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Clinical case reports

Therapeutic Assessment, Intimate Partner Violence, and Trauma: a case study of a woman and her therapeutic change

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Abstract

Therapeutic Assessment (TA) promotes therapeutic benefits for the client in different situations, such as in the context of psychological trauma in women who have experienced intimate partner violence (IPV), which leaves them in a state of emotional vulnerability, affecting different contexts of their lives. The aim was to discuss trauma-related changes in the TA process of a woman who experienced IPV. A case study was conducted and the reliable change index of trauma-related factors before and after the TA process was statistically analyzed using the Self-Reporting Questionnaire, Magical Ideation Scale, Posttraumatic Cognitions Inventory, and Beck's Scales. The participant was 40 years old, had experienced IPV, and presented post-traumatic stress (PTS). After the assessment, she showed improvements in PTS and hopelessness. There was no change in self-esteem, psychological distress, or magical thinking. There was a negative change in anxiety and depression throughout the process. Experiencing IPV can cause a state of trauma, generating stress, fear, and anguish in the person, which can be related to anxiety and depression. The TA enabled the client to reduce the mental and emotional disorganization she felt, reducing PTS. In addition, it helped the client to generate strategies to cope with violence, which allowed her to reduce the hopelessness she experienced regarding the future. Therefore, TA demonstrated the ability to begin working with trauma in the context of violence, generating therapeutic improvements for the client and enabling the opening for the continuation of change in a psychotherapeutic process.

Keywords: psychological trauma, domestic violence, brief psychotherapy, violence against women

AVALIAÇÃO TERAPÊUTICA, VIOLÊNCIA POR PARCEIROS ÍNTIMOS E TRAUMA: ESTUDO DE CASO COM UMA MULHER E SUA MUDANÇA TERAPÊUTICA

Resumo

A Avaliação Terapêutica (AT) promove benefícios terapêuticos para o cliente em diferentes situações, como diante do trauma psicológico em mulheres que vivenciaram violência por parceiros íntimos (VPI), o que as deixa em um estado de vulnerabilidade emocional, afetando diferentes contextos de suas vidas. Objetivou-se discutir mudanças relacionadas ao trauma no processo de AT com uma mulher que vivenciou VPI. Realizou-se um estudo de caso e analisou-se estatisticamente o índice de mudança confiável de fatores relacionados ao trauma antes e após o processo de AT por meio do *Self-Reporting Questionnaire*, *Magical Ideation Scale*, *Posttraumatic Cognitions Inventory* e Escalas Beck. A participante tinha 40 anos, vivenciou VPI e apresentava estresse pós-traumático (EPT). Após a avaliação, apresentou melhora em EPT e desesperança. Não houve mudança quanto à autoestima, sofrimento psíquico e pensamento mágico. Houve mudança negativa no que tange à ansiedade e depressão ao longo do processo. Vivenciar VPI pode provocar um estado de trauma, gerando na pessoa a situação de estresse, medo e angústia, os quais podem se relacionar à ansiedade e depressão. A AT possibilitou a cliente diminuir a desorganização mental e emocional que sentia, diminuindo o EPT. Além disso, ajudou a cliente a gerar estratégias de enfrentamento à violência, o que a permitiu diminuir a desesperança que vivenciava diante do futuro. Assim, a AT apresentou capacidade de iniciar o trabalho com o trauma em um contexto de violência, gerando melhorias terapêuticas para a cliente e possibilitando a abertura para a continuidade da mudança em um processo psicoterapêutico.

Palavras-chave: trauma psicológico, violência doméstica, psicoterapia de período curto, violência contra a mulher

THERAPEUTIC ASSESSMENT, VIOLENCIA DE PAREJA Y TRAUMA: ESTUDIO DE CASO CON UNA MUJER Y SU CAMBIO TERAPÉUTICO

Resumen

La Therapeutic Assessment (TA) fomenta beneficios terapéuticos para el cliente en diferentes situaciones, como el trauma psicológico en mujeres que han experimentado violencia de pareja (VP), que las deja en un estado de vulnerabilidad emocional, afectando diferentes contextos de sus vidas. El objetivo fue discutir los cambios relacionados con el trauma en el proceso de TA con una mujer que experimentó VP. Se llevó a cabo un estudio de caso y se analizó estadísticamente la tasa de cambio confiable de los factores relacionados con el trauma antes y después del proceso de TA utilizando el Self-Reporting Questionnaire, Magical

Ideation Scale, Posttraumatic Cognitions Inventory y Escalas de Beck. La participante tenía 40 años, había sufrido VP y padecía de estrés postraumático (EPT). Mostró mejorías en EPT y desesperanza. No hubo cambios en cuanto a autoestima, sufrimiento psicológico y pensamiento mágico. Hubo un cambio negativo en términos de ansiedad y depresión durante todo el proceso. Experimentar VP puede provocar un estado de trauma, generando estrés, miedo y angustia en la persona, que puede estar relacionado con ansiedad y depresión. La TA permitió a la cliente reducir la desorganización mental y emocional que sentía, reduciendo la EPT. Además, ayudó a la cliente a generar estrategias de afrontamiento de la violencia, lo que le permitió reducir la desesperanza que experimentaba respecto al futuro. Así, la TA demostró capacidad para trabajar con el trauma en un contexto de violencia, generando mejoras terapéuticas para la cliente y posibilitando apertura para continuar en un proceso psicoterapéutico.

