

Case Report

Volume 24 Issue 4 - September 2026
DOI: 10.19080/PBSIJ.2026.24.556143

Psychol Behav Sci Int J

Copyright © All rights are reserved by Luisa Soares

Child Clinical Psychology: Assessment and Intervention from a CBT and Narrative Therapy Perspective

Luisa Soares*

Department of Psychology, Universidade da Madeira, Portugal

Submission: September 12, 2026; **Published:** September 30, 2026

***Corresponding author:** Luisa Soares, Department of Psychology, Universidade da Madeira, Portugal

Abstract

This case study describes the psychological assessment and intervention for Levy, a 10-year-old boy attending 3rd grade in elementary school for the third time. The consultation, requested by his teacher and referred by his family doctor, was due to sadness, lack of concentration in the classroom, somatic complaints (headaches and stomach aches) without organic cause, and academic failure, associated with his parents' recent divorce and a history of marital conflict and paternal alcoholism. The psychological assessment included interviews with the mother, the child, and the teacher; clinical observation; administration of the Wechsler Intelligence Scale for Children - Revised (WISC-R); the Roberts Apperception Test for Children-2 (Roberts-2); the Draw-a-Person Test; and the Family Drawing Test.

The results showed an average Total IQ, clinically significant levels of anxiety, depression, and rejection, and the absence of a specific learning disorder. The diagnosis was Mixed Adjustment Disorder with Depressive Mood and Anxiety. The intervention, using cognitive-behavioural and narrative therapy, took place in bi-weekly sessions, focusing on acceptance of divorce, management of feelings of rejection and fears, reinforcement of self-esteem, and improvement in school performance. Reassessment using the Roberts-2 revealed a decrease in certain clinical indicators and an improvement in perceived support and personal competence. This case illustrates the importance of a multimodal assessment and early intervention in children exposed to contentious divorce.

Keywords: Child psychology; Adjustment disorder; Divorce; Psychological assessment; Cognitive behavioural therapy; Narrative therapy; Somatic complaints; School failure.

Introduction

Parental divorce is a potentially stressful life event that can trigger emotional, behavioural, and academic difficulties in children, especially when preceded by marital conflict and exposure to violence. The literature shows that symptoms such as sadness, anxiety, somatic complaints, and a decline in school performance are frequent in these situations and may constitute an adjustment disorder [1]. In this context, multimodal psychological assessment and early intervention are particularly relevant for understanding the child's suffering and promoting their adaptation. This article describes the process of psychological assessment and intervention of a 10-year-old boy referred for emotional and school difficulties following his parents' divorce. Although not all children present significant difficulties, the literature shows that the risk of problems increases. Classic meta-analyses and subsequent updates have confirmed that, on average,

children of divorced parents exhibit higher levels of academic, behavioural, psychological adjustment, self-concept, and social relationship difficulties when compared to children from intact families [2-4]. More recent studies also reinforce the long-term association with a higher risk of depressive symptoms, anxiety, distress, and mental health problems [5]. This increased risk is particularly evident when divorce is preceded or accompanied by intense interparental conflict, violence, alcoholism, or loss of economic and emotional stability.

Main areas of impact

Emotional and psychological

- i. Feelings of sadness, anxiety, fear, anger, confusion, and rejection/abandonment.
- ii. Feelings of guilt (common in younger children).

iii. Increased risk of depressive symptoms and Adjustment Disorder (as in Levy's case).

iv. Somatic complaints (headaches, stomach aches) without an organic cause.

Behavioural

i. Internalising problems (isolation, withdrawal) or externalising problems (irritability, aggressiveness).

ii. Regressive behaviours (e.g., enuresis, fear of being alone).

iii. Sleep and appetite difficulties.

Academic and cognitive

i. Lack of concentration, decreased school performance, and learning difficulties secondary to emotional factors.

ii. Increased likelihood of repeating a grade (as occurred with Levy).

Social and relational

i. Difficulties in peer relationships.

ii. Feelings of shame or of being "different".

iii. Loyalty conflicts between parents.

Factors that aggravate or mitigate the impact Risk factors:

i. High level of interparental conflict (before and after divorce)

ii. Exposure to domestic violence

iii. Removal of one parent

iv. Loss of economic resources and routines

v. Low emotional availability of caregivers

Protective factors

i. Cooperative co-parenting (respectful communication between parents)

ii. Maintenance of routines and emotional bonding with both parents

iii. Support from significant figures (siblings, grandparents, teachers)

iv. Early psychological intervention

According to Auersperg [5] the impact of divorce is not uniform. It depends on the child's age, temperament, the quality of the parental relationship before and after divorce, and the support available. When conflict is high and the child lacks space to express and process their emotions, the risk of emotional and academic difficulties increases, as observed in Levy's clinical case.

Psychological assessment and timely intervention are essential to promote adaptation and prevent more persistent problems.

