whether you share some kind of cultural background with a client or if you're encountering a totally new culture or religion. Let's see as folks type.

If you have a similar immigration experience, racism from other people of color, being of a different religion, we share some cultural experiences. They may have household norms that are different if you grew up in the US, and they grew up in a different country. If there's differences across gender interactions, who's going to speak to who or feel comfortably. The rooms are very dimly lit. That's a good one. Misconceptions about access to social services.

Dialect, you share a language with someone, but you can't understand everything in their dialect or certain slang or local. Eye contact can be suggestive, how people feel comfort or discomfort with eye contact. Someone who's never encountered using the bus, if there is transportation difficulty. Norms around directness or indirectness, having to read between the lines what a client really needs. Are they from a culture that values saying something straight, or are they trying to say something in a way that you're actually supposed to pick something else up? That can take a lot of practice to navigate.

Language barriers and lack of translators. We're going to talk about interpretation, but that's definitely one that can be really tough. Similar religion, but different language. Generational differences. Kids are more Americanized. Your relationship with the kids is going to look different than the parents, than maybe the grandparents. What does that mean for your service delivery? There's stigma around mental health and how you talk about that. Difference in school systems and learning to navigate it. Sharing cultures, becoming a go-to for any type of help. These are really wonderful. We're going to keep moving on for the sake of time, but I appreciate all of your engagement.

Trauma is not one thing, and it manifests itself differently to different people. This is our lead-up to trauma-informed care. The general definition encompasses an experience outside of what is considered normal or may be deeply disturbing or have long-lasting effects on someone. When we talk about trauma, we want to think about the different ways or lenses that they might affect people. The first is a traumatic event, an actual or threat of bodily harm that could be deeply disturbing, frightening, or life-threatening.

There's the thing that happened to the person or almost happened to the person. There's the experience of that event. What might be traumatic to one person may not be to another. How I experience it and how someone else experiences the same event will be different because we're individuals. Then there's the effect of the event. What are the emotional, physical, behavioral reactions that occur after exposure to traumatic events? This is known as traumatic stress.

Again, we're not going to get too deep into this in this webinar, but we have a lot of resources we'll be sharing about trauma-informed care. I just want you to think about

all these different ways that one person could experience trauma, whether the event, the experience, or how it's still affecting them. That is going to be different for each of your clients.

I want to layer on this in the next slide the triple trauma paradigm, which is our understanding that refugees and newcomers are particularly vulnerable to many different kinds of trauma and traumatic events. It could have happened in that pre-migration period. When folks were in their home countries, that made them have to leave. They may have been exposed to war, conflict, and violence, disruption of schooling and employment. They may have seen loss of life, lost people who are close to them, experienced frightening scenes firsthand. This is why folks are fleeing.

Then there is the trauma that might come with migration. This could be a dangerous journey, having a lack of food or shelter, stability, being in a refugee camp for a long time. For some people, they were born in a refugee camp or having experienced detention or incarceration, having experienced separation from family members. There's lots of different perils that they might have met in migration.

Then there's trauma that comes in resettlement. Even in this moment, in which they're supposed to arrive in a safer, more stable place, it can still be really hard. First of all, the effects of those previous trauma could finally catch up to you when you're no longer just fight or flight all the time. You're no longer activated. There's issues with acculturation. There's economic insecurity. Will we be able to pay rent? Will we be able to get our benefits on time?

There might be community violence or local discrimination. There might still be family separation, financial loss, culture shock, and all kinds of grief and loss. Perhaps a loss of identity or sense of self as they're starting in a new country. Just remembering not only clients each have their own individual experience of trauma, but they might have all these overlapping layers that we want to be aware of.

A trauma-informed approach considers trauma's physical, emotional, and spiritual impact. How does trauma actually impact an individual? What does that mean as we're working with them? That's our first bullet point. My colleague Claire will be sharing some resources to dive deeper on a trauma-informed approach in the chat.

A trauma-informed approach also identifies that trauma signs show up in behavior. They show up in relationships, whether it's with you, whether with other family members, how people interact with each other, their dynamics. A trauma-informed approach tries to minimize trauma triggers, recognizing that folks are carrying all of this all the time, even in a situation that doesn't seem threatening.

A trauma-informed approach builds positive, restorative relationships and embraces clients holistically. It really looks at who clients are as whole people, and that's how, again, we integrate our strengths-based approach. We integrate their culture, and we try to build positive, restorative relationships that improve, that restore power and control to people where it was taken away.