Palabras-clave: trauma psicológico, violencia doméstica, psicoterapia de periodo corto, violencia contra la mujer

Therapeutic Assessment (TA) is a collaborative and interventive psychological assessment conducted in a semi-structured format. Due to its therapeutic benefits, it can be regarded as a brief psychotherapy. Stephen Finn and collaborators advocated for an assessment process that establishes a horizontal relationship between the client and the psychotherapist. Consequently, the client's knowledge about their life and problems is as valid as what the evaluator might obtain during the assessment process. This perspective enables a client-centered approach and a more collaborative therapeutic relationship (Finn, 2017; Villemor-Amaral & Resende, 2018).

The structure of TA comprises six stages, during which evaluative questions are constructed, psychological tests are administered based on the client's demands, and data generated is used to focus on the client's potential difficulties related to their questions. The results are shared and discussed with the client. Afterward, a personalized written letter to a client following TA tenets is provided, followed by a follow-up session one to three months after the process is concluded (Finn, 2017; Villemor-Amaral & Resende, 2018).

The principles and structure of TA offer various direct therapeutic benefits to the client (Durosini & Aschieri, 2021) and can be applied in different contexts, including traumatic situations (Finn, 2012; Tarocchi et al., 2013; Villemor-Amaral & Finn, 2020). Therapeutic Assessment has been shown to reduce symptoms and increase self-esteem (Durosini & Aschieri, 2021) while aiding in addressing traumatic experiences (Finn, 2012; Tarocchi et al., 2013; Villemor-Amaral & Finn, 2020). Participation in TA has been found to improve anxiety, loneliness, hopelessness, failure, distress, well-being, shame, and other emotional states (Finn, 2023). Additionally, in complex cases like trauma treatment, building a strong therapeutic relationship and epistemic trust during the assessment process is crucial (Kamphuis & Finn, 2018).

Fear is understood as the primary characteristic of trauma, and the traumatic state should not be considered in isolation from its sociocultural context. Individual experiences such as sexual violence, genocide, racism, torture, traffic accidents, and environmental disasters can lead to a traumatic state (Reis & Ortega, 2021). Trauma can therefore be characterized as a sociopolitical and psychophysiological event involving the interaction between the individual and the environment during an aversive situation that causes suffering. It is essential to understand that when addressing Post-Traumatic Stress Disorder (PTSD) as a nosology, we are discussing only one part of the traumatic phenomenon (American Psychiatric Association [APA], 2013). PTSD can be seen as a disruption in the recovery dynamics of trauma (Reis & Ortega, 2021), where the individual develops and amplifies emotions of distress, potentially persisting for an extended period and affecting their daily life (Ehring & Ehlers, 2021). Accordingly, it is vital always to consider the individual's biopsychosocial context when evaluating the traumatic phenomenon (Reis & Ortega, 2021).

As noted, trauma can result from exposure to violence, such as Intimate Partner Violence (IPV), which can be defined as behaviors that cause physical or emotional harm to another person within the context of affective-sexual relationships by partners or former partners,

regardless of sexual orientation, type of relationship, age, or gender (Organização Mundial de Saúde [OMS], 2012).

The dynamics of IPV encompass various forms of violence and risk factors related to individual, demographic, economic, social, and cultural contexts (OMS, 2012). Experiencing IPV causes harm and feelings that weaken women's identities, such as fear, sadness, and stress, among others (Pazo & Aguiar, 2012). The experience of violence in affective-sexual relationships may lead to a traumatic state, resulting in low self-esteem, difficulties in emotional regulation, mood swings, interpersonal relationship problems, and feelings of shame, guilt, incapacity, excessive anger, and other emotions (Ehring & Ehlers, 2021).

A study examining Post-Traumatic Stress Disorder (PTSD) in 17 women who experienced IPV found that 76.5% exhibited symptoms consistent with a PTSD diagnosis. These women also showed cognitive vulnerability, which increased the risk of developing PTSD. It was concluded that IPV is a situation that causes trauma in those who experience it and influences other psychopathological diagnoses such as anxiety and depression (Hatzenberger et al., 2010). Psychological assessments investigating stress and/or trauma often focus on understanding the phenomenon's cause and/or the level/intensity at which it occurs and its resulting impairments (Dalagasperina & Castro, 2019).

