

# Responding to Challenging Client Contacts: Practices from the Information and Referral/Assistance Field



## Introduction

Frontline staff in aging and disabilities organizations provide one-on-one assistance to older adults, people with disabilities, family members, and caregivers on various services, including long-term services and supports (LTSS). Every day, staff at national, state, and local agencies and organizations communicate with people through phone calls, in-person meetings, email, chat, and other modes of communication. These interactions, for the most part, are cordial with information or assistance provided to a client or caregiver; however, some contacts may be considered “challenging”. Challenging client contacts may include a range of situations, from those where individuals are frustrated by their circumstances or by navigating the social services system to crisis contacts and abusive calls. They may also include interactions with individuals who are belligerent and manipulative. As the number of challenging client contacts has increased over the years, the well-being of frontline specialists can be negatively impacted, and the retention of staff and volunteers may suffer. This issue brief draws on the experiences of Information and Referral/Assistance (I&R/A) programs to offer approaches and practices for responding to challenging client contacts and supporting staff.

## Methodology and Respondents

In 2023, Advancing States’ National Information & Referral Support Center, in collaboration with the National Council on Independent Living (NCIL), administered an I&R/A survey to agencies nationwide, primarily within the aging and disabilities networks that provide or oversee I&R/A services. Responses were collected through a web-based survey tool in April through May 2023. Respondents represented 39 states and Washington, D.C., with most representing I&R/A specialists within Area Agencies on Aging (AAAs) (39 percent), followed by Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), state agencies, other non-profit organizations, and 211s.

This issue brief captures responses to survey questions that reflect I&R/A specialists’ job responsibilities, demand for services, and agency or organization training on challenging client contacts, as well as information collected from interviews with select survey respondents. Additionally, the brief includes information on policies, procedures, and other resources and support provided by I&R/A agencies to assist specialists with challenging call situations.

## I&R/A Training and Support with Challenging Client Contacts

I&R/A programs connect older adults, people with disabilities, family members, and caregivers to community resources and services. The role of an I&R/A specialist involves consumer-facing responsibilities in which specialists provide information, referrals, and assistance to individuals seeking services and resources that are available to them. Job responsibilities for I&R/A specialists have changed over the years, possibly due to the COVID-19 pandemic, with most specialists reporting that they have assumed additional job responsibilities. Advancing States’ national survey of I&R/A specialists found that many specialists also conduct community outreach and education, eligibility screening and/or determination, assessments (e.g., needs assessment), and

consumer advocacy.<sup>1</sup> Respondents indicated that their job responsibilities have increased or changed over the past year due to increasing demand for services and changes in community needs, as examples. Several respondents also stated that clients' complex needs have impacted their responsibilities, including providing additional services such as options counseling, advocacy, or application assistance. Additionally, almost two-thirds of respondents indicated that call volume to their agency grew over the year, most likely indicating an increased need for services and supports.<sup>2</sup>

While “challenging client contacts” existed prior to the COVID-19 pandemic, the pandemic and the growing need for community resources and services may have contributed to an uptick in these types of exchanges. As noted earlier, challenging client contacts can stem from a variety of situations. Inform USA, a member organization supporting information and referral providers, defines “challenging interactions” as interactions with “individuals who are difficult to serve, based not on their situation, but on their behavior.”<sup>3</sup> John Plonski, Developer of Helping Empathically As Responders Training (HEART), is a leading expert on crisis and suicide prevention. He writes that challenging client contacts may be considered “difficult” by a specialist, resulting in the specialist reacting to the caller and personalizing the interaction. The individual may not be difficult, but rather, the interaction or issue they present may be considered challenging. According to Plonski, “[w]e forget or, more pragmatically, fail to admit that feelings of helplessness and frustration can and do result from certain types of calls. In addition, viewing the [c]aller as difficult introduces the danger that someone in actual need may not receive the full benefit of the services the agency is able to offer.”<sup>4</sup>

The I&R/A survey asked respondents if their agency provides training and/or other support to assist I&R/A specialists with handling challenging call situations, such as callers who are belligerent or agitated. The majority of respondents (70 percent) answered yes, and ten percent said that training or other support is in development. In comparison, 17 percent answered no, indicating that their agency does not provide training or other support to assist I&R/A specialists with challenging call situations with three percent noting that they did not know. See Figure 1.