Characterization of the request

Levy was referred to a child psychology consultation by the local family doctor at the request of his teacher. This request was related to the fact that, since the beginning of the current school year, Levy had been consistently very sad and unfocused in the classroom. According to the teacher, this behaviour was impacting his academic performance and could be related to his parents' recent divorce. These behaviours seem to be more confined to the school context, where the child spends most of his time. Levy's mother did not notice this situation because she spent little time with him due to her work schedule.

The teacher's request was also related to her belief that Levy apparently did not have learning difficulties that would justify his repeating the 3rd grade for the third time. According to the teacher, these academic difficulties could be related to the child's conflictive family environment before the divorce. She reveals that this academic failure was never properly investigated, and therefore, no learning disabilities were confirmed. Finally, another point to be highlighted in the request was related to the frequent somatic complaints, namely, stomach aches and headaches that he presents without any organic cause to justify them. These complaints are not limited to any specific context.

Psychological Assessment

Levy was brought to the child psychology consultation by his mother, one of his sisters, and his nieces. After the psychologist, the child, and the mother were introduced and a general explanation of how the process would proceed was given, the limits of confidentiality were explained, and the psychological assessment began. According to Fernández [6], assessment is a scientific and professional activity that consists of collecting, integrating, and evaluating data about a subject, using, whenever possible, multiple sources, according to a previously established plan, to answer the questions posed by the client. The assessment of isolated individuals is very artificial and provides only a partial picture of their current functioning. To understand the child as a whole, different sources of assessment were used throughout the process: Levy, the mother, and the teacher. The assessment foci were also multiple: cognitive, relational, emotional, and behavioural.

It is important to emphasize that Psychological Assessment and Intervention are always simultaneous throughout the therapeutic process. However, these phases of the therapeutic process will be presented separately to organize and explain the steps taken. The assessment will also be divided into two phases, informal assessment and formal assessment, to provide a more organized presentation of the information collected. The informal assessment will include data from interviews conducted with different sources and data from observing the child's behaviour

during the consultation. In turn, the formal assessment will include the results of tests and projective methods applied to the child.

Information Sources

Mother

In this first stage of the evaluation, an unstructured interview was conducted with the mother, with the main objectives of exploring her perspective on the request and collecting data on Levy's developmental history. Levy's initial development was described as unremarkable, with no major illnesses or issues. He was described as an understanding, supportive, and healthy child, despite being reserved and "closed off." He adapted well to elementary school and never presented learning difficulties. These school difficulties arose at the beginning of the 3rd grade, when the situation at home worsened. At that time, Levy's father began drinking uncontrollably and, consequently, became very verbally and physically aggressive. According to the mother, "the family environment was not good for a child! Levy would get very nervous and cry when we started arguing. Many times, Levy was already asleep, and his father would arrive drunk and start breaking everything and threatening me with knives. There were times when he would kick us out of the house in the middle of the night and wouldn't let us in. I regret not getting divorced sooner, but I also didn't have a stable job and couldn't provide comfort for my son."

She comments that the problems between the couple began when Levy was 3 years old, at which time she discovered an extramarital affair. She emphasizes, "He was always bad to me, very jealous, and didn't want me to work outside the home. For 7 years, we lived in the same house, but we led separate lives." She mentions that she decided to get divorced because "the situation became unbearable." However, her husband did not accept this decision lightly and did not want to leave the house. So, they had to leave the house and stayed for three months at Levy's maternal grandmother's house. But the threats continued, "he said he was going to kill my children and me! Currently, the boy is very afraid to be alone at home because he thinks his father might come there drunk and hurt him!"

Meanwhile, the mother got a job as a cook, the divorce was finalized, the father was ordered by the court to leave the house, and the mother was granted custody of Levy. She says that at this time, Levy was very sad. "I didn't ask for help because I didn't spend much time with him and was more concerned with organizing my life. I thought it was a normal reaction to the divorce! I also didn't realize the extent of his sadness because when he was with me, he seemed normal! At the time, I thought he failed two consecutive years because of all this mess. However, the teacher asked to speak to me and said that Levy was always sad and had already been found crying in the school bathroom several times. That we had to do something! And so we did! The teacher sent a letter to

the family doctor."

The mother comments that she still doesn't spend much time with the boy because, when she leaves work (she works shifts as a cook), Levy is often already asleep. She explains with anguish that Levy arrives home from school around seven o'clock (a classmate's mother gives him a ride) and is alone until ten o'clock, when he gets home from work. "He does his homework alone, takes a bath and eats dinner alone (I leave dinner prepared)! Sporadically, he goes to his sister's house after school and stays there until I get home from work. He really likes being there because he plays with his nieces, and because that way they don't have to be home alone." She also explains that her sister lives a little far away, and it is very tiring for Levy to come home so late and have to wake up early to go to school.

