



Psychosocial Assessments and Counsellor Skill Requirements for Supporting Trauma Survivors: A Comprehensive Literature Review

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Abstract: Psychological trauma is a significant global mental health concern that affects individuals across diverse social, cultural, and developmental contexts. Survivors of trauma often experience complex psychological, emotional, and social difficulties, including post-traumatic stress disorder, depression, anxiety, dissociation, and disruptions in interpersonal functioning. Effective support for trauma survivors requires comprehensive psychosocial assessment and specialized counselling competencies grounded in trauma-informed care. The present literature review examines existing research on psychosocial assessment approaches and the essential skills required by counsellors to effectively support individuals who have experienced trauma. The review synthesizes findings from scholarly literature related to trauma theory, trauma-informed practice, assessment frameworks, and counsellor competencies. Psychosocial assessments are discussed as multidimensional evaluations that explore trauma history, psychological symptoms, social support systems, coping resources, and contextual stressors. The review also highlights commonly used standardized trauma assessment instruments and emphasizes the importance of culturally sensitive and survivor-centred assessment practices. In addition, the literature identifies key counsellor competencies necessary for trauma work, including trauma literacy, empathic communication, therapeutic alliance building, cultural competence, ethical awareness, and the ability to apply evidence-based trauma interventions. Challenges such as inadequate trauma training, risk of re-traumatization during assessment, and the impact of secondary traumatic stress on counsellors are also discussed. Overall, the literature indicates that integrating trauma-informed psychosocial assessments with well-developed counsellor skills is essential for providing effective, ethical, and holistic support to trauma survivors. The findings underscore the need for improved training, supervision, and research to strengthen trauma-informed counselling practices across mental health settings.

Keywords: Trauma survivors, psychosocial assessment, trauma-informed care, counselling competencies, trauma counselling, mental health support.

1. Introduction

Trauma is a psychological and emotional response to an event or series of events that are perceived as deeply distressing, threatening, or overwhelming. Such events may involve actual or threatened death, serious injury, violence, abuse, disasters, or other experiences that exceed an individual's ability to cope

effectively. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), trauma refers to exposure to events involving threatened death, serious injury, or sexual violence, either through direct experience, witnessing the event, learning that it occurred to a close family member or friend, or repeated exposure to details of traumatic events (American Psychiatric Association, 2022). Traumatic experiences can significantly disrupt an individual's emotional regulation, cognitive functioning, physical health, interpersonal relationships, and overall well-being.

Trauma can take many forms and may occur across the lifespan. Researchers commonly categorize trauma into several types, including acute trauma, chronic trauma, and complex trauma. Acute trauma results from a single distressing event such as an accident, natural disaster, or violent attack. Chronic trauma refers to repeated or prolonged exposure to distressing situations such as domestic violence, ongoing abuse, or war. Complex trauma typically occurs when individuals experience multiple traumatic events, often interpersonal in nature, during critical developmental periods such as childhood (Courtois & Ford, 2013). These experiences can have long-lasting psychological and psychosocial consequences, affecting a person's sense of safety, trust, identity, and relationships with others (Herman, 1992).

The impact of trauma extends beyond immediate emotional distress and may manifest in a range of psychological symptoms and mental health conditions. Survivors of trauma may experience post-traumatic stress disorder (PTSD), depression, anxiety disorders, dissociation, substance misuse, and difficulties in emotional regulation and interpersonal functioning (Van der Kolk, 2014). Trauma can also influence an individual's cognitive processes, leading to persistent feelings of fear, shame, guilt, helplessness, or negative beliefs about oneself and the world. Additionally, trauma may affect physical health through stress-related physiological responses, further highlighting the multidimensional nature of trauma's impact.

Psychological trauma is a pervasive global public health concern, resulting from exposure to events that threaten an individual's life, safety, or psychological integrity. Trauma

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survivors often experience enduring psychological, emotional, interpersonal, and functional impairments that necessitate specialized mental health interventions. Effective support for trauma survivors depends on two interrelated components: comprehensive psychosocial assessment and counsellor competence grounded in trauma-informed care. Psychosocial assessments provide a structured understanding of the survivor's experiences, symptoms, and contextual factors, while counsellor skills determine how this information is gathered, interpreted, and used therapeutically (Briere & Scott, 2015; Courtois & Ford, 2013).

