

Session Zero

*****If a previous session has not been held the items listed below you can add the following:**

- *Introduce yourself*
 - *Introduce session as an assessment session (to manage expectations of PE.)*
1. *Introduce session as an **assessment session** to determine the next step. The **task of our session** today is for me to get a good understanding of what you have been through and to help determine what would be the best course of therapy to help you. I will be asking a lot of questions and if you have any questions or need clarification as we go through the session, feel free to stop me and ask since some of the information may feel kind of vague or difficult to figure out how to answer.*
 2. *We are going to start with working to identify the trauma that you feel is most greatly impacting your life now. In this interview we are going to be focusing on one traumatic event. I know it may be difficult to try to narrow down to one trauma. It is very normal to have difficulty trying to decide which trauma is affecting you the most when you have been through many. There are a range of traumatic events a person may experience throughout his/her life as a child or an adult including natural disasters, serious accidents, physical/emotional abuse, sexual assault/rape, military combat, life-threatening illness/injury, or unexpected death of a friend or loved one. What are some of the types of traumatic events you've experienced?
(Please list)*

How do you think it will be for you to try to narrow down to one trauma?

Normalize reasons for difficulty identifying index trauma:

Trauma memories are disorganized – all run together

Hard to pick one – may feel like it is implied that the others are less traumatic or important

Hard time discriminating nuances – everything feels equally dangerous, etc.

Optional Questions for Identifying Target Trauma:

- Which of those traumas has picked you – that won't let you go?
- Which one don't you like to talk about or think about?
 - Is there any other trauma or incident that you don't talk about or find it hard to talk about?
- Tell me a little about the trauma memory that is plaguing you the most now?
- Which of the events that you mentioned to me bothers you most at the present time?
- Which of the traumatic experiences you mentioned currently gets in the way of your life the most?

- Which one of these events do you find having the most upsetting and unwanted thoughts about?
- Is there a particular traumatic event you remember as the most upsetting or distressing or that you currently re-experience the most frequently?

When obtaining description of target trauma:

Thumbnail sketch of memories and impact – do not go into detail about each specific memory.

Looking for headlines and not details at this point.

We don't want to start anything we can't finish. We will be going into detail in the future.

Brief description of target trauma.

Make sure Criterion A is met:

- *The person experienced, witnessed, **learned of, or was repeatedly exposed to aversive details** of an event or events that involved actual or threatened death, serious, injury, or a threat to the physical integrity of self or others.*

Introduce PCL-5 interview:

I want to get a really good picture of how things have been going for you in the past month in terms of trauma related difficulties. So today is _____ and one month ago will take us back to _____. Is there anything that happened on _____ (date from one month ago)? *[Use this to help anchor them to the time frame]*. This is the period that I will focus on. Remember that throughout this section of the interview, I will be asking about difficulties related to the event that you identified as the most distressing, (*insert target trauma*). When you answer keep in mind how often and how bad it was when it happens.

For example, if it happened twice in the past month and was really bad on one of the occasions you might rate it differently than if it happened twice and was not so intense. If it happened several times and was really bad then you might rate it differently too.

If anything seems unclear please let me know as we go through the questions. Do you have any questions at this time?

Administer PCL-5 Interview:

- 1) In the past month, have you experienced any repeated, disturbing memories thoughts or images of the (*insert target trauma*)?**

Please tell me a little bit about what these thoughts are about. *This helps ensure that the client is on track with the target trauma. If the client cites intrusion related to a different trauma, this may indicate the trauma initially identified as the target is not.*

Frequency:	Intensity:
How often do these intrusions occur: daily, few times a week, at least once a month?	What happens when these specific thoughts come up – what do you do?
Are these thoughts/images cued or uncued (i.e., pop into your head out of the blue)?	How upsetting or disruptive are these intrusions?
If both cued and uncued, which type happens more often?	Are you able to continue with your current activity or do you need to take a break?
	Are you able to resume again in a few moments or does it take longer to collect yourself (i.e., 10-15min)?

2) In the past month, have you experienced any repeated, disturbing dreams of the (*insert target trauma*)?

What are the dreams about? *Again, this helps ensure the client is on track with the target trauma.*

What specific details or portions of the target trauma are included in the dreams? *If client cites disturbing dreams that do not contain specific details of target trauma (or other traumas), try to get sense of recurring themes in dreams (ie, at risk, under threat, in danger, terrified, scared, etc).*

Frequency:	Intensity:
How often do these disturbing dreams occur: daily, few times a week, at least once a month?	How do these disturbing dreams affect you?
	Do they wake you up?
	Are you able to return to sleep within 5-10min?
	If not, how long does it take to return to sleep?
	How upsetting or disruptive are these dreams?

3) In the past month, how much have you suddenly acted or felt as if the (*insert target trauma*) were happening again (as if you were reliving it)? So, you actually lost track of present time and didn't realize where you were and it felt like you were back in the trauma? This is different than a distressing thought.

Please tell me about the flashback – what happens?

What specific details or portions of the target trauma are included in the flashback?

