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## ***PRELIMINARY SUGGESTIONS FOR THE DIAGNOSTIC INTERVIEW:***

### *Responding to Trauma:*

You do not want to flood a client with traumatic flashbacks- avoid talking in a lot of detail about trauma for now. Disclosures about trauma should be immediately followed by empathic statements by the interviewer. It is important to be empathic, not overwhelming. Assess for an approximate history of trauma so as to determine its severity and possible impact. Roughly speaking, it is helpful to know approximately what age(s) the client was during periods of trauma and the type of relationship with the abuser (e.g., parent, babysitter, peer). Only inquire about these details if the client can manage without getting overwhelmed and have been informed regarding duty to report.

Be aware of your jurisdiction's laws about duty to report child abuse and abuse of vulnerable adults. Most clinicians have information about confidentiality and their legal and ethical requirement to break confidentiality in their informed consent form that clients read before they do an initial diagnostic interview. In some states, clinicians must report all reported and suspected cases of child abuse, even if the abuser is dead or the abuse happened many years ago.

While it is important to assess for trauma history and trauma symptoms, it is important to not ask for too much detail before the therapeutic relationship has been established and before the clinician knows how well the client can manage emotions, safety, and their symptoms. If the client begins to talk about trauma in detail, the clinician may say:

“I’m sorry to interrupt but I want to be sure we do not overwhelm you by talking in detail about trauma right away because that can sometimes cause a person to have more anxiety, nightmares, or other problems later. It is very important for me to know about experiences like this, though. Could you tell me about them at the “headline level” like in a newspaper or blog (Loewenstein, 2006), and we can get into the details at another time when we have gotten to know each other better?”

If the client begins to look either very anxious or dissociated, gently ask how they are feeling. Give them permission to return to the topic of trauma at another time. If they are struggling, remind them to look around the room, move a bit, and get grounded.

*Mirror their Language:*

In the initial diagnostic interview, it is important to mirror the client's language, especially as it relates to trauma. Do not use "rape" if they don't use the word, or "sexual abuse" unless that is what they call it. It is also important to mirror the client's language in terms of symptoms; for example, a dissociative client may use a term such as "a part of me" instead of "dissociated self-states."

*Assessing Safety:*

Assessing safety is of the utmost importance in the diagnostic interview. The clinician *must* assess self-harm, violence toward others, suicidal ideation, and homicidal ideation. The clinician will need to continue to monitor safety in subsequent sessions.

*Interview Structure:*

The proposed structure begins with "free speech" from the client and becomes more directive as the interview progresses in order to control the timing of the later interview. The intended length of the interview is 50 minutes although in some cases it is not possible to cover all these topics in one session. It is important to note other potential problems that were not thoroughly explored in the initial interview, as these may be explored in subsequent sessions.

**Client Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_

**How they prefer to be called:** \_\_\_\_\_

**Chief Complaint:** What problem brings you in for therapy? What was going on in your life when these problems started? Why are you seeking help *now*? (Listen for duration and severity. Allow approximately five minutes- remember to use empathy! Listen for a statement that conveys the client's main concern.)

After allowing the client approximately 5 minutes of free speech, summarize their main concern(s) in a sentence, and use that to segue to asking directive questions about vegetative symptoms. Example: "The break up with your partner has been incredibly painful for you. How has your sleep been since the breakup?"

**Vegetative Symptoms:**

Hours of sleep per night: \_\_\_\_\_

Nightmares? ☐ Yes ☐ No

Do you feel rested when you wake up? ☐ Yes ☐ No

Have you ever gone without sleep or with very little sleep and not felt tired?  
☐ Yes ☐ No

Nightmares may be trauma sequelae. Nightmares may not only contain direct traumatic material and intrusions, but also other elements of trauma, such as related emotions.

Energy: ☐ Normal ☐ High ☐ Low

Ever so much energy you get a tremendous amount done? ☐ Yes ☐ No

Did you need less sleep at the same time? ☐ Yes ☐ No

Appetite: ☐ Normal ☐ Up/Down: \_\_\_\_\_ lbs.

Concentration: ☐ Normal ☐ Poor

(If it seems comfortable and culturally appropriate:) *Libido*: ☐ High ☐ Normal ☐ Low

Mood: ☐ Normal ☐ Other: \_\_\_\_\_

Scale of 1-10: Highest:\_\_\_\_\_ Lowest:\_\_\_\_\_

Significant periods of feeling incredibly irritable, agitated? ☐ Yes ☐ No

Ever feel very elated, incredibly powerful or competent, or on top of the world?