This literature review critically examines existing research on psychosocial assessment practices in trauma care and delineates the essential skills required of counsellors to effectively support trauma survivors. Emphasis is placed on trauma-informed, culturally responsive, and ethically sound practices

A. Who are Trauma Survivors?

Individuals who have experienced traumatic events and continue to live with the psychological, emotional, or social consequences of these experiences are commonly referred to as trauma survivors. The term "survivor" is often preferred over "victim" in many therapeutic and research contexts because it emphasizes resilience, agency, and the capacity for recovery (Herman, 1992). Trauma survivors include individuals who have experienced various forms of adversity such as childhood abuse or neglect, sexual assault, domestic violence, human trafficking, war and conflict, natural disasters, serious accidents, or systemic violence. Importantly, trauma survivors are not a homogeneous group; their experiences, coping mechanisms, cultural contexts, and recovery processes vary widely.

Trauma survivors often face significant challenges in their psychological and social functioning. Many individuals struggle with trust in relationships, feelings of isolation, difficulties in emotional regulation, and disruptions in daily functioning such as work, education, and family life. The long-term effects of trauma may also influence identity development, self-esteem, and perceptions of safety and control. However, research also highlights the possibility of post-traumatic growth, where individuals develop increased resilience, deeper interpersonal relationships, and greater personal strength following traumatic experiences (Tedeschi & Calhoun, 2004).

Given the complexity and variability of trauma experiences, mental health professionals play a crucial role in supporting trauma survivors through assessment, intervention, and ongoing therapeutic care. Psychosocial assessment is a critical first step in understanding the survivor's history, symptoms, coping strategies, and environmental context. Such assessments allow counsellors to develop individualized treatment plans that address both psychological symptoms and social determinants of well-being. In addition, effective trauma counselling requires specialized skills, including trauma-informed communication, empathy, cultural competence, and the ability to create safe and supportive therapeutic environments.

Understanding trauma and the experiences of trauma

survivors is therefore essential for counsellors and other mental health professionals who aim to provide effective and ethical support. A comprehensive exploration of psychosocial assessment methods and counsellor competencies can contribute to improved therapeutic outcomes and more holistic care for individuals recovering from traumatic experiences.

2. Conceptualizing Trauma Counseling

Trauma counselling refers to a specialized form of psychological intervention aimed at helping individuals process, understand, and recover from traumatic experiences. Trauma occurs when individuals are exposed to events that threaten their physical or psychological safety and overwhelm their ability to cope effectively. Such experiences may include physical or sexual abuse, domestic violence, natural disasters, war, serious accidents, loss, or other forms of interpersonal or environmental harm (American Psychiatric Association, 2022). Trauma counselling focuses on addressing the emotional, cognitive, and behavioural consequences of these experiences while helping individuals restore a sense of safety, control, and meaning in their lives.

Trauma counselling differs from general counselling because it requires a deeper understanding of trauma-related symptoms such as hyperarousal, intrusive memories, dissociation, emotional dysregulation, and avoidance behaviours. These symptoms often interfere with daily functioning and interpersonal relationships. Trauma-informed counselling approaches emphasize creating a safe therapeutic environment where survivors feel respected, heard, and empowered. According to Herman (1992), recovery from trauma occurs through three main stages: establishing safety, remembrance and mourning, and reconnection with ordinary life. Counsellors play a crucial role in guiding trauma survivors through these stages while ensuring that therapy proceeds at a pace that is manageable and supportive.

Trauma counselling also incorporates evidence-based therapeutic approaches such as trauma-focused cognitive behavioural therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), narrative therapy, and somatic-based interventions (Courtois & Ford, 2013). The effectiveness of these approaches depends not only on the techniques used but also on the counsellor's competence in building trust, maintaining emotional safety, and understanding the complex psychological effects of trauma.