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<sup>1</sup> “Service Delivery in the Aftermath of a Pandemic: Findings from the Information and Referral/Assistance National Survey”, *Advancing States*, April 2024.

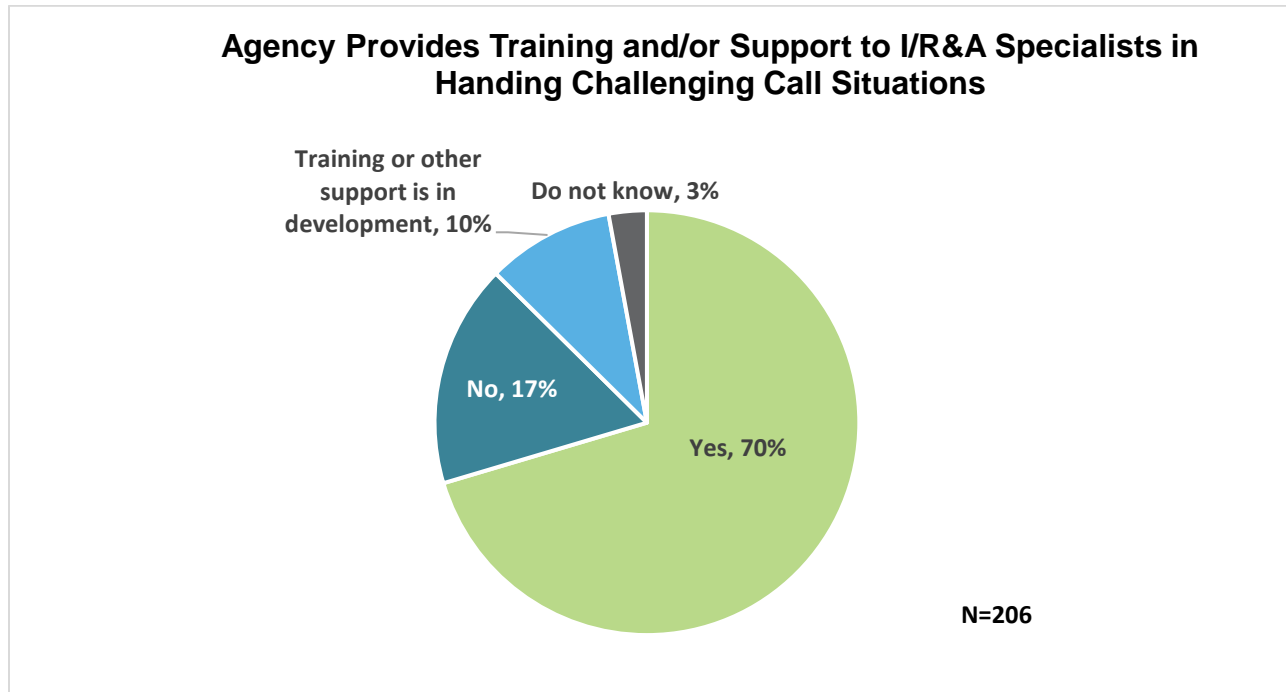
<https://www.advancingstates.org/sites/nasuad/files/IR%20Service%20Delivery%20Issue%20Brief%202024%20FINAL.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 10.0), *Inform USA*, July 2024. [https://assets-002.noviams.com/novi-file-uploads/airs/Inform\\_USA\\_Standards\\_-\\_Version\\_10\\_0.pdf](https://assets-002.noviams.com/novi-file-uploads/airs/Inform_USA_Standards_-_Version_10_0.pdf)