A psychological trauma assessment process should be comprehensive, considering contexts and other factors related to the trauma, such as life history, events preceding the traumatic episode, factors that maintain the trauma or are used protectively by the client, support networks, and the presence of symptoms such as low self-esteem, hopelessness, fear, anxiety, depression, and anger, among others. The assessment process should also include the use of various psychological techniques and tools (Dalagasperina & Castro, 2019). In a TA process, in addition to investigating all these factors, it is understood that its proposal goes beyond the diagnostic process. When necessary, interventions are performed to contribute to therapeutic change and psychological tests are employed as technical and reliable tools to expand the understanding of the traumatic experience (Finn, 2023). Considering that TA offers the necessary conditions to address trauma in the context of IPV, and given the limited national and international studies on the topics of TA, IPV, and trauma, this study aimed to discuss trauma-related changes in the TA process with a woman who experienced IPV.

Method

Clinical characterization of the case

Participant

Safira (a fictitious name), a 40-year-old heterosexual woman with a college degree, divorced from her former partner for three years, with whom she shared custody of their daughter, was experiencing psychological distress due to the psychological violence inflicted by her former partner. She reported feeling sadness, stress, anger, and anxiety and believed she was

experiencing a traumatic state. She decided to participate in the assessment to understand the traumatic state she was going through and to talk, for the first time, about the violence she endured during and after the marriage.

Instruments

During the clinical case process, six instruments were used for both an initial screening and to assess potential changes at the end of the process during the follow-up phase. Additionally, during the standardized testing stage of TA, three other instruments approved for clinical psychological use in Brazil were administered.

Instruments used in the screening interview and follow-up session

The Rosenberg Self-Esteem Scale (RSES) assesses the global self-esteem factor and consists of ten items scored on a four-point Likert scale. Higher scores indicate better levels of self-esteem. The scale showed $\alpha = .90$ (Hutz & Zanon, 2011).

The Self-Reporting Questionnaire (SRQ-20) is a questionnaire that evaluates non-psychotic symptoms associated with common mental disorders. The reduced version consists of 20 items answered on a dichotomous scale of "yes" or "no," with scores ranging from zero to 20 for each positive response. The internal consistency of the scale was $\alpha = .80$ (Santos et al., 2009).

The Magical Ideation Scale (MIS) is a self-report scale that investigates magical thinking, consisting of 30 items answered on a dichotomous scale of "true" or "false." It presented a Cohen's *d* of 3.85 for a group of individuals with schizophrenia (Vieira et al., 2016).

The Posttraumatic Cognitions Inventory (PTCI-Brazil) investigates post-traumatic stress through 36 items scored on a seven-point Likert scale. It includes three investigative domains related to post-traumatic cognitions. The total internal consistency of the scale was $\alpha = .96$ (Sbardelloto, 2010).

The Beck's Scales consist of the Depression Inventory (BDI), Anxiety Inventory (BAI), Hopelessness Scale (BHS), and Suicidal Ideation Scale (BSS). The reliability estimates for the four instruments in a non-clinical sample showed an alpha ranging from .70 to .86 for the BDI, $\alpha >$ .80 for the BAI, alpha ranging from .51 to .86 for the BHS, and $\alpha > .90$ for the BSS (Cunha, 2017).

The Sociodemographic and Violence Questionnaire was developed to collect sociodemographic information, along with questions about psychological/psychiatric care and the legal process. It also included closed-ended questions related to the types of violence the client might have experienced, totaling 28 questions.

Instruments used during the TA process

The *Bateria Fatorial da Personalidade* (BFP) evaluates personality based on the Five-Factor Model. It contains 126 self-assessment items on a seven-point Likert scale. The instrument has internal consistency for a general sample, with Cronbach's alpha for the dimensions of

extraversion (.84), agreeableness (.85), conscientiousness (.83), neuroticism (.89), and openness to experience (.74), all considered satisfactory consistencies (Nunes et al., 2013).

The Inventário de Expressão de Raiva como Estado e Traço (STAXI-2) is a self-report instrument that evaluates anger as a state and a trait. It comprises 57 items and obtained Cronbach's alpha coefficients ranging from .68 to .88 across its six scales and five subscales, demonstrating good internal consistency (Spielberger, 2010).

The Rorschach Method – Performance Assessment System (R-PAS) test evaluates personality characteristics through a set of ten inkblot plates. The inter-rater reliability indices ranged from .44 to 1, with 97% of the variables showing good (.59 to .74) or excellent (> .74) reliability indices (Meyer et al., 2017).

Procedures

This study is part of a broader research project aimed at investigating the TA process based on the self-esteem of women who experienced IPV, which received approval, under protocol no. 3.646.028, from the Ethics and Research Committee of the Federal University of Ceará. Safira signed a general consent form and a consent form for the audio and video recording of the TA sessions. All ethical principles of confidentiality and anonymity of the participant were upheld, in addition to ensuring her right to withdraw from the research at any time.