3. Role of Counsellors in Trauma Therapy

Counsellors play a central role in supporting trauma survivors by providing emotional support, facilitating healing, and helping individuals rebuild their lives following traumatic experiences. The role of the counsellor extends beyond symptom reduction and includes promoting resilience, restoring self-efficacy, and strengthening coping resources.

One of the primary roles of counsellors in trauma therapy is conducting comprehensive psychosocial assessments. Through careful assessment, counsellors gather information about the client's trauma history, psychological symptoms, coping

strategies, social support systems, and environmental stressors. This process helps clinicians develop appropriate treatment plans tailored to the unique needs of each individual (Briere & Scott, 2015). Assessment also helps identify potential risks such as self-harm, suicidal ideation, or severe emotional distress that may require immediate intervention.

Another critical role of counsellors is creating a safe and supportive therapeutic environment. Trauma survivors often struggle with feelings of fear, mistrust, shame, and vulnerability. Establishing a strong therapeutic alliance is therefore essential for effective trauma therapy. Counsellors must demonstrate empathy, validation, and non-judgmental acceptance to foster trust and encourage open communication.

Counsellors also help trauma survivors process traumatic memories and emotions. This may involve helping clients gradually explore painful experiences, identify emotional responses, and develop healthier ways of understanding and coping with these experiences. Through therapeutic techniques, counsellors assist clients in integrating traumatic memories into their broader life narratives without becoming overwhelmed by distress.

Additionally, counsellors play an important role in teaching coping and emotional regulation skills. Trauma survivors often experience intense emotions such as anxiety, anger, sadness, or guilt. Counsellors may teach grounding techniques, relaxation strategies, mindfulness practices, and cognitive restructuring to help clients manage distressing emotions and regain a sense of control.

Another important aspect of the counsellor's role is empowerment and resilience building. Trauma can significantly affect a person's sense of identity and self-worth. Counsellors work with clients to rebuild confidence, strengthen coping abilities, and foster personal growth. In some cases, survivors may experience post-traumatic growth, developing greater resilience, improved relationships, and deeper self-awareness following trauma (Tedeschi & Calhoun, 2004).

Counsellors also frequently collaborate with other professionals and support systems such as medical practitioners, social workers, community agencies, and legal services. Trauma survivors may require multidisciplinary support to address practical issues related to safety, housing, legal protection, and healthcare. Effective coordination of services ensures that clients receive holistic care that addresses both psychological and social needs.

Finally, counsellors must remain aware of vicarious trauma and compassion fatigue that can occur when working with trauma survivors. Engaging in regular supervision, professional development, and self-care practices is essential to maintain professional effectiveness and personal well-being (Figley, 1995).

4. Skills Required for Trauma Counseling

Working with trauma survivors requires specialized skills that go beyond general counselling competencies. These skills enable counsellors to provide safe, ethical, and effective support to individuals who have experienced severe psychological distress. Counsellors have to be very skilled and

knowledgeable to do this kind of work. They have to be able to help people in a way that is respectful and sensitive to their needs.

They have to be able to work with professionals and follow ethical rules and they have to be able to take care of themselves because this kind of work can be very hard.

Therefore, counsellors play an important role in helping people who have gone through something very bad. They have to be very skilled and knowledgeable. They have to be able to work in a way that's respectful and sensitive to one's needs.

A. Empathy and Active Listening

Empathy is one of the most fundamental skills in trauma counselling. Trauma survivors often feel misunderstood, isolated, or judged by others. Counsellors must demonstrate genuine empathy and compassion to create an environment where clients feel safe sharing their experiences. Active listening involves giving full attention to the client, acknowledging emotions, and reflecting back understanding without interrupting or imposing personal interpretations.

B. Trauma-Informed Communication

Trauma-informed communication emphasizes respect, sensitivity, and empowerment. Counsellors must be mindful of language, tone, and body language to avoid triggering distress or re-traumatization. Using open-ended questions, validating emotional experiences, and allowing clients to control the pace of disclosure are essential aspects of trauma-informed communication.