She also notes that, despite having witnessed all these conflicts, Levy misses his father very much. She adds, "My ex-husband never hit the children!" He usually visits his father (who currently lives at his girlfriend's house) about once a month, always accompanied by his 20-year-old younger sister, who had emigrated but has returned. According to his mother, this sister is never home and doesn't help her brother. "Levy really likes going to his father's house; he spends the whole day there. Although he always comes back sad and down, saying that his father spoke badly of his mother! My ex-husband and I still don't get along at all. He told his son that he wouldn't come to the appointment because he thinks we're exaggerating."

Child

The interview began by asking Levy if he knew what a psychologist was. He replied without hesitation that "a psychologist is for children to vent their problems when they are sad. And that way, they have fewer problems." He added, "I'm sad because my father left home and now I spend little time with him" (he began to cry). She comments that at school, she spends all her time thinking about her father and the conflicts she witnessed between her parents. He also says that he doesn't like being alone at home because he's afraid his father will come home drunk and start destroying the house. "I get a stomachache when I'm alone at home, and I get scared by any noise. My house isn't next to the road; we have to cross a path with no light. When I get home from school at seven, and it's already dark, I'm afraid to cross that path because my father already tried to hurt my mother, and the neighbour helped!"

It is important to emphasize that the main objective of this interview with the child was to get to know her beyond her problem. In this way, the opportunity was created to explore her strengths, interests, and personal characteristics. Levy says that she really enjoys staying at her sister's house because she can play with her nieces. She also mentions that she really likes her four sisters. She adds that two of them have emigrated. "I miss them both so much!" She reports that on weekends she usually goes for

walks and to the supermarket with her mother, and sometimes goes to her father's house. She really likes being with her father because she can help him harvest grass to feed the animals. "I don't like sleeping there because I only like sleeping at my house or my sister's house. I don't go there anymore because my father sometimes works on weekends, he's always working! I get sad because sometimes my father says he loves me very much and gives me hugs, and sometimes he doesn't care about me. He has never been to school on Father's Day!"

At school, his favourite subjects are art, English, and physical education. He mentions that he doesn't like his current class very much because his classmates are younger and he doesn't like the jokes they make. "I usually play with his old classmates who are now in the 4th grade." He emphasizes with some sadness that he could already be in elementary school, attending the second cycle. He adds that he feels embarrassed when someone asks what grade he is in because "when I say I'm still in the 3rd grade, they think I'm stupid!" Regarding his favourite hobbies, he says he likes helping his mother with household chores, playing with his nieces, and singing. During the interview, it was noted that Levy has a great need to talk about himself and his problems. In his interaction with his mother, he demonstrated being a very polite and calm child, waiting for his mother to finish speaking before expressing his ideas. After the initial contact with the mother and child, some diagnostic hypotheses were proposed.

Teacher

It was deemed important to consult Levy's teacher, as she had requested the child psychology consultation [7,8]. She described Levy as a sociable, non-confrontational student who is always ready to help his classmates. She notes that in the classroom, he performs tasks hurriedly, without reflecting. After finishing, he either thinks about it or tries at all costs to please the teacher. Another aspect highlighted by the teacher is that he uses vocabulary that expresses sadness; for example, he often uses the word "crying" in his written work and frequently complains of headaches and stomachaches. These complaints occur both at school and at home. According to the teacher, these symptoms have already been duly studied by the family doctor, who found no organic cause. "Levy shows joy when he talks about his nieces." He also emphasizes that he believes Levy apparently does not have learning difficulties sufficient to account for his academic failure. "He can learn easily, although he needs positive reinforcement because he doesn't have much confidence in his abilities." He adds that the boy's parents divorced before the school year began and that the family environment was terrible. "The father has problems with alcohol and was very violent with the mother. Levy witnessed all of this." The teacher adds that Levy avoids talking about his parents' divorce.

Characterization of Family Dynamics

The information gathered during the interviews revealed that although Levy's parents are currently divorced, the conflict between them is still evident. It was discovered that the relationship between the father and his three older daughters is distant. On the other hand, the youngest daughter and Levy maintain a harmonious relationship with their father. Levy's relationship with his mother and nieces is close and very friendly. Another relevant point is that Levy maintains a distant relationship with his half-brother. He knows of his existence, but does not know him.

Formal Psychological Assessment

Hypothesis-based assessment is a process in which each step is guided by hypotheses generated from the information available at the time. It is a dynamic process that evolves through changes throughout the assessment. The first hypothesis to be tested, and which addresses the request for the consultation, was to explore the possibility of a learning difficulty. To this end, a cognitive assessment was conducted using the Wechsler Intelligence Scale for Children—Revised (WISC-R).

WISC-R results

After analyzing the data dispersion, it was found that Levy's intellectual efficiency, as assessed by the WISC-R, is homogeneous. There is a slight difference between the subtests that constitute the verbal part of the scale and the performance obtained in the performance tasks. Thus, the Verbal IQ (93), the Performance IQ (95), and the Total IQ (93) indicate an overall "Average" level of intellectual efficiency relative to his age group (Barbosa, n.d.). It was therefore concluded that the results of the cognitive assessment indicate that Levy presents cognitive abilities within the average range, but also suggest the possible interference of an emotional disturbance in cognitive efficiency.

