**The Great Lakes Event Questionnaire (GLEQ):**

**A Structured Questionnaire for Trauma History**

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Finding out about a client’s history of traumatic events is a particularly sensitive area of psychotherapy practice. In my clinical work, mostly with combat veterans, I have found that some important parts of trauma history were not revealed until treatment was well underway. One reason for this is that the client may not yet be ready to disclose because of shame, but also:

- Clients sometimes do want to let the therapist know about traumatic events, but they do not want to speak the words because other painful emotions would be elicited.

- It is the nature of memory that some events are not remembered without a prompt.

- The client does not understand the events as being of potential importance to the therapy.

While there were several trauma history questionnaires available at the time of initial development in 2000 (e.g Lauterback & Vrana, 1996), none that I found included all of the features I thought would be useful, and all could be included in a new questionnaire. So, the Great Lakes Events Questionnaire (GLEQ), at first under a different name, was developed to include the following features:

- brevity, it is one page,

- stage of life categories (including years of military service),

- current distress ratings on the 0 - 10 Subjective Unit of Disturbance (SUD) scale to allow rating the relative impact of events,

- inclusion of experiences of prejudice as well as one’s own regretted behavior as categories of events,

- an open category for events not covered by other categories (which allows for events not traditionally considered notable),

- not referring to events as trauma.

It may also be noted that almost all of the Adverse Child Experiences (ACE, Dube et al. 2001) scale items are prompted for, though less explicitly than in the ACE.

**How I Use the GLEQ:**

1. At the end the initial session the GLEQ is sent home with the client, if he or she is not too vulnerable. The client is instructed that If there is more than one episode in a category, he or she should just to rate the most disturbing one, and also make a check mark in that box. *If the client appears too vulnerable to complete a trauma history without support, he or she is asked to complete it in session. In some cases the questionnaire is offered later in treatment.*

2. In the next session the responses are reviewed and the client is asked to briefly describe the events. It can be helpful to make a copy of the completed questionnaire and let the client follow along as you ask about the items. If there is more than one episode in a category, not all have to be mentioned. *Of course, if the client wants to talk in depth, it is important to listen. The questionnaire reminds clients of important experiences that might have been forgotten or minimized for various reasons. It also allows clients to show there is a problem area without having to talk about it or reveal details before the client is ready.*

3. If trauma work is appropriate in the near future, the client is asked to consider which event would be the best to tackle first. The phrasing is slightly awkward but the question: “Which event would it be most helpful to have bother you less?” seems an effective way to set priorities. *It may be noted that this is a client centered, rather than theory driven approach to selecting traumatic event focus*.

4. This step is specific to EMDR informed psychotherapy. In EMDR practice the various aspects of the memory of a traumatic event are identified: the visual image, associated cognitions, emotions and body sensations, as well as the cognition the client would prefer to have when the event comes to awareness. As EMDR is usually taught these are asked, in what is called the “assessment” phase of EMDR treatment, just before the traumatic memory is to be reprocessed. In my practice I first ask these questions (minus asking about a visual image) about the target event just after the client has selected it from the GLEQ during history taking. *Having the client consider these questions at this time makes later trauma processing more efficient by providing the opportunity for general psycho-education and full consideration of the client’s cognitions in advance of the trauma processing sessions. A surprising amount of trauma processing can take place by just considering Shapiro’s elegantly constructed “assessment” phase questions. In addition to the standard “assessment” phase questions, it is helpful to ask about a “preferred emotion”, a concept parallel to the preferred/positive cognition. ( The use of this question is elaborated in a paper on the subject*, *The Preferred Emotion and the Use of Assessment Questions in the History and Preparation Phases of Standard EMDR,* available at Howard Lipke.com.)

**The Back Page of the GLES**

The back of the GLSC is used to gather information on positive aspects of the client’s life. The three questions are:

1.What two or three ideas, principles, saying, or mottos do you try to live by?

2. Please list the three best events or accomplishments of your life, include both adult and childhood.

3.Please list your 3 favorite activities- things you enjoy doing, whether or not you have been engaging in them recently.

The above items were included because finding out about positive events can be easily overlooked as one gets the history of a client’s problems. Further, asking clients to consider positive aspects of life, especially after reviewing painful events, may have therapeutic effect. *For some clients this may increase distress if they cannot come up with these or it highlights the contrast to their current situation. When the clinician senses this, the cautions described above may be applied.*

**Flexibility of the GLES**

As noted above, the GLES is administered flexibly. The content may also be considered with flexibility. For example, the age groupings can easily be changed to adapt to non-veteran client populations. The questions on the back can also be modified to meet the needs of a particular clinical situation. The instrument is in the public domain, so there are no copyright concerns.

**Research Potential**

In addition to its assessment and therapeutic usefulness, the GLEQ has research potential. It may be used for pre-post measurement of client responsiveness to treatment. It has also been useful for understanding the effect of events for groups of people. I have not yet used it in a formal study, but have informally observed some interesting trends. For example, my combat veteran clients who report episodes of prejudice, tend to rate the distress from these at least as high as they rate their combat experiences. While only a preliminary observation, this finding is interesting and may be useful.

**References**

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Lauterbach, D. & Vrana, S. (1996) Three studies on the reliability and validity of a self-report measure of posttraumatic stress disorder. *Assessment*, 3 (1) 17 – 25.

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[www.HowardLipke.com](http://www.HowardLipke.com).

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