<sup>4</sup> John Plonski, “Working with Difficult Interactions”, <https://ininet.org/working-with-difficult-interactions.html>

Figure 1



**Description:** Figure 1 is a pie chart representing organizations that provide training and/or support to I/R&A specialists in handling challenging call situations. Seventy percent of respondents reported, “Yes, the organization provides training and/or support to I/R&A specialists in handling challenging call situations”, 17 percent reported “No”, ten percent reported, “Training or other support is in development” and three percent reported, “Do not know.” Analysis of this chart is in the main text.

Survey respondents who answered “yes” provided examples of training and other support to handle challenging call situations. Many specialists said they receive training on managing these types of calls, such as de-escalation techniques and person-centered and soft-skills training. Several respondents said that training is provided through Inform USA and/or the specialist’s agency or other community organizations. Several comments are shared below:

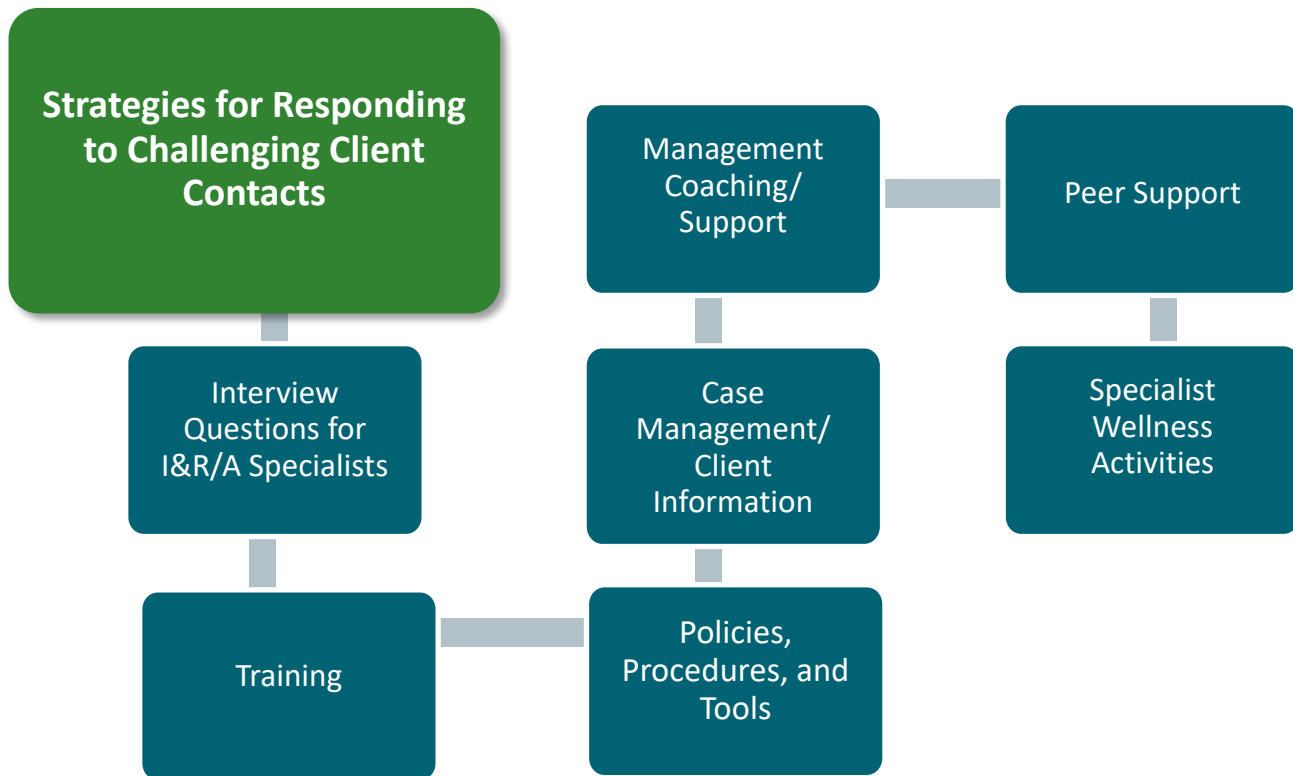
- “Our agency provides orientation/training when specialists are hired. Our agency also conducts follow-up training/support for handling agitated callers, including coaching, de-escalation, and the option to transfer to a supervisor. Specialists will disconnect calls if a caller uses threatening, profane/abusive language.”
- “Customer Service Training and De-Escalating Challenging Situations”
- “Person-centered training and crisis invention training”
- “We provide one-on-one coaching to help our I&R de-escalate challenging situations. We have had the local police department provide in-person de-escalation training to all of our staff.”