The sessions were conducted in person at a clinical psychology institution. During the screening interview, efforts were made to understand the context of the IPV and trauma, and the instruments (RSES, SRQ-20, MIS, PTCI, Beck's Scales) were applied. The TA process followed Finn's guidelines (2017) and lasted six months, due to the COVID-19 pandemic context, with a total of ten sessions averaging 120 minutes each.

Data analysis

To address the objective of the present study, a case summary was prepared, and a statistical analysis was conducted focusing on factors related to trauma in the context of IPV, both before and after the TA process, to determine whether changes occurred. To assess changes in the pre- and post-TA differences presented by the instruments (RSES, SRQ-20, MIS, PTCI, Beck's Scales), the Reliable Change Index (RCI) was calculated using the JT method proposed by Jacobson and Truax, which evaluates whether changes are reliable and clinically significant for the client. This calculation is performed by dividing the difference in results before and after the intervention by the standard error of that difference (Del Prette & Del Prette, 2008).

The RCI results can be evaluated in terms of the clinically significant degree (C), which indicates the presence of No Change (NC), Reliable Positive Change (RPC), or Reliable Negative Change (RNC) (Jacobson & Truax, 1991). To better interpret the results, the C calculations were adapted, considering the interval parameter between -1.96 and 1.96 for no change, as suggested by Jacobson and Truax (1991). Positive change corresponds to outcomes where an increase is expected (Self-Esteem Factor with C > 1.96) or a decrease (Post-Traumatic Stress, Psychological

Distress, Depression, Anxiety, Hopelessness, and Suicidal Ideation Factors with C < −1.96) throughout the process. Negative change, on the other hand, would be the inverse situation: a reduction in a factor that should increase (C < −1.96) or an increase in factors that should decrease (C > 1.96) after the process.

Results

Presentation of the Safira case

Safira posed questions during the assessment that revealed the challenging relationship and communication she had with her former spouse during and after the marriage, as well as characteristics of a traumatic state. Examples included: "Why can't I be firm in my relationship with him?" and "Why do I still feel vulnerable when interacting with him?" Furthermore, Safira believed her trauma stemmed from experiencing psychological violence and identified traits suggesting a depressive state, such as persistent low energy, stress, and anguish. This depressive state was noted since the birth of her child when her doctor indicated possible causes such as hormonal dysregulation. However, Safira was prevented from receiving proper treatment because her former spouse was jealous of the doctor. She also exhibited profound fear and shame regarding her aggressive reactions to her former partner during episodes of violence. At this point in the assessment, Safira's described vulnerability encompassed both physical and emotional aspects, which intertwined in her narrative.

Overall, the battery of instruments administered (BFP, STAXI-2, and Rorschach) indicated that Safira had experienced traumatic situations and exhibited traits of a depressive state. Additionally, the results suggested she tended to express anger physically, avoid distressing situations, and justify her thoughts and emotions as a defense mechanism. She reported limited psychological resources and challenges in coping capacity, potentially leading to severe alterations in her thought processes. Safira also expressed a desire for change, which became evident during the process, particularly regarding her need to confront her fear of her former husband and her aspiration to return to work. However, her ability to resume work was constrained by the context of COVID-19.

In the extended Rorschach inquiry (6th session), Safira discussed the difficulty of dealing with her former husband, as interactions invariably led to arguments, causing frustration, distress, and anger. She described various strategies to calm herself before interactions, such as breathing techniques and limiting communication to the bare minimum. Safira expressed fear, guilt, and shame about reacting aggressively during intense stress, noting that she feared her own stress. She also identified a rigid routine and felt trapped without viable alternatives for change in her life.

As an intervention strategy, the construction of a Feelings Timeline was proposed to help Safira organize, reflect on, and better understand her emotions during different life stages, linking them to her evaluative questions. The goal was to aid her in recognizing her present emotions, as she frequently referred to feelings rooted in the past. Safira identified stress and

frustration as the most prevalent emotions in her life. Her fear of stress was tied to a belief that she was weak, blaming herself for being vulnerable to her former husband and feeling partially responsible for the end of the marriage due to her reactions. Ultimately, Safira reflected that she felt trapped, threatened, judged, and violated by her former husband. She acknowledged the difficulty of releasing stress and managing highly distressing situations.

When the assessment results were shared and discussed with Safira, she expressed feeling lighter compared to the beginning of the assessment. She had a clearer understanding of her emotional state, as she had previously felt overwhelmed by diverse emotions and confused thoughts. She noticed small changes in her behavior during the assessment, as she was able to communicate and assert herself better when speaking with her former partner and did not experience the same intensity of mood changes as before. Additionally, upon realizing that she expressed her anger physically, she alleviated the burden associated with this reaction. Maintaining her desire for change, she encouraged herself to think of healthy ways to release this emotion without intensifying the guilt and shame she felt in those moments.

