

Trauma History and Psychosocial Interview

Date _____

Client _____

Therapist _____

I. CHILDHOOD HISTORY

Family of origin (Where did you grow up? Who did you live with? Parental marital status? Siblings?)

Childhood abuse history (probe for physical, emotional, sexual, without using word “abuse”)

What was the household environment like growing up? How were you punished as a child? Were you ever injured by a parent or caretaker?

Education (How far did you go in school? Learning Disabilities/Conduct issues? Grades?)

CURRENT FUNCTIONING

Current Psychosocial Situation (Can confirm from initial assessment)

- Family situation (marital status, # of children)
- Living situation

Daily routine (How do you spend your time during the day?)

How are your PTSD symptoms impacting your relationship with your children? Your parenting?

Leisure activities (What do you do for fun? Hobbies?)

Significant current stressors (What are the most stressful things in your life right now?)

Social support (Do you have someone you can turn to for help? Talk about your thoughts and feelings with? How is your relationship with your significant other?)

II. CONFIRMATION OF TARGET TRAUMA

Now I would like to review with you the information that you provided on the measures you filled out.

SAY: You indicated the trauma that was the worst event was (read from LEC-5)

SAY: Can you describe what happened?

In the last month, have you had nightmares about it or thought about it when you did not want to? Can you give me an example of the last time this happened?

In the last month, have you tried hard not to think about it or went out of your way to avoid situations that reminded you of it? Can you give me an example of the last time this happened?

In the last month, were you constantly on guard, watchful, or easily startled? Can you give me an example of the last time this happened?

In the last month, have you felt numb or detached from others, activities, or your surroundings? Can you give me an example of the last time this happened?

SAY: (If more than one trauma was endorsed) You also indicated that you experienced a number of other traumatic events. Are there other events that are still bothering you?

SAY: Can you describe what happened?

In the last month, have you had nightmares about it or thought about it when you did not want to? Can you give me an example of the last time this happened?

In the last month, have you tried hard not to think about it or went out of your way to avoid situations that reminded you of it? Can you give me an example of the last time this happened?

In the last month, were you constantly on guard, watchful, or easily startled? Can you give me an example of the last time this happened?

In the last month, have you felt numb or detached from others, activities, or your surroundings? Can you give me an example of the last time this happened?

SAY: Unfortunately, what we know is most people experience multiple traumas like yourself (IF TRUE), but working with people who have experienced trauma, there is usually one or two traumas that stick out and drive the symptoms of PTSD. Sometimes patients say, everything changed after that day or I started having nightmares or not liking to go out after that. I wonder for you what trauma has been bothering you the most in the last month.

If can identify 1: SAY: Then that's where we'll get started in treatment, and we will talk about the other traumas too if we find they are also impacting you.

If cannot pick 1 trauma, SAY: It's hard for a lot of people, for the work that we are going to do, we need to pick 1 place to start and work on that trauma in a very specific way to help teach you some skills to reduce your PTSD symptoms. Then we'll move to the next trauma, and next and so on if we need to. We've found that often, when we work on 1 we are also working on symptoms and Stuck Points related to the others too. Where should we get started?

SAY: For the trauma you choose, I'm going to ask you some questions now about who, if anyone, you blame for the occurrence of [the event]. I want you to know there are no right or wrong answers to these questions, and we don't think that it is necessary that you place blame. We ask them because it is often helpful to me in our work together to understand how **YOU** view this event and how you have responded to it. OK?

Who, if anyone, or what, do you blame for the occurrence of [the event]?

- | | |
|------------------------------|------------------------|
| myself | the environment |
| assailant(s) or perpetrators | chance |
| mom | friend or acquaintance |
| the government | Other (describe) _____ |

How so? (i.e., how is the person or organization responsible?)

Have you been feeling guilty about [the event] or your response to it? Shamed? Angry? How much have these feelings been present for you?

PHYSICAL AND MENTAL HEALTH SINCE TRAUMA

What health problems, if any, are you having? Are these related to [the event]?

How has your mood been since [the event] (or if trauma was long time ago, how has your mood been lately)? Have you been feeling down or depressed? Are you as interested in things as you usually are?

Have you sought psychiatric or psychological help for your feelings and difficulties related to [the event] before you came to us here ? Crisis intervention? (not including this treatment):

No Yes

If Yes, describe:

IDENTITY AND TRAUMA (as applicable)

Do you have any spiritual or religious practices or beliefs? How big or small of a role does your faith/religion/spirituality play in your life?

Have your spiritual/religious beliefs or practices been affected by the trauma?

What is your gender identity/sexual orientation? Has how you identify been impacted by the trauma?

What is your ethnic or cultural background? What does your cultural back ground mean to you (e.g. is it a big or small part of who you are as a person.

Has your connection with your culture been affected by the trauma?

Have you been exposed to racism/discrimination? Did discrimination play a role in your trauma?

HIV Status: Is your HIV status impacted by your trauma? Was your HIV status related to your trauma? Has it been affected in any way?

SUBSTANCE USE HISTORY

Possible follow-up questions “Do you currently drink alcohol? How often? How much? Have you had problems with alcohol in the past or currently?”

“Do you currently use any recreational drugs? What type? How often? Have you had problems with drugs in the past or currently?”

Are you currently taking any prescription medication? What is the name? Dose? And for what is it prescribed?

Discuss with patient the role that substance use plays in avoidance, and how alcohol and drug use is discouraged during treatment. Discuss the importance of not using substances before session, and before, during, or after completing practice assignments, as this will impact the effectiveness of the treatment.

Is there anything else about your life now or about how [the event] is affecting you that you think I should know now?

Give an overview of the treatment and discuss each of the components of the treatment. Discuss how the therapist is like a coach teaching the patient specific skills to reduce the PTSD.

What do you hope to get out of treatment? What would you like to see changed?

Before ending the session, provide psychoeducation about PTSD and the role of avoidance. Predict that they probably considered cancelling this session and congratulate them on taking the first step to challenge avoidance. Predict that they will also think about cancelling the next session and discuss how important their goals are to them and how the treatment will help them reach their goals.