Coaching by management or supervisors and peer support are other methods identified by many respondents as a way to manage challenging contacts. One respondent said that staff are “[i]nformed to alert supervisor, the supervisor monitors the call and provides coaching via chat. Should the call escalate, the supervisor will step in and take over the call.” Additionally, several respondents said their agency or organization maintains policies and/or procedures on “inappropriate” or disconnecting calls.

To better understand the strategies and techniques used by frontline programs for managing challenging contact situations, ADvancing States conducted interviews with five survey respondents representing national, state, and local community organizations. ADvancing States staff customized questions for each interview based on the respondents' comments on the survey questions. Additionally, staff reviewed material developed by national organizations and a leading expert on communication approaches and techniques. Based on the review and analysis of the information, specific strategies and techniques for addressing challenging contact scenarios are presented as common themes (see Figure 2). They are:

- Interview Questions for I&R/A Specialists
- Training
- Policies, Procedures, and Tools
- Case Management/Client Information
- Management Coaching/Support
- Peer Support
- Specialist Wellness Activities

**Figure 2**



**Description:** Figure 2 is a flow chart titled “Strategies for Managing Challenging Client Contacts”. The flow chart lists the following strategies: “Interview Questions for I&R/A Specialists”, “Training”, “Policies and Procedures”, “Case Management/Client Information”, “Management Coaching/Support”, “Peer Support”, and “Staff Wellness Activities.” Descriptions of the strategies are in the main text.

### Interview Questions for I&R/A Specialists

At [AgeWays Nonprofit Senior Services](#) (Michigan), an AAA serving six counties, part of the interview process for I&R/A specialists includes questions on how the candidate would manage a difficult call with a client who, for example, presents as angry or is crying. Staff consider responses that include de-escalation techniques, keywords, and ways the specialists can avoid personalizing the interaction.

### Training

Many survey respondents and interviewees said that their organization trains specialists in working with challenging client contacts.

[AgeGuide Northeastern Illinois](#), an AAA serving eight counties, trains specialists using Inform USA training material, such as webinars. The AAA also uses postscripts, PowerPoint presentations, and other resources saved in Microsoft (MS) Teams, which are accessible to specialists. Specialists are trained to distinguish between an abusive or “challenging caller” and a frustrated caller or a “challenging call.” The agency defines an abusive call

as any derogatory verbal exchange that is aimed at the employee personally and which makes the employee feel uncomfortable. These may include calls where the client uses threatening or intimidating language, such as obscenities, profanities, degrading comments, vulgar or sexist language, humiliating remarks, or racial slurs. Using abusive language can interfere with the specialist's work and impede their ability to perform their duties. The training includes suggested scripts and protocols when interacting with an abusive caller.