At the final assessment session, conducted one month after discussing the results, Safira reported receiving the personalized letter and agreed with its content, stating that it aligned with the assessment findings. She felt better regarding her stress and trauma, noted improved clarity in reflecting on her experiences, and affirmed she was more assertive in conversations with her former husband. Regarding her evaluative questions, she recognized changes in her perception of vulnerability and noted an improvement in her self-esteem. She expressed motivation and a desire to continue long-term psychotherapy to prepare for future emotional and sexual relationships. In light of her wish to continue the process, Safira was referred to a Psychology Clinical Service near her residence.

Trauma before and after the Therapeutic Assessment

Table 1 presents the results of the RCI calculation for the instruments administered during the screening interview and reapplied at the follow-up stage. These two evaluations were carried out to verify factors related to trauma and IPV before and at the end of the TA.

Table 1

Clinically significant degree of change of the results of the instruments before and after the TA.

Instruments	Factor(s)	RESULTS			
		Pre	Post	RCI	C
PTCI	PTS	128 points	113 points	-5.36	RPC
RSES	Self-Esteem	29 points	28 points	-0.37	NC
SRQ-20	Psychological Suffering	09 points	06 points	-1.79	NC
MIS	Magical Ideation	07 points	04 points	-1.70	NC
Beck's Scales - BDI	Depression	14	18	13.33	RNC
Beck's Scales - BAI	Anxiety	06	09	4.74	RNC
Beck's Scales - BHS	Hopelessness	07	02	**-7.22**	RPC
Beck's Scales - BSS	Suicide	Zero	Zero	-	-

Source: elaborated by the author.
Legend: PTCI (Posttraumatic Cognitions Inventory). RSES (Rosenberg Self-Esteem Scale). SRQ-20 (Self-Reporting Questionnaire). MIS (Magical Ideation Scale). BDI (Beck Depression Inventory). BAI (Beck Anxiety Inventory). BHS (Beck Hopelessness Scale). BSS (Beck Scale for Suicide Ideation). PTS (Post-Traumatic Stress). RCI (Reliable Change Index). C (Clinically significant degree). RPC (Reliable Positive Change). NC (No Change) and RNC (Reliable Negative Change).

Discussion

Considering the aim of this work to discuss trauma-related changes in the TA process with a woman who experienced IPV, Safira was deeply affected by the dynamics of IPV, displaying significant psychological distress and showing signs that she may have been in a traumatic state. Throughout the process, the mental and emotional disorganization she felt, as well as feelings of fear, fragility, and stress, were evident, as highlighted in the evaluative questions, which were related to her experience of psychological violence during the marriage.

It was observed that trauma is related to the violent situation experienced in the past but still felt in the present, causing Safira moments of fear, sadness, stress, and anger, corresponding to the characterization of trauma as a scar from a relationship with the environment that resulted in suffering for the individual (Reis & Ortega, 2021). Experiencing violence, such as psychological violence, can cause physical-emotional harm (OMS, 2012), and constantly reliving the traumatic situation can alter how a person perceives themselves (Ehring & Ehlers, 2021).

The assessment of trauma treatment requires an approach that enables the use of different methods, as it is necessary to investigate and address various factors, such as situations related to the traumatic event, personal beliefs, identity, emotions/feelings, dissociation, the effect of trauma, and the risk of re-victimization (Tarocchi et al., 2013). Considering the particularities of TA that mitigate the risk of re-victimization, it is crucial for clients to develop their own evaluative questions. Additionally, it is important to explore what aspects of these questions might be most difficult for them to hear. This approach works as a strategy to understand the client's limits (Finn, 2023; Tarocchi et al., 2013). These questions also help gather

information about the client and develop objectives and goals, which make the client feel less anxious about what will be investigated (Finn, 2017; Villemor-Amaral & Resende, 2018). Furthermore, the use of psychological tests to access traumatic memories can assist in reducing feelings of anxiety, shame, and guilt, as they prompt reflections based on the content of the instrument itself or even the responses given by the client during the activity. The sharing of the results also directs the evaluative experience toward more objective and meaningful discussions that stimulate the client's curiosity about themselves, fostering trust in the evaluative process (Finn, 2023).

The results of the psychological tests administered to Safira indicated that the client was experiencing a traumatic state, in addition to having limited psychological resources and difficulties in her coping abilities. It was understood that in stressful situations, Safira experienced intense anger to the extent that she felt the need to externalize it physically. This entire physical-emotional situation was linked to the psychological violence she continued to endure from her former spouse following their divorce. Although the client sought ways to cope, she felt that these strategies were not effective and perceived herself as trapped in this ongoing dynamic with her former partner.

