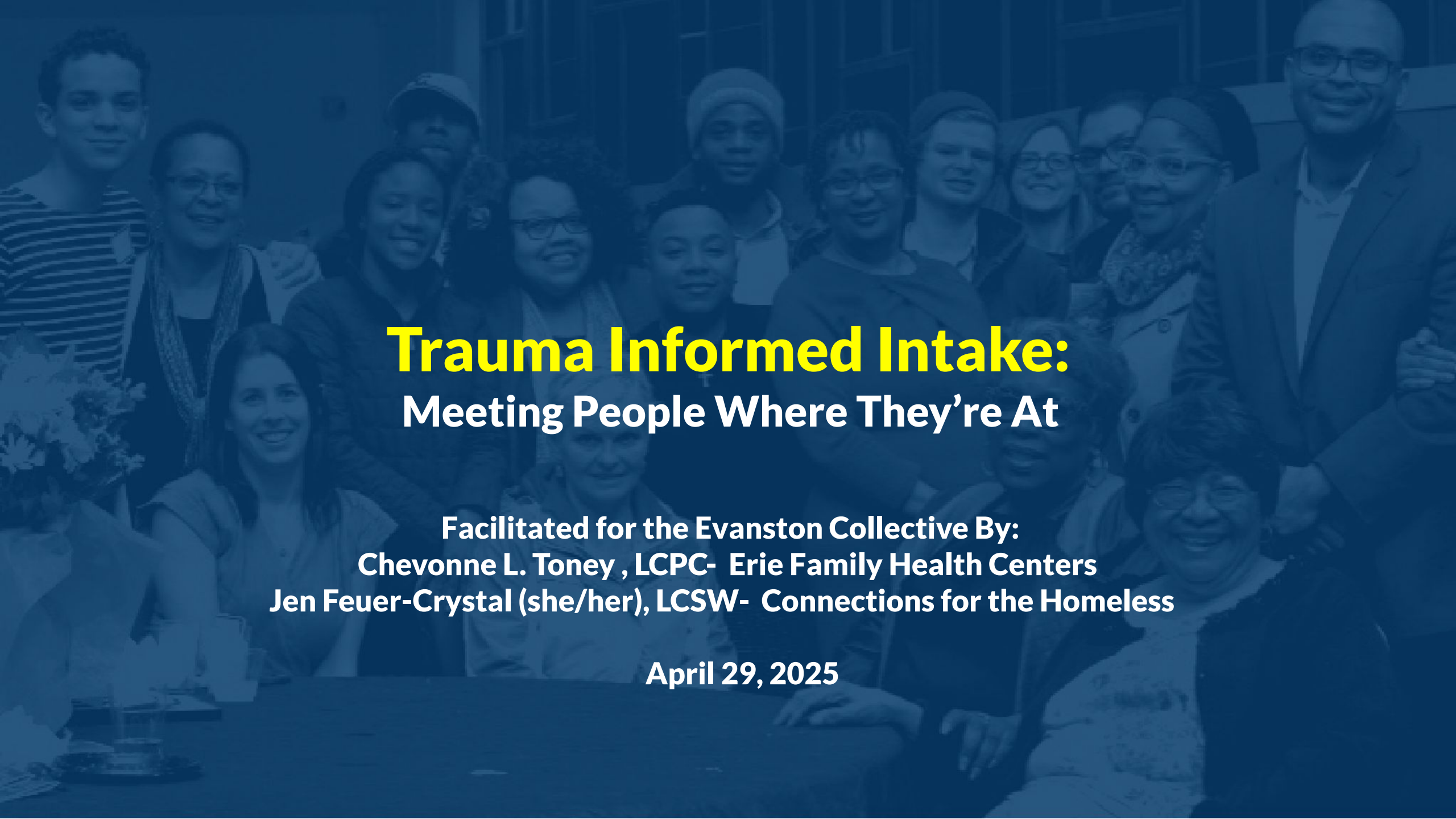




Trauma Informed Intake: **Meeting People Where They're At**

Facilitated for the Evanston Collective By:
Chevonne L. Toney , LCPC- Erie Family Health Centers
Jen Feuer-Crystal (she/her), LCSW- Connections for the Homeless

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Introduction s + Self Care Moment

- Name
- Pronouns
- Agency
- How you feel when you're walking in to do a new intake?

Notice the self care resources on the table and feel free to use them throughout!

Trauma Informed Care

According to SAMHSA's concept of a trauma-informed approach, A program, organization, or system that is trauma-informed...

Realizes the widespread impact of trauma and understands potential paths for recovery;

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

Seeks to actively resist *re-traumatization*.