A trauma-informed approach embodies six core principles that I'm just going to name here because they're really important to thinking about this approach, and then we'll talk about the benefits of trauma-informed care. Creating safety with folks and

making sure they feel safe whenever possible. That trustworthiness and transparency, what can you do and what can't you do for clients? That trust-building.

Peer support, where can you connect clients with others who have gone through similar things, who can support them, and that community resilience, that's a big piece of strengths-based work. Collaboration and mutuality, working with clients and empowering them, giving them voice and choice. Then always considering their culture and their context, both as individuals and within the bigger picture. You see in those six core principles how these other approaches inform trauma-informed care.

The benefits of trauma-informed care are many, but they really improve client engagement and services and enhance client outcomes. It makes clients more likely to engage, more likely to stick with it, and end up in a better place. It really fosters safe environments for all clients and staff, which improves staff wellness and reduces burnout because staff are exposed to secondary trauma from working with clients. They may have trauma of their own that gets re-triggered.

If we're using trauma-informed care, we're supporting everyone to have a better, safer environment for this work to continue more sustainably. We have a lot of resources here at Switchboard about supporting staff to do this work, but just that this is always supportive of both clients and staff.

With that, we're going to go back to Timur and Nasrin. Timur and Nasrin speak Dari, but never learned to read or write. They did not have access to education as persecuted minorities in Afghanistan. Timur has long-term physical pain from years of grueling work as a tailor in garment factories and often needs to rest to manage it. Nasrin has been feeling lonely in the US and has shared that she's frustrated by how difficult it is to find halal meat in her neighborhood. They are both hesitant to use public transportation to reach appointments and services.

You can reference that in the chat. We're learning a little bit more about them. Some of these things you already mentioned in past Slidos, but we'd love to hear first, what are the cultural factors influencing your service relationship with them? [silence] I'm going to give you a moment to respond here.

Religious restrictions, to which I cannot relate. I appreciate that. What are the pieces of their religion that I don't understand, so I need to learn more about and just approach openly and respectfully? Language. How do they dress for employment needs? That's a really good specific one. Their literacy levels, their culture shock. Absolutely. Lack of formal education for ESL classes, dietary and food needs, gender roles, accessibility. Absolutely.

Respect given to elders and expectation that younger will do everything for elders. That might be an expectation you have to manage in that service relationship. I expect you to do things too because you're a part of this case, and that might feel culturally incongruent, but that's part of this new professional relationship. That's a really good one. Recommending food pantries that carry halal meat. Absolutely. Considering their religious holidays, better understanding their expectations, empathy with their circumstances. Absolutely. Diet restrictions, their culture. Absolutely. These are great.

We're going to move on to thinking about their strengths. Oh, I love that. Close community in their country to an individualistic environment. That's a good one. How might you highlight Timur and Nasrin's strengths and help them leverage those strengths in their case? You can think about those cultural factors and how they're maybe informing these strengths.

Their family unit, their strength in each other, and other people in their family who might be supporting them. That's a good one. Hard worker. Absolutely. He can continue to work hard just on something new. They're really determined. Their faith is a protective factor. Perseverance. They continue to manage health issues, attend appointments, and navigate complex systems despite obstacles. Love it. They're willing to adjust to their new life, but face obstacles. Their social strengths. They want to connect with others. It can be easier sometimes not to connect with others. That's definitely a strength and a place to grow.

Openness and self-advocacy. Smart and witty. I love that. I hear someone's real-life client as informing this. Never learned to read or write, but still persevering through life. They've come so far. They're brave and strong. They have each other. I'm hearing a lot of that social strengths, family, community, each other, and then those individual. Hardworking, willing to try. They're expressing their concerns. They're helping the service providers understand their needs. Access to halal food, isolation, transportation. What are their priorities? How they want to connect to their community? Helping them tap into the Afghan community. Maybe joining crafts or knitting groups.

Giving wisdom to help new parents so that they can feel useful and helpful. That's pure support in trauma-informed care, that it helps to support others, and it helps to receive support from others like you. These are really wonderful. Let's move on to our last. Oh, I just love this. Nasrin's caregiving experience. She raised five children. She shows responsibility. Nurturing abilities. Commitment to family. Their story is a story of strength and not of shame. Beautiful.

