



REVIEWING A CLIENT'S TRAUMA HISTORY

Talking about one's trauma history can be exhausting and overwhelming, and it is important to follow a few guidelines to make the experience as tolerable as possible for the client. Do your best to create a safe environment for the client—if possible, do not have the client sit with his back to the door, reduce the noise level inside and outside the room if you can, and try to ensure you will not be interrupted. It is often helpful to utilize a standardized assessment tool, such as the Life Events Checklist. Begin by explicitly describing the task at hand. Explain you will be talking about some painful memories that may bring up difficult feelings. In fact, these are probably the very things that clients try their best not to talk or think about. Explain that he does not need to go into a great deal of detail at this time, but now you just need to gather some basic information. Tell the client he can stop or take a break at any time, and that you will never force him to talk about something he does not want to.

Be sure to actively support the client, rather than taking a neutral stance. Make statements along the way such as, "Thank your trusting me enough to share this with me" or "I appreciate how difficult it must be to talk about this." In response to an outpouring of emotion, give the client time to collect himself, and say something like "I know this is really hard; we're going to get through this together. Let's take a deep breath and then let's continue. "

Throughout the assessment, be directive and engaging, not silent and reflective. This also helps the client in modulating his feelings. Check in often with the client to assess his emotional state and be mindful of any dissociative behavior. Often, clients need additional assistance in modulating feelings, particularly in containing the trauma narrative. Clients may be overwhelmed with trauma memories and find it difficult to stop talking. However, this can leave the client feeling overwhelmed and unexpectedly vulnerable, and may make him less likely to return





to treatment. If the narrative becomes too detailed or long, say something like, "I am going to have to stop you here. I don't want you to go into too much detail, because it can be unnecessarily upsetting. I also want to make sure we have plenty of time for the other things we will be talking about today." You should then explain that the client will have the opportunity to go into much more detail in subsequent sessions.

On the other hand, be careful not to unwittingly avoid asking some aspects of traumatic experiences. These are very difficult topics to talk about, and therapists should be careful not to subtly redirect the client. Clients are sometimes very sensitive to a therapist's reaction to their abuse disclosure, and may take redirection as a signal that the therapist cannot handle hearing about the abuse. Remember, you must "Go where angels fear to tread."

Use empathic, nonjudgmental statements to validate the client's experience. The goal here is not to vilify the perpetrators, but to elicit the facts of what happened and the impact it had on the client. Of course, therapists should never express doubt about the veracity of a client's claim or say something like "Come on, are you sure that really happened?!"

Another key point in trauma assessment is to ask questions that describe behaviors rather than asking whether or not a person has been abused. In assessing for childhood physical trauma, it is helpful to say something like, "When you were a child, did anyone ever hit you, resulting in injuries such as bruises, scratches, bleeding or broken bones?" To begin a combat trauma assessment, it is helpful to say something like, "Tell me about the first very difficult thing you experienced while in Iraq." Clients will typically not volunteer information about traumatic experiences and should be asked directly. Be on the lookout for any details that may be purposefully left out of a trauma narrative, such as having to kill or injure someone else in the line of duty.

End the assessment by saying something like, "You've talked about a lot of really difficult things today and I want to make sure you take care of yourself. Tell me what you're going





to do when you leave my office.” Then help the client generate some self-soothing strategies, such as eating a healthy meal, having some tea, listening to music, or going for a walk. Explain that is best if the client “takes it easy” the rest of the day and normalize any temporary exacerbation of PTSD symptoms he may experience. Some clients have reported that the initial trauma history and PTSD evaluation is one of the most difficult aspects of treatment.