On the other hand, it is important to note that during the evaluation, Levy demonstrated significant insecurity when performing more demanding tasks, requiring constant reinforcement and the psychologist's approval to continue. This data suggests that his perception of personal competence could be low. These possible feelings of incompetence that you feel may be associated with great insecurity in terms of your learning abilities. This hypothesis is in line with some information gathered from the teacher and from Levy, mentioned earlier. According to Gallimard [9], when a child presents difficulties at school, after considering organic and functional causes, it is necessary to look for possible interference from an emotional disturbance in cognitive efficiency. In this way, the emotional and social functioning, family dynamics, and possible clinically significant levels of depression, anxiety, and rejection, which are very typical in this type of disorder, were

explored. In this context, the projective test, Roberts Apperception Test for Children-2 [10], was applied.

Roberts 2 results

The results of this test indicate three responses rated as “Non-Adapted Result” and one rated as “Atypical Result,” which could suggest pathology. In turn, the values of the clinical scales “Anxiety,” “Aggression,” “Depression,” “Rejection,” and “Unresolved” are all above the expected normative range for his age, indicating that the child’s suffering appears significant. The highest value obtained is on the “Rejection” scale, which may indicate that Levy feels rejected by his father, who left home following the divorce. This rejection could be the origin of the depressive and anxious responses. According to Herbert [1], divorce is interpreted by most children as a rejection or abandonment of themselves. The high value obtained on the “Anxiety” scale may also be related to the fear he feels when left alone at home. Another scale that is well above the normative range is the “Unresolved” scale. This result could suggest difficulty resolving problems or feelings, which, in turn, is relatively frequent among children in distress [10]. Levy might be so focused on his painful feelings that, despite being able to identify problems (normative values for the adaptive scale “Problem Identification”), he is unable to resolve them. When he does resolve them, he does not do so adequately for his age (“Type 2 Resolution” well below the normative range). Thus, there is a possibility that Levy tends not to resolve internal feelings, situations, and conflicting interpersonal relationships constructively and harmoniously [10].

On the other hand, the values obtained on the adaptive scales are all within the normative range, except for the “Type 2 Resolution” scale and the “Relying on Others/Trusting Others” scale. The latter presents a clinically significant value, which could indicate that people are asked to participate in problem-solving. However, it is important to note that this result is far from the value obtained for the “Support from Others” scale (normative value). These two scales reveal the child’s perception of a support system as capable and available to provide support. These results could indicate that Levy expects more from his support system than he perceives he receives. This situation may be related to his parents’ recent divorce and the fact that his mother spends little time with him. It seems to indicate that the child may be going through a phase of greater emotional deprivation. The result for the “Child Support” scale (feelings of security and personal competence) is normative, which contradicts the data collected by Levy and the teacher, who indicated that she had low self-esteem and a lack of confidence in academic tasks [12]. distinguished five domains of self-esteem: academic competence, athletic competence, social acceptance, physical appearance, and behavioural conduct. The author adds that children’s self-esteem can vary across domains. This means that Levy’s low self-esteem in the academic domain does not necessarily extend to other domains.

It is also worth noting that the stories told by Levy address themes such as his father’s departure, his regret upon seeing his son sad and his decision not to leave, fights and violence between the couple, which cause suffering to the child and which always end in reconciliation, requests for help more directed to the mother, and a parental figure who does not have time for the family because he is always working. Thus, it seems that Levy projects situations he has already experienced onto the stories he tells. Another point to remember is that Levy may have expectations about the possibility of his parents’ reconciliation, given the themes of the couple’s reconciliation. The results obtained through this projective test support the hypothesis that Levy may be experiencing emotional problems in the wake of his parents’ divorce, which are possibly interfering with his performance at school.

Human figure drawing test:

The Human Figure Drawing Test [13] was also administered to complement the assessment already conducted. This test aims to measure the child’s intellectual and conceptual maturity [13]. The average Standard Scores for Levy’s drawings of the woman and the man were 109. The sample average for intellectual maturity is 100, with a standard deviation of 15. Thus, it can be seen that Levy’s level of intellectual maturity is within the average range, which corroborates the previously performed cognitive assessment.

Family drawing test

Another aspect intended for verification was Levy’s perception of the family after his parents’ divorce. However, when asked to create a Family Drawing, he resisted, saying he remembered something else and ultimately produced a free drawing. This avoidance of the topic is clinically significant, as it may indicate some difficulty in confronting his current family situation. During the formal assessment, Levy behaved appropriately, cooperating, being attentive, and staying focused. Due to his personal characteristics, it was possible to establish a secure therapeutic relationship, which can be a decisive factor in the intervention.