C. Assessment and Clinical Evaluation Skills

Effective trauma counselling begins with accurate assessment. Counsellors must be skilled in conducting psychosocial assessments, identifying trauma-related symptoms, and selecting appropriate assessment tools. This includes recognizing signs of PTSD, depression, anxiety, dissociation, and other trauma-related difficulties. Competence in assessment ensures that treatment plans are based on a comprehensive understanding of the client's needs.

D. Emotional Regulation and Stabilization Techniques

Trauma survivors frequently experience intense emotional reactions, including panic, flashbacks, and dissociation. Counsellors must be trained in techniques that help clients regulate emotions and stabilize their psychological state. These may include grounding exercises, breathing techniques, mindfulness practices, and relaxation strategies.

E. Cultural Competence

Trauma experiences and responses are influenced by cultural, social, and contextual factors. Counsellors must demonstrate cultural competence by understanding how cultural beliefs, values, and traditions shape the way individuals perceive and cope with trauma. Cultural sensitivity also involves recognizing systemic trauma, discrimination, and social inequalities that may affect survivors' experiences.

F. Boundary Setting and Ethical Practice

Working with trauma survivors requires clear professional

boundaries and adherence to ethical principles. Counsellors must ensure confidentiality, obtain informed consent, and avoid dual relationships that could compromise therapeutic effectiveness. Ethical awareness is particularly important when dealing with sensitive disclosures of abuse or violence.

G. Resilience and Strength-Based Approach

Trauma counselling should not focus solely on pathology but also recognize the strengths and resilience of survivors. Counsellors must help clients identify personal strengths, coping resources, and supportive relationships that can facilitate recovery.

H. Self-Awareness and Self-Care

Counsellors must maintain awareness of their own emotional responses when working with trauma survivors. Exposure to clients' traumatic experiences can lead to secondary traumatic stress. Practicing self-care, seeking supervision, and engaging in reflective practice are essential for preventing burnout and maintaining therapeutic effectiveness.

5. Screening Tools and Assessment Process in Trauma Counseling

Screening and assessment are essential components of trauma-informed counselling, as they help identify individuals who have experienced traumatic events and determine the severity of their psychological symptoms. Trauma screening involves the use of structured interviews, questionnaires, or standardized instruments designed to detect trauma exposure and related mental health symptoms such as post-traumatic stress disorder (PTSD), depression, anxiety, or dissociation. Early identification of trauma-related symptoms enables counsellors to develop appropriate treatment plans and provide timely interventions (Briere & Scott, 2015). Screening tools are typically used during the initial stages of counselling to determine whether a more comprehensive clinical assessment is necessary.

Trauma screening tools are not intended to replace clinical diagnosis; rather, they serve as preliminary instruments that help counsellors understand the client's experiences and psychological functioning. Effective screening requires not only the appropriate selection of tools but also sensitivity to the client's emotional state, cultural background, and readiness to discuss traumatic experiences.

6. Common Screening Tools Used in Trauma Assessment

Several standardized screening tools have been developed to assess trauma exposure and trauma-related symptoms. These instruments are widely used in clinical and research settings due to their reliability and validity.

1) Posttraumatic Stress Disorder Checklist (PCL-5)

The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) is a self-report questionnaire used to assess symptoms of PTSD based on diagnostic criteria outlined in the DSM-5. The scale consists of 20 items that measure symptoms across four domains: intrusive memories, avoidance, negative alterations in cognition and mood, and alterations in arousal and

reactivity (Weathers *et al.*, 2013).

Clients rate each symptom on a scale ranging from 0 (not at all) to 4 (extremely), based on how much the symptom has bothered them in the past month. The total score indicates the severity of PTSD symptoms, with higher scores suggesting more severe distress. The PCL-5 is often used as both a screening and monitoring tool during treatment.

2) Clinician-Administered PTSD Scale (CAPS-5)

The Clinician-Administered PTSD Scale (CAPS-5) is considered the gold standard for diagnosing PTSD. Unlike self-report measures, this tool involves a structured clinical interview conducted by a trained mental health professional (Weathers *et al.*, 2018).

