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ENCOUNTERING WAR-TRAUMATIZED CLIENTS

– A Good Practices Guide for the Third Sector



ABSTRACT

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As society changes, the third sector is expected to adapt to the changes. In the Act on Promoting the Integration of Immigrants, which will enter into force in 2025, the role of the third sector has been increased. According to international studies and expert opinions, refugee-related expertise in the third sector is inadequate. Based on discussions with Moniheli, the umbrella organization of Finnish multicultural organizations, and its member organizations, a guide to good practices was developed as orientation material. The content of the guide is based on research evidence and internationally proven practices.

The aim of this thesis is to develop solution models for working life partners in daily work by developing a good practices guide for their needs. The purpose of this thesis is to provide information for the needs of the third sector workers who may not have encountered clients with trauma backgrounds previously. An additional purpose is to develop culturally sensitive ways of working with clients from immigrant backgrounds. With this material, the third sector can respond to the individual challenges of the customer base and updated requirements. The thesis is a combination of a scoping literature review and a development task oriented towards working life. The thesis was implemented in cooperation with Diaconia University of Applied Sciences and Moniheli.

The theoretical framework of this thesis focuses on a trauma-informed approach. In the conceptual framework, the terms of war-related trauma and trauma-informed organization are explained. Due to the practice-focused nature of the research, a scoping literature review was chosen as the methodology. In the data collection, a total of 15 408 (N = 15 408) records were identified via databases using the search criteria. After screening eight (N = 8) studies were included in the review. Additionally, three publications were included in the data manually from other sources. The total of the final data was 11 documents. The data was analyzed using thematic analysis, which is suitable for analyzing various types of data, in particular.

The number of publications related directly to trauma-informed work among refugees was limited. In the majority of studies, the perspective was medical or at least rehabilitative. The needs of Moniheli's member organizations were mapped in advance. Based on the preliminary survey and work-life discussions, the information collected for the guide was divided into three categories: the general section, the practical section, and the help and educate section.

Keywords: trauma-informed, third sector, refugees, integration, NGO, CSO

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1 INTRODUCTION

The government's proposal regarding the overall reform of the Promotion of Immigrant Integration in Finland is in process and it should enter into force at the beginning of 2025. According to the preparation, multidisciplinary and cooperative working between municipalities and the third sector will be increased. (Ministry of Economic Affairs and Employment, 2022.)

Refugees are in a particularly vulnerable position due to their background. The vulnerable status verified by the asylum seeker is a requirement for granting refugee status in the asylum process (Tarvainen, 2022, pp. 17-21). Many immigrants with refugee backgrounds have experienced severe mistreatment and abuse in the countries of their origin or during their journey to Finland, and sometimes also after settling in their new host country. According to Ruuskanen (2007), there are at least 2000-5000 tortured people living in Finland, possibly even one-third of all people with refugee backgrounds. More than 90 % of those who arrived in the Netherlands as asylum seekers have experienced at least one traumatic event in their lives (Heeren et al., 2012, p. 114). A person's resilience, i.e., individual means of tolerating vulnerability, varies. Society can support the growth of resilience by paying attention to the smoothness of processes (Fineman, 2008, pp. 1-23). A smooth client encounter, if successful, may therefore increase the client's resilience.

Nerina Weiss and Nina Gren interviewed employees of Norwegian and Swedish welfare state institutions that struggled when dealing with clients with refugee backgrounds. According to their article (2021), the "street level bureaucrats", as Weiss and Gren called their interviewees, lacked tools and knowledge when dealing with clients with traumatic backgrounds. The entire situation was described as moral discomfort that applies especially to the third sector work with immigrants with refugee backgrounds.

Mania Alkhatib, the director of the Finnish-Syrian Friendship Society, recognizes these challenges in the Finnish operating environment (personal communication, October 10, 2022). Alkhatib, however, pointed out that the challenges are more diverse and this is just one challenge among others within the cross-cultural client encounters. Artem Kuosti, the director of the House of Helsinki (personal communication, October 31, 2022) and coordinator of the Refufin volunteer program that supports the Ukrainian refuge, agrees with Alkhatib. Kuosti found that a good practices guide would also improve the skills and requirements of the volunteer workers and their supervisors who work with refugees and traumatized persons.

The purpose of this thesis is to provide information for the needs of the third sector workers who may not have encountered clients with trauma backgrounds previously. The thesis aims to create solution models for the third sector in a form of a good practices guide. The original partner organization of the thesis, Terkku Project, ceased to exist by the end of 2022. After this, the good practices guide was offered to the use of Moniheli, the umbrella organization of multicultural non-governmental organizations in Finland. The establishment of actual tools available for encountering war-traumatized clients will benefit the working life directly. Successful client encounters may also have economic significance for social and healthcare providers.

With my thesis, I will develop material for the use of Moniheli member organizations. With this material, I developed the trauma-informed client service in the third sector to respond to the individual challenges of the client base and updated legislative requirements. I aim to bring solution models for working life partners into their daily work by developing a good practices guide for their needs. Research question repeats the title of the thesis: what are the good practices when encountering clients with war-related trauma backgrounds in the third sector?

2 THE CONCEPT OF TRAUMA AND TRAUMA-INFORMED APPROACH

2.1 Forms of war-related trauma

Almost everyone experiences a traumatic event at some point of one's life. Experiencing trauma does not necessarily mean that a person will be traumatized. According to Bessel van der Kolk (2017, p. 31), being traumatized requires often a severe, unbearable, prolonged, and/or repetitive experience of trauma - and a lack of sufficient means of survival at the time of traumatic experience. The traumatic event then stores itself in our minds and bodies. According to Levine (2008, pp. 64-65), the connection between mind and body is damaged when experiencing a traumatic event. Even a single trauma may still leave traces in many areas of life. Being traumatized narrows one's faith in the future, possibilities, and oneself. This can be seen in a person's daily activities, such as challenges in eating or sleeping, managing emotions and behavior, several mental health disorders, and problems concerning everyday activities. (Hipp, 2023, pp. 15-16)

Trauma may be shared unexpectedly. Sharing a trauma narrative can be challenging for all parties, such as interpreters, officials, assistants, and of course, the clients themselves. In such a case, it is possible (Herlihy & Turner 2009, pp. 171-192) that the communication may be disrupted, and thus, the client may not receive the appropriate service.

2.1.1 Post-Traumatic Stress Disorder

Usually, the symptoms of trauma subside within a few months, but in some people, the symptoms may persist and lead to trauma-related mental health disorders, of which PTSD, post-traumatic stress disorder, is the most well-known. In addition, depression, anxiety, and psychotic symptoms are found in those who have experienced trauma. (Skrifvars &

Hedayat, 2022, pp. 27-29) Steel et al. (2009) add that even more than one in four refugees have suffered from PTSD symptoms. A delayed asylum process has been found to increase the number of PTSD diagnoses (Barbieri et al., 2021). According to Komulainen et al. (2012, pp. 179-180), the symptoms of post-traumatic stress disorder include repeated or continuous anxiety, flashbacks, and nightmares. In addition, there may be challenges in regulating emotions, and mood swings may occur. These symptoms often lead to difficulty in coping with everyday obligations.

Additionally, according to Komulainen et al. (2012, pp. 179-180), a person who suffers from post-traumatic stress disorder may experience continuous traumatic memories, strong flashbacks, trauma-related nightmares, and/or anxiety. The person tends to avoid situations that remind them of the trauma. The diagnosed often experience memory challenges concerning the traumatic event or the traumatic period. Problems with psychological alertness management are often continuous. According to this definition, the criteria for PTSD are met if the symptoms have appeared within six months after the traumatic event. Laukkala et al. (2022) have recently introduced the term Complex Post-Traumatic Stress Disorder which describes the consequences of experiencing multiple traumatic events. Persons with this kind of background have an even wider range of trauma-related challenges in their daily lives.

2.1.2 Tortured clients

Torture means causing physical or mental pain to a person to receive information, a confession, or other benefit from them. Torture is also often used as a punishment. Torture methods vary from humiliation to violent physical forms, such as beating or electric shocks. The psychological torture may, for example, include restricting or limiting sleep and other basic needs, sexual abuse, and isolation. Torture has been prohibited by UN Covenant on Civil and Political Rights which most of the countries in the world have ratified. Still, Amnesty International has received torture

reports from all over the world every single year - also from countries that have officially prohibited torture. (Amnesty International, 2022)

Typically, a tortured person suffers from post-traumatic symptoms. Many of them are afraid of sharing their experiences and building trust is often the most challenging task in a professional encounter. It is important to reserve enough time for the client meeting. Many clients are often ashamed of their torture background and that is also why the questions concerning torture should be asked directly, yet respectfully. (Ruuskanen, 2007)

2.2 Operating methods of the third sector in Finland

Client work usually aims for an equal encounter. In third sector organizations that provide receptive services, the service is usually precisely focused on the client's needs. In the services provided by the third sector, communication tends to be much more general. The interaction is always influenced by a person's background factors, such as the way of interacting relevant to the client's culture, his ways of communicating, and attitudes. Client work is often regulated by institutional structures as well. However, the legal restrictions regarding client contact in the work of the third sector are minimal. Even these encounters still often have to be justified to the funder of the activity with statistics and impact assessments, for example. These structural boundary conditions increase the pressure on the third sector professionals to develop operations in a more efficient direction. (Mönkkönen, 2018, pp. 37-50)

The main goal of client work is to support the client's subjectivity. This is also essentially related to the client's ability to perform physically, mentally, or socially. Some factors limit while other enable this potential. The clients' subjectivity can be supported, for example, by ensuring their access to the services or assisting the clients in achieving their personal goals. Being a subject in a client encounter essentially involves the freedom to make choices independently. (Mönkkönen, 2018, pp. 22-37)

2.3 Trauma-informed organizations

2.3.1 Trauma-informed approach

A trauma-informed approach is needed because trauma does not appear only on individual level but on organizational levels, too. According to Sarvela (2020), a trauma-informed approach means not only recognizing trauma but also improving and developing services accordingly, so that everybody is included. In client-oriented NGOs, the services are designed for the clients, in particular. In a trauma-informed approach, the clients are also the key developers. The trauma-informed approach aims to create more humane and more cost-effective ways of working. Sarvela also believes that this is possible through trauma detection and individual empowerment. Often this also requires a conscious change in working cultures and methods. Trauma-informed change requires low working hierarchies that lower the threshold for participation. In a trauma-informed approach, all implemented processes must be genuinely listening, considerate, and respectful of the participants' values.

According to Sarvela (2020), the core of trauma-informed client work is to support individual empowerment. This means that the clients will find their strengths and be able to manage their life circumstances more successfully. A trauma-informed work community, on the other hand, can manage operations and changing conditions better, for example, on the organizational level. According to Bloom & Fallagher (2013), a traumatized client often experiences the following symptoms:

Symptoms of trauma, according to Bloom & Fallagher (2013)
<ul style="list-style-type: none"> • overstimulation • overall insecurity • lack of emotional skills • communicative challenges • amnesia (challenges of remembering) • alexithymia (difficulty in expressing emotions) • learning disabilities • harassing others • silencing those who disagree • compulsive symptoms • unprocessed grief

Table 1. Symptoms of trauma, according to Bloom & Fallagher (2013).