Integration of Psychological Assessment Data

An important step after the assessment was to integrate all the collected data. Only then was it possible to design an intervention more suited to Levy’s personal characteristics and his problem. One of the reasons for the consultation was to explore the presence or absence of a learning disorder that was interfering with his school performance. A first conclusion drawn from the cognitive assessment indicated that there is no learning disorder. However, the results of this assessment suggested the possible existence of relational problems that could be interfering with his school success. The emergence of school difficulties seems to be associated with the worsening of family conflicts due to the father’s alcoholism. According to Adés [14] school difficulties occur more frequently in children of alcoholics. The family climate in this

context is characterized by insecurity, hindering the development of confidence, which, according to Erikson [15], is essential for a child's harmonious development. Another factor to be highlighted from the psychological evaluation is that Levy's school difficulties also seem to be related to a feeling of low academic self-esteem. According to Erikson [16], one of the determining factors of self-esteem is children's view of their abilities for productive work. The issue to be resolved in the school-age crisis is the industry versus inferiority conflict. According to Papalia [17], the "positive aspect" that develops after a well-developed resolution of this crisis is competence, a view of oneself as being able to master skills and complete tasks. In Levy's case, this task is not being adequately resolved, leading to feelings of incompetence and a tendency to compare his school abilities with those of his peers. The amount of social support a child experiences seems to be a determining factor in the development of positive self-esteem [17-19]. It seems that the support Levy receives from his support system is not perceived as sufficient. This factor may contribute to his low self-esteem.

The consultation request also suggested that since the beginning of the school year, Levy has been very sad and unfocused at school. According to the teacher, these behaviours seemed to be interfering with his school performance and could be related to his parents' recent divorce. After exploring this fact during the assessment, it was concluded that his parents' divorce is indeed causing Levy sadness and distress. These emotional difficulties, namely feelings of rejection, anxiety, and depression, are currently interfering with his school performance, as he spends a lot of time thinking about the suffering caused by his parents' divorce. According to Herbert [11], divorce is always traumatic for the child. However, conversely, divorce offers the child the opportunity to express suffering that they could not previously demonstrate [20,21]. With this suffering come school difficulties [11,20]. Other symptoms described by some authors are somatic complaints without an organic cause to justify them [17,20]. In Levy's case, the most frequent complaints are stomach aches and headaches. The conflicts that preceded the divorce also seem to flood this child's thoughts frequently. According to Herbert [11] this situation usually occurs in children who have witnessed violence and successive marital fights. The author also adds that conflicts between parents, when exposed to children, can affect their emotional balance. The Memory of these conflicts also provokes some fear, namely, the fear of being alone at home.

In this context, it is easily perceived that divorce constitutes a stress factor for Levy, as he is experiencing some difficulties in adapting to this stress factor. Thus, it was possible to ascertain that Levy seems to meet the DSM [22] criteria required for the diagnosis of a Mixed Adjustment Disorder with Depressive Mood and Anxiety. More specifically, he seems to have developed emotional and behavioural symptoms within the three months

following his parents' divorce (Criterion A). These behaviours are clinically significant, manifesting as slightly inappropriate symptoms in the face of the normal and predictable reaction to divorce and causing significant dysfunction in his school performance (Criterion B). The divorce-related disorder does not meet the criteria for another specific Axis I disorder and is not a pre-existing Axis I and II disorder (Criterion C). It does not meet the criteria for a Grief Reaction (Criterion D). Criterion E cannot yet be confirmed, as the stressful situation, namely the parents' divorce, was very recent. For now, it can be suggested that it is an Acute Adjustment Disorder, because it lasts less than six months.

Despite the difficulties presented, it can currently be considered that Levy and his family system have some strengths that may indicate a good prognosis. It is possible to highlight Levy's ability to reflect on the causes of these emotional difficulties, the mother's collaboration and commitment in the process, the close relationship he maintains with his sisters and nieces, and, finally, his continued contact with his father. The main negative point is that the father decided not to participate in this process, despite being asked for his collaboration.

Differential diagnosis

Initially, a mood disorder, specifically a single-episode major depressive disorder DSM IV [22] was considered. However, after this possibility was thoroughly explored, it became clear that although the child presented clinically significant levels of sadness and rejection, some loss of interest or pleasure in daily activities, and a decrease in school performance, not all the criteria for this diagnosis were met at this time. Similarly, the presence of clinically significant anxiety in certain situations and the frequent description of somatic complaints (stomach aches and headaches) led to the hypothesis of an anxiety disorder, specifically situational specific phobia DSM IV [22]. However, the child does not meet the criteria for this diagnosis, as despite fearing being alone at home, they can cope with this fear. It is also important to note that in children, a specific phobia can only be diagnosed if the duration is longer than 6 months. Levy has been experiencing this fear for approximately 4 months.

The somatic complaints mentioned above, in addition to possibly being related to anxiety, could also be associated with a somatization disorder. However, Levy presents only one gastrointestinal symptom and only one type of pain (headache). Considering what has been said above, this diagnosis cannot be made. Therefore, there was the possibility of a diagnosis of undifferentiated somatoform disorder, since Levy presented only two somatic symptoms that caused clinically significant distress. However, an essential criterion for making this diagnosis is the presence of these symptoms for at least six months. In Levy's case, the symptoms only started in the last four months.

