

De-identified Clinical Outcome Summary and Grief & Trauma Class Feedback Summary

Field Evidence (Practicum) – Competency 9.2

Prepared by: Brooke Holloway

Agency/Site: Compassion House

Confidentiality Statement

This document is de-identified. It does not include client names, exact dates of birth, addresses, or other direct identifiers. Any case details are presented in summary form to protect privacy while demonstrating evaluation of outcomes across systems.

Section A. Clinical Outcome Summary (De-identified)

Purpose: Summarize client progress and outcomes using practical, change-sensitive monitoring tied to treatment goals.

Case Overview (de-identified)

Client Identifier	[Client A / Client B / etc.]
Age Range	[e.g., 12–14]
Presenting Concerns	[e.g., anxiety, trauma-related symptoms, sleep disturbance]
Service Type / Modality	[e.g., individual therapy; TF-CBT-informed; CBT-informed]
Date Range / # of Sessions	[INSERT DATE RANGE] / [INSERT #]
Primary Goals	[Goal 1; Goal 2; Goal 3]

Outcome Monitoring Summary

Outcome/Indicator	Baseline	Midpoint	Most Recent	Notes (brief)
[e.g., Fear/Anxiety rating (0–10)]	[]	[]	[]	[e.g., skill use increased; avoidance reduced]
[e.g., Fear/Anxiety rating (0–10)]	[]	[]	[]	[e.g., skill use increased;

				avoidance reduced]
[e.g., Fear/Anxiety rating (0–10)]	[]	[]	[]	[e.g., skill use increased; avoidance reduced]
[e.g., Fear/Anxiety rating (0–10)]	[]	[]	[]	[e.g., skill use increased; avoidance reduced]

Narrative Summary (brief)

[Write 1–2 short paragraphs describing baseline concerns, interventions used (e.g., psychoeducation, relaxation, grounding, cognitive coping), pattern of change over sessions, and current functioning. Include concrete movement toward goals without identifying details.]

Practice Adjustments Based on Evaluation

[Describe how progress monitoring informed clinical decisions such as pacing, emphasis on stabilization skills, homework adjustments, or goal revision.]

Section B. Community Program Feedback Summary (Grief & Trauma Psychoeducational Class)

Program Overview

Program Name	Grief & Trauma Psychoeducational Class
Population Served	[e.g., adults impacted by grief/trauma; community members; caregivers]
Setting / Location	[INSERT LOCATION – OPTIONAL]
Dates / Duration	[INSERT DATE RANGE] / [e.g., 8 weeks]
Participants	[INSERT # enrolled] / [INSERT # completed]
Core Topics	[e.g., grief responses, trauma basics, coping skills, resources, safety planning]

Evaluation Method

Participant feedback was collected at the end of the class to assess perceived understanding of grief responses and confidence using coping skills. Feedback included brief rating items and open-ended prompts to identify strengths and areas for improvement.

Key Findings (fill in)

Item	Scale	Result	Interpretation/Notes
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[Understanding grief responses]	[1–5]	[Mean =] / [% improved =]	[What this suggests]
[Understanding grief responses]	[1–5]	[Mean =] / [% improved =]	[What this suggests]
[Understanding grief responses]	[1–5]	[Mean =] / [% improved =]	[What this suggests]
[Understanding grief responses]	[1–5]	[Mean =] / [% improved =]	[What this suggests]

Themes from Open-Ended Feedback (brief)

[Theme 1: What participants found most helpful]

[Theme 2: What participants wanted more of]

[Theme 3: Barriers to follow-through]

[Theme 4: Suggested improvements]

Program Adjustments Based on Evaluation

Based on feedback, future sessions were adjusted by increasing time for coping skills practice and adding clearer steps for resource navigation to support follow-through.

Appendix (Optional): Sample Feedback Items

Rate your agreement (1 = strongly disagree, 5 = strongly agree):

1. I better understand common grief responses after attending this class.
2. I feel more confident using coping skills discussed in class.
3. I know where to find local or crisis resources if I need support.

Open-ended: What was most helpful? What could be improved?