With that, let's move into the last slide for this section, which is which trauma-informed principle would you prioritize when supporting Timur and Nasrin? In this case, you're going to choose one of these. I know that all of them are helpful. We want to keep all of them in mind. Thinking about their case, which of these principles feels like this is the first thing or the priority thing that I want to use when supporting Timur and Nasrin? Thinking about their strengths and their challenges. We're going to let a few more folks vote. Absolutely. Seeing a difference, a full spread of these is helpful because different service providers, depending on what kind of program we work in, are going to emphasize these in different ways.

I'm seeing a lot about empowerment, voice, and choice, which I would totally agree with. These are folks who have been disempowered in a lot of ways or told not to center their own experiences. How can we restore that? How can we change that dynamic? Creating trustworthiness and transparency. Of course, you all talked about that cultural and contextual issues. I love how this has ended up. Again, there's no wrong answer here, but really thinking about what do I need to prioritize first? With that, I really appreciate your engagement. We'll come back to Timur and Nasrin once more.

## 2. Implementing Client-Centered Approaches

We're going to talk next about actually implementing client-centered approaches. How are we doing this in practice? We're going to do this in a few different buckets of communication, goals, and referrals. First, I'd just love to hear from you. There's clearly so much experience on this call. In this Slido, what's one case management practice you already use that is client-centered? What's one thing that you do that you know is helping center your clients? We'll just take a couple moments to hear from you all in the Slido.

Asking their goals. Respecting their individual. Active listening. We're going to talk about active listening next, pretty much. Excellent. Engaging with their interests. What is interesting and exciting to you? Absolutely. I try to limit the amount of activities I do on their behalf without them with me. That's great. See how much work is going into this case. What could you eventually take over? Motivational interviewing. I'm going to mention that briefly, but we have a growing pool of resources on motivational interviewing that's absolutely client-centered. Encouraging self-determination. Being culturally responsive. Providing them with choices.

Choices either to prioritize or which direction do you want to go? That is absolutely client-centered. Helping them build self-confidence. Open-ended questions. Not questions that you know the answer to already or that you're expecting a specific answer. Really asking to learn and to be surprised. Absolutely. Educating. What's the information that you need to be able to do this yourself or to make this choice? That's a huge client-centered piece. Not directly asking about trauma, but listening if they talk about it. That's a really good one. That's creating safety. You're not trying to trigger trauma, but you're listening, and you're saying you can talk about it if you bring it up.

In education, talking about the kids instead of the parents. How is Bob instead of how is David's son? Really paying attention to how we're centering different people, their voices, their names, approaching them without judgment, with empathy, our own humility and curiosity. Curiosity is really one who full client-centered approach and a great approach to life. Bringing respect. These are really wonderful.

## 3. Approaches

We're going to dive in now to a few buckets of approaches to get hands-on into client-centered work. Communication. How we talk to and work effectively with clients, especially across cultures. Goal setting. How do we work with clients on setting specific service provision goals, but really incorporating their needs and wishes, and referrals? Recognizing clients need more support than we can give them sometimes, or they just need other kinds of services. Helping them get established in their communities with other services and support networks.

We'll start with communication, and specifically with active listening, which a lot of you mentioned in the Slido. It's always important when you meet someone to practice active listening, but especially when you're navigating cultural differences. There's so much that can be missed or misheard or misunderstood. When we actively listen, we're offering undivided attention, and we have a better chance of noticing cultural variations in a client's understanding of their experiences and knowing how to support them. Active listening in practice means you can

paraphrase, demonstrate understanding of what the client has said, and use their own words when possible so that they really feel reflected.

In any summary, again, summarizing what has already been said. Clarifying if you need to. What are the client's experiences and statements? Did I get this right? I want to make sure I got this right. Put together a set of reflections they can connect with on what they said, so that you have a shared understanding of what was talked about. Expressing empathy. That came up a lot in the Slido. Communicating that you care. Finding points of connection. Even just being there in the moment. Honoring that individual client. Being sensitive to their feelings and thoughts, and experiences.

A big part of active listening is watching for nonverbal cues. I know eye contact came up earlier. That's a really important one. Noticing their body movement, their posture, and gestures. If they want to touch, what's the comfortable physical space between you? What's the tone of voice? What's not being said? All of these things that are going to inform your actual understanding of what they're telling you and what they want you to know, and where they're at. As we're using active listening, there's a few other considerations for communicating clearly on the next slide. Just thinking about how we're communicating, once we're listening and then responding.