At AgeWays Nonprofit Senior Services, the team lead or supervisor will conduct role-play activities during the training practice. For example, if the caller is angry or crying or the person appears very agitated, suggested ways a specialist may respond are discussed. Additionally, training new staff includes written resources for managing difficult calls, such as sample scripts for responding to various calls, essential points to remember for certain situations, and policies on disconnecting calls. The training manual includes information on ways to work with clients that may be challenging to the staff, including tips on ways to comfort a caller who is frustrated, such as listening to the person, validating their feelings, and asking them to call back. Staff are trained for about four weeks before they answer calls independently.

[Disability Hub MN™](#) (Minnesota) is a statewide resource network that operates in partnership with two local Centers for Independent Living (CILs) through a Department of Human Services (DHS) grant. The Hub maintains a virtual "Learning Management System" where new staff obtain pre-service training and current staff receive ongoing training. The trainings are recorded so that staff can watch the courses at any time if they or their supervisor feel that the staff needs a refresher on a particular topic. Additionally, focus groups are held with Hub staff so that management and DHS staff may better understand topics that may be confusing to Hub staff. The focus groups also provide an opportunity to learn about resources Hub staff may need and determine areas where information may be lacking for people in the community. The Minnesota DHS also holds a monthly training for the specialists, focusing on the role of the Hub staff regarding certain training topics, such as housing programs and Medicaid spend-down. Lastly, Hub staff attend in-person training as a large group a few times during the year.

The National Information & Referral Support Center's "[Navigating the I&R Process: Communication Approaches and Examples](#)" features sample statements I&R/A professionals can use when greeting clients, asking demographic questions, responding to challenging or difficult calls, and other statements.<sup>5</sup> Examples include "I can understand how that would make you angry. I'm sorry if someone here gave you wrong information. Would you like me to look for something else?" and "I am sorry that you do not find any of the options that I offered acceptable. I would be happy to continue to search for other options, but for me to continue, I need for you to not use that type of language anymore."

## *Policies, Procedures, and Tools*

Some survey respondents and interviewees said their organizations have policies and procedures for challenging or inappropriate contacts, such as policies on disconnecting calls. As noted in the *Inform USA Standards and Quality Indicators for Professional Information and Referral*, I&R services are required to have a procedure to

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<sup>5</sup> The National Information & Referral Support Center is administered by Advancing States and receives funding from the Administration for Community Living, U.S. Department of Health and Human Services. The Center provides training, technical assistance, and information resources to build capacity and promote the continuing development of aging and disability information and referral services nationwide. See <https://www.advancingstates.org/initiatives/national-information-referral-support-center>

address challenging interactions, which includes: identifying behaviors considered offensive or inappropriate; providing options for managing disruptive contacts; and, reviewing challenging interactions as needed and determining any necessary actions (e.g., procedural changes, staff training).<sup>6</sup>

[Project Amistad](#), an Aging, Disability, and Transportation Resource Center serving El Paso, Texas, has standard operating procedures for specialists engaging in challenging interactions. For example, specialists are advised to provide the client the opportunity to express themselves; however, if the client is using offensive language or expressing or exhibiting belligerent behavior, specialists are to give the client a verbal warning.

A national organization provides frontline staff with sample language to assist specialists with redirecting callers. Using sample language rather than a script enables the specialist to target their conversation to the particular client. AgeWays Nonprofit Senior Services has written procedures for handling crisis calls and disconnecting calls, as well as tips for de-escalating specific calls.

AgeGuide Northeastern Illinois' "Abusive I&A Protocol" is stored in the organization's MS Teams channel and accessible to specialists. The document states that specialists are "to impose clear boundaries (or limits) when clients are acting in an abusive, manipulative, or seriously inappropriate manner."<sup>7</sup> The protocol defines abusive calls and describes the difference between this type of call and an angry or frustrated call. Steps specialists can follow when handling abusive calls, such as using the agency's techniques and scripts to navigate and diffuse the situation, are described. Management will develop additional protocols for addressing more "abusive" challenging client contacts when specific issues are presented. Additionally, as funders may require I&R and other frontline counseling organizations to collect demographic data (such as data on sexual orientation and gender identity), management developed a tip sheet for staff to use when requesting this information.

