

Trauma case study example

[Family](#), [Parents](#)



What are the key assessment issues to consider?

The first issue that is crucial to consider is the fact that the client is fatigued. The lack of sleep has worn her out hence affecting her energy levels. Thus, the client can only speak in a low voice. Equally significant is the fact that the client might be developing an addiction to alcohol. This has had profound effects on her body since the blood tests indicated abnormally high levels of liver enzymes. Another point of concern is the psychological state of the client. Her mental stability is quite questionable. She is also under a lot of guilt for the accident she caused. Self-guilt has resulted to suicidal tendencies and self-loathing. She is also rather lonely with little support from her family and friends, but for her roommate. All these extraneous factors have affected her academic lifestyle.

Do you think this is a crisis situation?

In light of the mental and psychological suffering borne by the client, I think this is a crisis situation. The fact that Maryam is contemplating suicide means that she is now a risk to herself. She is volatile and might attempt to take drastic steps to put achieve justice. Furthermore, the client seems to have a backlog of problems since the circumstances of the accident she caused were also unusual. Therefore, this case should be considered a crisis.

What is the client's immediate need?

The client's immediate need is self-worth. The client considers herself useless and stupid. This self worth can only be restored after the client has forgiven herself for the accident she caused and the people she hurt. Her needs are mainly psychological. Her other physical needs like sleep and

adequate rest can only be fulfilled once she has some peace of mind. She needs to vent her thoughts on the recent incidents and needs to be reassured that she is still worthwhile, despite her mistakes (Wilson, Friedman, and Lindy, 2001).

What specific interventions do you feel are necessary with this client?

I think the client should be allowed to first air her views and troubles. Secondly, I think there is a need to make the client understand that her recent behavior is out of the norm and appreciate the fact that she needs help. She needs to be told and made to understand that she has developed an alcohol addiction. The possible and visible effects of substance abuse should be clearly pointed out to prompt her to change.

What is the possible diagnosis for the client?

The best diagnosis would have to address all areas of the client's life that have been affected due to her psychological woes. I would recommend weekly therapy sessions with the client to keep track of her development. Secondly, I would advise her to refrain totally from any substance abuse of any kind. I would insist that she continues to spend more time with her friends. Socializing would help her to stop over thinking the issues. I would also have a chat with her roommate and ask her to reassure the client that she is there for her and that things will work out. I would also tell her to try and not leave the client alone. The problem with the client is that she is stressed, and participation in co-curricular activities would go a long way to relieve some of the pressure.

Should Maryam's family be consulted?

I think it is very important for the client's family to be consulted. There is a possibility that the root of her stress lies at home. This would help unveil any previous episodes of psychological suffering that might be contributing to the clients stress. Secondly, it is obvious that close family member might stand a better chance to understand her and to reassure her of love and care around her (Briere and Scott, 2006). Working with them will make the treatment process shorter while slowly building the clients self worth. There is also a chance that the family is unaware of their child's suffering, and hence it is necessary to contact them for notification purposes (Carruth, 2006).

Would you feel competent enough to work with this client?

The issues associated with this client are quite complex, and the client is rather sensitive. However, I would feel competent to work with this client since it is possible to identify possible sources of the psychological suffering. If this was not possible, then I would feel incompetent. However, I would need help from the various people who interact with the client to treat the client successfully. For example, I would need to contact the university's counselor to avail back-to-back care to the client while tracking any progress or digression. Parents, friends, and lecturers would also have to be made conscious of their role in the whole treatment process.

Should you seek additional resources to help with the case?

This would depend on whether the client's parents were reachable. If they are reachable then the burden of any extraneous expenses would be borne

by them. However, in the event that they are untraceable I would seek financial assistance from the school. This would help in setting the court case or hiring a lawyer to follow up on the same. However, in as far as psychological help in concern, I would not require any extra resources. Consenquetly, if the parents were not present I would not charge the client.

Do you have coordination or treatment issues to consider?

Any coordination issues only require a physical check up by a physician.

Since the client had already been physically tested, then there is little physical treatment issues to consider apart from regular checkups.

As new counselor, what steps should you take for your own self-care?

I would make sure I do not develop any physical or intimate relationship with the client. This would ensure I do not impede the client's smooth recovery. I would also make sure I work professional y within my limits. This means not being emotionally attached to the case. This is especially because you never know how each case will turn out. I would consult relevant authority in the university and the client's parents on any steps taken in the treatment procedure.

References

Briere, J., & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation,

and Treatment. Thousand Oaks, Calif.: Sage Publications.

Carruth, B. (2006). Psychological Trauma and Addiction Treatment. New York: Haworth Press.

Wilson, J. P., Friedman, M. J., & Lindy, J. D. (2001). Treating Psychological Trauma and PTSD. New York: Guilford Press.