☐ Yes ☐ No

Did you need less sleep at the same time? ☐ Yes ☐ No

Have you had this trouble before? ☐ Yes ☐ No

**History of Treatment:** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days. ☐ None

If yes, did it help?

**Suicide and Self-injury:**

When things get bad, how bad do they get?

Have you ever purposefully hurt yourself such as cutting yourself?

(if yes, assess most severe and recent actions.)

Have you ever felt so bad that you thought you wanted to die? ☐ Yes ☐ No

Have you ever made any type of suicide attempt? ☐ Yes ☐ No

Did you require medical treatment? ☐ Yes ☐ No

Have you felt this way recently? ☐ Yes ☐ No

If so, how recently?

**Assess Risk:**

☐ Plan?

☐ Access to means?

☐ Intent to follow through?

**Treatment Plan:** If there is a threat to the client's safety, outline treatment plan: \_\_\_\_\_

Other forms of non-suicidal self-injury to be aware of include the following: cutting, biting, burning, carving, pinching, pulling hair, scratching, banging or hitting self, interfering with wound healing (i.e., picking scabs), rubbing skin against a rough surface, sticking self with needles, swallowing dangerous substances, and more. (Klonsky & Glenn, 2009)

Inquire about past suicide attempts, especially including those that were most recent and most lethal.

Always assess suicide risk with questions about whether they have a plan of potential suicide, access to means to suicide, and intent to suicide. Assess what helps them *not* act on suicidal urges. It is also important to assess whether the client needs a higher level of care, such as hospitalization.

-----SUMMARIZE the MAIN problem(s) they seem to be struggling with. -----

**Family and Social History:** \*10-20 minutes\*

Raised by: ☐ Mom ☐ Dad ☐ Other \_\_\_\_\_

☐ Biological ☐ Adoptive/Foster ☐ Step- ☐ Grand-

☐ Mom ☐ Dad ☐ Other \_\_\_\_\_

☐ Biological ☐ Adoptive/Foster ☐ Step- ☐ Grand-

Are your parents (or caregivers) in good health? ☐ Yes ☐ No

*Parents'/Caregivers' Relationship:* ☐ Ever married ☐ Intact ☐ Divorced ☐ Blended ☐ Remarried \_\_\_\_\_

What is your Mom's / Dad's (or other primary caregiver's) personality like?

Parent 1 (\_\_\_\_\_):

Parent 2 (\_\_\_\_\_):

How is your relationship with parents: ☐ Good ☐ Bad ☐ Other:

*Siblings:* ☐ Yes ☐ No

Birth Order:

Is there any sibling you are particularly close to/struggle with?

How is your relationship with siblings: ☐ Good ☐ Bad ☐ Other:

Is there anyone in your family you could go to if you were *really* struggling with something? ☐ Yes ☐ No

Is there anyone in your family that you are no longer in contact with? What happened?

Tell me a bit about your closest *friendship*.

Is there a friend you could go to if you are really struggling or upset? ☐ Yes ☐ No

How would you describe yourself as a *kid*? Quiet, Loud?

How far did you go in school? \_\_\_\_\_ grade or year in college.

Did you like school? ☐ Yes ☐ No (Friends?)

How did you do with the academic part of school?

How did you get along with teachers?

Where did you feel safe when you were growing up?

Assess areas of resilience for the client (e.g., social support and areas and people in their life that felt safe). It may be especially important to find points of resilience for and strengths of those with trauma histories (i.e., what helped them cope?).

*Discipline/Trauma:* (Be aware of sociocultural norms.)

In your family, how was discipline handled?

Were you spanked, hit, or beaten?

Did it ever leave any marks or bruises? ☐ Yes ☐ No

Did it ever cause you to have to see a doctor? ☐ Yes ☐ No

Did things ever get worse than that? ☐ Yes ☐ No

Did you see family members hit, kick, shove or harm each other?

Did it ever seem to you that punishments were too strict? ☐ Yes ☐ No

As a kid, did you always have enough to eat? ☐ Yes ☐ No

When you were sick, did you get taken to a doctor? ☐ Yes ☐ No

At what age were you left alone without babysitters? \_\_\_\_\_-years old

If the client did not have enough to eat or were not taken to the doctor when ill, discern if these experiences were due to financial limitations or neglectful caregivers.

As a child, teen, or adult, were you ever approached by someone in a sexual way that made you feel uncomfortable (even if they were the same age, paid, or manipulated into it)? ☐ Yes ☐ No

About how old were you? \_\_\_\_\_-years old.