In response to staff and supervisors' comments regarding challenging calls, the Minnesota DHS (Disability Hub MN) conducted focus groups with I&R/A specialists and supervisors. From these meetings, management revamped their procedures and thought about how to build training to better support the specialists. The term "challenging callers" is not used. A client may express their frustration or other emotional state due to several reasons. Additionally, the calls themselves may be stressful to the client, and therefore, the individual may express themselves in a manner that appears challenging to the specialist. Management developed "high-stress" call procedures that feature tips on managing these types of calls effectively. Specialists are encouraged to remain calm, speak slowly, listen attentively, and empathize with the client. Additionally, tips are provided to de-escalate a call and to warn against continued abusive language. For example, specialists can assist clients in finding solutions to their problems; however, if a solution is not available, such as locating affordable housing or securing financial support for a specific situation, it's important for the specialist to be honest with the client and avoid making promises that cannot be kept. This honesty is crucial because it helps maintain trust and sets realistic expectations, ensuring clients do not feel misled or disappointed. The focus groups are a tool to elicit feedback from staff. As a result, new procedures, job aids, training, and additions to the public-facing [www.disabilityhubmn.org](http://www.disabilityhubmn.org) website have been made. This ongoing feedback loop ensures that the support provided to specialists is continuously improved and adapted to meet their needs effectively.

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<sup>6</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 10.0), *Inform USA*, July 2024. [https://assets-002.noviams.com/novi-file-uploads/airs/Inform\\_USA\\_Standards\\_-\\_Version\\_10\\_0.pdf](https://assets-002.noviams.com/novi-file-uploads/airs/Inform_USA_Standards_-_Version_10_0.pdf)

<sup>7</sup> AgeGuide Northeastern Illinois, "Abusive I&A Call Protocol", revised September 2023. Information from *Abusive Caller Policy*, Ontario One Call and *Confidence in Any Weather: Saying No & Managing Difficult Calls*, Inform USA, were used to develop the Abusive I&A Call Protocol.

For clients that express suicidal ideation, some survey respondents said that their organization provides policies or information on steps to take. Project Amistad provides a list of statements or “red flags” for possible suicide to specialists. If a client says any of the statements or other suggestions of suicide, the specialist is to alert management immediately. AgeWays Nonprofit Senior Services’ I&R/A software includes written procedures for staff when interacting with a caller who appears suicidal, including steps on when to involve a crisis center or other agencies, including local police departments.

Disability Hub MN™ maintains crisis call procedures, including guidance on how to handle clients who express the possibility of suicidal ideation. Specialists are taught to focus on the person and validate their feelings, recognizing that the client may be in danger. Specialists may conduct a three-way call with county-based mental health or tribal crisis lines and also provide a warm transfer to 988, the national Suicide & Crisis Lifeline. The crisis call procedures include steps the specialists should take following the call, such as speaking with their supervisor and following up with the client to provide resources.

### *Case Management/Client Information*

Some of the I&R specialists interviewed said their organization maintains case files or plans for clients who call frequently or are considered challenging. A national organization uses internal guidelines to determine if a treatment plan should be developed based on the type of challenging call and the degree to which the call interferes with the specialist’s work. Management listens to recorded calls with the client and obtains input from the frontline staff who interacted with the client to develop the treatment plan. The plan includes the topic(s) the client usually presents, as well as if they are difficult with self-directing, and information that may prompt the client to become belligerent or angry.

Another agency uses its data management system to document client interactions and add information on the individual’s needs or issues. Management and staff can add notes to a client’s online file with detailed information on specific ways to work with the client.

Frequent contacts at AgeWays Nonprofit Senior Services may require advocacy, including contacting resources on behalf of a client and following up with the client. Follow-up with the client is generally conducted within three to seven days or a few weeks.