One is to speak directly. Explaining things clearly and repeating often as needed. Trauma can make folks' memory harder to retain things. It's okay to repeat things. This is part of directness and also patience in communicating with clients. Being transparent. Building trust by being honest and open about what you can do and what you can't do. This is really important, especially in that trauma-informed care, that trustworthiness, and transparency. If you promise your client you're going to do all kinds of things, and you don't, that's much more damaging to the relationship than setting boundaries in the beginning of what they can expect from you.

Communicating clearly means setting expectations. What can clients realistically expect and on what timeline? Revisit those expectations whenever you need a refresher or you need to revisit. I always like to give a few examples of speech that you could use with clients that might help you think about how we're going to embody client-centered speech. I'm going to show one version that's not so client-centered. You can take a moment and think, "How would I rephrase this?" Then give you an alternative. Then, when you get the slides, you'll get only the alternatives, the client-centered speech.

It can be really tempting to say to a client, "If you don't comply now, our agency can't serve you, and I will ask you to leave." That might be the case, but what's a way we could communicate that that's more client-centered? Instead, we want to say, "You always have choice in what you share or how you participate. I can tell you what is required for you to remain in this program and continue receiving benefits, and you can decide how you want to proceed."

It's the same information, but it shows choice and respect, and autonomy. Another example. Let it come up on the screen here. "You must complete the step because it is required by the program. End of discussion." Again, I've been in a situation where I've wanted to say that, but what's a more client-centered way to say that? Instead, you could say, "I understand this process may be uncomfortable or frustrating. During our time working together, you have shown me your strong work ethic, which

can help you take this step." That's highlighting a strength, acknowledging difficulty, and seeing how to move forward.

Our next example. "In this program, you're supposed to be self-sufficient by the end of the year. Our services are meant to make sure you no longer need benefits by then, because after that, you're on your own." Again, factually, that might be true, but how might we reframe this in a client-centered way? Start with a question. "What are your main goals and hopes for your time as a client here? We can discuss how these align with our program's goals and requirements to support you in achieving them and feeling confident when you transition out of our services." You're still setting the expectation you're going to transition out of our services, but you're giving some more respect and leeway on how that's going to happen.

Last one. "We'll review the program requirements in the next 10 minutes, and then I have another meeting to go to." Again, we're very busy. I understand the sentiment behind this. I wrote these, so I understand that this can feel tempting. What's a more client-centered way to set up our time with clients and make it more respectful? "Today, we're meeting for 45 minutes, and we'll talk about your concerns about our program. If you still have questions after, I would be happy to schedule a follow-up meeting soon." You're allowing more time to talk about the client's concerns, and then you're offering, within the boundaries of what you're able to offer, time later to go over things again.

This is some example of more client-centered communication. The final piece I want to talk about in client-centered communication is sensitivity in interpretation. As you've all mentioned many times in the Slido, language interpretation is a crucial part of our work with so many clients. First, we want to really identify what the appropriate language is and any specific dialect needs of the client. This was mentioned also in the Slido, but just because someone speaks the same language on paper doesn't mean necessarily they can actually communicate well. Different dialects of Arabic is a really great example of this.

Really, do your research. What does the client need specifically, and how can you find that in interpretation? Explaining the role of the interpreter. What are they there to do to communicate the information? Along with that goes reinforcing confidentiality. Any confidentiality you're bound by, the interpreter is going to be bound by, making sure that clients know that so that they can trust that this other person is in the room. You want to provide a framework for successful interpretation. We're going to need to go slower and pause every so often so the interpreter can listen and reiterate back and making sure there's a time and space for additional critical information or clarification.

All of these things are going to help the client feel heard, be able to express themselves in their language. It does take more time setting up that expectation for everyone, but that they can always ask or you can ask, "I'm not sure I understood what the interpreter said," or "Let's clarify." Really taking the time to create the space for interpreted conversations to be direct, to include active listening and to be client-centered. This was a very fast overview. For more, I really encourage you to explore our self-paced e-learning courses on working with interpreters.