Trauma is associated with various medical and social challenges. These experiences increase not only individual suffering but public expenses, and even possible ecological destruction, writes Sarvela (2020). Post-Traumatic Stress Disorder, or PTSD, increases risks for mental health issues, addictions, and other types of risky behavior. Thus, continuous trauma not only shortens life expectancy but also reduces the quality of life.

A trauma-informed approach is a combination of several background theories and assumptions. In addition to general trauma awareness, these theories combine the people-oriented approach, experience of safety, social equality, cultural and gender sensitivity, and the professional's self-knowledge. (Sarvela, 2020) By people-oriented approach, Sarvela refers to paying attention to the client's individual needs. This may include, for example, involving clients in planning and evaluating the services and activities provided by the NGO. Experience of safety may improve, for instance, when the staff feels safe when encountering a traumatized client. When the communication is clear the feeling of safety improves for the client, as well. This enables a circle of safe environments. Sarvela (2020) presents a four-phase road on how to become a trauma-informed community.

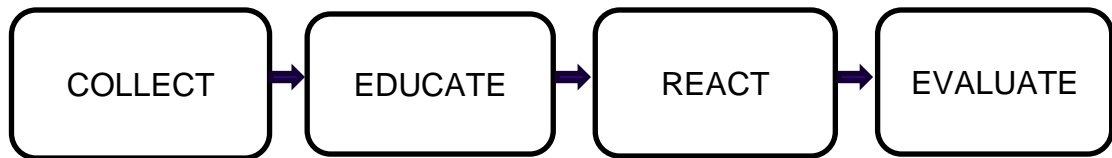


Figure 1. Road to a trauma-informed organization (according to Sarvela, 2020)

The first box, *Collect*, refers to collecting information. Developing a trauma-informed organization begins by collecting the basic information of trauma. Based on this collected information development needs are identified and operations are steered in the right direction. The second box, *Educate*, refers to educating other members of the organization by using this collected trauma-related knowledge. This is followed by the *Reaction* phase when the community already knows what kind of actions or updates and changes are required when planning and designing services. In this phase, the roles are appointed and the actual changes are made. In the final phase, *Evaluate*, the changes and their impacts are evaluated and possible future directions are discussed. At this point, the organization is expected to have internalized the trauma-informed ways of working on all operating levels.

2.3.2 Trauma-informed ways of working

The traumatized people who have lived in constant feelings of fear and insecurity have often learned to observe their environment and people very carefully. In a beneficial starting point, the helper is expected to be mentally grounded: consistent, calm in demeanor, and inspire confidence. To reach a sufficient level of trust, agreed matters may have to be repeated. Creating trust is difficult for those, in particular, who suffer from multiple trauma experiences. Traumatized persons often have trust issues, concerning both self-confidence and trust in other people. In many cases, it is very difficult to trust in the helper's benevolence and the usefulness of the advice given. The helper should remember to focus on those experiences that may empower the client instead of concentrating solely on the client's

tragedy. Support in coping the daily life is essential and the feeling of self-management and improving self-confidence may decrease the need to apply for therapy services. (Hipp, 2023, pp. 24-25.) A model that emphasizes the influence of environmental factors in recovery is called the ecological recovery model (Sarvela, 2023, p. 30).

3 PARTNERS

The original partner, Terkku Project, was a cooperative project between Diaconia University of Applied Sciences, Laurea University of Applied Sciences, and Moniheli. The Terkku Project was discontinued on 31.12.2022. After the end of the project, the good practices guide was offered to Moniheli. Moniheli ry is a multicultural umbrella organization in Finland that was founded in 2007. The Moniheli network consists of more than one hundred multicultural civil society organizations in Finland. Moniheli ry as an organization, *per se*, supports immigrants and promotes integration, social inclusion, and equality in Finland with several national projects and through partner organizations. The good practices guide will be tailored to the needs of Moniheli member organizations and their clientele. (Moniheli ry, 2022)

4 PURPOSE AND AIM

The purpose of this thesis is to provide information for the needs of the third sector workers who may not have previously encountered clients with trauma backgrounds. Additionally, the purpose of the thesis is to develop culturally sensitive ways of working with clients from various immigrant backgrounds. The thesis aims to form a guide of good practices for encountering war-traumatized clients. The thesis is oriented towards development by facilitating client encounters with the help of a good practices guide and by developing the organizations in the third sector towards a more trauma-informed approach. The thesis develops the quality of service and client encounters.

5 IMPLEMENTATION OF THE THESIS

5.1 Planning process

The planning process was divided into two: work-life discussions and a preliminary survey. The expert consultations were free-form discussions with some clarifying questions. These discussions were required to clarify the work-life needs when tailoring a guide on encountering clients with a background of war-related trauma. In addition, a preliminary survey was sent to the partner organizations. Creating the survey included the strategic planning of the set of questions. The questions had to be asked in a way that would reach the employees of the organizations as widely and equally as possible. A native English speaker reviewed the survey questions. The results of the preliminary survey and expert consultations had influence in both the data search criteria, and the final form and content of the good practices guide.

5.1.1 Work-life discussions

The work-life discussions were arranged in October 2022. The work-life discussions were needed to justify that a good practices guide is found helpful in the third sector. Both managers and employees were heard to receive a wider perspective. The experiences from the employees were collected separately using the preliminary survey. One work-life discussion was organized with Mania Alkhatib, director of the Finnish-Syrian Friendship Society, at the organization's office in Espoo, on 28.10.2022. Another discussion was made by telephone, on 31.10.2022, with Artem Kuosti, an integration project coordinator who has strong personal and professional experience with the Ukrainian refugees in Finland. The experts were suggested to be contacted by the then Terkku Project Coordinator, Lauren Stevens.

5.1.2 Preliminary survey

The purpose of the survey was to find out the prior information and experiences of the employees of Moniheli member organizations about encountering a war-traumatized client (Appendix 1). In the survey, questions regarding the experiences and needs of the workers in the organizations were asked. The content of the good practices guide was refined following the information received through the preliminary survey to ensure that the guide meets the working life needs. The survey was implemented with the Webropol 3.0 survey tool. The preliminary survey included yes/no questions and open questions.

The preliminary survey online link was sent to the Moniheli member organizations on February 28, 2023. At first, the survey was accessible through March 2023 but the response time was later extended due to the low number of responses. The first e-mail reminder to Moniheli member

organizations was sent via Moniheli on March 23, a full week before the survey was supposed to close. Another e-mail reminder was sent personally to the organizations on March 30. The response time was then extended by a full week until April 7, 2023. The survey finally closed on April 7, 2023. The survey was clicked open some 39 times. Seven (N = 7) responses were finally received.

The professional background of the respondents varied in the preliminary survey. Most of the respondents were aware that they had encountered war-traumatized persons in their work. In addition, most respondents recognized what kind of symptoms a traumatized person may suffer from. When asking about awareness of how the symptoms affect the client encounter, the result was almost split in half.

The respondents identified the following symptoms as possible trauma symptoms (Table 2).

Recognized symptoms of trauma
<ul style="list-style-type: none"> • challenges to orientate in services • difficulties with visualization • exaggerated need to verify the received information • withdrawal and apathy • panic symptoms and anxiety • states of fear, both rational and irrational • fatigue, lack of concentration, nightmares, anxiety, irritability, delusion, prejudice, lack of confidence. • insomnia, depression, suicidal behavior

Table 2. Recognized symptoms of trauma.

Among the answers, it was reminded that the people have a fundamental will to survive in crisis situations. According to a respondent, stakeholder cooperation is, in fact, often more challenging than cooperation with the clients suffering from war-related trauma symptoms. Some respondents

revealed that the clients sometimes do talk about their traumatic experiences. Good listening skills, advisory skills, and concrete help were considered important. In addition, it was reminded that all people are different - there is not only one way to deal with a trauma. Many of the third-sector workers had benefited from a common language. The pursuit of trust and clear and brief communication were perceived as good practices. It was suggested that the third-sector workers could benefit from some psychological briefing. In addition, good knowledge of the local services and networks is essential. However, none of the respondents felt that they needed any special support on encountering a war-traumatized client. Table 3 shows how the respondents justified why they did not require additional support.

Why is support not needed?
<ul style="list-style-type: none"> • the support is no longer needed or relevant • worker is already experienced with traumatized clients • the workers are already receiving some briefing or courses • the worker has personal experience of war • the worker has not encountered a traumatized client

Table 3. Why is support not needed?

5.2 Literature review

In the literature search for this thesis, principles of scoping literature review were applied. According to Community-Based Participatory Research (CBPR): Guide 2.0 of Diaconia University of Applied Sciences (2022), scoping literature review does not usually qualify as a research method for a master-level thesis. However, using it can be justified in this thesis, because the construction of a good practices guide increases the scope of the thesis. (Diaconia University of Applied Sciences, 2022) When conducting a literature review, the focus was kept on what had been concluded about good practices on encountering war-traumatized clients. It also

studied how they came to these conclusions and what methods were used. In addition, the review process is explained thoroughly, including some explanatory interpretation tables.

The advantage of the scoping review is that it is a rather flexible type of literature review. This becomes useful in this thesis as various types of data are used. The scoping review can potentially provide information on more systematic future research needs. However, a scoping review is possibly not an accurate enough method to provide information for complete conclusions. It is recommended to use a scoping review when examining the existence of a phenomenon rather than its' quality. Based on a scoping review, advice and instructions, can be formed, but not necessarily rules or procedures. (Grant, M. J. & Booth, A., 2009) Drafting direct instructions is not appropriate anyway, because each organization works according to its strategies. It is enough that the given practices and strategies are easily applicable in various operating environments.

5.3 Data collection

The data was collected using EBSCO, Finna, Julkari, ProQuest, and Taylor & Francis Social Science and Humanities Library (SSH) databases. Table 4 shows the search terms used in the data collection. The search terms combined practices, strategies, and approaches in working with refugees preferably with war-related trauma backgrounds. The target group or environment was the variety of third sector services, excluding the health care professional, the services that focused solely on mental health or care, and therapies.

Search terms
good practices OR best practices OR practices OR good strategies OR best strategies OR strategies OR good approach OR best approach
AND trauma sensitive OR trauma-informed AND war-traumatized
AND third sector OR non-governmental organization OR NGO OR civil society organization OR CSO OR refugee organization OR multicultural organization
OR informal sector OR non-profit OR low-threshold services OR volunteer work

Table 4. Search terms.

The inclusion and exclusion criteria used in the data collection are shown in Table 5. In the data search, articles or full-text documents, no older than 10 years (2012-2022), in no other than Finnish or English language, were included. The data aimed solely at the needs of medical care or rehabilitation professionals were excluded.

Inclusion criteria	
Type	full-text documents and articles
Timeframe	Published in 2012-2022
Languages	English or Finnish language
Context	Social work and health care, third sector, non-governmental organizations, low-threshold services
Exclusion criteria	
Timeframe	older than 10 years
Language	other than English or Finnish
Types of participants	mental health care professionals
Explicit methodology	guidelines for medical use only

Table 5. Inclusion and exclusion criteria.