Therapeutic Intervention

The intervention itself began with bi-weekly sessions of approximately forty minutes. At this time, general therapeutic objectives were defined in conjunction with the child. It is important to emphasize that the theoretical framework for these objectives is based on cognitive-behavioural therapy, which has been successfully applied to various clinical problems in children [23]. They reconcile belief-changing techniques with behavioural techniques. They work on “the here and now” by solving a concrete problem through close collaboration with the child, who is considered an active partner [24]. Cognitions influence emotions and behaviours [25-27]. Changing these cognitions is a prerequisite for changing emotional difficulties. At the beginning of the intervention, the child was again informed about the psychologist’s role and the importance of confidentiality in the therapeutic process, using the thematic book, “The child’s first book about play therapy” [28].

At this time, and since intervention had already begun during the assessment, some of the formulated therapeutic objectives had already been gradually addressed, namely, better coping with feelings of rejection related to the parents’ divorce, accepting the permanence of the divorce, and adequately integrating the good and bad memories of the time when the parents lived together. It was found that the simple act of listening to the child, providing a space where she was encouraged to express her feelings and thoughts, and understanding, respecting, and clarifying certain aspects of her behaviour, thoughts, and feelings, greatly helped change her negative feelings. During the sessions, the child was allowed to express all their sadness, talk about their parents’ divorce and the feeling of loss, normalize their feelings, accept them and explain why they feel this way and share (through dialogue) good and not-so-good family memories [11].

The dysfunctional cognitions and expectations regarding the parents’ divorce that caused feelings of sadness and rejection, and that led to inattention in the classroom, impacting their school performance, were explored. To this end, a record of dysfunctional thoughts was used to provide the child with recognition of the relationship between the parents’ divorce, these thoughts, feelings, behaviours, and physiological reactions [29]. Visualising the interactions among these maladaptive systems helped the child begin to change how they perceived and reasoned about their problem. Reading together the story “My parents are separated but not from me” [30], which describes the interpretation that a boy, Sebastião, makes about his parents’ divorce, helped Levy to express his concerns and emotions about his parents’ divorce and begin to accept the permanence of this separation. It is important to note that, according to Piaget’s theory of cognitive development, Levy is in the concrete operational stage. At this stage, the child’s thinking is concrete and lacks the mental equipment to understand abstractions in concrete, highly specific terms. Children at this stage develop their own ways of understanding issues based on

specific, everyday experiences. In this context, it was necessary to adapt the intervention and work more concretely through diagrams, stories, drawings, etc.

Levy’s fear of being alone at home because his father might come home drunk and start destroying everything, and his fear of walking home from school, caused him a great deal of anxiety, as he had to face this fear almost every day. Another defined therapeutic objective was to help Levy learn mechanisms to control these fears. Therefore, narrative therapy, based on cognitive-behavioural therapy, was used. The central assumption of this psychotherapeutic modality is that meaning is constructed narratively and that change entails narrative transformation. The raw material of psychotherapy is narrative. The goal of psychotherapy is to deconstruct (maladjusted) narratives and develop, with clients, other more adaptive and flexible narratives that allow them to achieve their goals [31,32]. In this specific case, some of the intervention strategies proposed in the manual “Narrative Therapy of Anxiety [31,33,34] were used, always adapted to Levy’s personal characteristics.

In this stage of the process, the universal nature of fear was discussed, the dysfunctional thoughts that led him to fear being alone at home were explored, as well as the associated emotions and physiological reactions (stomach aches and headaches). Drawings were created in which the journey home was slowed, depicting different points along the route that evoke varying intensities of fear. The effects of fear in various areas of his life were also explored [35]. Finally, strategies to cope with these fears were developed together. Things that Levy could do to distract himself when he was alone at home were explored [36]. He was given the option to call his mother or one of his sisters whenever he felt more anxious. Since these fears were all associated with the parental figure, Levy expressed them to his father, who reassured him that he would never hurt him or do anything to scare him [37].

Throughout the intervention, positive reinforcement was used to improve her self-esteem and, consequently, increase her confidence in her abilities [38,39]. Thus, her ideas, suggestions, opinions, collaborative behaviour, productions (drawings), and personal qualities and abilities were praised. However, it is important to note that this positive reinforcement was carried out in a measured and genuine way, because if it were too intense, it could lead to saturation and thus diminish its effect [40]. All these intervention strategies also aimed to improve school performance. It should also be noted that the mother and the teacher actively collaborated throughout the intervention, particularly outside the therapeutic context.

