
TRAUMA INTERVIEW

Client: _____ Date: _____

Therapist: _____

Note: This interview is structured on the assumption that a thorough assessment or intake has already been conducted, that this evaluation confirmed the experience of at least one *DSM-IV* Criterion A trauma and the diagnosis of PTSD or significant symptoms of PTSD, and that the therapist has reviewed this information.

Age: _____ Educational level: _____ Date of birth: _____

Race:: _____

1 - African American	5 - Asian/Pacific Islander
2 - Biracial	6 - Spanish Origin
3 - Caucasian	7 - Other
4 - Native American	8 - Unknown

Marital Status: _____ Living with: _____ Work Status: _____

Current employment or job: _____

Psychiatric diagnoses or conditions (obtain before session from initial evaluation; review as needed):

Any other current treatments (may obtain from initial evaluation or ask as needed):

SAY TO THE CLIENT: I'm going to ask you some questions about the trauma and how you have been feeling and doing lately or since the time of the trauma. Some of what we will discuss may be difficult for you to talk about. If there is anything I can do to make our conversation less difficult for you, please let me know. Do you have any questions before we begin?

I have information from your initial assessment (or intake) with _____ [name intake assessor if not self], so I know what you told him/her about your trauma. I understand from his/her notes that . . . [*Briefly summarize the trauma information obtained in the intake.*]

Is that about right? Is there anything you would like to add?

Sometimes people have experienced other traumatic events at other times in their lives. Has this happened in your life? Have you ever experienced, or witnessed, or been confronted with other traumatic events?

Note to clinician: If client is unsure, you may want to list all or some of the following to give him/her an idea of what comprises a Criterion A trauma:

- Natural disaster (e.g., tornado, hurricane, fire, or flood)
- Serious accident or serious injury
- Combat or being in a combat zone
- Sudden life-threatening illness
- Accidental death or murder of a close friend or family member
- Suicide of a close friend or family member
- Being attacked with a gun, knife, or other weapon
- Attacked without a weapon but with the intent to kill or seriously injure
- Severely beaten (i.e., beatings that left marks or bruises), or witnessing severe physical violence
- Sexual abuse as a child or adolescent
- Physical force or the threat of physical force leading to unwanted sexual contact
- Rape or attempted rape
- Aggravated assault

IDENTIFICATION OF TARGET TRAUMA (i.e., the one that will be of primary focus in PE treatment)

SAY TO THE CLIENT: Of all these things that happened to you [*interviewer summarize traumatic events endorsed by client*], which one is currently bothering you the most? Which causes you the most distress? [*Use additional probe questions as needed if the client has difficulty identifying an event; e.g., "Which one most often comes into your thoughts when you don't want to think about it? Which one upsets you the most? Which one is the worst? In which event were you most afraid?"*]

Specify target trauma: _____

SAY TO THE CLIENT: Do you remember what you were thinking and feeling at the time? When it was happening, did you think you would be killed or seriously hurt?

No Yes

During the _____ [insert identified trauma], did you feel helpless, horrified, or terrified?

No Yes

If there was an assailant or perpetrator(s), who was it/who were they?

- | | |
|-------------------|---------------------------------------|
| 1 - Stranger | 9 - Boyfriend/girlfriend |
| 2 - Acquaintance | 10 - Husband/wife/partner |
| 3 - Enemy | 11 - Organization |
| 4 - Terrorist | 12 - Authority figure (specify) _____ |
| 5 - Friend | 13 - Relative |
| 6 - Parent | 14 - Neighbor |
| 7 - Sibling | 15 - Other _____ |
| 8 - Clergy member | 16- Unknown _____ |

Where did the trauma occur?

- | | | |
|---------------------------------|-------------------------|-----------------------------|
| 1 - Own residence | 6 - School | 11 - Car, bus, train, plane |
| 2 - Assailant's residence | 7 - Institution | 12 - Workplace |
| 3 - Friend/relative's residence | 8 - Battlefield | 13 - Other (describe) _____ |
| 4 - Park, street, alley | 9 - Public place | _____ |
| 5 - Parking lot/garage | 10 - Abandoned property | _____ |

What, if any, physical injuries did you have? Have these injuries continued to cause or to be a problem for you?

Were you given medical attention? Was it helpful? Are you still under medical care for these injuries or problems?

Has any criminal or legal action resulted from this trauma? What is the status of that now? (If appropriate:) How is that affecting you?

SAY TO THE CLIENT: I'm going to ask you some questions now about who, if anyone, you blame for the occurrence of this trauma. I want you to know that 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, do you blame for the occurrence of the trauma?

- | | |
|----------------------------------|----------------------------|
| 1 - Myself | 5 - Friend or acquaintance |
| 2 - Assailant(s) or perpetrators | 6 - The environment |
| 3 - An organization | 7 - Chance |
| 4 - The government | 8 - Other (describe) _____ |

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

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

Physical and Mental Health Since Trauma

How has your physical health been since the trauma? (Or, if trauma was long ago: how has your health been lately?)

- Good Fair Poor

What health problems, if any, are you having? Are these related to the trauma?

How is your support system? Who do you like to spend time with or talk to? Have you been connecting with your friends and family lately?

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

Note: Even if client does not endorse depressed mood, ask the following questions about suicidal ideation and behavior:

Since the trauma, have you ever thought that life is not worth living, or thought about suicide? If yes, how often?

Have you gone so far as to make a careful plan as to how you would kill yourself? Have you taken any action on this (e.g., selected a location or date, bought a gun, obtained pills)?

Do you intend to act on this plan or intend to hurt yourself?

Have you made a suicide attempt since the trauma or at any time? When? (Assess as needed.)

Have you ever deliberately hurt yourself in any way? (If necessary: For example, people sometimes scratch or cut or burn themselves on purpose, or otherwise act in potentially self-harming ways.) **Ask as needed:** What do you do to harm yourself? When did you last hurt yourself? How do you manage the urges now if you don't act on them?

If yes, describe:

Have you sought psychiatric or psychological help as a result of the trauma? Crisis intervention? (not including this treatment)

No Yes

If yes, describe:

Have you been to the hospital since the trauma for an emotional or nervous condition? Suicide attempt? Alcohol or drug treatment?

No Yes

Tell me why you were hospitalized:

Summarize current risk assessment and plan if indicated:

Alcohol and Drug Use

I'd like to ask you about your use of drugs or medications. Since the trauma, have you used:
(Go through each of the categories below)

Prescription medications (Note specific meds and frequency of use) _____

Street drugs (Note types and frequency of use) _____

Over-the-counter medications (Note type and frequency of use) _____

On average, about how many drinks containing alcohol do you have per day? (Consider one drink to be a 12-ounce can of beer, one cocktail, or a 4-ounce glass of wine.) Has your pattern of use changed since the trauma? If yes, how so?

Have you ever had legal, social, or employment problems because of your alcohol or drug use?

No Yes

Do you consider yourself to have a drinking or a drug problem?

No Yes

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