In the data collection process, shown in Figure 2, 15 408 records were identified. When using inclusion and exclusion criteria 2 569 records were left for screening. After electronic and manual screening 22 records were included. After reading through the 22 studies and manual search a total of 11 records were finally selected for the thesis.

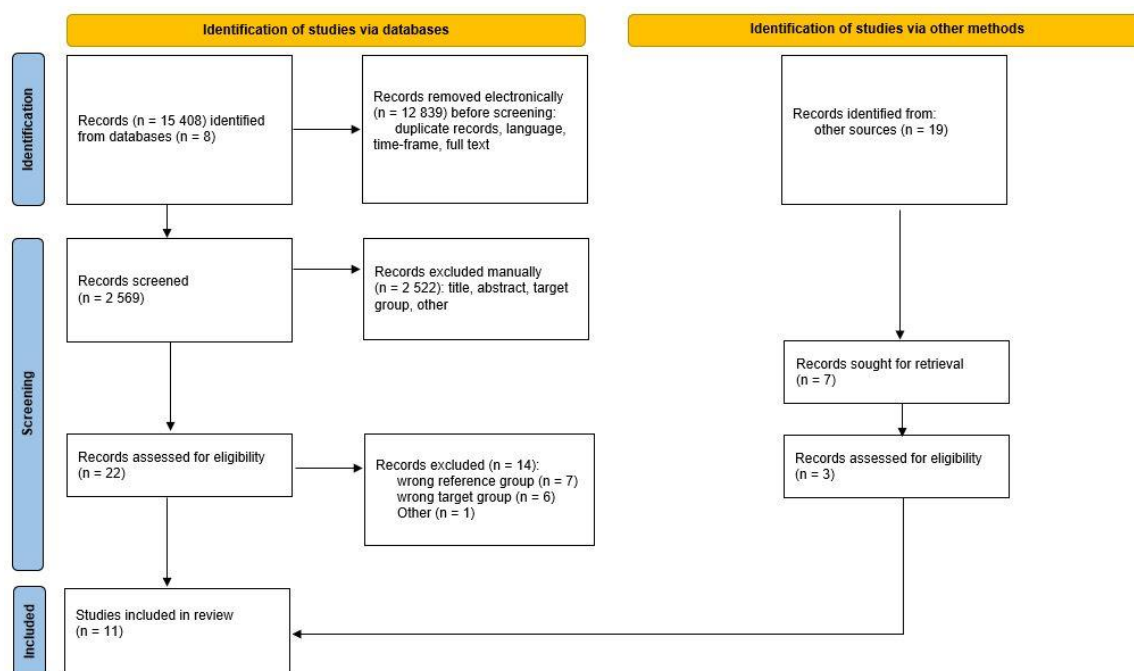


Figure 2. Identification of studies via databases and other methods.

5.4 Data analysis

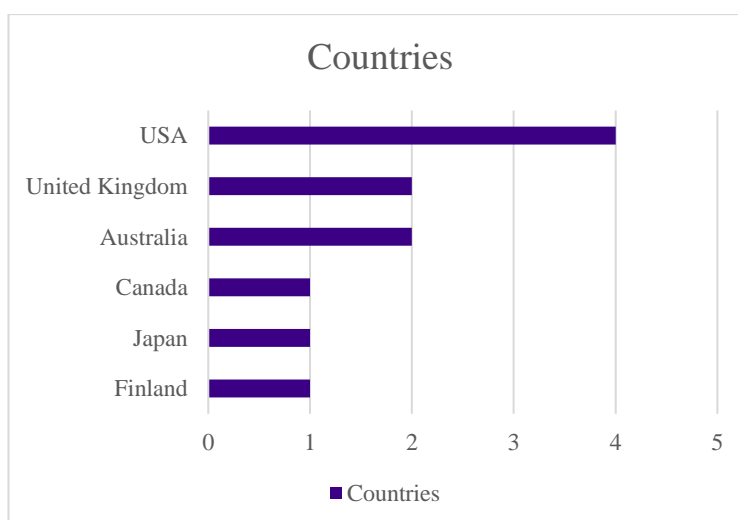
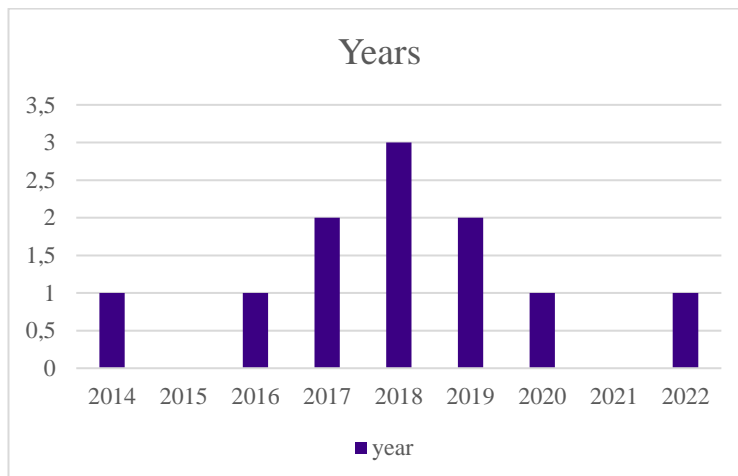
Literature review Screening	
	total results
Identification	n = 15408
after excluding by criteria (e.g. duplicates, language, time-frame, type)	n = 2569
after manual screening (title, abstract, target group, other)	n = 22
after reading full-text studies included	n = 11

Table 7. Literature review screening.

In the electronic screening process, a total of 15 408 records (N = 15 408) were identified. After excluding by criteria, manual screening, and reading full text a total of 11 records (N = 11) were identified.

5.4.1 Data description summary

The collected data consists of 11 documents (N = 11). The included data consists of eight (N = 8) studies identified by using electronic databases and three documents identified (N = 3) by using manual search. The documents are studies and other documents, such as guides and manuals. The documents were published between 2014 and 2022. The documents were from six (N = 6) countries. The countries represented were mostly English speaking countries. A more detailed data summary of the documents can be found in the appendices (Appendix 3. Data summary.). In addition, the documents are listed as the sources under a separate table, titled *Article sources*.



5.4.2 Themes

Thematic analysis was used as an analysis method when organizing the codes delivered from the data. Thematic analysis was the chosen method for the data analysis due to its flexibility (Braun & Clarke, 2006, pp. 79-86). Flexibility was found useful when analyzing very versatile data, as with this thesis. The final categories were created following the process of thematic analysis, keeping in mind the target group and the topic of the final product, “A good practices guide on encountering war-traumatized clients”. To provide information for a guide the information must be suitable for that purpose, which is mainly induction or training, and using it in the process of creating a trauma-informed organization.

The data was split into two main sections: the general and practical sections. First, the general section aims to introduce the key terms of war-related trauma and trauma-informed approach. The general information section was divided into three (3) sub-categories that are definitions of trauma, challenges at encounters, and trauma-informed approach.

General information
1. Definitions of trauma
2. Challenges when encountering war-traumatized clients
3. Trauma-informed approach

Table 8. General information.

Secondly, the practical section introduces the principles of the trauma-informed approach, provides organizational tools, and reveals some practices related to trauma-informed work and services. In addition, some more general recommendations do not fall under any specific category.

Practical information
1. Principles of trauma-informed organization
2. Organizational tools
3. Practices in trauma-informed service design
4. General recommendations

Table 9. Practical information.

6 RESULTS

6.1 Definitions of trauma

Trauma is defined as an event of circumstances or exposures that involve physical or mental threat or a threat of fear. (Levenson, 2017; Wall et al., 2016). This causes a reaction of helplessness and/or fear and eventually forms a mental scar called trauma. Experiencing a trauma may cause various symptoms. Levenson (2017) adds that the changes in the brain caused by the traumatic experience may lead to challenges in emotional, social, and cognitive activities, in particular. According to SAMHSA's concept of trauma and guidance for a trauma-informed approach (2014), the emotions may feel more intense and intolerable. Coping with these emotions may create negative behaviors. People with unresolved trauma may have difficulties controlling emotions such as anger and fear. Difficulties in trusting people after experiencing a traumatic event are not uncommon which potentially has social effects on a person's daily life, and the combined effect of these symptoms may lead to individual socio-economic challenges.

Mental health issues and cognitive issues, such as processing information and concentrating, may cause problems in social integration, working life, and planning the future. The most commonly referred mental health conditions are Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. (SAMHSA, 2014; Scullion et al., 2021; Potocky & Naseh, 2019) Commonly observed mental health problems among people with refugee backgrounds include grief, loneliness, decreased self-esteem, PTSD-related symptoms, guilt, and paranoia. In addition, there is a significant risk of substance abuse and generally increased risk of chronic diseases. (Potocky & Naseh, 2019) Scullion et al. (2021) remind us that it is also common for mental health problems to be accompanied by related somatic health symptoms that may influence daily life.

6.2 Challenges when encountering war-traumatized clients

The types of challenges experienced can be roughly divided into four types. First, some challenges are related to the use of services. Second, some challenges are related to the socio-economic situation. Third, some challenges are related to the migration process. And lastly, some challenges are related to the state of mental health. The challenges mentioned that are related to the use of services concern the accessibility and availability, on physical as well as mental and cultural levels.

According to Wylie et al. (2018) and Scullion & Curchin (2021), it is common for clients to lack knowledge concerning the services and treatments available. The challenges of communication and culture were largely pointed out. For example, mental health services were often accompanied by a stigma. Stigma, *per se*, is often a threshold when seeking help and services. Stigma may also weaken the access to the services. Various types of accessibility were discussed by Castaneda et al. (2018) and Potocky & Naseh (2019), in particular.

Challenges related to the use of services
<ul style="list-style-type: none"> • a lack of knowledge of available services • a lack of knowledge of available treatments • physical and technical accessibility to services • difficulties with communication and cultural barriers • cultural differences in the use of certain services, e.g., stigma associated with mental health issues and using mental health services • stigma deters refugees from seeking help • sharing intimate thoughts is considered private in many cultures • distrust of authorities and power • The use of interpreters is expensive

Table 10. Challenges related to the use of services.

Clients who have experienced trauma often face challenges in their socio-economic situation. Clients with a refugee background are in a particularly

vulnerable position in the society and their situation tends to affect their daily encounters. (Potocky & Naseh, 2019; Wylie et al., 2018)

Challenges related to the socio-economic situation
<ul style="list-style-type: none"> • unemployment • social isolation • families experience trauma before, during, and after migration • discrimination, racism and xenophobia • change of social roles • family conflicts

Table 11. Challenges related to socio-economic situation.

The challenges in the migration process and the process-related stress may affect the clients' possibilities and motivation to commit to agreed matters. Uncertainty about the future may affect the motivation to integrate into the society. In addition, there are sometimes challenges related to mental health. (Potocky & Naseh, 2019)

Challenges related to the migration process
<ul style="list-style-type: none"> • The migration process causes new stressors • legal status • culture shock, disappointments

Table 12. Challenges related to the migration process.

