Discussing Past Trauma with Patients During an Initial Assessment

Many patients with depression have experienced trauma in their lives. Discussing the past traumas in a patient’s life can be tricky due to the risk of re-traumatization or re-triggering the symptoms related to Post-Traumatic Stress Disorder (PTSD). It is also common for the patient to dissociate as a defense mechanism to avoid their past trauma. We have compiled a few tips to help clinicians talk with their patients about past trauma and safely learn their stories during an Initial Assessment.

This is only the beginning of a very complex subject. For more information about caring for patients with trauma history, please visit the SAMHSA-HRSA Center for Integrated Health Solutions: General Trauma Resources or read “TIP 57: Trauma-Informed Care in Behavioral Health Services” by SAMHSA.

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**Tip 1**

To prevent re-traumatizing or re-triggering PTSD symptoms, **encourage the patient to respond with short, concise descriptions** of the trauma.

- Ask for a 2-3 sentence or <25 word description to get a general sense of the trauma.
- Be directive and feel free to stop the discussion if you see the patient is having trouble containing their emotions.
- Normalize the extreme difficulty patients often have when re-telling their stories.

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**Tip 2**

Don’t start with a checklist! Patients often have post-injury concerns and interpret trauma uniquely.

- Encourage the patient to tell their story in their own words.
- Ask open-ended questions.
- Remember, you don’t need all the details to make the diagnosis or treat depression!

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**Tip 3**

If you notice the patient dissociate, work with them to **help them get grounded** and then **educate them** on grounding.

- A way to help ground the patient is to direct them to engage in their immediate environment.
- Once they are grounded, educate them on dissociation.