The last piece I'll say in communication, as I think Claire has put in the chat blog on using motivational interviewing to support client goals. Now that we're heading into goal setting, motivational interviewing is a really wonderful technique for better client-centered communication. I really encourage you to check that out. As we move into goals, as always, we want to meet clients where they're at and see what their goals are. What are they ready to talk about? Where are they ready to start? We want to prioritize what goals are most important to them while explaining program expectations and guidelines.

I know there are things that you're expected to do within your program, trying to align those things with what's important to them when possible. We're really going to identify what a client's needs are, their values, and their cultural background, how that influences their goals. That, again, is really encapsulated also in that motivational interviewing approach, which you can see in that blog we shared.

In goal settings, it's really helpful to set SMART goals. This is an acronym to help us remember what should be each part of the goal to make it helpful to the client. S is for specific. We want to ensure that a goal is focused and clear enough that everyone can easily understand it. M is for measurable, to include information on what success will look like using numbers or percentages or timelines. How will you know how many of the when of the goal? A goal should be achievable. Think about if a goal is too easy or too difficult for clients to achieve in the timeframes you decide together.

Relevant means that you should be setting goals that are meaningful to the client, but they're also within the scope of your program. That's something that you can actually support with that are relevant to this timeframe. Finally, goals should be time-bound. You should have a target end date or timeframe in mind for each goal. An example of a SMART goal can sound like, the client will sign up for and attend weekly English classes at the community center within the next three months. An objective for this goal will include ways that the case manager will help the client achieve this goal. Really thinking about those measurable, specific pieces.

You start with short-term SMART goals. You want to keep short-term goals especially realistic. Make sure that clients can really meet those. Goals that they don't feel too overwhelming. Also recognizing that clients often have immediate priorities, housing, quick employment, getting enrolled in education. Work with them to identify what's manageable within a short-term period, like 90 days or whatever that is, while staying in compliance with the program. You're going to want to review short-term goals maybe more regularly because they're going to come faster and faster. Helping see the progress they've made. Understanding the steps they still need to take.

It also helps reinforce a sense of achievement. You're achieving those stepping stones for success. It helps keep clients focused. You're going to want to update those short-term goals as needed because as we said, they're going to go faster. They may start with a specific goal and then shift to something different. That's okay. You want to be flexible and help just update those goals and be adaptive. Remembering that short-term goals, especially of SMART goals, are that T for time bound. Setting a clear timeframe helps provide structure and accountability for both

the client and the case manager. Of course, life is not only made up of short-term goals. It also has our long-term goals.

We don't want to only focus on what's instantly achievable incrementally. Help clients think about their ideal future, why they're here, why they made this difficult journey. This usually is a significant reason why they chose to resettle and uproot their lives. It could look like pursuing a meaningful career, achieving family reunification, having a stable education and better future for their children. We want to represent that hope and opportunity to work towards a life closer to the one they've dreamed of living by talking about those SMART goals. Talking about them, the long-term goals can really help build that trust and show clients that you're listening to them and you care about them.

It can also be sometimes overwhelming to think about those long-term goals. Once you're talking about the bigger picture, try to break them into achievable and incremental goals that align with those aspirations. That's how you can go from those long-term back to the short-term. This is all the steps we're going to take to make the big picture more manageable. We do want to acknowledge that bigger picture and show that we're really evaluating their aspirations. Even if those goals extend beyond the scope of your time together as a case manager, you want to help them prioritize, "Okay, what can we do together in the time that we have? What are the immediate tasks with that ideal future in mind?"

It can be easy to discourage or dismiss big dreams that seem really ambitious or unachievable. We never know what a client can achieve in the future or what's most important to them. We never want to dismiss those things, but we do want to help them navigate, "Okay, what's feasible now based on the information I have that's part of expectation-setting, and what might take longer to achieve?" Again, having the time to talk about these things really helps build trust and help clients feel seen in that they're working towards this thing their lives that they want to take time and persistence to accomplish.

Finally, I want to mention how culture shows up in goal-setting, that cultural values or family roles can shift how people think about their goals. Just a few examples. If a woman was working when it was previously not culturally acceptable, that's going to change how she thinks about her employment goals or what she might be able to imagine or envision as possible, or how it might change over time once she actually starts working. If children speak English more fluently than their parents, that is going to change how different people see their different goals.

If there's an emphasis on education now when education previously was out of reach or a privilege, so if a client comes and they didn't think they could get an education, but now that they're starting to enroll in educational programs, those goals are going to change here. Or if a man was working in manual labor, an entry-level position when previously they had a more prestigious role. This is one we run into a lot, that clients have to start over. When they reach the US, their certifications aren't transferring. Their education isn't being honored. They don't know English. That can be really difficult.