The individual condition of mental health may affect the client encounter. Trauma goes sometimes temporarily unrecognized, and thus, the client's situation may end up being misinterpreted. It is also pointed out that many mental health diagnoses, even when internationally recognized, are strongly culture-related. (Potocky & Naseh, 2019; Wylie et al., 2018)

Challenges related to mental wellbeing
<ul style="list-style-type: none"> • trauma goes sometimes unrecognized • many mental health diagnoses are culture-related

Table 13. Challenges related to mental wellbeing.

6.3 Trauma-informed approach

According to Jill Levenson's article "Trauma-Informed Social Work Practice" (2017), cultural humility must be involved when building a trauma-informed community. As previously mentioned, when presenting the challenges in the client encounters, trust issues are typical for people who have experienced trauma. When building a trauma-informed community, it is important to remember that trust is earned over time. Also, according to Castaneda et al. (2018), positive experiences tend to increase trust in the services.

Levenson (2017) adds that particular attention should be paid to the factors that may affect the feeling of security. The foundation for true empowerment is a strength-based approach. Trauma-informed services should aim to increase the client's autonomy. The worker's role is to reinforce and promote this self-determination. Workers should enable the client's lifestyle choices and seek to prevent possible obstacles to the client's goals. Thus, according to Levenson, trauma-informed programming is based on shared responsibilities between the client and the worker.

SAMHSA's "Concept and Guidance for a Trauma-Informed Approach" (2014), emphasizes that in services provided by a trauma-informed community, it should be taken into account what kind of impact the service and its providers may have on the recovery from trauma. In some cases, the encounter may act as a trigger and reactivate the trauma reactions which may prevent the client from engaging completely. According to SAMHSA, trauma-informed services should also be able to recognize and situate the behaviors to the contexts of clients' lives. SAMHSA calls for a paradigm shift. Instead of presuming attitudes, SAMHSA recommends workers to encourage the clients to share their individual experiences.

According to Tokie Anme's "Dynamic Synergy Model for Empowerment" (2019), conditions for empowerment can be divided into three types: self, peer, and community empowerment. Anme adds that there are three

prerequisite conditions for these levels of empowerment: hope, faith, and meaning. If there is a visible goal, there is hope. If there is self-capacity, there is faith. And finally, if there is an individual meaning the client is ready to work towards the goal. The criteria that link the different levels of empowerment are pride in oneself, enjoying differences, and believing in capacities, strengths, and assets.

The PALOMA handbook (Castaneda et al., 2018) states that simply participating is often important. Participating improves the feeling of social inclusion. It should be ensured that non-governmental organizations (NGOs) and civil society organizations (CSOs) follow the local legislation of equality and allow openness of participation. To ensure this, it should be mentioned also in the organization's rules.

6.4 Good practices on encountering war-traumatized clients

6.4.1 Principles in trauma-informed organization

Service-related principles are discussed in several articles. Esaki et al. (2022) suggest promotion of more democratic ways of influencing society. Also, strength-based and future-oriented approaches are encouraged. Levenson (2017) and SAMHSA (2014) focused on promoting collaboration, client orientation and improving communication between participants. Focusing on strengths in individuals, groups, and networks was highlighted in Levenson's article, in particular. PALOMA handbook (Castaneda et al., 2018) requested integrating psycho-social support in the services provided by organizations.

6.4.2 Organizational tools

Topics related to developing the attitudinal climate of the working community, which are called *organizational tools* in this research, were discussed by Esaki et al. (2022) and Levenson (2017).

Esaki's et al. (2022) article "Next Steps: Applying Trauma-Informed Model to Create an Anti-Racist Organizational Culture", focused extensively on organizational matters, especially improving the quality of collaboration within organizations. The communication should be open to enable change. Collective thinking should be encouraged, simultaneously with collective problem-solving. This kind of social responsibility consolidates the community and, thus, increases the commitment to the changes in both organizations, and clients' cases.

Levenson (2017) found that social learning is learning from people and individuals, and she agrees with Esaki et al. (2022) that requirements for social learning include open and clear ways of communicating. For example, clients should be mentally prepared carefully for the meetings. All the preparations should be implemented in advance and the environment should be peaceful. In a client service situation, the worker should explain the possible details to the client clearly, yet briefly, emphasizing confidentiality and in a non-shaming manner. Allowing clients to proceed with their issues at their own pace enables the establishment of trust-based client relationships.

6.4.3 Good practices in trauma-informed service design

Potocky & Naseh's chapter "Mental health" in "Best Practices for Social Work with Refugees and Immigrants" (2019), focused extensively on the methods when encountering clients with war-related trauma. Potocky & Naseh call for integrating evidence-based practice with practice-based evidence. The social justice perspective should apply to all activities. Potocky & Naseh also provide insight on encountering clients in a culturally competent manner. A worker should aim to narrow down the professional distance. Clients should be called correctly

and in a culturally appropriate manner. Clients' self-advocacy should be promoted. Family involvement in the meetings and plans should be understood, and if possible, allowed. Regarding cultural competence, the client's views and ideologies should be respected, even if not completely understood. One should be aware that many culturally sensitive issues may be referred indirectly.

According to Potocky & Naseh (2019), a professional is advised to map the client's networks. For a client coming from a communal culture, networks may be a significant asset, but also a challenge for the client's integration. Also, from a professional point of view, developing intercultural networks, and relationships with cultural informants, may deepen understanding of the clients' cultures. These cultural networks are often connected to a wider network of alternative advisory information sources that may be useful, in terms of communication and sharing information.

Examples of useful activities introduced in the PALOMA Handbook (Castaneda et al., 2018) suggested a variety of multilingual services. Also, networking and integrating opportunities were promoted, including volunteer opportunities, educational peer groups, and recreational activities.

6.4.4 General recommendations

In addition, some general recommendations should be taken into account. The articles call for the use of cultural adaptation when designing methods. Cultural adaptation means including the perspectives of culture, ways of communicating, and context in the planning (Scullion & Curchin, 2021). According to Wylie et al. (2018), the workers in the organizations should receive an appropriate amount of training and education concerning trauma and trauma-informed services. The workers should be aware that mental health is often not only an individual matter but also a community matter. Additionally, each culture shares slightly different attitudes to mental health concerns.

7 ETHICAL CONSIDERATIONS

The research ethical guidance followed in this thesis is based on the recommendations of the Finnish National Board on Research Integrity – TENK (2023). Anonymity was guaranteed in the preliminary surveys. The responses that would reveal the identity or professional details of the respondent were removed from the thesis accordingly.

My professional background was the greatest inspiration for this thesis topic. There have been several encounters with clients who suffer from war-related trauma. These encounters have taken place in a school environment that differs somewhat from the environments discussed in this thesis. This perspective may lead interpretations in the wrong direction and especially the employee side experiences may be viewed loosely. However, familiarizing myself with the topic of trauma-informed organization and its dynamics has somewhat revealed the wide variety of realities, thus providing this thesis with a more versatile perspective.

The preliminary survey turned out to be a useful tool in the research process, however, it was not used in its full capacity. To be able to hear the organizations' voices more comprehensively there should have been responses from a much wider range of respondents. In addition, the work-life discussions were extremely useful but there should have been more variation in these discussions to receive a more comprehensive representation of opinions.

No official research permits were required to complete this thesis. However, it was required to have the thesis plan accepted before the data collection or any other preparations were made. The thesis agreement was concluded with Moniheli and Diaconia University of Applied Sciences on 27.09.2022. After the Terkku Project was discontinued, at the end of 2022, it was agreed that the good practices guide would be handed over to the free use of the Moniheli organization.

Finally, Diaconia University of Applied Sciences is using the Ouriginal plagiarism detection system. The sources and references used in the thesis have been consistently verified to prevent unintentional plagiarism. It is also clear that this thesis is a public document.

8 A GOOD PRACTICES GUIDE

The content of the guide (Appendix 4) was created according to the wishes of the partner organizations and the views presented in the literature. The content was handed over to Moniheli and partner organizations for their review. The basis of the good practices guide was created based on the preliminary survey and the needs of the war-traumatized clients were clarified with the help of the literature collected. All the practices were based on the results of the literature review. The core idea was to promote the realization of high-quality client encounters. At the same time, it was important to understand that negative practices can slow down or prevent a productive encounter with a war-traumatized client. The number of pages in the guide was limited to around 20-30 pages to make the use of the guide more practical and browsing as simple as possible.

Microsoft Office PowerPoint was chosen for the basis of the guide because of its' practical benefits of both holding a public presentation on the topic, and producing a good quality simple-to-print leaflet. The guide was written in simplified Finnish language. In practice, the simplification of the language meant explaining concepts more carefully and paying attention to the choice of vocabulary. The simplified Finnish was a clear language choice because it supports equality within Moniheli member organizations, and thus, between the multicultural organizations in Finland. The Finnish language is also the lingua franca between the multicultural third sector

networks in Finland. Additionally, it was considered important that all of the terms referring to the trauma and trauma-informed organizations would be introduced properly in the Finnish language.

The content of the guide was first divided into three parts, following the results of the literature review. The parts were: general information, practical content, and help and educate section. The content of the guide follows the idea of first providing general information about war-related trauma, trauma-informed community, and the challenges faced in encounters with war-traumatized clients. The practical content includes the principles, recommendations, and ideas of good practices and trauma-informed service design. The final section focused on helping and educating. It is based on the work-life needs that were collected using the preliminary survey and work-life discussions. The final section introduces organizations that provide low-threshold assistance and training opportunities to the staff working in the third sector. This section aims to provide ideas for networking opportunities between different third sector organizations that specialize in a trauma-informed approach. Finally, some literature, course ideas, and self-learning options were provided. In the last PowerPoint slide, the references were shown. The content of the good practices guide, translated into English, is shown in Table 14, "Content of the guide".

Practices on Encountering War-Traumatized Clients – A Guide for the Multicultural Third Sector Service Providers
Introduction
What is a trauma?
What are the trauma symptoms?
How common is trauma?
What is Post-Traumatic Stress Disorder (PTSD)?
What does the trauma-informed work approach mean?
What does a trauma-informed organization look like?
The challenges on encounters: accessibility and safety
The challenges on encounters: challenges of communication
The challenges on encounters: clients' individual challenges
Principles of trauma-informed work approach
Designing trauma-informed activities
In a trauma-informed client encounter
How will I get support for my clients or colleagues?
Courses and literature
Training on videos
References

Table 14. Content of the guide.

The content of the guide was sent to all cooperative partners that were involved in the guide production process. Feedback was collected online by e-mail. The cooperative partners were given two weeks to familiarize themselves with the content of the guide. The set of feedback questions was sent to the partners together with the guide. Additional feedback was collected from a peer student and a colleague. The feedback is analyzed and reflected in the conclusions of this thesis.

After the guide was completed, it was given to interpreting students for training purposes. The guide is supposed to be translated possibly to Russian, Arabic, Mandarin Chinese, Somali, Kurdish, and Turkish. Translating the guide or parts of the guide into the most common immigrant languages

will improve the accessibility and usability of the guide within multicultural organizations in the third sector.

9 CONCLUSIONS

The objective of this thesis was to develop better practices in the third sector on encountering clients with war-related trauma. A good practices guide was developed as a final product, based on the results of the scoping literature review, a preliminary survey, and a selection of manuals presenting some established principles and procedures used in the third sector and social services internationally.