Evaluation of the intervention’s effectiveness: application of the Roberts-2

It is important to note that the Roberts Apperception Test for Children was applied again 6 months after the intervention to evaluate its effectiveness. The results of this evaluation indicated

the presence of only one clinical indicator, specifically, the “Non-Adapted Outcome,” in contrast to the first application, where four were scored. This data could indicate that the suffering experienced is more controlled. The values of the clinical scales all remain above the normative range; however, it is worth noting that the “Rejection” scale is lower, which may indicate that the intervention had some positive effects on the child. On the other hand, the “Anxiety” scale score decreased slightly. However, it was verified, in consultation with the mother, that Levy currently does not present with significant fears and that the somatic complaints no longer exist. It is important to highlight that the value for the “Aggression” scale is higher, which, in Levy’s case, may be a positive aspect, since, as he is a reserved child, it may be good for him to displace some of the anger he feels outwardly. The fact that the “Depression” value has increased may be related to recent conflicts between the parents, which may indicate that strategies need to be worked on to deal with this type of situation without collapsing. This increase could also be related to the fact that the child sporadically feels pain and sadness again when remembering his parents’ divorce.

Adaptive scales indicated that the child’s perceived support system was normative and that the child’s requests were no longer as high, which could indicate that the emotional deprivation Levy had felt had significantly improved. Another point to mention is that the “Child Support” value increased significantly, which may indicate that the positive reinforcement techniques used were effective. This increase may also be related to the very good grades he received in the second period. His ability to identify problems also increased [41]. However, the problem-solving level did not improve, which may continue to indicate some inability to resolve conflict situations. Finally, it was found that the stories told by Levy continue to address themes of conflict and violence between the couple, which ended in reconciliation. However, stories emerge in which the parental figure exhibits rigid, punitive behaviour towards the child. Themes of the child’s rebellion against the father and conflicts between peers were also observed. It is worth exploring with Levy why this parental figure emerged as someone rigid and severe.

It is important to mention that some therapeutic objectives, such as accepting the father’s way of being, passing the year, and better coping with the feelings of sadness caused by repeating the 3rd grade twice, have not yet been achieved. It is worth highlighting that applying the Roberts-2 showed that some aspects still need to be worked on. It is important to identify strategies to address potential conflicts between parents and to explore whether any situation contributed to the parental figure now appearing punitive and rigid [42,43].

Conclusion

This case study illustrates the significant impact that parental divorce, especially when preceded by conflict and violence, can have on a child’s emotional, behavioural, and academic functioning. The multimodal assessment allowed us to identify

a Mixed Adjustment Disorder with Depressive Mood and Anxiety, excluding specific learning difficulties and confirming the interference of emotional factors in school performance. A cognitive-behavioural and narrative-based intervention, focused on emotional expression, the reformulation of dysfunctional cognitions, and the development of coping strategies, proved to be adequate and promising, with evidence of improvement in clinical indicators and in the child’s perception of competence. This case reinforces the importance of early assessment and timely, collaborative intervention (involving family and school) to promote adaptation among children exposed to the conflicting processes of parental separation.

References

- Oliveira F, Soares L (2014) Changing the clinical narratives patients live by: a cognitive behavioural approach of a clinical case of paruresis. *Journal of Poetry Therapy* 27(4): 193-203.
- Amato PR, Keith B (1991) Parental divorce and the well-being of children: A meta-analysis. *Psychological Bulletin* 110(1): 26-46.
- Amato PR (2000) The consequences of divorce for adults and children. *Journal of Marriage and Family* 62(4): 1269-1287.
- Amato PR (2001) Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology* 15(3): 355-370.
- Auersperg F, Vlasak T, Ponocny I, Barth A (2019) Long-term effects of parental divorce on mental health – A meta-analysis. *Journal of Psychiatric Research* 119: 107-115.
- Fernande Ballesteros R, Calero MD (2001) “Coaching” is not “Training”. *Issues in Education* 7(2): 171-174.
- Lucas CV, Soares L (2013) Bibliotherapy and child development: The collaboration between psychologists and educators. *Journal of Poetry Therapy* 26(3): 137-147.
- Lucas CV, Teixeira D, Soares L, Oliveira F (2019) Bibliotherapy as a hope-building tool in educational settings. *Journal of Poetry Therapy* 32(4): 199-213.
- Gallimard P (1998) A criança dos 6 aos 11 anos : Vida familiar, ambiente escolar e actividades sociais Mem Martins: Edições Cetop.
- Roberts GE, Gruber C (2005) Roberts-2 Los Angeles: Western Psychological Services.
- Herbert M (1999) Separação e Divórcio: Ajudar os Filhos a vencer Lisboa: Edições Monitor.
- Harter S (1987) The determinants and mediational role of global self-worth in children. In N. Eisenberg Contemporary topics in developmental psychology, pp: 219-242.
- Harris DB (1963) Goodenough- Harris Drawing Test Manual. New York.
- Adés J, Lejoyeux M (1997) Comportamentos alcoólicos e seu tratamento Lisboa: Climepsi Editores.
- Erikson E (1965) The Challenge of Youth. New York.
- Erikson EH (1982) The life cycle is completed. New York.
- Papalia DE, Olds SW, Feldman RD (2001) O Mundo da Criança Lisboa: McGraw-Hill Editora.
- Shirk S, Burwell R, Harter S (2003) Strategies to Modify Low Self-Esteem in Adolescents. In: MA Reinecke, FM Dattilio (Eds.), A Freeman Cognitive therapy with children and adolescents: a casebook for