I want to be a teacher again. That's going to take a lot more steps. Maybe we're going to have to start here in a more entry-level role. Really respecting how that

shows up in the goal-setting process. We're going to talk finally about referrals. We have a tip sheet on how to help do referrals. This slide is based on that tip sheet. I think Claire will share that in the chat. When you're trying to make a referral or do service coordination, you want to first assess client needs and referral suitability.

What does the client need that necessitates the referral? Which services can they actually access based on their age, their medical insurance, their language needs, et cetera? Then, when you're going to make a referral, you want to obtain informed consent from the client that you're okay with me sending your information, or giving you this information, or making this connection.

That's only not true if it's an involuntary service like an emergency service, an ambulance, or a mental health crisis. Otherwise, you're always going to need that informed consent. You want to validate and normalize what the client's going through that might necessitate the referral. What you're experiencing is normal for everything you've been through. People might feel really frustrated or overwhelmed, and it's okay to want more of that help. You're going to want to, again, explore cultural understandings, the client's background, their culture and context for why they might be hesitant about a referral or what kind of support they're looking for.

Say something like, "I want you to know you're not alone, and there are a lot of people who have gone through this. Can I talk with you about what has helped support you in the past, or how I can better help you find the resource that you need?" Along with that goes with recognizing strengths and empowering with choice. We've talked a lot about this, but recognizing their strengths and asking for help in everything they've overcome, and saying, "You have the choice whether to pursue this referral or not. You can always see what you think of this kind of support with this therapist. You can try one meeting and decide if it seems helpful right now. It's not required for you to attend. That's always your choice."

Along with that goes educating and preparing, so offering education and resources. "This is what you can expect. This is how you get there. This is what you need to bring to the appointment. This service is confidential, so they are not going to share your information any more than I am." All of those things, answering their questions, hearing out their concerns, making sure they know how to access the referral and what's entailed. Part of that is conducting warm handoffs when possible, which I'll come back to in just a moment.

Finally, we want to make sure that we're following up on the referral. "How did it go? Are things going smoothly? Do you need anything else from me?" Documenting that the referral happened and any barriers they might have faced. Referring clients out can be part of setting boundaries with clients and telling them your expectations and what they're to expect with a different service. You want to validate the concern they're having, explain why it's not in scope for you, and offer an alternative.

"I know that would help you a lot. I wish I could help you search for a better employment. I'm not able to. My job is to focus on school enrollment. I would love to refer you to our employment specialist who can help you search for a better job." Or another example where you're really listening to the client's concerns. "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."

The gold standard of referrals is to conduct a warm handoff. That's when you're directly introducing a client to a new provider, face-to-face or virtually in a conference call. This is when you're accompanying the client. You're helping transfer some of that trust and rapport you've built together to the new provider, so they know, "Hey, Maya supports me trying out this referral. This is not some random place I have to show up on my own and advocate for language interpretation on my own." It really engages clients in that client-centered way as team members. It allows them to clarify or correct the information exchanged and provides that safety check.

It's the above-and-beyond referral that we want to do as much as possible. Again, in the spirit of providing some guiding text for what a warm handoff looks like, I want to do that with a case example. Imagine a warm handoff on a conference call. This is on the next slide. You've arranged a conference call with Olga on her phone in the local health care clinic that is going to be supporting some of her needs due to a medical condition, and a volunteer Russian interpreter.

You might say, "Olga, I would like to introduce you to Alice, the social worker at our local health care clinic. While I'm here to support your case management needs, if you have health and mental health needs, Alice is your contact. She will always have interpretation in your language as we have on this call today. What questions can I answer for you, Olga?" You would pause and answer Olga's questions. Once that has happened, you're going to turn your attention to Alice, the social worker.

On the next slide, you'll say, "Alice, please meet Olga. She is our client and will be enrolling in your health navigation service. She is seeking medical services, including primary care, dental care, and mental health counseling. She's from Ukraine, and she speaks Russian, so you will always need Russian language interpretation to ensure you can communicate well with one another. Olga, what would you like to tell Alice about yourself, or is there anything I forgot to share?" You're really laying the groundwork for a successful referral and relationship, allowing time to bring that trust over that you've built with Olga and to have things feel clear and on the same page.