Frequency:	Intensity:
How often do these flashbacks occur: daily, few times a week, at least once a month?	What happens when you these flashbacks occur – what do you do?
Are these flashbacks cued or uncued (i.e., hit you out of the blue)?	Do you remain aware of your surroundings when these occur or do you get confused about where you are and what you are doing?
If both cued and uncued, which type occurs more often?	Do other people notice your behavior?

	How long do these flashbacks typically last?
	How upsetting or disruptive are these flashbacks?
	Are you able to continue with your current activity or do you need to take a break?
	Are you able to resume again in a few moments or does it take longer to collect yourself? How long?

4) In the past month, have you experienced feeling very upset when something reminded you of the (*insert target trauma*)?

What are some types of upsetting feelings you experience (i.e., fear, anger, sadness, guilt, shame, worry)?

What are examples of trauma reminders that are upsetting for you (i.e., TV shows, newspaper, people that look like assailant, specific noises or odors)?

Frequency:	Intensity:
How many times did you encounter these reminders in the past month?	How much does the emotional upset interfere with what you're doing?
And how many times were you emotionally upset by these reminders?	How long does the upset last?

5) In the past month, have you experienced physical reactions (heart pounding, trouble breathing, sweating) when something reminded you of the (*insert target trauma*)?

What specific physical reactions do you experience when reminded of the trauma?

Again, what are examples of trauma reminders that result in these physical reactions?

Frequency:	Intensity:
How many times did you encounter these reminders in the past month?	How long do the physical reactions last (i.e., dissipate in absence of trigger or continue once trigger has been removed)?
And how many times did you experience physical reactions to these reminders? Each time? Most of the time?	Is there anything you are able to do help calm yourself down?

6) In the past month, have you avoided any memories, thoughts or feelings about the (*insert target trauma*)?

Assess for cognitive avoidance - Have you found yourself avoiding thinking about the trauma?

What do you do when these thoughts come up?

Frequency:	Intensity:
How often do you find yourself actively avoiding these internal reminders of the target trauma (i.e., pushing thoughts/images out of your mind, intentionally thinking of something else, playing music, keeping busy): daily, few times a week, at least once a month? <i>If unsure it is cognitive avoidance, look for fear as motivating factor.</i>	How much effort does it take to avoid these internal reminders?
	Are you able to shift your thoughts/emotions away from the trauma pretty easily or does it require ongoing effort to keep these memories/thoughts/emotions at a distance?

7) In the past month, have you avoided any external reminders (activities or situations) of the (insert target trauma)?

Assess for behavioral avoidance - What are some examples of things you actively avoid because they remind you of the target trauma in some way? Obtain a good list of people, situations, and places that are avoided.

Frequency:	Intensity:
How often do you find yourself avoiding these trauma reminders: daily, a few times a week, at least once a month?	How much does avoiding these trauma reminders disrupt your daily life?
	Does it prevent you from completing tasks or duties that you need to do (i.e., impact work functioning, parenting or marital obligations, driving, self-care)?
	Does it keep you from doing things that you'd like to do or used to enjoy doing (i.e., socializing, recreational activities, hobbies)?

8) In the past month, have you had any trouble remembering important parts of the (insert target trauma)?

Do you have a fairly clear memory of the trauma or are there major portions of the event that you can't recall? *Assess if the trauma memory has significant gaps or missing details – not related to organic or other issue (i.e., loss of consciousness, dissociation, alcohol or drug effects). They report a fairly detailed memory of the trauma up to a certain point then experience a gap in time or details (i.e., parts are fuzzy, unclear, not sure what came first, can't remember large segments of the event.)*

Are you able to recall more details with effort?

Assess severity - What percentage (0-100%) of the memory of (insert target trauma) are you able recall?

9) In the past month, have you experienced strong negative beliefs about yourself, others or the world?

For example, do you find yourself having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous?

Were these negative beliefs present prior to trauma?

Frequency:	Intensity:
Are there certain situations/circumstances that trigger these beliefs or are these beliefs always present?	How much do these negative beliefs impact you?
How often do these specific circumstances occur?	Do they prevent you from doing things you need to do or want to do?
	Have they changed the way you go about your day-to-day life?

10) In the past month, have you blamed yourself or someone else (who didn't directly cause the event or actually harm you) for the (insert target trauma)?

Assess severity – To what degree (0-100%) do you blame yourself or other?

11) In the past month, have you experienced strong negative feelings such as fear, horror, anger, guilt or shame?

What strong negative feelings do you experience the most?

Were these present before the trauma?

Frequency:	Intensity:
Are there specific situations/circumstances that trigger these negative feelings?	How do these negative feelings impact you when they occur?
	How long do these negative feelings last (i.e., dissipate in absence of trigger or continue once trigger is removed)?

12) In the past month, have you experienced a loss of interest in activities that you used to enjoy?

Please tell me a bit more about that. What keeps you from doing these things you used to enjoy?
Assess for apathy, low energy, low motivation, lack of interest – not avoidance.

What things do you still enjoy doing?