In this context, it is evident that experiencing trauma mobilizes the cognitive, emotional, and identity aspects of the individual (Ehring & Ehlers, 2021). Psychological violence is one of the main forms of violence experienced in the dynamics of IPV, causing weaknesses in the person's self-esteem and identity (Pazo & Aguiar, 2012). Therefore, it is important to adopt a multimethod evaluation approach with a person who has experienced trauma, as it expands the psychotherapist's understanding of the client's personality dynamics and allows for psychological tests to be used in a way that maximizes therapeutic impacts during the assessment (Finn, 2012). One of the main focuses of TA is the change in narrative, which is also one of the points of change in trauma treatment (Finn, 2023). This means that the instruments in TA are used to help clients develop more "coherent, accurate, useful, and compassionate stories about themselves" (Finn, 2023, p. 6).

In the context of trauma, it is still common for individuals to ruminate on what has occurred, unable to process and reflect on the situation to reach an effective solution. This rumination makes it difficult to focus on other aspects of daily life, leading the individual to abandon activities that once brought interest, joy, and pleasure (Ehring & Ehlers, 2021). Psychological tests, in this regard, provide a way for the psychotherapist to examine the client's conscious and unconscious behaviors and beliefs in response to emotional disorganization and dysregulation (Finn, 2012), which are common in individuals experiencing trauma, who tend to create protective barriers in response to even the smallest threat or connection to the traumatic event (Villemor-Amaral & Finn, 2020).

From the observation that Safira displayed disorganization in her emotions and feelings concerning the traumatic context she had experienced in the past and present, an intervention technique was used that minimally allowed the client to (re)organize her emotional dynamics in a concrete way. In this regard, the client realized that the most prominent feeling before and at

that moment was stress, and reflected on how she behaved when "stressed," reacting to fear and feeling shame and guilt. For Safira, being aware of the fear and feeling these emotions that represented her vulnerability led her to perceive herself as weak and fragile, as she could not effectively handle her emotions and feelings, especially in interactions with her former partner.

The fear present in women who have experienced IPV can be observed, for example, when they develop ways of acting to avoid violent behavior in interactions with their partner. It is related to a perspective of being vulnerable to the other, which reinforces the belief of being a fragile person (Pazo & Aguiar, 2012). Additionally, there is the feeling of guilt, where the person questions whether they were naive, reckless, or could have done something to prevent the violent situation. They doubt their ability to cope or overcome, viewing themselves as weak or foolish, and increasing self-criticism, which can also relate to shame and/or failure (Ehring & Ehlers, 2021). Consequently, fear, shame, and guilt are interrelated in the dynamics of violence experienced in IPV (Pazo & Aguiar, 2012), and are also present in individuals experiencing a traumatic state, amplified by continuous exposure to the traumatic situation (Ehring & Ehlers, 2021). In the context of these feelings, Finn (2023) considers that TA, due to its structure (techniques, psychological tests, intervention) and the psychotherapist's attitudes (collaboration, respect, compassion, openness, and humility) toward the client, is important for the client to feel more at ease and face these feelings with greater confidence.

During the discussion of the results and in the follow-up session, it was observed that Safira began to express changes in how she perceived her feelings and her way of interacting with her former husband. Organizing her emotions, talking about the experience of violence, and understanding how her emotional state was configured through the results of the psychological tests enabled her to generate more effective coping strategies, such as being able to express herself and communicate more assertively during interactions with her former husband. Additionally, recognizing the reality of the impacts of the violence on herself allowed Safira to reflect on healthier ways to manage her stress and, minimally, strengthen herself to cope with the trauma. These changes in perception were evidenced by her desire to continue the process of change and coping that began during the assessment, as well as considering the possibility of re-entering an affectionate-sexual relationship with someone else.

As Kamphuis and Finn (2018) stated, working with trauma requires establishing epistemic trust through the therapeutic relationship and interventions, as this trust enables changes throughout the TA process itself, as well as in future social situations or psychotherapy. Additionally, dealing with the entire traumatic situation often becomes a draining process, in which the person lacks the necessary conditions to understand and reframe what was experienced. Therefore, in TA, the interventions carried out with the client are essential for addressing the traumatic situation, with the therapist acting as a supportive figure in the process (Tarocchi et al., 2013). It is emphasized that TA has proven to be a process that helps the client's view of themselves and enables changes, which increases their desire to continue psychotherapy (Durosini & Aschieri, 2021). Furthermore, it is important, in the context of trauma and IPV

assessment, to evaluate the client's support network, potential risk/protective factors for IPV, and coordination with other healthcare providers, especially if the individual is already undergoing psychiatric or psychotherapeutic treatment.