We're going to come back to Timur and Nasrin for the last time. I also want to mention a link that Claire shared in the chat about working on mental health across cultures. A blog that we have specifically about how to talk about mental health across cultures that might be useful. Our last visit with Timur and Nasrin. Timur and Nasrin have been learning English at the local library. They enjoy the classes but do not feel their language level has improved enough. Their son, Ali, has told you privately he does not have much time to help them manage their medical needs because of his own family obligations, especially when it comes to driving them to hours-long appointments or interpreting for them.

Timur and Nasrin are already very nervous about the end of their services in two years and are not sure how they will survive without your case management support. Keeping them in mind and everything we've learned today, what is one way you might enhance your communication with Timur and Nasrin to support them?

A bit more complex. We'll give folks a moment here. Being direct in the communication, even if it can feel uncomfortable or you have to tell them something they don't want to hear, it's better to be direct. It helps build that trust and transparency. Asking if they want to share their specific worries and concerns. Maybe you can work through and chip away at specific worries and concerns. Trying to understand their fear is where they're coming from, and find solutions so that they feel stronger as they go. Building trust, being honest, repeating yourself if needed. It's not a sign that you communicated badly if you need to repeat yourself. It's okay to repeat many times.

Reassure them they still have two years to work on goals together with you. Two years is a lot. It can feel like it's not a lot, but there's still a lot of time. Validate their concerns. Create a timeline of services so they know their action steps. Helping give them confidence. Trying to be in touch. Not letting communication lapse. Reminding them of what they've learned to do. Some medical taxis. They can find their own interpreter. Those are great strengths. Showing their growth. Showing what they've learned to do without you. Acknowledging the challenges ahead. That's absolutely a part of being honest. Providing alternative choices.

Learning common words in their native language just to build that trust, that rapport. I remember a lot of people talked about strengths being able to laugh. Being able to share some joy with them and not only be, "Go, go, go, go." Absolutely. Using simple language that can be understood by the interpreter that they're not feeling, "I don't understand what Maya's saying with many \$5 words." That's something I learned a lot in newcomer services to try to use simple, direct language. Using that interpreter to have an accurate understanding and validating their efforts to learn. They're trying to learn. Absolutely.

Our last Slido for today, before we move on to a few questions, this is a word cloud. If you enter something and you want to make it bigger, enter the same word. What's one new case management approach you might use with Timur and Nasrin after attending this training? Imagining they're your clients, what's one new approach or something you're thinking about a little differently that you would want to use with them? I see a lot of people typing, which is great. SMART goals. Absolutely. How to make goals more effective. Reviewing choices, figuring clients' strengths, learning more about their culture. Choice. Absolutely. Judgment-free. Beautiful.

Reflecting, paraphrasing, continuing, keeping on, providing autonomy. Choice. Choice is growing. That's great. Visualizing the ideal future. Strengthening community connections. Making smaller goals and validating feelings. Not making assumptions about their culture. Wonderful. Rephrasing messages. Confidence. Reflecting client choices. Absolutely. Reviewing. Going over things. That's okay to review. Seeing everyone as individuals. Not making assumptions or generalizing. Double-explaining if needed. Again, that's the strength of the service relationship. Giving them a sense that you provided choices. Wherever you can provide choice, try to provide choice and explain what those choices are. Wonderful. Amazing. Perfect.

I really appreciate all of your great engagement today. I'm seeing support and empowerment, transparency. These are all really great tools. We only have a few minutes here to chat about some of the questions that you submitted. I'm not seeing

any live questions currently, but I'm going to pull from a few that you submitted with your registrations. There was a great question about how does progress towards self-sufficiency tie into client-centered practice? Self-sufficiency, even though it's one of our program goals, it's a really big part of strengths-based approaches that we're helping clients move towards what they can do themselves, recognizing what they can always do themselves.

I think someone mentioned in the Slido that clients not doing things when they're not there. Showing them how to do it, letting them experience it so that they can eventually do it themselves. Self-sufficiency is just the idea that clients are the heart of their own case. They have the best skills and abilities to be able to do it themselves one day. You're constantly encouraging that move towards self-sufficiency, but you're also being sensitive to vulnerabilities and potential trauma. You're not just throwing them in the pool and saying, "Good luck, sink or swim." You're trying to build a framework where they can actually reach that self-sufficiency using their own dynamism, using their own strengths. Great question.