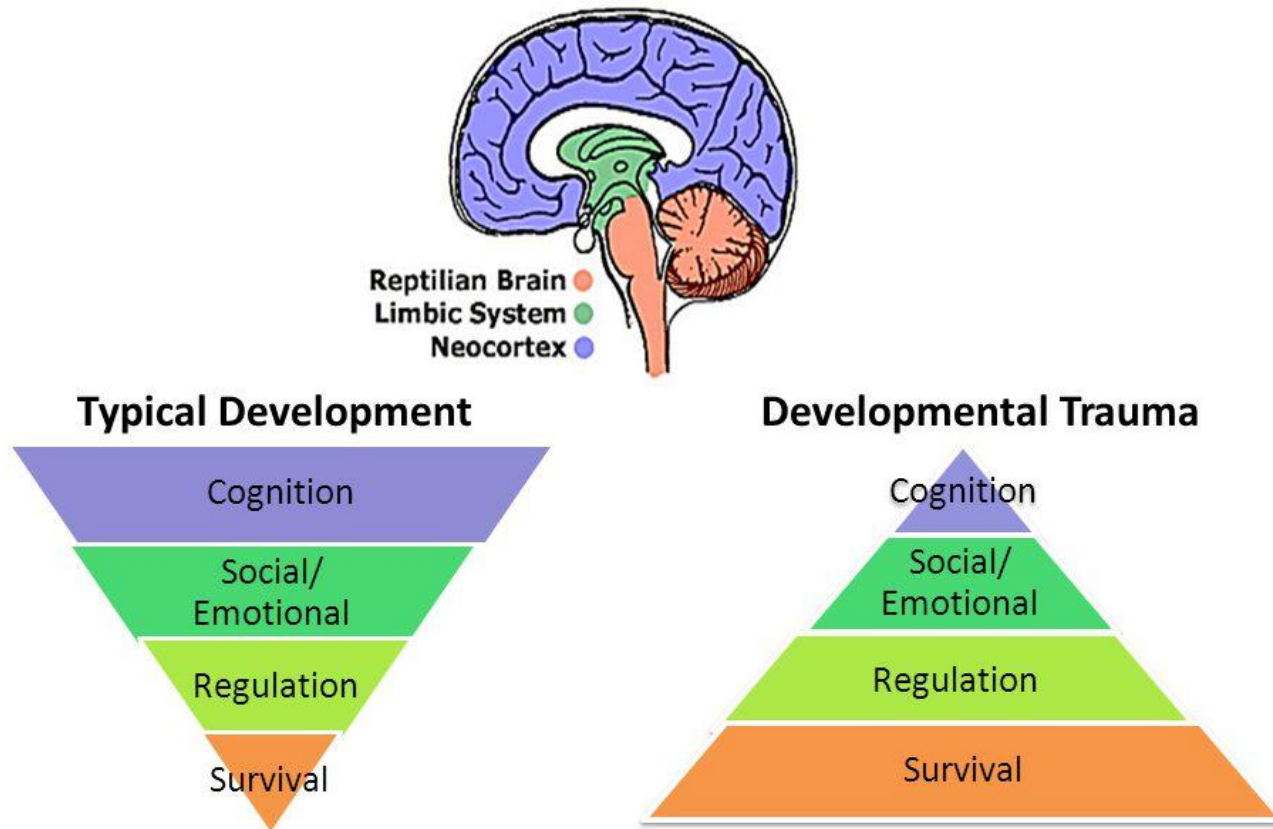
Healing happens in relationships

CONTROL PREDICTIBILITY SUPPORT

Trauma Informed Care:

Trauma and the Brain

Trauma & Brain Development



- Amygdala** = “Reptilian” part of our brain
- “Fight or Flight” response
 - Judges each new sensation to be a threat or safe.
 - When senses danger, sends out an alarm putting the entire body on alert

- Cerebral Cortex** = prefrontal cortex
- Complex thought
 - “Logical” part of brain.
 - Allows us to process and think rationally
 - Decision making part of the brain
 - Personality expression

Our brains can
recover from trauma!

Trauma Informed Care

Trauma

Trauma: an event, series of events, or an endemic or chronic condition that threatens the survival of an individual. Any situation in which survival is the overriding concern and therefore the brain must make changes to accommodate that need.

vs

Traumatized

Traumatized/Traumatization: Being traumatized is when a person's natural capacity to cope, heal, and return to equanimity/equilibrium is overwhelmed.

Trauma Informed Care Key Ingredients:

Goal: Acknowledge How Widespread Trauma is + Actively resisting re-traumatization



**Participant
Empowerment**



Choice



Collaboration



Safety



Trustworthiness

Understanding and Responding to Triggers (our own and our clients!)

- Remember is it okay for someone to vent-
Safety vs. Fear
- You can support someone who is feeling triggered by staying calm and present
- Be mindful of your own body language if you're feeling triggered
- It's okay to ask for support if you can't fully serve someone because your own trauma is coming up

Dos and Don'ts of Trauma Informed Intake

Do:

- Create space for autonomy
- Start with hospitality and an ice breaker
- Build in choice
- Have a conversation and create space to connect with each other and collaborate
- Acknowledge how hard it is to share with a stranger and allow the client to pass on anything they don't want to answer
- Be mindful of social dynamics and privilege at play (age, race, gender identity, language access, staff vs. client dynamic)
- Center the client and value them as the expert on their own experience
- Value their time and focus on strengths (it's not easy to get to an appointment!)