The changes observed regarding the trauma state during the TA process were verified by calculating the RCI (Del Prette & Del Prette, 2008; Jacobson & Truax, 1991), with results presented in Table 1. From this, it was found that Safira showed RPC for the factors of PTS and hopelessness, suggesting that Safira became less distressed by the traumas experienced and reduced her pessimism about the future. The self-esteem factor maintained a similar score before and after the process, while the psychological suffering and magical thinking factors showed no reliable changes, even though they decreased compared to the beginning of the assessment. The anxiety and depression factors showed RNC after the assessment process, indicating an increase in the level of these factors.

It is important to understand that a person suffering from PTS experiences changes in the way they think about themselves, generating beliefs about their inability to cope and the responsibility for the violent act they experienced. This way of processing information through continuous (re)experiencing the trauma causes disorganization and psychological suffering, as the individual constantly perceives themselves to be under threat (Sbardelloto, 2010).

An assessment aimed at increasing the client's self-efficacy and self-compassion yields positive results in the symptomatology, such as the reduction of PTS and the increase in self-care (Dalagasperina & Castro, 2019). Accordingly, TA, by using different resources such as psychological tests and interventions, allows the client to narrate their experiences while providing reliable information about themselves, which aids in understanding their difficulties and reflecting on new ways of being (Finn, 2023).

Furthermore, by working in collaboration with the client, and building a therapeutic relationship based on respect, authenticity, humility, and acceptance, TA has shown positive results in increasing self-esteem, reducing psychological suffering (Durosini & Aschieri, 2021), and negative beliefs about oneself (Kamphuis & Finn, 2018). Furthermore, grounding the process in these principles, along with the different methods employed, helps provide trust and emotional support, which encourages and aids in working through trauma. This allows clients to confront traumatic memories and emotions, providing them with a sense of safety and "feeling less" (the traumatic state) (Villemor-Amaral & Finn, 2020).

Regarding anxiety and depression, in Safira's case, depression was associated by the client with both biological (emotional dysregulation) and psychological (related to IPV) aspects. Safira expressed a desire to investigate the biological nature of her depression, but due to the COVID-19 pandemic, she had to wait. Feeling restricted by her routine and unable to implement more effective changes, such as returning to paid work, made her more anxious.

Although these diagnoses are closely associated with experiencing PTS (Hatzenberger et al., 2010), it is important to first address the PTS, as depression and anxiety share the same diagnostic criteria (APA, 2013). Therefore, a psychological assessment is necessary to more

specifically investigate depression/anxiety after addressing the trauma. The changes observed during the assessment and the improvement of the trauma state highlight the capacity of TA to address complex situations, such as trauma, beginning to improve psychopathological suffering. However, continued treatment through long-term psychotherapy is suggested (Finn, 2023; Tarocchi et al., 2013).

In conclusion, Safira experienced psychological suffering and emotional losses, such as problems with self-esteem, PTS, and interpersonal relationships, due to experiencing IPV. The TA helped Safira reduce her PTS and hopelessness, increasing her desire to continue treatment in long-term psychotherapy. Additionally, Safira showed improvements in her negative self-view, particularly her belief in her inability to cope with the psychological violence she suffered from her former spouse. Consequently, TA enabled Safira to expand her understanding and experience of the traumatic situation she was living through.

Concerning the study's limitations, the COVID-19 pandemic context interfered with the process, which may have influenced the results, as some pauses were necessary during the process, with the limited routine increasing the client's anxiety. Furthermore, as it is a single case study, generalization of the results is not possible; However, we believe this methodological choice increases interest in research related to trauma and TA and offers possibilities for approaches in trauma assessment.

Further research with women who have experienced IPV is suggested, considering both the impacts of the trauma and other conditions related to the experience of violence, such as education level, cohabitation with the aggressor, and socioeconomic status, among other factors. Another recommendation is to conduct a study using multiple case studies to provide more robust results related to changes resulting from therapy and strengthen the clinical practice method.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington: American Psychiatric Publishing.

Cunha, J. A. (2017). *Manual em português das Escalas Beck*. 19ª reimpressão da 1ª edição de 2001. São Paulo: Pearson Clinical Brasil.

Dalagasperina, P., & Castro, E. K. de. (2019). Avaliação de Trauma Psicológico. Em M. N. Baptista, (Orgs.), *Compêndio de Avaliação Psicológica*, (pp. 681). Petrópolis: Vozes.

Del Prette, Z. A. P., & Del Prette, A. (2008). Significância clínica e mudança confiável na avaliação de intervenções psicológicas. *Psicologia: Teoria e Pesquisa*, *24*(4), 497-505. https://doi.org/10.1590/S0102-37722008000400013

Durosini, I., & Aschieri, F. (2021). Therapeutic Assessment efficacy: A meta-analysis. *Psychological Assessment*, *33*(10), 962-972. https://doi.org/10.1037/pas0001038

Ehring, T., & Ehlers, A. (2021). *Como lidar com trauma e transtorno de estresse pós-traumático: guia para pacientes e familiares*. Tradução Brüschke, K. São Paulo: Hogrefe.