9.1 Conclusions regarding the literature review process

The data collection turned out to be far more challenging than it was first expected. From thousands of records electronically identified ($N = 15408$) in the database, after the screenings, only eight ($N = 8$) articles met the full criteria for the needs of this thesis. There are many possible reasons for this limited number of records identified: reasons concerning the role of the third sector around the world, the search criteria used, and the perceptions of refugees as a client group around the world.

According to Salamon & Anheier (1999, 229), the third sector has a very active and prominent role in the social and political matters in the societies of northern Europe. The third sector has a very special and trusted role especially in Finland. The third sector has a long history of supplementing the public services in Finland. This is rather unusual in a global context. This might be one of the reasons why there was such a limited amount of data related to the third-sector services available globally. The

responsibilities of the third sector are most likely somewhat different elsewhere in the world. This is also why all the practices were not directly applicable in the context of the Finnish third sector. Another reason for the limited data findings was probably the fact that many of the third sector publications are usually not found in worldwide research databases. In addition, many of the publications are directed to the national use or the use of local networks, and they are not necessarily public or even applicable in other contexts.

Most of the electronically identified data was from English-speaking countries. The reason for that is most likely the choice of language criteria: English or Finnish. If the language criteria had been wider, including for example some of the Nordic languages, the result could have been very different. Also, the search criteria focused possibly too strongly on war-related trauma. Although this may have limited the reference material available, I wanted to proceed with this original reference group of choice. By searching data concerning practices and experiences of war-related trauma I wanted to give the voice for that specific group of people that seems to be often overlooked.

People with refugee backgrounds are not necessarily seen as subjects but rather as objects that are dependent on the help of the societies and local communities. This appears to be the case, especially with those with a diagnosis related to mental health. They are not seen as a resource in a community or profitable for the economy or society. This can decrease the motivation to study the needs of the people with refugee backgrounds. The lack of relevant research has led to a situation in which these needs are not acknowledged. Now that there will be more involvement of the third sector in the immigrant integration process in Finland those needs must be revealed. It has to be made sure that these organizations have the competence to provide appropriate services.

The preliminary survey did not result in many responses. The responses received, however, were very useful and provided much information that

was needed, especially concerning the prior experiences and general trauma awareness of the organizations. After sending the survey link to the organizations some feedback was also received by e-mail. Some contacts commented that they were not able to participate in the survey because they did not have "such clients". Naturally, not encountering war-traumatized clients daily does not mean that they would not exist or would not appear at some point in the future. Also, during the discussions, it was repeatedly brought up that the employees' background has a strong impact on the client encounter, not only the clients' backgrounds. Especially in peer encounters both the worker and the client may have a traumatic background that may affect the client encounter. In some cases, the worker and a client may represent opposite sides of a conflict which may cause tension at the client encounter. These tensions may estrange potential clients from the services. Hence, after the expert discussions, the trauma-informed approach was included in the thesis as a theoretical background. In the trauma-informed work approach, trauma is taken into account at all levels of the organization, including the staff and their experiences, and attitudes.

The limited amount of information received from the organizations that were approached when creating the guide eventually led to the conclusion that the responsibility for creating the content of the guide was almost entirely left to the researcher. From the point of view of research ethics, the situation was challenging. Hence, the good practices guide was developed based mostly on international research and expert data, including practices that will not necessarily meet the needs of the target organizations perfectly. However, the responsibility for the development of operations lies primarily with the organizations themselves. A researcher can be involved in developing the work of organizations towards up-to-date requirements, but the activity cannot be developed completely from the outside. To develop a trauma-informed organization, the organization must operate from its own perspective.

9.2 Conclusions regarding the good practices guide

According to personal communication with a work-life partner, a guide on encountering war-traumatized clients is much needed. The work-life partner revealed that a guide would be particularly useful when inducting the new staff on client service with refugees. The content of the guide appeared to be more general than it was first intended. This is because each organization in the third sector has its own rules and ways of operating. A practice that might appear good for some organizations would not apply to many others. In addition, the limited amount of prior information and relevant research made it quite challenging to create very reliable conclusions about the challenges there are in the third sector on encounters with war-traumatized clients, including conclusions related to the good practices in those encounters. The guide, however, includes three very useful sets of information: general information, practical information, and finally, the help and educate section. The general section briefly introduces the reader to the topic of trauma and trauma-informed approach. The practical section deepens the reader's perspective, concentrating on trauma awareness at the organizational level. In the final section, there are some sources provided for the needs of organizational learning.

The most central consideration in this thesis is related to the role of the employee in the third sector, often referred to in this thesis as the worker or the professional. The fact is, however, that there are no professional requirements for most of the employees in the third sector. Thus, there may or may not be previous experiences with clients with special needs. This must have an impact on the quality of service provided in the third sector. Now, that the third sector is given more responsibilities to support public procedures, such as an integration process of the immigrants, should the competence of the third sector professionals be monitored somehow? Or should the responsibilities be distributed to the organizations based on expertise or specialization?

In addition, on the organizational level, the development of an attitudinal climate is important. Clients of any background must be supported in the direction of self-advocacy. The assets of the refugee communities must be revealed, and in this task, the non-governmental and civil society organizations are in a key role. The development of the third sector will intensify when it is proven what these communities can contribute to society. This will eventually integrate the refugees into the society more effectively, and thus, will reduce the inequality between people. Including a trauma-informed approach on all levels will develop the services in a more low-threshold direction for all participants. This improves accessibility, affects the feeling of security, deepens the level of trust, and thus, expands the potential clientele.

9.3 Recommendations

Generally, the third sector should be developed in a more organized direction. In the future, I would like to bring up the question of the role of the third sector in the integration process of immigrants in Finland. What will it be like in the future? What kind of aspects should be taken into account? It is clear that by empowering the clients with refugee backgrounds in the third sector we can reveal the hidden resources in the refugee communities in Finland. It seems obvious that the third sector has a potentially strong role in supporting integration. This thesis could provide one perspective on developing a more inclusive third sector in Finland.

The good practices guide that was produced during this thesis process should be used as a part of the induction process for new employees in third sector organizations. It is not necessary to know what kind of backgrounds the clients may have. The default is that almost everybody has experienced a trauma at some point in their lives and it affects our daily lives and ways of communicating with others. That is why it is advisable for all organizations to learn the basics of a trauma-informed approach and to try to apply these principles to their communities. In addition, the

professional expertise in the third sector should be studied more due to the increasing number of potential responsibilities in the future.

In the future, it would be important to study the effects of trauma symptoms on the integration process. Are the processes humane? Do the requirements meet the reality? Another important symptom-related study would be the effect of trauma symptoms in daily life. This would help the decision makers to understand the reality in which many of the refugees suffering from trauma-related symptoms are living. This could help them to develop the integration process into a more humane, and trauma-informed, direction.

Lastly, an important field of study would be the assets and resources in the refugee communities in Finland, as well. Only by empowering the communities, can we strengthen the self-advocacy of the communities.

9.4 Perspectives on validity and reliability

Jaroslav Kriukow (2019) presented his six main points on validity and reliability assessments. They are prolonged involvement, triangulation, peer-debriefing, member checking, negative case analysis, and audit trail.

These points are shown in Table 15 below:

Issues of validity and reliability (by Kriukow 2019)	
1	prolonged involvement
2	triangulation
3	peer-debriefing
4	member checking
5	negative case analysis
6	audit trail

Table 15. Issues of validity and reliability (Kriukow 2019).

By prolonged involvement, Kriukow means researcher presence in the area of research where the interviews are made. Validity may be improved if the researcher spends more time with the research group. By

triangulation, Kriukow means combining several methods. This may provide new perspectives to the study. Peer debriefing is a rather literal term. Peer review is a possibility to share colleagues' views on the study. Member checking means, for example, making sure that the researcher has understood everything correctly with further questions. Sometimes negative case analysis may provide new perspectives to the study and it may even confirm the final results. Negative case analysis means trying to find results that are for example against the majority opinion. Finally, an audit trail means documenting the research process. This allows virtually anybody the possibility to follow your research path and repeat your study if needed.

The thesis process started with a discussion of Moniheli's Terkku project. During the discussions, the project manager of the Terkku Project expressed the need for a good practices guide on encountering war-traumatized clients. In addition, my previous professional knowledge of Moniheli and its projects, already proves the prolonged involvement in the field of the study. Triangulation can be shown already in the planning phase when deciding to collect information both through a survey and using the literature review method. Each phase of the thesis was peer-reviewed throughout the thesis process, as well. The idea paper was sent to the Terkku project manager for review when it was completed. In addition, the research data was critically appraised by a peer using the JBI Critical Appraisal Tool for systematic reviews and research syntheses. The appraisal form can be found in the appendices (Appendix 5. JBI Critical Appraisal form). In addition, the final product of this thesis process, the good practices guide, was also reviewed by a peer.

Preliminary survey data was protected by not collecting personal information from the respondents. I only collected data on what kind of work the respondent does, the respondent's opinions, and potential experiences of encounters with a traumatized client. In some answers, the respondents revealed some details concerning their work but those cases were considered on a case-by-case basis. The amount of survey

responses was rather limited. This led to a situation where, to protect the respondents' privacy, it was decided not to include answers describing the type of work or organizations in the thesis.

During the data search, relevant literature was found through professional networks. This shows again the prolonged involvement with the topic and target communities. All the identified data was documented in an Excel form and flow charts. The articles were peer-reviewed. The preliminary survey could have enabled a possibility for negative case analysis if the sample had been more comprehensive. Data analysis took place in the spring of 2023. The survey results, excluding those that reveal too private details, were added to the appendices of the thesis. All this is an example of the openness of this thesis. After the guide was complete it was sent to the partners for review and feedback.

9.5 Professional development during the thesis process

This chapter focuses on the feedback concerning the guide. The chapter also aims to reflect on professional growth during the thesis process. In addition, in this context, the importance of both giving and applying the received feedback in the social sector are discussed.

The closest work-life partners were sent a more detailed set of feedback questions because they followed the guide production process from the very beginning. Additionally, the guide was sent for a review to a peer student, and a colleague working within adult education. Feedback was requested concerning the applicability of the guide for other sorts of work environments.

Based on the feedback, the guide was generally well received. The guide was described as informative, well-built, and well-structured. It provided a lot of new information and guidance on how to proceed with clients with trauma backgrounds. Even though the clear structure was appreciated,

the table of contents was still missed in some feedback comments. The use of the language in the guide was described as very clear but possibly even too simple and explanatory. However, considering the target group, multicultural NGOs and their workers in Finland, the simplified use of language is well justified.

The work-life partners appreciated the tool pack that the guide provided. The guide was described as "a door opener" for a trauma-informed approach in the third sector. The work-like partner appreciated the multiple perspectives and including the realities of the work of the third sector. However, more pedagogical content was needed. It was also suggested that some case stories or examples would enliven and concretize the use of the guide. After familiarizing oneself with the guide, the work-life partner was left hoping for tips on how to develop intersectoral cooperation. Also, developing more customer-oriented work was found important for the future. These perspectives could also provide useful themes for future studies.

