

# TRAUMA THEORY

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**Fall 2025 SOWK 581 Week 13**

**PODCASTS?**



# CASE STUDY PAPER

**MONDAY 12/08/25 AT 08:00 AM**

The purpose of this assignment is to document direct service implementation at the micro, mezzo, and macro levels with a real-life client. The assignment is designed to follow the students as they provide an intervention to a real-world client at their practicum placement. Students will be able to demonstrate their ability to engage in assessment, engagement, service planning, and intervention delivery to address client needs at micro, mezzo, and macro levels. They will be able to demonstrate their ability to engage in strong academic writing, linking client problems and real-world situations to literature and evidence-based practices.

## Title Page

**Introduction:** Briefly explains the organizational context, services provided, client needs addressed, and your ethical use of technology and documentation within agency policy.

**ADEI Policy Connection:** Summarizes how policy, research, and a decision-making model guide your culturally responsive practice with Latinx, Indigenous, or agricultural communities.

**Client Assessment:** Provides an overview of the assessments conducted, identified needs, cultural adaptations, and environmental factors, supported by peer-reviewed literature.

**Service Planning:** Describes the collaboratively developed service plan, including goals across micro/mezzo/macro levels, strengths, barriers, tasks, and literature-based rationale.

**Intervention Description:** Outlines how interventions were implemented, emphasizing engagement skills, cultural responsiveness, and the student's active work with the client.

**Recommendations:** Identifies ongoing client needs and offers guidance on whether services should continue or conclude.

**Reference:** Lists all sources cited in APA format.

**Appendix:** Indicates required and optional supplementary materials such as the assessment, service plan, and progress note used to support the case study.

# CASE STUDY PAPER AND COMPETENCIES 1 AND 7 PRACTICE BEHAVIORS RUBRIC

Description	Highly Developed
Examination and relation of historical oppression to ethical practice.	The case study comprehensively examines policy and research on racism, oppression, violence, and historical trauma. These elements are thoroughly integrated to inform ethical decision-making throughout the case. The student demonstrates deep understanding of how these systemic issues shape practice and provides detailed examples of culturally responsive and ethically sound interventions.
Assessment of culturally responsive decision-making model and relating to historically oppressed populations.	The case study thoroughly assesses and applies advanced, culturally responsive decision-making models. Ethical issues and dilemmas are addressed with a deep understanding of the unique cultural and historical contexts of Latinx, Indigenous, and agricultural communities. The student provides clear, well-reasoned examples of how ethical decisions were made and implemented, demonstrating cultural sensitivity and respect throughout the process.
Evaluating advanced assessment methods with diverse populations	The case study thoroughly evaluates and applies advanced, culturally responsive assessment methods. The assessment is comprehensive and contextually sensitive, providing context to your client's needs and discussing the needs of interrelated systems, including family, groups, organizations, and communities.
Adaption of assessment to be culturally responsive.	The case study includes a specific discussion regarding how they have adapted their assessment methods to be culturally responsive with rationale and reflection on why they made the adaptations and the impact on their work with the client.
The overview of the case study is comprehensive	The case study paper includes all of the sections required in the assignment. Each section is thorough and provides details to elaborate on the entire case formulation. The attached appendices clearly demonstrate the student’s ability to provide comprehensive clinical documentation that aligns with the case formulation.
Therapeutic rationale is used throughout the process	The case study demonstrates the implementation of effective, ethical, and individualized services for a client. Evidence of sound reasoning between assessment and intervention is provided. Interventions include scientifically sound interventions and are based on the client’s needs. The rationale for decisions is clearly and soundly articulated.
Strong academic scholarship	The final case study includes strong academic scholarship. There is a connection with evidence-based practices in the discussion through scholarly sources. The writing follows APA guidelines for tone, the format of the paper, and the use of in-text/reference list entries.
Following Assignment	The case study closely follows the assignment description and requirements.



Franklin Sims was a 21-year-old single African American man who sought treatment at a university-affiliated community mental health clinic because he felt “stressed out,” withdrawn from friends, and “worried about money.” He said he had been feeling depressed for 3 months, and he attributed the “nosedive” to two essentially concurrent events: the end of a 3-year romantic relationship and the accidental and disappointing discovery of his father’s identity.

Mr. Sims had supported himself financially since high school and was accustomed to feeling nervous about making ends meet. He had become more worried after breaking up with his longtime girlfriend, so he approached a “family friend” for financial help. He was turned down and then discovered that this man was his biological father. This disappointment revived longstanding anger and sadness about not knowing his father’s identity. His roommates taunted him for “falling apart” with this discovery.