During the interview, the clinician asks questions related to the client's traumatic experiences and symptoms over the past month. Each symptom is rated based on frequency and intensity, allowing the clinician to determine whether diagnostic criteria for PTSD are met. CAPS-5 also assesses functional impairment caused by trauma symptoms, providing a comprehensive evaluation of the client's psychological condition.

3) Trauma Symptom Inventory (TSI-2)

The Trauma Symptom Inventory-2 (TSI-2) is a psychological assessment tool designed to evaluate a wide range of trauma-related symptoms. It includes scales that measure anxiety, depression, anger, dissociation, intrusive experiences, and defensive avoidance (Briere, 2011).

The TSI-2 is typically used in clinical settings where a more detailed understanding of trauma-related psychological functioning is required. It provides validity scales that help clinicians determine whether responses may be exaggerated or minimized, thereby improving the accuracy of assessment.

4) Dissociative Experiences Scale (DES-II)

The Dissociative Experiences Scale is used to measure dissociation, a psychological response that often occurs in individuals who have experienced severe or prolonged trauma. Dissociation involves disruptions in memory, consciousness, identity, or perception (Bernstein & Putnam, 1986).

Clients respond to items indicating how frequently they experience certain dissociative symptoms. Higher scores indicate greater levels of dissociation and may signal the need for specialized trauma-focused treatment.

7. How Trauma Screening Is Conducted

Trauma screening is usually conducted during the initial intake or early sessions of counselling. The process typically includes several steps:

A. Establishing Safety and Rapport

Before introducing screening tools, counsellors must create a safe and supportive environment. Trauma survivors may feel vulnerable discussing their experiences, so building trust and explaining the purpose of the assessment is essential.

B. Obtaining Informed Consent

Clients must be informed about the nature of the screening process, how the information will be used, and their right to

decline participation. Informed consent ensures that clients retain control over their participation in the assessment process.

C. Administering the Screening Instrument

Depending on the tool, screening may involve self-report questionnaires, structured interviews, or a combination of both. Counsellors may provide written forms or conduct verbal assessments while monitoring the client's emotional reactions.

D. Scoring and Interpretation

After completion, the counsellor calculates the total scores and compares them with established cutoff points that indicate symptom severity or the likelihood of a trauma-related disorder.

E. Follow-Up Assessment

If screening results indicate significant distress, a more comprehensive clinical assessment may be conducted to determine diagnosis and appropriate treatment interventions.

8. Assessing the Severity of Trauma Symptoms

Severity assessment is an important aspect of trauma screening because it helps determine the intensity of symptoms and the level of intervention required. Severity is typically evaluated through:

A. Symptom Frequency and Intensity

Most screening tools measure both how often symptoms occur and how strongly they are experienced. Higher frequency and intensity scores suggest more severe trauma-related distress.

B. Functional Impairment

Clinicians also evaluate how trauma symptoms affect daily functioning, including work, relationships, and social activities. Severe trauma symptoms often interfere significantly with normal functioning.

C. Risk Assessment

Counsellors must assess potential risks such as suicidal ideation, self-harm, substance abuse, or severe dissociation. Immediate intervention may be necessary if risk factors are identified.

D. Duration of Symptoms

The persistence of symptoms over time is another indicator of severity. Symptoms lasting more than one month may suggest PTSD or other trauma-related disorders according to DSM-5 criteria (American Psychiatric Association, 2022).

9. Ethical Considerations in Trauma Screening

Screening for trauma involves sensitive and potentially distressing topics, making ethical practice essential. Counsellors also have to understand that people from cultures might experience trauma differently. What is considered traumatic in one culture might not be the same in another. So counsellors have to be sensitive to these differences when they are working with survivors.

1) Informed Consent

Clients must understand the purpose of the screening, the nature of the questions, and how the information will be used. They should be free to refuse or discontinue participation at any time.

2) Confidentiality

Maintaining confidentiality is crucial when dealing with trauma disclosures. Counsellors must ensure that client information is securely stored and shared only when necessary or legally required.

3) Avoiding Re-traumatization

Trauma screening can trigger emotional distress or flashbacks. Counsellors must conduct assessments sensitively and be prepared to provide emotional support if the client becomes overwhelmed.