Can you briefly describe what happened if you are comfortable?

Did you have any major stressors in childhood such as deaths, conflicts, divorces?

☐ Yes ☐ No

Since you've been an adult, has anything traumatic happened to you? (Violence in a relationship, robbery, very serious accidents, natural disasters etc.) ☐ Yes ☐ No

How would you describe your race and ethnicity?

If has minoritized racial/ethnic status: Can you share with me a time you were seriously impacted by racism (i.e., experiences where you were concerned about your safety and the event was very upsetting)?

In what ways do you think the [most traumatic event they have told you about] still affects you?

(If trauma history is present, always ask about PTSD symptoms (e.g., hypervigilance, avoidance, flashbacks) & dissociation (e.g., feeling detached from their body, feeling like the world around them is not real, amnesic gaps). If they experience several dissociative symptoms, follow up with a full assessment for dissociative disorders in a later session.)

If the client is a racial or ethnic minority, it may be clinically relevant to follow up about racial/ethnic trauma. See the UConn Racial/Ethnic Stress and Trauma Survey (Williams et al., 2018) for further semi-structured interview questions regarding racial/ethnic trauma.  
[http://www.m.mentalhealthdisparities.org/docs/UnRESTS\\_0716\\_English.pdf](http://www.m.mentalhealthdisparities.org/docs/UnRESTS_0716_English.pdf)

-----**BRIEFLY SUMMARIZE the main aspect of what they've told you.**-----

***Life as an Adult:*** (Listen for symptoms of personality disorders, severity of impairment, and aspects of resiliency.)

Who do you live with now? \_\_\_\_\_

Have you ever been homeless? ☐ Yes ☐ No

Is money a serious stressor for you now? ☐ Yes ☐ No

How would you describe your *gender*? \_\_\_\_\_

Is it the same as the sex you were assigned at birth? ☐ Yes ☐ No

(If client has minoritized status) Who have you told? How did it go?

(If client has minoritized status) Can you share with me a time you were seriously impacted by discrimination related to your gender identity (i.e., experiences where you were concerned about your safety and the event was very upsetting)?

How do you describe your *sexual orientation*? \_\_\_\_\_

(If client has minoritized status) Who have you told? How did it go?

(If client has minoritized status) Can you share with me a time you were seriously impacted by discrimination related to your sexual orientation

Listen for trauma and stressors related to other minoritized statuses; for example, these may include being transgender, a sexual minority, or other relationship-related minority (e.g., a client identifying as polyamorous).

(i.e., experiences where you were concerned about your safety and the event was very upsetting)?

Have you had any significant *romantic relationships*? ☐ Yes ☐ No

Have you ever been married? ☐ Yes ☐ No \_\_\_\_\_ years.

Tell me about your marriage(s).

Do you have or have you had any *children*? ☐ Yes ☐ No

Age(s) and gender(s):

Describe relationship with them:

#### *Work History:*

How are you currently getting your income? (Working? On disability [Medical / Psychiatric]?)

Have you had any jobs in the past? ☐ Yes ☐ No

Have you ever been fired? ☐ Yes ☐ No (If yes:) what happened?

How well did you get along with coworkers and bosses?

Have you ever been in the *military*? ☐ Yes ☐ No

What branch? \_\_\_\_\_. Active Duty (Combat)? ☐ Yes ☐ No

If Active Duty, how did it affect you? (If no longer in the military:) what type of discharge were you given? ☐ Honorable ☐ Dishonorable ☐ Other

#### *Impulsivity and Anger:*

How well do you manage anger? ☐ Good ☐ Fair ☐ Bad

Have you ever been so angry that you seriously thought of hurting someone else?

☐ Yes ☐ No

Have you ever hurt anyone or tried to?

☐ Yes ☐ No What is the most serious harm you have caused someone?

Inquire about past acts of violence, including those that were most recent and severe.

Always assess violence and homicidal ideation with questions about plan, access to means, and intent to act on violent or homicidal urges. Assess what helps them *not* act on violent urges. Assess whether the client needs a higher level of care, like hospitalization.



Any arrests? ☐ Yes ☐ No ... For what crime? \_\_\_\_\_  
Were you convicted? ☐ Yes ☐ No ... On which crime? What sentence did you get? How much time did you serve? \_\_\_\_\_

What do you do to cope with [stressor] (e.g., feeling suicidal, very angry, etc.)?

-----**SUMMARIZE what they've told you if a serious issue came up.**-----

**Medical:**

Major health problems as child? ☐ Yes ☐ No

\_\_\_\_\_  
(If yes:) "How did that impact you?"