According to the feedback, there are potential prospects for a trauma-informed approach in other sectors than the third sector. It was mentioned that the guide provides tools for various environments and client counseling work. The feedback providers suggested targeted groups for those working with people with potential war-related trauma backgrounds. It was also commented that the guide might be useful in client guidance situations where encounters with clients with a trauma background may not happen daily.

Microsoft PowerPoint was criticized as a format. It was commented that the PowerPoint presentation mode may not turn out as practical when printed on paper. Presumably, this depends on the operating context, because according to additional comments, the format was also appreciated for its versatility.

The feedback shows clearly that a trauma-informed approach is easily adaptable for various types of organizations. The information is generally needed and it may facilitate the encounters and communication with clients that have a traumatic background.

Now, to sum up this process, it is important to write a word or two about understanding. During this thesis process, I managed to understand the diversity of the human mind and the scale of challenges that hundreds, maybe even thousands, of people are dealing with in Finland daily. Thus, I understood the need for trauma-informed services targeted at people struggling with war-related trauma background in this world where the forms of collaboration are constantly changing.

As an authorized professional of social services working with adults in a school environment, I have daily encounters with people with all sorts of backgrounds, including trauma-related backgrounds. During this thesis process, I have received valuable tools to improve these client encounters. Even when the target group of the thesis differs, I am still able to benefit from its outcomes. Also, the collegial feedback supported this conclusion. I recognized the eco-social aspects in clients' lives. People are interacting with their environments. This thesis improves the eco-social interaction, and hopefully lead to a situation where people will receive more targeted services for their needs.

I have compared this thesis process to my previous thesis processes, and I can see the improvement clearly. I am still not a perfect scientist but I have improved my skills. I have understood the requirements of a Master's level thesis. I have developed my personal capabilities, team skills, and networking skills. I have taken a giant step out of my comfort zone. I understood how bustling the third sector is nowadays, in 2023, compared to 2007 when I was finalizing my previous thesis. The full calendars made it challenging to maintain plans and connections, and sometimes, to collaborate. Realizing this, now, I would like to thank my partners for their time. I would like to thank the work-life partners, Diaconia University of Applied

Sciences, my supervisors, peers, mentors, colleagues, and all those who made this thesis process possible.

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APPENDIX 1. Preliminary survey

PRELIMINARY SURVEY

Viiden minuutin kysely sotatraumatisoituneen asiakkaan kohtaamisesta

Olen Diaconia-ammattikorkeakoulun opiskelija ja teen YAMK-opinnäytetyötä otsikolla "Encountering war-traumatized clients: A Good Practices Guide for the third sector" (Hyvät käytännöt sotatraumatisoituneen asiakkaan kohtaamisessa kolmannella sektorilla). Opinnäytetyö on suunnattu erityisesti Monihelin jäsenjärjestöjen työntekijöiden tueksi. Kysely on tarkoitettu ensisijaisesti heille, jotka eivät ole mielenterveystyön ammattilaisia. Kyselyyn voi vastata suomeksi tai englanniksi. Kysely päättyy 31.3.2023.

A five-minute survey on encountering a war-traumatized client

I am a student at Diaconia University of Applied Sciences and I am working on my Master's thesis titled "Encountering war-traumatized Clients: A Good Practices Guide for the Third Sector". The thesis will be directed especially for the use of workers in Moniheli member organizations. The survey is primarily intended for those who are not mental health care professionals. Feel free to answer the open questions in either Finnish or English. The survey deadline is on March 31, 2023.

1. Minkälaisessa tehtävässä toimit?

1. What kind of work do you do?

2. Tiedän kohdanneeni työssäni sotatraumatisoituneita henkilöitä

kyllä []

ei []

2. I know that I have encountered war-traumatized persons in my work

yes []

no []

3 a. Tiedän, millaisista oireista traumatisoitunut henkilö kärsii

kyllä []

ei []

3 a. I know what kind of symptoms a traumatized person may suffer from

yes []

no []

3 b. Millaisia oireita ne esimerkiksi voivat olla?

3 b. What are some possible symptoms?

4 a. Tiedän, miten traumaoireet voivat vaikuttaa asiakastilanteeseen

kyllä []

ei []

4 a. I know how trauma symptoms can affect the client encounter

yes []

no []

4 b. Halutessasi voit kertoa kokemuksistasi traumatisoituneiden asiakkaiden kanssa

4 b. You may now describe the kinds of experiences you have of encounters with traumatized clients

4 c. Minkälaiset seikat helpottivat kohtaamisia? Minkälainen etukäteistieto olisi hyödyttänyt sinua?

4 c. What made the encounters easier? What kind of advance information would have benefited you?

5 a. Tarvitsen tukea sotatraumatisoituneen kohtaamiseen

kyllä []

ei []

5 a. I need support on encountering a war-traumatized client

yes []

no []

5 b. Halutessasi voit kertoa, miksi vastasit kyllä tai ei.

5 b. You may now explain why you answered yes or no.

5 c. Mitä tietoa tarvitset sotatraumatisoituneen asiakkaan kohtaamiseen?

5 c. What information do you need when encountering a war-traumatized client?

6. Mitä muuta haluaisit tuoda esiin?

6. What else would you like to bring up?

APPENDIX 2. Feedback Survey

Palautekysely.

Olen Diakonia-ammattikorkeakoulun opiskelija ja teen YAMK-opinnäytetyötä otsikolla "Encountering war-traumatized clients - A Good Practices Guide for the third sector" (Hyvät käytännöt sotatraumatisoituneen asiakkaan kohtaamisessa kolmannella sektorilla). Olen ollut aikaisemmin yhteydessä järjestöönne opinnäytetyöhöni liittyen ja lupasin kysyä palautetta oppaan sisällöstä, jotta saan oppaani ja opinnäytetyöni viimeistelyä. Toivoisin, että vastaatte seuraaviin kysymyksiin. Mielialteenne on minulle tärkeä! Voitte vastata suomeksi tai englanniksi.

Feedback survey.

I am a student at Diaconia University of Applied Sciences and I am working on my Master's thesis titled "Encountering war-traumatized Clients - A Good Practices Guide for the Third Sector". I contacted your organization earlier concerning my thesis, and I promised to ask for your opinion on this guide to complete it and finish my thesis. I hope you can find some time to answer the following questions. Your opinion is highly appreciated! You can answer in English or Finnish.

1. Mitä hyötyä tällaisesta oppaasta olisi työyhteisöllenne?
2. How can this kind of guide benefit your work community?
3. Mihin olet erityisen tyytyväinen oppaassa?
What are you particularly satisfied with in the guide?
4. Jäikö oppaasta puuttumaan jotakin oleellista tietoa?
Is there any essential information missing from the guide?
5. Mitä lisätietoa haluaisitte sotatraumatisoituneen asiakkaan kohtaamisesta? Mitä?
Is there anything else you would like to know about encountering a war-traumatized client? What?
6. Mitä muuta haluaisit sanoa?
Is there anything else you would like to add?

APPENDIX 3. Data summary.

	AUTHOR	TITLE	YEAR/COUNTRY	METHODOLOGY	PROBLEM/QUESTION/TOPIC	PARTICIPANTS	APPLICABLE CONTENT
A1	Esaki, N., Reddy, M. & Bishop, C.	Next Steps: Applying Trauma-Informed Model to Create an Anti-Racist Organizational Culture	2022 / USA				General information about trauma, practices, organizational tools
A2	Karagorge, A., Rhodes, P. & Gray, R.	Relationship and Family Therapy for Newly Resettled Refugees: An Interpretive Description of Staff Experiences	2018 / Australia	Exploratory qualitative inquiry.	Staff experiences of Strength to Strength program (STS). What was novel about the service provided? How might future models of care in this context be informed by the experiences of STS staff?	STS staff workers (N = 20).	Practices, types of activities
A3	Levenson, J.	Trauma-Informed Social Work Practice	2017 / USA				Approaches on trauma-informed services, organizational tools
A4	SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach	SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach	July 2014 / USA				Approaches on trauma-informed services, principles
A5	Scullion, L. & Curcuid, K.	Examining Veterans' Interactions with the UK Social Security System through a Trauma-Informed Lens	2021 / United Kingdom	Longitudinal interviews, focus groups	The application of trauma-informed care principles to the UK social security system. Avoidance of re-traumatizing those experiencing trauma.	veterans, policy and practice stakeholders	Definition of trauma, challenges on encounters
A6	Sjibrandij, M. et al.	Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries	2017 / United Kingdom		Presentation of Problem Management Plus (PM+) intervention and its variants	Syrian refugees in Europe and in the Middle East, host countries, communities and organizations	General information, challenges on encounters

A7	Wall, L., Higgins, D. & Hunter, C.	Trauma-informed care in child/family welfare services	2016 / Australia			What trauma-informed service means in the context of delivering child/family welfare services in Australia?		General information, definition of trauma
A8	Wylie, L., Van Mevel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Elfakhani, M. & Wardrop, N.	Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees	2018 / Canada	semi-structured interviews, focus groups	Experiences about working with immigrant and refugee patients and families in mental health care.	Care providers and managers working within the continuum of mental health services both in the hospital system and hospital-affiliated community care settings	General information, approaches on trauma-informed services	
G1	Anne I.	The Dynamic Synergy Model For Empowerment (In: Creating Empowerment in Communities)	2019 / Japan				General information, approaches on trauma-informed services, service principles	
G2	Castaneda, A., Mäki-Opas, J., Jokela, S., Kivi, N., Lähteenmäki, M., Miettinen, T., Nieminen, S. & Santalahti, P.	7.9 Järjestö-, yhdistys- ja vapaaehtoistoiminta (In: PALOMA-käsikirja)	2018 / Finland		Improving the mental wellbeing and integration of the people with refugee background with the help of the third sector.		General information, challenges on encounters, practical tools, types of activities, recommendations	
G3	Patocky, M. & Naseb, M.	7. Mental health (In: Best Practices for Social Work with Refugees and Immigrants)	2019 / USA				General information, definition of trauma. practical tools, types of activities, methods	

APPENDIX 4. Practices on Encountering War-Traumatized Clients – A Guide for the Multicultural Third Sector Service Providers

Käytäntöjä sotatraumatisoituneen asiakkaan kohtaamiseen

Opas monikulttuurisille järjestötoimijoille

Toni Autio 2023

Johdanto

- ▶ Tämä opas on kirjoitettu osana sosionomi (YAMK)-opintojen lopputyötä "Encountering War-Traumatized Clients - A Good Practices Guide for the Third Sector", joka julkaistaan joulukuussa 2023. Opinnäytetyö tehdään Diakonia Ammattikorkeakoulun Master in Global Change and Community Development -ohjelmaan.
- ▶ Opas on suunnattu pakolaistaustaisten asiakkaiden kanssa työskenteleville järjestötyöntekijöille, joilla ei ole kokemusta mielenterveystyöstä tai traumatisoituneiden asiakkaiden kanssa työskentelemisestä. Oppaan tarkoitus on kehittää traumainformoitua työskentelytapaa ja traumainformoituja palveluita. Oppaassa on tarkoitus avata trauman käsitettä ja tarkastella, mitä tulee ottaa huomioon erityisesti sotatraumatisoituneiden asiakkaiden toimintaa ja yhteistyötä suunniteltaessa. Oppaassa ehdotetut käytännöt perustuvat kartoittavan kirjallisuuskatsauksen avulla löydettyyn tieteelliseen tutkimusaineistoon sekä kansainvälisten ja kansallisten toimijoiden hyväksi katsomiin käytäntöihin.

