

Screening Questions for Posttraumatic Stress Disorder

Screen routinely for posttraumatic stress disorder (PTSD) when first seeing a client, even if the client has a well-documented mental health history. Posttraumatic stress disorder is often comorbid with other mental illnesses, most commonly depression, anxiety, and substance abuse but also including seemingly unlikely ones such as schizophrenia (Courtois & Ford, 2013; Resnick, Bond, & Mueser, 2003). Clients who present for other difficulties often have their PTSD missed by clinicians (Sheeran & Zimmerman, 2002). Post-traumatic stress disorder has a high lifetime prevalence of 6.8 percent of the U.S. population—meaning that 1 out of 15 people has a past or current diagnosis of PTSD (National Comorbidity Survey; R. C. Kessler, Berglund, Demler, Jin, & Walters, 2005).

Use care when assessing the trauma history. Get just enough basic facts to document the presence of a trauma history. It is best to use behaviorally based, closed-ended (yes or no) questions to assess trauma history in the first session. Premature and overly detailed discussion of the trauma can destabilize some clients (Courtois, 1997). Clients with PTSD can have their symptoms worsened by too aggressive questioning of the details of their trauma histories. I recommend that you stop the client if the client is volunteering a lot of details about the trauma history:

I'd like to stop you for a minute before we go on. This information that you are giving me is very important. However, I'm realizing that you don't know me very well yet, and I'm thinking you might feel safer waiting to discuss this in detail until we know each other better. What do you think?

In addition, don't let a client that you hardly know tell you a lot of details about a trauma since he or she may feel too exposed and vulnerable after the session and not return. Be aware that assessment of trauma history is an ongoing process that is unlikely to be completed in just one session (Courtois & Ford, 2013).

SCREENING QUESTIONS

Franklin, Sheeran, and Zimmerman (2002) determined that this question is very effective for screening:

- *Have you ever experienced a traumatic, life threatening, or extremely upsetting event?*

Prins et al. (2004) have developed a useful four-item screening questionnaire that clients can fill out themselves. You can also ask these four questions verbally as screening questions for PTSD during an initial interview:

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you
... had nightmares about it or thought about it when you did not want to?
... tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
... were constantly on guard, watchful, or easily startled?
... felt numb or detached from others, activities, or your surroundings?

After administering the screening questions, if the client appears likely to have PTSD, follow up with further questions about PTSD using the symptoms described by the Diagnostic and Statistical Manual. Clients usually tolerate questions about PTSD *symptoms* well, even if they may not tolerate *discussion of the trauma*. Be sure to document the frequency of nightmares, flashbacks, and intrusive memories carefully, so you can compare the client's symptom level later in treatment to your initial assessment.

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