Do you have any significant medical problems now? ☐ Yes ☐ No

When is the last time you had a general physical examination?

Currently taking any *medications*? ☐ Yes (List them & dosages.) ☐ No

If time is limited at this point in the interview, be directive in especially prompting for psychiatric medications that the client is taking.

"Do you think your medications help you?" ☐ Yes ☐ No Any side-effects?

**Substance Use:**

How often do you drink alcohol? \_\_\_\_\_ times per \_\_\_\_\_

When you drink, how much at the most? \_\_\_\_\_ drinks

How many blackouts? \_\_\_\_\_

How many DUI's/DWI's? \_\_\_\_\_

Injuries, fights, STIs, relationships problems, legal problems? ☐ Yes ☐ No

What drugs have you used? ☐ \_\_\_\_\_ ☐ None (Recreational? Street/prescription?)  
How much and how often?

Have you ever injected drugs using a needle? ☐ Yes ☐ No

Have you ever taken more of a prescription drug than you were told to? ☐ Yes  
☐ No

Are you using any drugs right now? ☐ Yes ☐ No \_\_\_\_\_

(If they haven't addressed marijuana, ask about smoking or ingesting marijuana.)

Have you ever done something while drunk/high that you wouldn't have done sober (e.g., sex, steal, fights, etc.)?

As a result of drinking or drug use, have you had any problems with school/work, the police, family, health, finances, STIs, unplanned pregnancies, etc. ☐ Yes ☐ No

Have you ever wondered about whether you have a drug or alcohol problem?  
☐ Yes ☐ No

Does anyone in your family have any emotional problems such as depression, schizophrenia, drug/alcohol problems) ☐ Yes ☐ No  
(If yes:) Is this a relative you are related to by blood rather than marriage?

(If there is time:)

How much coffee do you drink each day?

Do you smoke or vape? How much?

Do you exercise? How much?

Are you comfortable with your body and weight? If not, are you doing anything to manage your weight?

-----**SUMMARIZE anything new/important if they've just told you about it.** -----

***Anxiety:***

Would you consider yourself a worrier? ☐ Yes ☐ No

***Phobias:***

Is there anything you're terribly afraid of? ☐ Yes ☐ No \_\_\_\_\_

***Obsessions:***

Are there any thoughts that run through your mind *over and over* again? ☐ Yes ☐ No

**Compulsions:**

Is there any kind of (repetitive) behavior that you have to do or else you feel very upset?

☐ Yes ☐ No

**Panic attacks:**

Do you ever feel *completely* panicked like you can't breathe, your heart is racing, you might lose your mind, or die?

☐ Yes ☐ No

**Psychosis:****Delusions:**

Do you ever have thoughts that some people might think are *really* unusual? ☐ Yes ☐ No

Does it ever seem like people are truly *out to get you*? ☐ Yes ☐ No

If the client endorses any hallucinations or delusions, assess the range of hallucinations and delusions, including their content and type.

**Hallucinations:**

Do you ever see things that other people don't *seem* to see? ☐ Yes ☐ No

Do you ever hear voices or other things that others don't *seem* to hear? ☐ Yes ☐ No

**Mental Status Exam: (Only if 5+ minutes left)**

Where are we? ☐ Correct ☐ Incorrect

Date? ☐ Correct ☐ Incorrect ☐ Close Enough

Count backwards by 3's: ☐ Correct ☐ Incorrect \*Concentration\*

In general, how's your memory?

3 words repeated (Brown, Eye Dropper, 100 Main Street) \*Concentration\*:

\*Repeat until client gets them all correct. How many tries? \_\_\_\_\_

Past 3 presidents: ☐ Correct ☐ Incorrect

In what ways are an apple and an orange alike and different? \*Abstract Thought\*

What would you do if you smelled smoke in a theater? Why? \*Judgement\*

Ask about the 3 words again. How many right? \_\_\_\_\_ \*Short-term Memory\*

Although it is always helpful to conduct a formal mental status exam, much of what is being assessed, such as concentration, can be informally discerned by the clinician throughout the interview.

When conducting the mental status exam and the client gets the answer correct, say "good." If the client gets the answer wrong, say "don't worry, people do it all the time."

***Wrap Up:***

Is there anything else you think I should know about?

“I’m going to take a couple of minutes to look over my notes to see if there are any further questions.”

(Thank the client for coming in and sharing their experiences. Offer empathy and hope about future treatment being able to help them with their concerns.)

## References

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