Mikä on trauma?

- ▶ Trauma on laaja käsite, mutta yleisesti trauma on uhkaavan tai väkivaltaisen tapahtuman tai tapahtumien aiheuttama mielen vamma. Traumatilanne on sellainen, että ihmisellä ei ole henkisiä välineitä käsitellä tapahtunutta. Traumaan on liittynyt usein järkytys tai voimakas väkivallan tai kuoleman pelko. Trauma voi syntyä myös lapsuudessa, jos tietyt kasvatukselliset tarpeet eivät ole täyttyneet.
- ▶ Erityisesti monet sota-alueelta tulevat pakolaiset ovat kokeneet traumatisoivia asioita, mutta eivät kaikki. Trauma on voinut tapahtua esimerkiksi lähtömaassa, pakomatalla tai kohdemaassa. Sotatrauman ja muiden traumojen aiheuttamat oireet eivät eroa merkittävästi toisistaan.
- ▶ Trauma voi parantua ajan kanssa, mutta yleensä trauma pitää jotenkin käsitellä eli hoitaa. Traumaa voi hoitaa esimerkiksi terapialla tai lääkehoidolla. Trauma, jota ei käsitellä eli hoitamaton trauma voi aiheuttaa esimerkiksi masennusta, ahdistusta tai traumaperäisen stressihäiriön.
- ▶ Traumaan liittyvät oireet aiheuttavat monenlaisia ongelmia ihmisen arjessa. Oireet voivat tehdä arjesta ja tulevaisuuden suunnittelusta vaikeaa.

Mitä ovat traumaoireet?

- ▶ Keväällä 2023 Monihelin jäsenjärjestöille tehdyssä kyselyssä monikulttuuristen järjestöjen työntekijät tunnistivat trauman aiheuttamiksi oireiksi esimerkiksi nämä:

- tunteiden säätelyn vaikeus
- viha, ahdistus ja paniikki
- masennus
- pelot, ennakkoluulot ja harhat
- luottamuspula
- väsymys ja unettomuus
- keskittymiskyvyn heikkeneminen
- muistihäiriöt
- eristäytyminen

- ▶ Lisäksi kirjallisuuskatsauksen perusteella trauman oireita ovat ainakin nämä:

- suru
- itseluottamuksen puute
- syyllisyyden tunto
- itsetuhoisuus
- traumaperäinen stressihäiriö
- liiallinen päihteiden käyttö
- yksinäisyys



- ▶ Traumaoireet tekevät jokapäiväisistä asioista vaikeampaa. Monilla on traumaoireiden lisäksi myös somaattisia eli kehoillisia oireita. Työpaikoilla olisi hyvä miettiä, miten oireet vaikuttavat vuorovaikutukseen asiakkaiden kanssa ja miten ne pitäisi huomioida, kun suunnitellaan toimintaa.

Kuinka yleinen on trauma?

- ▶ Lähes kaikki ihmiset kokevat elämässään trauman. Trauman kokeminen ei tarkoita samaa kuin traumatisoituminen.
- ▶ Traumatisoituminen tapahtuu, kun traumatisoiva tilanne on erityisen voimakas, uhkaava tai vaarallinen, pitkäaikainen ja/tai toistuva.
- ▶ Jos traumakokemusta ei käsitellä, trauma saattaa varastoitua mieleen ja mieli alkaa käsittelemään kokemusta itsenäisesti, mikä saattaa näkyä arjessa esimerkiksi edellä kuvattuina oireina.
- ▶ Erityisesti pakolaistaustaiset henkilöt ovat altistuneet usein toistuville ja äärimmäisen väkivaltaisille kokemuksille ja uhkille, jotka ovat aiheuttaneet traumatisoitumisen.
- ▶ Kaikki pakolaiset eivät traumatisoidu.
- ▶ Trauman sietokyky eli resilienssi on yksilöllistä.

5

Mikä on traumaperäinen stressihäiriö (PTSD)?

- ▶ Yleensä trauman aiheuttamat oireet häviävät muutamissa kuukausissa, mutta joillakin ihmisillä traumaoireet jäävät pysyviksi ja synnyttävät traumaperäisen stressihäiriön.
- ▶ Traumaperäiseen stressihäiriön yleisiä oireita ovat masennus, ahdistuneisuus ja toisinaan psykoottisuus.
- ▶ Suomalaisesta kantaväestöstä noin puoli prosenttia kärsii traumaperäisestä stressihäiriöstä, mutta pakolaistaustaisista henkilöistä jopa joka neljäs kärsii tai on joskus kärsinyt traumaperäisestä stressihäiriöstä.
- ▶ Häiriöön kuuluu oleellisesti, että henkilö elää traumaa uudestaan arjessaan. Se tulee uniin ja esiintyy myös päivällä esimerkiksi pelkotiloina ja takaumina. Tiettyt aistikokemukset saattavat triggeröidä henkilöä eli käynnistää stressireaktion.
- ▶ Traumaperäiseen stressihäiriöön kuuluu myös tunteiden säätelyn ja muistin häiriöitä.

6

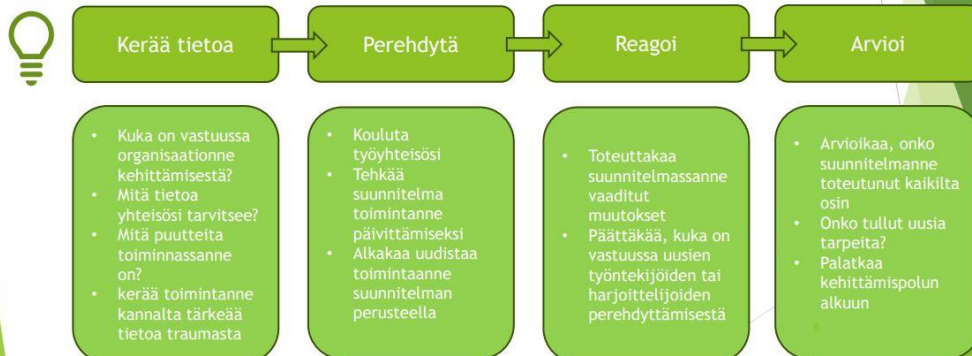
Mitä tarkoittaa traumainformoitu työote?

- ▶ Traumainformoitu työote tarkoittaa sitä, että organisaatio ja siinä työskentelevät ihmiset ymmärtävät, mikä on trauma ja miten trauma näkyy arjessa ja miten se tulisi ottaa huomioon työn ja työympäristön suunnittelussa.
- ▶ Työntekijöiden tulisi oppia ymmärtämään, että trauma ei ole ainoastaan henkilötason haaste, vaan se on koko työyhteisön haaste.
- ▶ Traumainformoitu työote edellyttää, että koko työyhteisö perehtyy trauman käsitteeseen ja on mukana suunnittelemassa toimintaa traumatietoiseksi eli traumataustan huomioonottavaksi.
- ▶ Myös asiakkailta on oma roolinsa organisaation kehittämisessä. Asiakkaiden tarpeiden huomioon ottaminen säästää resursseja, lisää luottamusta palveluihin ja koko palvelujärjestelmään sekä on kotouttava voimavara.

7

Millainen on traumainformoitu työpaikka?

- ▶ Nelivaiheinen kehittämispolku traumainformoiduksi organisaatioksi (mukailleen: Sarvela, 2020)



Asiakkuuden haasteita

- ▶ Tavoitettavuus, esteettömyys, turvallisuus
 - ▶ Tavoittaako toiminta kohderyhmän?
 - ▶ Tarvitaanko palveluihin hakeutumiseksi erityisiä resursseja? (esim. luku- ja kirjoitustaitoa, jonkin tietyn kielen taitoa, tietoteknistä osaamista, terveyttä, rahaa, suomalainen pankkitili, oleskelulupa?)
 - ▶ Onko kohderyhmä sopivasti tai oikein rajattu?
 - ▶ Onko tila esteetön ja saavutettavissa kaikenlaisille asiakkaille?
 - ▶ Voidaanko kaikille asiakkaille taata turvallinen tila? Mihin? Miten?

9

Asiakkuuden haasteita

- ▶ Kommunikaation haasteet
 - ▶ Kielihaasteet (esim. mahdollisuus asiointitulkkien käyttöön)
 - ▶ Tulkinnalliset haasteet (esim. väärin tulkitseminen, asiakkaan tai työntekijän kulttuurin tuntemuksen puute)
 - ▶ Kulttuuriset haasteet (esim. leimaantumisen pelko, kulttuuriset ristiriidat)
 - ▶ Luottamuspuola (esim. tulkkeihin ja samankielisiin tai saman kokeneisiin työntekijöihin)

10

Asiakkuuden haasteita

- ▶ Asiakkaiden yksilölliset haasteet
 - ▶ Luottamuspuola: kohdistuen itseen ja auttajiin, epäluulot
 - ▶ Oireiden aiheuttamat haasteet (esim. pelot, unettomuus, väsymys, kognitiiviset haasteet: mm. muistiongelmia ja vaikeudet noudattaa annettuja ohjeita, ohjeiden moninkertainen varmistaminen)
 - ▶ Taloudelliset haasteet (esim. ei rahaa matkustaa palvelujen pariin)
 - ▶ Trauman jatkumo (esim. huoli lähtömaahan jääneistä läheisistä)
 - ▶ Palveluihin sitoutumisen ongelmat (esim. viime hetkellä peruttuja tapaamisia, kykenemättömyys aikataulujen noudattamiseen)
 - ▶ Yleinen luottamuksen puute, epäluulot
 - ▶ Yhteiskunnalliset haasteet: oleskelulupastressi, näköalattomuus uudessa kotimaassa, muuttunut perhedynamiikka ja muuttuneet roolit

11

Traumainformoidun työn periaatteita

- ▶ Traumainformoitu työote tarkoittaa traumatietoista työympäristöä ja otetta työhön.
 - ▶ Lähtökohtaisesti oletamme työssämme, että asiakkaamme on hyvinvoiva. Tämä ajattelutapa sulkee kokonaan pois osan asiakkaista ja merkittävän osan potentiaalisista asiakkaista, jolloin palvelun tavoitavuus heikkenee.
 - ▶ Traumainformoitu yhteisö pyrkii huomioimaan myös niitä ihmisiä, joiden arkea hankaloittaa trauma.
- ▶ Traumainformoidun työn periaatteita ovat:
- ▶ turva (turvallinen tila, traumatietoiset työntekijät, trauman laukaisevista tekijöistä eli triggerieistä vapaa ympäristö, ei pelkoa uudelleentraumatisoitumisesta)
 - ▶ luottamuksellisuus, ammattimaisuus, toiminnan läpinäkyvyys ja ennalta-arvattavuus
 - ▶ valinnanmahdollisuus, asiakkaan itsenäinen toimijuus
 - ▶ kumppanuus (yhteistoiminta, verkostotoiminta)
 - ▶ voimavaralähtöisyys ja voimaannuttaminen (osallistavat työtavat, korjaavat kokemukset)