- clinical practice. New York: Guilford Press, pp, 189-210.
19. Monteiro A, Soares L (2026) Caught Between Two Maternal Generations: An Intergenerational Clinical Case Study of Narrative Psychotherapy. *OAJ Gerontol & Geriatric Med* 9(4).
 20. Berger M (1998) *A Criança e o Sofrimento da Separação*. Lisboa: Climepsi Editores.
 21. Oliveira F, Lucas CV, Soares L (2026) Beyond Technique: Conceptual Advances in Clinical Surgery Research, *Journal of Clinical Surgery and Research* 7(1).
 22. American Psychiatric Association (1996) *DSM-IV - Manual de Diagnóstico e Estatística das Perturbações Mentais*. Lisboa: Climepsi.
 23. Reinecke MA, Dattilio FM, Freeman A (2003) What makes for an effective treatment? In MA Reinecke, FM Dattilio, A Freeman *Cognitive therapy with children and adolescents: a casebook for clinical practice* New York: Guilford Press pp: 2-17.
 24. Cooper Royer B (2007) *Os medos das crianças: medo, angústias, fobias na criança e no adolescente* Casal de Cambra: Edições Caleidoscópio.
 25. Gonçalves O (1993) *Terapias Cognitivas: Teoria e Prática*. Porto: Edições Afrontamento.
 26. Campuzano M, Anaya E, Escobedo L (2002) *Las Psicoterapias Cognoscitivas: una revision*, *Revista Electrónica de Psicología Iztacala* 5(2).
 27. Leal I (2005) *Iniciação às Psicoterapias*. Lisboa: Fim de Século.
 28. Nemiroff MA, Annunziata J (2000) *O primeiro livro da criança sobre Terapia pelo Jogo*. Porto Alegre: Artmed.
 29. Knapp P, Rohde L, Lyszkowski L, Johannpeter J (2002) *Terapia cognitivo-comportamental no transtorno de deficit de atenção/ hiperatividade: manual do terapeuta*. Porto Alegre: Artmed.
 30. Taveira IB (2004) *Os meus pais estão separados mas não de mim* Porto: Campo das Letras. Jessica Kingsley Publishers.
 31. Gonçalves M, Henriques M (2005) *A Terapia Narrativa da Ansiedade* Coimbra: Quarteto Editora.
 32. Santo C, dos Santos Silva I, Soares L (2025) Scientific Evidence Supporting Narrative Therapy and Therapeutic Writing in Treating Diseases—A Literature Review about Online Support Groups. *Creative Therapeutic* 1(1): 35-52.
 33. Soares L, Lemos MS, Oliveira F, Lucas CV, Roque (2013) Reflections about the perception of therapeutic environment in clients and therapists: the importance of the 5th session, *International Journal of Psychotherapy* 17(3): 59-66.
 34. Vale Lucas C, Soares L (2014) Being a teen and learning how to surf anxiety: Integrating narrative methods with cognitive-behavioral therapy. *Journal of Poetry Therapy* 27(2): 69-82.
 35. Soares L, Farias Neves D, Kwolek JS, Sokołowska S (2025) Getting to Know Ourselves: Self-Discovery and Self-Knowledge – A Reflection. *Psychol Psychother Res Stud* 9(2).
 36. Silva B Soares L, Alves P (2026) Therapeutic photography and narrative therapy – a systematic review. *Journal of Poetry Therapy* 1-26.
 37. Soares L (2026) Saying Goodbye to Dad: A Case Review of Brief Psychological Intervention. *Psychol Behav Sci Int J* 24(4).
 38. Soares L (2026) Challenging Goal Agreement: A Relational and Constructivist Perspective on Therapist-Client Dynamics, *Clinical Trials and Clinical Research* 5(5).
 39. Soares L, Zlochová N, Vyskilova M (2026) Let's Remember the Beautiful Concepts Carl Rogers Left Us in Clinical Psychology: Unconditional Positive Regard, Genuineness and Empathic Understanding. *Open Access J Addict & Psychol* 8(3)
 40. Alcántara JA (1991) *Como educar a auto-estima*. Lisboa: Edições Plátano.
 41. Soares L, Santos Silva I (2026) Semantic Memory: findings from cognitive psychology and neuroscience *ATSK Journal of Psychology* 7(1): 10-19.
 42. Soares L, Melim B, Nunes H, Costa J (2026) Counterfactual Thinking in Psychology: From Cognitive Mechanisms to Clinical Practice. *Biomedical Journal of Scientific & Technical Research* 66(1).
 43. Barbosa P *Manual: Aplicação, Cotação e Interpretação da Escala de Inteligência de Weschler para Crianças— Revista*. Lisboa: Instituto de Psicologia Aplicada e Formação.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/PBSIJ.2026.24.556143](https://doi.org/10.19080/PBSIJ.2026.24.556143)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>