Finn, S. E. (2012). Implications of recent research in neurobiology for psychological assessment. *Journal of Personality Assessment*, *94*(5), 440-449. https://doi.org/10.1080/00223891.2012.700665

Finn, S. E. (2017). *Pela perspectiva do cliente: Teoria e técnica da Avaliação Terapêutica*. Tradução de Cecília Camargo Bartalotti. São Paulo: Hogrefe.

Finn, S. E. (2023). What we have learned from 30 years of being in our clients' shoes. *The TA Connection*, *11*(1), 4-12. https://encr.pw/rsUz8.

Hatzenberger, R., Lima, A. P. V. R., Lobo, B., Leite, L., & Kristensenc, C. H. (2010). Transtorno de estresse pós-traumático e prejuízos cognitivos em mulheres vítimas de violência pelo parceiro íntimo. *Ciências & Cognição*, *15*(2), 94-110. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-58212010000200009

Hutz, C. S., & Zanon, C. (2011). Revisão da adaptação, validação e normatização da Escala de Autoestima de Rosenberg. *Avaliação Psicológica*, *10*(1), 41-49. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712011000100005

Jacobson, N. S., & Truax, P. (1991). Clinical Significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, *59*(1), 12-19. https://doi.org/10.1037//0022-006x.59.1.12

Kamphuis, J. H., & Finn, S. E. (2018). Therapeutic Assessment in personality disorders: Toward the restoration of epistemic trust. *Journal of Personality Assessment*, *101*(6), 662-674. https://doi.org/10.1080/00223891.2018.1476360

Meyer, G. J, Viglione, D. J., Mihura, J. L., Erard, R. E., & Erdberg, R. (2017). *Rorschach sistema de avaliação por desempenho manual de aplicação codificação e interpretação e manual técnico*. (D. R. Silva, & F. K. Miguel, Trad.). São Paulo. Hogrefe.

Nunes, C. H. S. S., Hutz, C. S., & Nunes, M. F. O. (2013). *Bateria Fatorial de Personalidade*. São Paulo: Pearson Clinical Brasil.

Organização Mundial da Saúde (OMS). (2012). *Prevenção da violência sexual e da violência por parceiro íntimo contra a mulher: ação e produção de evidência*.

Pazo, C. G., & Aguiar, A. C. (2012). Sentidos da violência conjugal – análise do banco de dados de um serviço telefônico anônimo. *Physis Revista de Saúde Coletiva*, *22*(1), 253-273. https://doi.org/10.1590/S0103-73312012000100014

Reis, R., & Ortega, F. (2021). Perspectivas neurocientíficas para uma teoria do trauma: revisão crítica dos modelos integrativos entre a biologia e a cultura. *Cadernos de Saúde Pública*, *37*(8), 1-13. https://doi.org/10.1590/0102-311X00352820

Santos, K. O. B., Araújo, T. M., & Oliveira, N. F. (2009). Estrutura fatorial e consistência interna do Self-Reporting Questionnaire (SRQ-20) em população urbana. *Cad. Saúde Pública*, *25*(1), 214-222. https://doi.org/10.1590/S0102-311X2009000100023

Sbardelloto, G. (2010). *Propriedades psicométricas da versão em português do Posttraumatic Cognitions Inventory (PTCI)*. 2010. 100f. Dissertation (Masters) – Curso de mestrado em Cognição Humana, Universidade Católica do Rio Grande do Sul.

Spielberger, C. D. (2010). *STAXI-2: inventário de expressão de raiva como estado e traço*. São Paulo: Vetor.

Tarocchi, A., Aschieri, F., Fantini, F., & Smith, J. D. (2013). Therapeutic Assessment of complex trauma: A single-case time-series study. *Clinical Case Studies*, *12*(3), 228-245. https://doi.org/10.1177/1534650113479442

Vieira, P. G., Villemor-Amaral, A. E., & Pianowski, G. (2016). Tradução, adaptação e evidências iniciais de validade da Magical Ideation Scale. *Psicologia: Teoria e Pesquisa*, *32*(4), 1-7. https://doi.org/10.1590/0102.3772e324222

Villemor-Amaral, A. E., & Finn, S. E. (2020). The Rorschach as a window into past traumas during Therapeutic Assessment. *Rorschachiana*, *41*(2), 93-106. https://doi.org/10.1027/1192-5604/a000125

Villemor-Amaral, A. E., & Resende, A. C. (2018). Novo modelo de Avaliação Psicológica no Brasil. *Psicologia: Ciência e Profissão*, *38*(núm. esp.), 122-132. https://doi.org/10.1590/1982-3703000208680

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