(SAMHSA, 2014, Butler & Carello 2019)

12

Traumatietoisen toiminnan suunnittelu

- ▶ **Kartoitetaan, huomioidaan ja minimoidaan haasteet:**
 - 1) Saavutettavuus (kielellinen, fyysinen, maantieteellinen, kulttuurinen)
 - 2) Kommunikaation haasteet
 - ▶ Äidinkielinen kotoutumisen tuki (mahdollisesti tulkkaus- ja käännösapu)
 - ▶ Kulttuurinen kompetenssi asiakastilanteissa ja toiminnoissa (kouluttautuminen, aktiivinen verkostoituminen)
 - 3) Asiakkaiden yksilölliset haasteet
 - ▶ Voimavaralähtöisyys (mitä ovat asiakkaan tai yhteisön voimavarat? verkostot? yhteistyö? kulttuuriset informantit? "kulttuuritulkit?")
 - ▶ Asiakkaan lähiverkoston mukanaolo, vertaistoiminnan edistäminen, osallisuuden edistäminen
 - ▶ Kouluttautuminen, kotouttavan virkistys- ja harrastustoiminnan edistäminen

13

Traumatietoisen toiminnan suunnittelu

- ▶ **Asiakaslähtöisyys**
 - ▶ Asiakas on oman elämänsä asiantuntija
 - ▶ Kannustetaan asiakasta itsenäiseen toimintaan, ei tehdä puolesta. Korjaavat kokemukset kasvattavat resilienssiä.
 - ▶ Tuetaan itsenäisen arjenhallinnan taitoja
 - ▶ Voimavaralähtöisyys
- ▶ **Osallistaminen**
 - ▶ Keskusteleva työote on demokraattisempi vaihtoehto ja lisää luottamusta
 - ▶ Vapaaehtoistyössä vaikuttamismahdollisuuksien lisääminen lisää sitoutumista toimintaan
 - ▶ Mitä asiakaslähtöisiä resursseja on käytettävissä?
 - ▶ Vertaistoinnasta hyötyvät kaikki osapuolet
- ▶ **Voimavaralähtöisyys**
 - ▶ Kartoitetaan asiakaskunnan tarpeita ja resursseja esimerkiksi yhteisöanalyysin avulla

14

Traumatietoisen toiminnan suunnittelu

- ▶ Perehdytään kattavasti hankerahoitusten mahdollisuuksiin
 - ▶ Varmistetaan, että toiminta on kuvattu tarpeeksi laajasti, mutta myös tarpeeksi yksityiskohtaisesti rahoituksen varmistamiseksi
 - ▶ Varmistetaan, että toiminnan tavoitteet on kuvattu tarpeeksi selvästi
- ▶ Luovuus, joustavuus ja innovaatio
 - ▶ Kaikki työskentelytavat eivät sovi kaikkiin asiakastilanteisiin.
- ▶ Pyrkimys yhteistyöhön muiden järjestöjen kanssa
- ▶ Traumainformoitu organisaatio huomioi myös työntekijöidensä hyvinvoinnin, mm. kouluttamalla.

15



Traumatietoisessa asiakastilanteessa

- ▶ tulee huomioida sopiva tila
 - ▶ saavutettavuus ja turvallisuus kaikille osapuolille
 - ▶ ei ylimääräisiä häiriötekijöitä: vältettävä voimakasta valaistusta, voimakkaita ääniä, tuoksujia ja muita aistiärsykeitä
- ▶ työntekijältä odotetaan...
 - ▶ Ammattimaisuutta
 - ▶ johdonmukaisuutta
 - ▶ rauhallisuutta
 - ▶ voimavaralähtöisyyttä
 - ▶ itsenäisen toimijuuden tukemista
- ▶ Keskustelun päätteeksi tulee kerrata sovitut asiat, erityisesti yksityiskohdat

16

Mistä saan tukea traumatisoituneelle asiakkaalleni tai työyhteisölleni?

- ▶ On hyvä selvittää, onko asiakas jo tai onko hän joskus ollut hoidossa oireidensa vuoksi Suomessa, lähtömaassa tai muualla.
- ▶ Oireilevat asiakkaat tulisi ohjata omalle terveysasemalle, koska moniin jatkopalveluihin tarvitaan lähete.
- ▶ Oireiden tunnistamiseen ja sanallistamiseen olisi hyvä tarjota asiakkaalle tukea.
- ▶ Traumaoireiden ja traumaperäisen stressihäiriön hoitoon käytetään lääkettä tai terapiaa tai niiden yhdistelmiä.
- ▶ Traumaoireista on mahdollista parantua myös ilman lääketieteellistä hoitoa.
- ▶ Järjestöt voivat kannustaa asiakkaita mm. vertaistoimintaan ja muuhun osallistavaan toimintaan, toki mahdollisuuksien ja oman jaksamisen tai omien kykyjen mukaan.

17

Mistä saan tukea traumatisoituneelle asiakkaalleni tai työyhteisölleni?

- ▶ **Mieli.fi**
 - ▶ Mieli Kriisikeskukset ympäri Suomea (ilman lähetettä)
 - ▶ Mieli kriisipuhelin (kuudella kielellä)
 - ▶ Vertaistukiryhmiä
 - ▶ koulutuksia (mm. mielenterveyden ensiapu)
- ▶ **Paperittomien palvelut**
 - ▶ turvapaikanhakijat ja muut, joilla ei ole voimassaolevaa oleskelulupaa
 - ▶ Global Clinic <https://www.globalclinic.fi/>
- ▶ **Kidutettujen ja sotatramatisoituneiden kuntoutuskeskus (läheteellä)**
<https://www.hdl.fi/psykotraumatologian-keskus/>
- ▶ **Lisätietoa pakolaisuudesta ja stressistä kuudella kielellä, myös ammattilaisille:**
 - ▶ HDL, psykotraumatologian keskus: <https://www.hdl.fi/psykotraumatologian-keskus/tietopankki/>
- ▶ **Kulttuuripsykiatrian poliklinikka (läheteellä)**
- ▶ **Tuuli-hanke: Mielenterveyttä maahanmuuttoon -videosarja (useilla eri kielillä)**
 - ▶ Mielenterveyttä maahanmuuttoon: <https://thl.fi/fi/web/maahanmuutto-ja-kulttuurinen-moninaisuus/maahanmuutto-ja-hyvinvointi/maahanmuuttaneiden-mielenterveys/mielenterveytta-maahanmuuttoon-videosarja-pakolaiselle>

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Koulutuksia ja kirjallisuutta

KOULUTUKSIA

- ▶ Mieli ry:n Mielenterveyden ensiapu®
<https://mieli.fi/materiaalit-ja-koulutukset/koulutukset/mielenterveyden-ensiapu-koulutukset/>
- ▶ Muita Mieli ry:n mielenterveystaitojen koulutuksia
 Mieli ry:n koulutukset <https://mieli.fi/materiaalit-ja-koulutukset/koulutukset/>

KIRJALLISUUTTA

- ▶ Castaneda, A., Mäki-Opas, J., Jokela, S., Kivi, N., Lähteenmäki, M., Miettinen, T., Nieminen, S. & Santalahti, P. (2018). **Pakolaisten mielenterveyden tukeminen Suomessa: PALOMA-käsikirja.**
<https://www.julkari.fi/handle/10024/136193>
- ▶ Linner Matikka, J. & Hipp, T. (toim). (2023). **Traumainformoitu työote.** PS-kustannus.

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Videokoulutusta

VIDEOITA

- ▶ American Institute for Research. How Can Organizations Measure Trauma-Informed Care to Promote Healing?
 Youtube-video (2min) <https://www.youtube.com/watch?v=XoxIUaGAhqc>
- ▶ Arizona Trauma Institute. How to Become a Trauma-Informed Organization
 Youtube-video (72min) <https://www.youtube.com/watch?v=OgR3H5RHs6Q>
- ▶ SAMHSA. Developing a Trauma-Informed Organization
 Youtube-video (55min) <https://www.youtube.com/watch?v=edx7rPmSSnE>

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Lähteet

- Butler, L. D. & Carello, F. (2019). Traumatic Experience, Human Right Violations, and Their Intersection. Teoksessa: L.D. Butler, F. Critelli & J. Carello (toim.) *Trauma and Human Rights. Integrating Approaches to Address Human Suffering*. Palgrave MacMillan.
- Esaki, N., Reddy, M., & Bishop, C. T. (2022). Next Steps: Applying a Trauma-Informed Model to Create an Anti-Racist Organizational Culture. *Behavioral sciences*, 12(2), 41. <https://doi.org/10.3390/bs120200410>
- Karageorge, A., Rhodes, P., & Gray, R. (2018). Relationship and Family Therapy for Newly Resettled Refugees: An Interpretive Description of Staff Experiences. *Australian and New Zealand Journal of Family therapy*, 39(3), 303-319. <https://doi.org/10.1002/anzf.1325>
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- Potocky, M. & Naseh, M. (2019). 7. Mental Health. In: *Best Practices for Social Work with Refugees and Immigrants*. Columbia University Press, 187-216.
- SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville: Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/shin/content/SMA14-4884.pdf>
- Scullion, L. & Curchin, K. (2021). Examining Veterans' Interactions with the UK Social Security System through a Trauma-informed Lens. *Cam-bridge University Press. Journal of Social Policy* 51(1), 96-113. <https://doi.org/10.1017/S0047279420000719>
- Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., . . . Cuijpers, P. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: Integrating scalable psychological interventions in eight countries. *European Journal of psychotraumatology*, 8(sup2), 1388102-11. <https://doi.org/10.1080/2008198.2017.1388102>
- Tokie Anme. (2019). Chapter 2 The 'Dynamic Synergy Model for Empower-ment' In: *Creating Empowerment in Communities: Theory and Practice From an International Perspective*. Nova, 11-36.
- Wall, L., Higgins, D., & Hunter, C. (2016). Trauma-informed care in child/family welfare services (CFCA Paper No. 37). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.
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- Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., . . . Wardrop, N. (2018). Assessing trauma in a transcultural context: Challenges in mental health care with immigrants and refugees. *Public health reviews*, 39(1), 22. <https://doi.org/10.1186/s40985-018-0102-y>

APPENDIX 5. JBI Critical Appraisal form.

**JBI CRITICAL APPRAISAL CHECKLIST FOR
SYSTEMATIC REVIEWS AND RESEARCH SYNTHESSES**

Reviewer:

Date

Author:

Year

Record

	Yes	No	Number Un- clear	Not ap- plicable
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- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Is the review question clearly and explicitly stated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the inclusion criteria appropriate for the review question? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the search strategy appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the sources and resources used to search for studies adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the criteria for appraising studies appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was critical appraisal conducted by two or more reviewers independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were there methods to minimize errors in data extraction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were the methods used to combine studies appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was the likelihood of publication bias assessed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were recommendations for policy and/or practice supported by the reported data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Were the specific directives for new research appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)