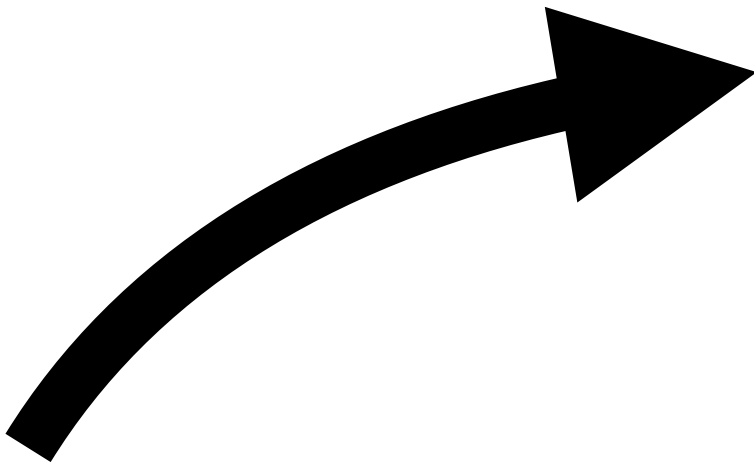
At the time of this discovery, Mr. Sims was a full-time undergraduate who also worked full-time as a midnight-shift warehouse worker. When he finished his early-morning shift, he found it hard to “slow down,” and he had trouble sleeping. He was often frustrated with his two roommates due to their messiness and frequent socializing with friends in their small apartment. His appetite was unchanged and his physical health was good. His grades had recently declined, and he had become increasingly discouraged about money and about being single. He had not previously sought any type of mental health services, but a supportive cousin suggested seeing a therapist at the student mental health clinic.

Mr. Sims was raised as an only child by his mother and her extended family. He was a self-described “good student and popular kid.” High school was complicated by his mother’s 3-year period of unemployment and his experimentation with alcohol and marijuana. He recalled several heavy drinking episodes at age 14 and first use of marijuana at age 15. He smoked marijuana daily for much of his junior year and stopped heavy use under pressure from a girlfriend. At the time of the evaluation, he had “an occasional beer” and limited marijuana use to “being social” several times a month.

On examination, Mr. Sims was punctual, cooperative, pleasant, attentive, appropriately dressed, and well groomed. He spoke coherently. He appeared generally worried and constricted, but he did smile appropriately several times during the interview. He had a quiet, dry sense of humor. He denied suicidality, homicidality, and psychosis. He was cognitively intact, and his insight and judgment were considered good.

# TRAUMA- AND STRESSOR-RELATED DISORDERS DIAGNOSTIC EXAMPLES

Not All  
Directly Fit



Case Example	Example 1	Example 2	Example 3	Example 4
What Diagnosis You Might Consider				
What Additional Information Would You Want to Know				

# Contextual Factors

e.g., emotional display norms and expectations, form/frequency of trauma exposure, support



# Secondhand Trauma & Empathetic Engagement



# Empathy-Based Strain

i.e., compassion fatigue, secondary traumatic stress, vicarious traumatization



# Adverse Occupational Health Outcomes

e.g., burnout, depression, anxiety, health

# Negative Work Affect, Behaviors, & Cognitions

e.g., performance, turnover, satisfaction



# Individual Factors

e.g., sociodemographics, empathy-relevant individual differences, personality, coping

# MODEL OF EMPATHY-BASED STRESS PROCESS

(Rauvola et al., 2019)

# BURNOUT

Chronic workplace stress from workload or systemic issues.

- Emotional Exhaustion
- Depersonalization
- Reduced sense of personal accomplishment
- Physical, emotional, psychological, and spiritual exhaustion



# Construct definitions, symptoms, and related terminology

(Rauvola et al., 2019)

Construct	Definition	Symptoms	Alternate & related terms
Empathy-based stress	Experience of adverse psychological and/or physical reactions to trauma exposure at work, resulting from empathic engagement following trauma exposure	Symptoms vary, depending on the specific manifestation of strain (i.e., vicarious traumatization, secondary traumatic stress, compassion fatigue, other health outcomes)	“Risks and hazards” of caring work
Vicarious traumatization	Transformation of the “inner experience” of trauma-exposed individuals (McCann and Pearlman 1990; Pearlman and Saakvitne 1995)	Symptoms include worldview shifts, cognitive schema disruptions	Vicarious trauma; vicarious posttraumatic growth, vicarious resilience
Secondary traumatic stress	Stress reaction induced following exposure to traumatic material; PTSD parallel (Figley 1995)	Symptoms similar to PTSD, but from secondary exposure	Secondary traumatization, secondary traumatic stress disorder
Compassion fatigue	Acute, affective phenomenon engendering high levels of stress after trauma exposure (Figley 1995)	Symptoms parallel original trauma victim’s (e.g., avoidance, hyperarousal, numbing, sleep disturbances)	Compassion stress; compassion satisfaction

# REDUCING EMPATHETIC STRAIN

**Development of personal self-care practices**

**Considering our professional practices**

**Engage in organizational support**

**Get direct support**