Behavior	Trauma informed explanation of behavior: People who have experienced trauma often experience/believe….	Strategies and/or language to reduce trauma
Clients calling too much, leaving multiple messages	Anxiety and fear, hyperarousal, had to make a lot of noise in the past in order to get needs met, worry or panic, concerned that needs won't be met unless able to catch busy provider in the moment, forgetfulness - client may not remember calling	Be very transparent in your voicemail message - "leaving only one message will speed up a return phone call" or "I will return your call within 24 hours" or "Please do not call back unless it has been more than 48 hours". Explain why process is taking longer than expected and expected timelines, acknowledge that client is worried or anxious and how their behavior impacts you, remind them how many times they called. *"I received 5 voicemails from you since yesterday morning. I understand you're worried about the situation, however when you leave more than 1 message, it actually takes longer for me to get back to you because I have to listen to all of your messages. What ideas do you have to make sure you only call me once?"*
Threat of harm to self (If you don't call me back, I'm going to kill myself).	Difficulty regulating emotion such as anger or fear. Mood swings and instability are common. Depression and suicidal ideation. Possibly intrusive flashbacks or fear of trauma recurrence. Because threats and manipulation were used against them in the past, they learn this strategy. The system often uses this strategy also (If you don't return the paperwork, then we'll terminate you). A sense of not being cared for triggers fear of harm from past experience and related emotions without less drastic skills for reducing these emotions. It may actually feel like they will not survive this.	Sympathize with their concerns, but stress that this could get them attention that they are not truly in need of. "*Let's slow down and focus on helping you feel safe. What can we do to allow you to take care of yourself at this moment? Then when you feel ready, we can decide on what to focus on next."* After immediate crisis has subsided: *"A lot of people I work with often get overwhelmed and feel suicidal. However I take that very seriously and if you say this is something you will do I have to call in others to help. So first I want you to know that if you say X, I will X. Another plan is that if you are feeling super overwhelmed we can come up with a different word/phrase that lets me know you are feeling really stressed out but you are not in danger. And then we develop a plan of what to do when this happens. What would you like to do?"*

Behavior	Trauma informed explanation of behavior: People who have experienced trauma often experience/believe….	Strategies and/or language to reduce trauma
Only calls when in crisis or calls for assistance after it's too late (e.g. power has already been shut off)	Magical thinking that avoidant behavior may solve problems, difficulty making decision about whether or not to ask for help, forgetfulness, shame in needing help, depression. Past experiences have been that help has only been available when the situation is presented as a crisis or client may not realize that crisis is coming due to fear of reading mail, etc.	*"This is a stressful situation for you. Let's contact the power company together to see what options might be available for you."* Once the current situation is resolved: *"Since it's much easier to access resources in advance, let's sit down and develop a plan you can use in the future so you can request help before it becomes a crisis."*
Jumping to worst case scenario/conclusion.	Anxiety, feeling of fragility and/or vulnerability, fear of trauma recurrence, hopelessness	Predict this. "*Many folks I work with often jump to the worst case scenario because it has helped keep them safe and able to survive and plan – it is how are brains are wired. Sometimes we have to force our brains to think of other options so let's do that together. I hope that we can prepare for good things as well as the worst case"*
Calling after their case/file has already been closed.	Belief that avoidance may be effective, depression, forgetfulness, shame, avoidance of trauma reminders. When someone has a "bump in the road", like missing a minor expectation, they assume that they are kicked out and this validates that belief.	Acknowledge challenges related to meeting program expectations. Explore ways to increase communication, action from the client. *"I know that this program can sometimes require a lot from someone in terms of paperwork and documentation, and I know that can often be scary or add to the stress that you're already experiencing. What do you think we can do to help you remember to meet program expectations and make these requirements less scary?"*
Blaming the provider for what they didn't do (when the provider actually did it).	Irritability and mood swings, anxiety, trying to emotionally detach from the relationship, preoccupation with the event or flashbacks, memory problems, fear, shame they messed up. They have had a provider or someone they trusted let them down before. They have been taught through offenders and the system that blame and denial is an effective strategy.	Acknowledge their feelings and offer support, acknowledge system barriers, let them know that you recognize that systems do fail people sometimes, reassure the client that the provider has taken care of the issue. *"I know that social service agencies can often make mistakes or fail families and individuals. I can assure you that this situation has been taken care of. Do you remember when I called you last week to tell you the bill had been taken care of? What can I do to help you know that this has been taken care of?"*

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Only communicates in a certain way (e.g. only returning calls after 5pm or on weekends and leaving voicemails)	Anxiety, shame, feeling vulnerable, sleep disturbances so client only sleeps during the day, avoidance. Client might not feel comfortable speaking to someone on the phone (reminder of bill collectors or other threatening calls).	Reassure client that program will respect his/her independence; explain why communication is part of creating a successful relationship without being invasive. Provide other ways to communicate such as texting or emailing, creating a communication plan with client, leave detailed messages about what it is you need or why you need to speak with the client directly. *"I know that talking during business hours is difficult for you. However I need to talk with you in person about a question on your paperwork related to your address. You can try calling me tomorrow before 10am or after 3pm"*
Client arrives late to an appointment and expects to meet OR client arrives early to an appointment and expects to meet.	Difficulty making decisions (like when to leave for an appointment or what bus to take), forgetfulness, difficulty concentrating, feelings of anxiety - wants the presenting issue to be addressed as soon as possible; doesn't really want to meet with you but knows they have to get services.	Arriving on time for your own appointments role models accepted behavior, explaining that things are scheduled in order to provide best service/preparation, meet with client only the time allotted (so if you can meet earlier, then only meet the normal amount of time you would have met, not extra). *"It's really good to see you; however I'm not able to meet with you until your appointment at 3 because I have a meeting now. So, would you like to reschedule for another time or relax in our lobby for an hour? Can I get you some water?"* *"I'm so glad you are here. We do only have 20 minutes left before my next meeting so how about we schedule another time"*