13) In the past month, have you felt distant or cut off from others? Do you find yourself feeling disconnected, different or unable to feel close to or trusting of others?

Assess severity - How strongly do you feel this disconnection?

Is there anyone you feel close to?

How much does this bother you?

14) In the past month, have you had trouble experiencing positive feelings?

Are you able to experience feelings of happiness or have loving feelings for people close to you? *Capture emotional flatness or lack of responsivity despite good or bad things happening. Inquire if this is continuous or fluctuating.*

15) In the past month, have you felt irritable or having angry outbursts?

Please tell me a bit more about that – what happens when you are irritable or have an angry outburst (i.e., raise voice, verbally aggressive, threatening others, physically aggressive)?

What types of situations/circumstances tend to result in you feeling irritable or losing your temper? *Check to see if it is a change from prior functioning.*

Frequency:	Intensity:
How many times have you felt irritable or had an angry outburst in the past month?	How has the irritability or angry outburst impacted you?
	Are you able to manage your anger or does it feel out of your control?
	Is it causing problems at work?
	In your relationships?
	Are you isolating yourself to avoid losing your temper?

16) In the past month, have you been taking too many risks or doing things that could cause you harm?

What are some examples of risk-taking behaviors you've engaged in? *Check to see if it is a change from prior functioning.*

Frequency:	Intensity:
How often have you engaged in these risk-taking behaviors this past month?	How these risk-taking behaviors impacted you?
	Do they cause any conflict in your relationships?

	Legal problem? Health concerns or injury?
	How much distress do these behaviors cause you? <i>Associated distress may occur during or after the behavior, including guilt or shame for having endangered self or others.</i>

17) In the past month, have you been super-alert or watchful or on guard?

What are examples of ways you are watchful or on guard (i.e., checking to make sure no one is behind them, scanning faces or hand movements, listening for small sounds, sitting with back to wall, planning escape routes or keeping eye on “exits” in public places, being on alert in general)?

Frequency:	Intensity:
What percentage (0-100%) of the time are you super-alert or on guard?	How hard to do you work at being watchful?
Does this vary if you are at home versus outside the home?	How has being on guard impacted your day-to-day life?
	Are there activities you’re no longer doing (or no longer want your family to do)?

18) In the past month, have you felt jumpy or easily startled?

What types of things cause you to feel jumpy or startled?

Did these things cause you to startle prior to the trauma? *Differentiate from a normal startle response.*

Frequency:	Intensity:
How often do you experience feeling jumpy or startled: daily, few times a week, at least once a month?	How does this startle response impact you when it occurs?
	Does it disrupt what you’re doing?
	How long does it take for you to calm down after being startled: a few minutes, 10-15min, an hour or more?

19) In the past month, have you had difficulty concentrating?

Assess severity –ask about ability to follow a conversation, watch and comprehend TV show, complete required tasks at work or school, read and comprehend a paragraph, maintain a train of thought. Are there in specific situations where you can maintain your concentration?

20) In the past month, have you experienced trouble staying or falling asleep?

Please tell me more about that – what does a typical night’s sleep look like for you? *Assess for sleep difficulties independent of sleep disruption caused by nightmares.*

Frequency:	Intensity:
How many nights per week do you have difficulty staying or falling asleep?	How long (on average) does it take you to fall asleep?
	How many times do you wake up during the night?
	How long does it take you return to sleep?
	About how many hours (on average) of sleep do you get a night?

Assess motivation and ability to engage in PE:

What parts of your life do you want to reclaim – be able to do again without your PTSD symptoms interfering?

Brief description of PE:

Involves 10 to 15 90-minute weekly sessions

Is an intensive treatment that may feel very hard at first for some people which is often a sign that we are doing what we need to do. PE has very good results in reducing PTSD symptoms.

Treatment involves support from therapist on a weekly basis and willingness to directly address and recount the trauma memories in a supportive and structured way. We will work collaboratively throughout the treatment.

Co-morbid Issues:

Are there any co-occurring conditions that need to be addressed – depression, medications that could blunt affect, recent alcohol/drug use, benzos, recent suicidality? If so, please list and assess baseline frequency and intensity of symptoms.

Sometimes because of hurting so much we drink, use drugs, think of hurting ourselves. There are less harmful ways to deal with these symptoms. What this treatment does is present you with another way to deal with and cope with what is so hard right now. This means you will have to practice the new way of coping.

Time commitment and potential barriers to PE:

PE involves homework/practice that is done on a daily basis, requiring about one to two hours of your time each day. We recommend not completing the homework just prior to bedtime, so you will need to find time earlier in the day to commit to this between session work. Practice is one of the main ways you can get your life back and be more present in your life.

Any barriers – work, home, psychosocial stressors?

Summary/Wrap up:

Ask for top 3 reasons they want to participate in treatment – the third reasons is usually the primary reason.

Will address with my consultant to make sure PE is the best treatment option. Would like to meet next week to begin therapy or review other treatment options that would be a better fit for addressing the PTSD.

Turn off tape recorder.

******No survey for session zero.**