How can we encourage or motivate adults to take responsibility? I love this question because I think our clients take responsibility all the time. They've done a lot. Sometimes they see, "I'm really tired. I've gone through this huge resettlement journey. It would be easier if Maya did this for me. She seems willing to." I'm going to step back and do that. It's not necessarily because a client's lazy. They're tired. They see an opportunity to have someone else take care of that need. That's why that strengths-based approach engagement is so important. Saying, "I know it might be quicker if I did it once, but I know you're capable of doing this. I want to show you how to do it so that you can do it yourself."

Again, transparently, "I'm not always going to be here. How can you make sure that you can do that?" Or, "If you have to do this on a weekend and I'm not available, that's not in my work hours, how can you take this on yourself?" It's just really about reminding them that you're one part of their journey to integrating in the US. Your support was always meant to be temporary, and you're happy to be here and show them and support them while you're here. Answer all those questions that they have. Really, ultimately, you know that they can do X or Y thing themselves.

We got another question about how to better center clients during a time when there are fewer clients, but the clients are high needs. I also want to encourage you, if you have any questions that came up, please do pop them in the Q&A, and we'll try to get to them. This is a great question. Sometimes this is the ideal that we'd love to do client-centered practice really well, but we have too many clients to attend to clients. This is maybe a moment of opportunity in a challenging climate to really get to know people, to spend time with their case, getting to know their goals. Again, what makes them tick? Trying to be more responsive to their whole range of needs and experiences.

I would say use this as an opportunity to really drill down into that client-centered practice. To build those strong and intentional relationships between client and service provider. There's one other good question about how to help staff sit in discomfort or disagreement with clients without rushing to solve a problem or complete a service. You're all here because you care about clients. You're here

because you want to do this work. You care about clients, where they're going. You want to put them in the center.

Sometimes that feels like, if I know how to support you, why don't I just do it? I can fix this. I know I can. You're not creating sustainability for the client that they'll just need to come to you next time. You're not honoring their strengths and what they can bring to the relationship. You're also maybe taking away some of that power and control that they want back. That's not very trauma-informed because even though it might be difficult, it might be challenging to sit in that discomfort, you want to be able to build a relationship where the client trusts you to help them do it themselves, that you're not just stepping in for them.

This is a great example of really good intentions for wanting to support our clients who we really care about, but it not being the most client-centered way that we can do that. It's not honoring their strengths. It's not the most trauma-informed. It's not creating that empowerment, voice, and choice. That takes some of our own mindfulness to not feel activated in the moment. "Oh, I feel so bad for you. I just want to help." We have to sit with some of that discomfort and respect their autonomy and what's going to be best in the long run for supporting that client.

I'm going to pause with questions there because we're almost out of time. I really hope you enjoyed today's session. We hope you're now able to identify the purpose and principles of a client-centered approach to refugee service delivery and how it supports both clients and staff to describe strengths-based, culturally responsive, and trauma-informed approaches that center refugee clients in service provision. To implement client-centered approaches to communicating with newcomers, setting service provision goals, and making referrals.

When you receive the slides within the next 24 hours, or you check our website, you'll see these recommended resources. We've mentioned most of them throughout the presentation. There's that self-paced learning course on strengths-based services. There's referrals. There's more in trauma-informed care and motivational interviewing. There's a podcast if you like listening to my voice, you can hear me talk more about client-centered services and share some more of my own anecdotes. Then there's all these resources on working with interpreters.

Thank you so much for your kind comments and your active engagement in the Slido. The last thing we ask of you is to help us help you. Please scan this QR code or click the link that Claire just shared in the chat. It's just five questions. Really, it's four. It's 60 seconds. You can do it right now. We all review the feedback to help us improve future training and technical assistance. I will stop talking for a moment so that you can open that link or scan that QR code and get that survey done right now.

Great. You very much continue that survey. Make sure to fill it out. We would really appreciate your feedback. I read it very carefully. We hope that you'll stay connected with Switchboard. I saw one question came in after we finished the Q&A. If you still want to talk more, please reach out to our email or submit a technical assistance request on our website, [switchboardTA.org](https://switchboardTA.org). Follow us on LinkedIn and YouTube. We'd love to continue learning with you. We're really glad you were here today. Thanks for engaging so much. Really appreciate it.

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