Don't:

- Come with an agenda to get through
- Read through questions and record answers
- Assume the client feels comfortable just because you do
- Assume everyone has literacy skills
- Minimize someone's experience
- Assume anything about a person's identities- let them tell you
- Make someone share more about their trauma history than needed
- Be judgmental

What others are we missing? Add in your own dos and don'ts

Motivational | Interviewing



Motivational Interviewing is a collaborative, goal-oriented style of communicating with particular attention to language of change. It is designed to strengthen a client's personal motivation and/or commitment to a specific goal.

Motivational interviewing is used when discussing commitment to change when it comes to; mental health treatment, substance abuse, eating habits, improvements to environment and changes needed to improve physical health.

Motivational interviewing is a partnership. It is a collaborative process where the petitioner takes a non-judgmental position in understanding the clients; perspective, experiences and their right to make informed changes about their life

There are stages to change and usually involves the person moving through these stages; but understand as people get closer to their goals there can be a fear of success, a change in motivation or change in the support available to them. This can cause them to go backward or forward in these stages.

The Stages:

***Pre-Contemplation:** can also be described as denial, where maybe they don't see that there is a problem or see a problem but lack confidence in being able to change.

***Contemplation Stage:** Where the client starts to see there is a need for change.

***Preparation Stage:** Where the client is starting to see change is possible and starting to think about the "how".

***Action Stage:** Where the client begins to make changes

***Maintenance:** Where the client is seeing the benefits of change and motivated to continue.

How does the practitioner support the client in the stages?

Pre-Contemplation Stage: By engaging the client and establishing therapeutic rapport. Having a compassionate approach.

Contemplation Stage: Discussing why there is a need for a change in this moment. Engaging a client in a way, they arrive at the desire to change.

Preparation Stage: Help build their motivation by helping them see, change is attainable and possible.

Action Stage: Provide skills and tools to reach their goal based on the resources available to them.

Maintenance Stage: Encourage sustaining the change, point out how it has helped them thus far.

"Change Talk"

Five basic signs the client is moving from, "I'm ok" to "Maybe I can start". You start to see...

1. The **desire** to change. Look for words like "want, wish and like".
2. The client articulates the **reason** why they want to change; they use words like, "safety, wanting to feel better, for my family".
3. Their **commitment** to change ie, how committed is this person to make the necessary changes, they use words like "I will, it's time". These are indicators they are ready.
4. Their **ability**, the client starts to express confidence in their ability to change. They start to use words like, "I can, I'm able, I could".
5. The **need**, the client starts to identify the necessity and importance of the change. They use words like, "Urgent, serious".

OARS: Skills necessary to get to Change talk

O: Open ended questions, to elicit information ie, how would you like things to be different? What has worked in the past?

A: Affirm/validate the clients concerns and experiences.

R: Reflections/Reflective listening. Respond with reflections to deepen understanding of the client's thoughts and feelings.

S: Summarizations periodically to connect the dots.

*Remember. 1. Don't move to fast 2. Meet the client where they are 3. Be careful that you aren't imposing what you would like to see happen, on to the client. 4. Don't make the client feel guilty.

A Perspective from a Young Adult!

- Before I dive into who you are and your background can you start by telling me your name, how old you are and your first experience as a young adult going into a doctor's office.
- And when you started the intake process with a new doctor; for example, after you went to the ED for your stomach issues the very first time and you went to the follow up by yourself.
- And do you feel as a young adult going to a doctor's office for the first time by yourself, did you feel supported? Did you feel like if you had questions staff were available to help you? Did you feel heard, did you feel rushed? What was your experience like coming from the people asking you questions or that were giving you the paperwork?
- You mentioned when you are in the room you were given time to answer the questions, you felt like you were not being rushed and like they genuinely wanted responses from you, how important is that to you?
- Of the times you went to the doctor's office, when you didn't feel heard, when you feel like "they really don't want to know what's going on with me or like a lot of assumptions being thrown at me", how did that impact you?

Interview Continued

What do you think is more important to you; to have someone that looks like you and can relate to you to service you, or to have someone that genuinely wants to help you, to service you.

What about the times when you don't feel heard, what do you think is the biggest factor to why you don't feel heard, do you think it's because of skin color or age? If you have to choose between the two which, would you choose?

That's the end of my questions; I would like you to quickly run through your resume for me.

And what are your goals for after you finish with your bachelors.

Thank you for your time. I appreciated it and if I have other questions I will reach out to you.

What Intakes Look Like In Different Settings

Group Discussion

- In your current setting, what works and doesn't work during intakes?
- Where do we see we're trauma informed and where can we improve?
- Situational consultation

**What's one thing you'll take away from the training today
or
One word of how you're feeling after the discussion?**





Please complete our
EVALUATION
to give feedback on the training-
Thanks so much!

External Opportunities:

Crisis Prevention Institute (CPI)- Non Violent Crisis Intervention

<https://www.crisisprevention.com/Training-and-Events>

Mental Health 1st Aid

<https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>

Awesome TED Talk Video

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Erie Family Health:

Chevonne:
ctoney@eriefamilyhealth.org
(312) 432-7520

Jen:
jfeuer@connect2home.org
(847) 475-7070 x130

THANK YOU!