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Constant rescheduling	Depression, anxiety, shame, sleep disruptions and fatigue, reactivation of past events, flashbacks, belief that avoidance will be effective, loss of purpose or helplessness	Explain the importance of your time and theirs. This time was allotted to just them. *"I know it can be difficult for you to get here. I also know that sometime people are anxious about meeting with me because it can be scary or difficult to talk about the things we sometimes discuss. However when you cancel your appointment, it impacts my schedule and other clients as well. What would make it easier for you to keep your appointments? Would you like a reminder call/text? If more than two appointments are missed, I will not be able to hold this time, but I would welcome you to call me back and we can find a new time."*
Guilt/manipulation ("you're trying to kill me").	Irritability and hostility, mood swings, emotional detachment from trusting relationship, intrusive flashbacks or memories, reactivation of past trauma, belief that feelings or memories are dangerous. Experience that this behavior has been effective at getting needs met.	*"It sounds like you are worried that you may not be receiving the right care. Let's slow down and help me understand how I can help you take care of yourself right now. What can we do to allow you to take care of yourself at this moment? Then when you feel ready, we can decide on what to focus on next"*
High or unrealistic expectations of the system or case manager	Increased disillusionment, increased self-confidence (If I can survive this, I can survive anything), redefined meaning or importance of life	*"I know our services can be a bit confusing, and it seems like it might be unclear what my role is here. Would it be helpful if I explained how our agency works and who does what?"*
No follow through	Avoidance, depression or fatigue, memory problems, substance use, forgetfulness, withdrawal, decreased activity levels feeling as though "why should I bother – no one cares anyway".	Ask about barriers. *"I know that sometimes people are anxious about following up/returning a phone call/ meeting with me because it can be scary or difficult to talk about the things we sometimes discuss. What would make this easier for you? How important is it for you to follow through with these things? "*

Behavior	Trauma informed explanation of behavior: People who have experienced trauma often experience/believe….	Strategies and/or language to reduce trauma
Distrust of the system (due to changes in policy, services, staff turnover)	Anxiety, increased cynicism, disillusionment, hopelessness, client may have been failed by someone or something before, assumption that the system is not helpful, fear of abandonment.	Let them know you understand their frustration. Try to meet client where they are. Be transparent and acknowledge frustration caused by changing staff and policies. Try to be more attentive and genuine, understand that our system can be traumatic for clients. Work together to get the answer the client needs. *"I know that the rules and requirements we have can be confusing. The reason we need/ask you to do this is because…. How can we work together to get you what you need? "*
Comparisons to other staff persons ("My last case manager didn't do that/was able to do that")	Hostility, mood swings, emotional detachment, increased cynicism, client has experienced rejection/misinformation in the past, memory problems or forgetfulness, client has learned manipulation can be effective for preventing trauma (Don't disappoint me! Don't hurt me! I have to do this all over again!). Transitions are often moments of activation and stress – the "what if" is often worse than the "what is".	Be transparent with what you already know about the person. Being client-centered in development of care plan goals and objectives, ensuring client has a copy to ensure clear expectations/boundaries/goals are outlined. Ensure client has received program rights and responsibilities, client handbook or other relevant information about what the program can and cannot provide. Explaining the why behind program policies. Provide options. *"Many of the people I work with often become confused about what we can and cannot offer, and I know program and services can sometimes be confusing or unfair. Let's work together to figure this out. I can offer X or X or X and if you're still upset, you're welcome to file a grievance."*
Provider shopping for services (calls care coordinator, nurse, CAREAssist case worker, housing coordinator) – "working the system"	Anxiety, forgetfulness, fear of reactivating memories, increased cynicism, hyperarousal, looking for a quick result, wants issue to be resolved and may feel they will get different results, this behavior has worked for them in the past; the system is unclear.	Clear communication with other providers when reasonable (I have sent emails with my "messages of the day" to help ensure providers are all on the same page), Explain the why behind the rules and ensuring rules are applied consistently (Do not go so far outside the rules that you set yourself (as the provider) up for 'provider shopping'), Timely documentation prevents duplication of services

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Calling staff liars, threatens going to manager/press/Congress	Blame, irritability or hostility, mood swings, emotional detachment, difficulty with emotional regulation, intrusive memories, belief that threats will prevent future trauma, increased disillusionment, easier to blame others because if they don't, they have to face reality. These tactics have been used against them by family, partners and/or the system.	Depending on the degree of hostility and relationship with the client, a variety of approaches might be worth attempting. Bring person into the moment by asking them about feelings in their body, offer a glass of water, redirect, consider humor, offer options, use lots of reflection. Remember not to take hostility personally. *"I hear that you're very upset. What do you think you can do? I can offer x or x or x. What would you like to do?"* If available having a third person can be helpful – either another staff or a support person.
Entitlement ("I have HIV…I deserve to receive XX").	Past experiences have been that manipulation and/or coercion are successful tools for protection and getting needs met, questioning ("why me"), increased self-confidence; it probably is deserving but it is perceived as being withheld from this one person versus the understanding that it is not available to anyone.	*"I understand that it's important to you to receive this service and you may have received it in the past. Unfortunately, our current program resources do not support this service. Let's talk about other options that might also meet your needs."*
People who don't want to use the services they are entitled too.	Shame, depression, grief, self-blame, detachment, avoidance of reminders or triggers, loss of purpose, hopelessness; fear of system hurting them.	*"Sometimes people I work with feel guilt about accepting offers of help or have had the experience that they would have to give something back (nothing is for free). Does that feel familiar to you? What worries might you have about accepting this service?"*