4) Cultural Sensitivity

Trauma experiences and expressions of distress vary across cultures. Ethical practice requires counsellors to respect cultural values, beliefs, and norms when conducting assessments.

5) Professional Competence

Counsellors must use screening tools that they are trained to administer and interpret. Using unfamiliar tools without proper training may lead to inaccurate assessments and inappropriate treatment decisions.

10. Challenges in Trauma Screening

There are some challenges when it comes to figuring out if someone has been traumatized. Sometimes people do not want to talk about what happened to them because they're ashamed or scared. This can make it hard for counsellors to understand what is going on. Also talking about things can be very upsetting for survivors. Counsellors have to be ready to stop the conversation if the survivor becomes too upset. There are also differences in how people from cultures show that they are upset. Sometimes the tools that counsellors use to figure out if someone is traumatized might not work well for people from different cultures. This can lead to misunderstandings and the wrong treatment.

A. Underreporting of Trauma

Many survivors hesitate to disclose traumatic experiences due to shame, stigma, fear of judgment, or distrust of professionals. As a result, screening tools may not fully capture the extent of trauma exposure.

B. Emotional Distress During Assessment

Discussing traumatic events may trigger strong emotional reactions, including anxiety, sadness, or dissociation. Counsellors must be prepared to pause the assessment and provide emotional support when necessary.

C. Cultural Differences in Symptom Expression

Different cultures express psychological distress in different ways. Standardized screening tools developed in Western contexts may not always capture culturally specific experiences of trauma.

D. Misinterpretation of Results

Screening tools provide preliminary information but cannot replace clinical judgment. Overreliance on scores without considering the client's broader context may lead to inaccurate conclusions.

E. Limited Training in Trauma Assessment

Many counsellors report insufficient training in trauma screening and assessment, which can reduce confidence and effectiveness in working with trauma survivors.

Note: Counsellors have to be careful when they are using tools to figure out if someone is traumatized. These tools can provide some information. They are not perfect. Counsellors have to use their judgment and consider the whole situation, not just what the tools say.

In the end, working with trauma survivors is very complex. Counsellors have to be careful, understanding and supportive. They have to use the tools and consider the whole situation. By doing this they can help trauma survivors heal and feel safe again. Trauma counselling is a special kind of help that can make a big difference, in people's lives. It is meant to support people who have gone through something bad and help them feel better. Trauma survivors need to feel safe and understood and counsellors can provide that.

11. Standardized Assessment Instruments

Standardized assessment instruments play a critical role in trauma counselling and research. While clinical interviews provide rich qualitative information about a client's experiences, standardized tools enhance the objectivity, reliability, and comparability of psychological assessments. These instruments help counsellors systematically evaluate trauma exposure, symptom severity, and associated psychological difficulties. They also assist clinicians in identifying diagnostic criteria, monitoring treatment progress, and evaluating therapeutic outcomes. The use of validated assessment tools is particularly important in trauma work because survivors may experience complex symptoms that are difficult to capture through informal discussions alone (Briere & Scott, 2015).

Several standardized instruments have been widely used in trauma research and clinical practice to assess trauma-related symptoms and psychological functioning.

1) Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)

The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) is widely regarded as the gold standard for diagnosing post-traumatic stress disorder (PTSD). Developed by the National Center for PTSD, this instrument is a structured clinical interview administered by trained mental health professionals (Weathers *et al.*, 2018). The CAPS-5 is specifically designed to assess PTSD symptoms according to the diagnostic criteria outlined in the DSM-5.

The assessment involves a detailed interview in which clinicians ask clients about their exposure to traumatic events and the presence of PTSD symptoms over the past month. The interview evaluates symptoms across four primary clusters:

intrusive symptoms (such as flashbacks and distressing memories), avoidance behaviours, negative alterations in cognition and mood, and alterations in arousal and reactivity. Each symptom is rated based on both frequency and intensity, allowing clinicians to determine the severity of the individual's distress.

In addition to identifying whether diagnostic criteria for PTSD are met, the CAPS-5 also evaluates the impact of symptoms on social, occupational, and interpersonal functioning. This makes it a comprehensive assessment tool that not only identifies PTSD but also measures the degree to which trauma symptoms affect daily life. Due to its structured format and strong psychometric properties, CAPS-5 is commonly used in clinical research as well as specialized trauma treatment settings.