John Plonski suggests that management help staff recognize frequent callers by gathering general information describing the caller’s previous calls, background, and history, current life issues, support systems and strengths, contact limit, and other information. Such information can be pulled together into an individual profile. Additionally, management may institute a policy or model to address frequent calls. For example, the organization may create a “contact policy” whereby the caller is limited to a certain number of calls per day or week that are of a certain duration (e.g., 10 minutes). The specialists must understand the new policy, and the caller must be informed of the policy and the reasons for it. Callers who present with a new need or concern that requires immediate attention are not subject to the “contact policy”; however, once the need or concern is addressed, the contact policy is reinstated.<sup>8</sup> Plonski notes that one model or policy may not work for every client, and policies on frequent callers should be based on the individual’s needs.

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<sup>8</sup> John Plonski, “Frequent Callers: The Whole Story”, Inform USA presentation, 2023, based on “The Ever-present Crisis: Working with Frequent Callers.”



## *Management Coaching/Support*

Many people interviewed said that specialists may refer a client to their supervisor if the specialist feels that they cannot assist the client due to their behavior. Additionally, specialists may meet with their supervisor following a challenging client contact to discuss the interaction and consider ways to effectively manage similar contacts in the future.

At AgeGuide Northeastern Illinois, frequent callers are referred to specific staff members who may be trained to work with certain behavioral issues.

Calls that the specialist may find especially challenging at AgeWays Nonprofit Senior Services may be transferred to the Team Lead. This person can listen to a call and provide silent coaching.

Specialists who work with Disability Hub MN™ can meet with a supervisor to discuss the client contact.

## *Peer Support*

Many survey respondents said their organizations encourage peer support to assist I&R/A specialists with challenging client contacts. Examples of peer support include an experienced specialist mentoring a recently hired specialist and a specialist speaking with a colleague following a call. One AAA survey respondent said, “We have monthly meetings with the other ADRC partners to discuss difficult cases and get suggestions/information from peers across the state.” A respondent from an ADRC said their organization has “peer-to-peer discussions in monthly ADRC staff meetings.”

At AgeGuide Northeastern Illinois, specialists are encouraged to speak with their peers to discuss how to handle specific calls or address behaviors of challenging client contacts.

New specialists at Disability Hub MN are assigned a mentor who trains and supports the new hire. The mentor conducts practice calls with the specialists, shadows their calls, and shares resources.

## *Specialist Wellness Activities*

Challenging client contacts can negatively impact the emotional well-being of specialists and the retention of staff. Several survey respondents said their organizations offer wellness and self-care options. One respondent noted that the organization’s employer assistance program, or EAP, provides wellness and health activities, and self-care is highlighted for one month during the year.

Project Amistad’s licensed professional counselor provides specialists with self-care options, such as ways to cope with stress.

AgeGuide Northeastern Illinois’ human resources operation team periodically hosts special luncheons and appreciation days for staff and provides staff with time away from work.

At AgeWays Nonprofit Senior Services, staff well-being is supported through monthly one-on-one meetings with individual staff and management, during which staff are asked to assess their well-being on a scale of one to 10. Weekly team meetings with staff are also held. The Employee Assistance Program (EAP) is available to staff.

Disability Hub MN introduced a new status called “decompress” in their call center system this past year. This status allows agents to take a short break to relax and recover after handling a particularly stressful call. This helps ensure that agents are mentally and emotionally ready before taking the next call, promoting better

performance and well-being. Additionally, the organization has a staff-led peer engagement committee that organizes small activities each week. These activities help staff stay connected with their coworkers, and they infuse some fun into their weeks. The Hub also uses in-person training sessions to bring in outside presenters to train and discuss relevant topics. A recent example is de-escalation training for all staff.

Once a year a national organization conducts an all-staff training on practicing self-care and preventing burnout. Additionally, management checks in with staff on their well-being in monthly one-on-one meetings and as a group approximately quarterly.

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