2) Trauma Symptom Inventory-2 (TSI-2)

The Trauma Symptom Inventory-2 (TSI-2) is a comprehensive self-report psychological assessment designed to measure a wide range of trauma-related symptoms in adults. Developed by Briere (2011), the TSI-2 is particularly useful for assessing the complex psychological consequences of trauma, including symptoms that extend beyond the traditional PTSD framework.

The inventory consists of multiple scales that measure areas such as anxiety, depression, anger, intrusive experiences, defensive avoidance, dissociation, and impaired self-reference. These scales allow clinicians to gain a multidimensional understanding of how trauma affects emotional and psychological functioning.

One important feature of the TSI-2 is the inclusion of validity scales, which help determine whether respondents may be exaggerating, minimizing, or inconsistently reporting symptoms. This improves the accuracy of the assessment and allows clinicians to interpret results more confidently.

The TSI-2 is often used in clinical settings where individuals have experienced complex trauma, such as prolonged abuse, domestic violence, or childhood neglect. Because it captures a broad range of trauma-related symptoms, the instrument helps clinicians identify patterns of distress that may not be evident through brief screening tools alone.

3) Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)

The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) is one of the most widely used self-report screening tools for assessing PTSD symptoms. Developed by the National Centre for PTSD, the PCL-5 is designed to measure the severity of PTSD symptoms based on DSM-5 diagnostic criteria (Weathers *et al.*, 2013).

The instrument consists of 20 items, each corresponding to one of the PTSD symptoms described in the DSM-5. Clients are asked to rate how much they have been bothered by each symptom during the past month using a five-point Likert scale ranging from 0 (not at all) to 4 (extremely).

The total score obtained from the questionnaire indicates the severity of PTSD symptoms. Higher scores suggest more severe psychological distress and may indicate the need for further clinical evaluation. In addition to screening for PTSD, the PCL-

5 can also be used to monitor changes in symptoms over time, making it useful for evaluating treatment progress during trauma therapy.

Because the PCL-5 is brief, easy to administer, and widely validated across different populations, it is frequently used in mental health clinics, hospitals, community settings, and research studies. However, it is important to note that while the PCL-5 is useful for screening, it does not replace a comprehensive clinical assessment conducted by a trained professional.

4) Dissociative Experiences Scale (DES-II)

The Dissociative Experiences Scale (DES-II) is a self-report instrument used to assess dissociation, a psychological phenomenon commonly associated with trauma. Dissociation refers to disruptions in normal psychological processes such as memory, identity, perception, or consciousness. Individuals who have experienced severe or prolonged trauma may use dissociation as a coping mechanism to distance themselves from overwhelming emotional experiences (Bernstein & Putnam, 1986).

The DES-II consists of 28 items that measure the frequency of various dissociative experiences. Respondents indicate the percentage of time they experience each symptom, ranging from 0% (never) to 100% (always). Examples of dissociative experiences assessed by the scale include feelings of detachment from one's body, memory gaps for everyday events, and experiences of feeling as though the world is unreal.

The overall score is calculated by averaging responses across all items. Higher scores indicate greater levels of dissociation and may suggest the presence of dissociative disorders or trauma-related psychological difficulties. The DES-II is often used as a screening tool to identify individuals who may require more comprehensive assessment for dissociative disorder.

12. Importance of Using Standardized Instruments

The use of standardized trauma assessment tools offers several advantages in counselling practice. These instruments provide structured methods for evaluating symptoms, allowing clinicians to make more accurate diagnoses and develop appropriate treatment plans. They also facilitate communication between professionals by providing standardized measures that can be compared across different settings.

However, researchers emphasize that standardized instruments should be used in conjunction with clinical interviews and professional judgment rather than as standalone diagnostic tools. Trauma experiences are complex and deeply

personal, and effective assessment requires both quantitative measurement and qualitative understanding of the individual's lived experiences (Courtois & Ford, 2013).

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