

Trauma Informed Services:  
Measuring success

**California Center of Excellence  
for Trauma Informed Care**

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[www.trauma-informed-california.org](http://www.trauma-informed-california.org)

## Reflection

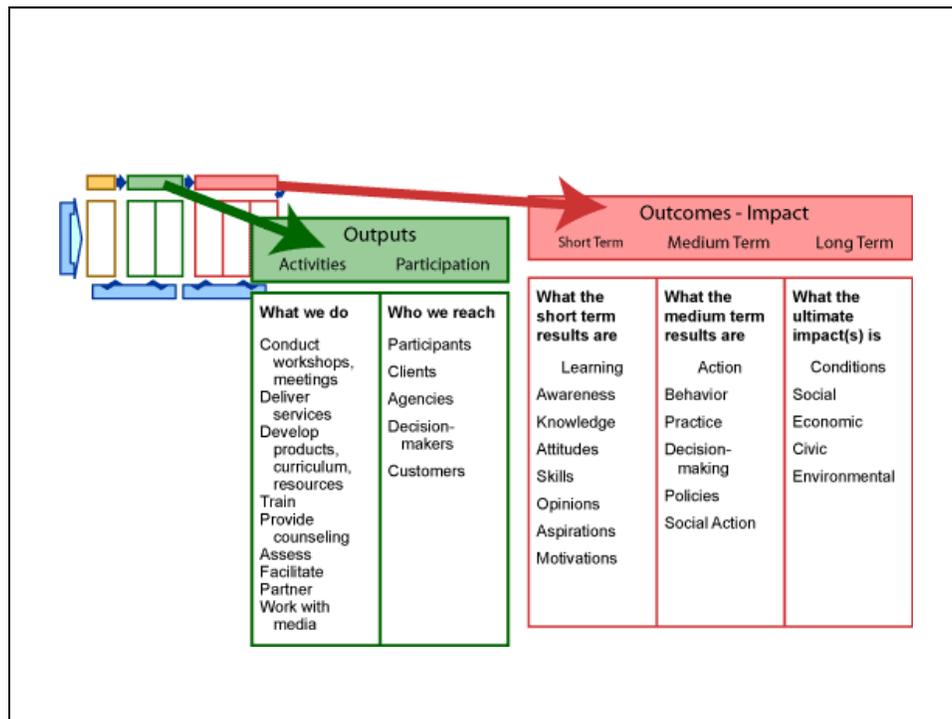
- Describe the EBPs that you/your agency currently use
- What data is shown to the client?
- Write all the names (of EBPs/tools) onto a sheet of paper.
  
- Hand in

Avedis Donabedian, the renowned public health pioneer

**"OUTCOMES, BY AND LARGE, REMAIN  
THE ULTIMATE VALIDATION OF THE  
EFFECTIVENESS AND QUALITY OF  
MEDICAL CARE."**

## What you measure, happens

- What is your agency measuring?
- Are these measures shared with the client?  
Are the aggregated and shared with the staff  
and the community?



## Outputs: "what we do and who we reach."

- This tends to be what we tell our clients, funders and community partners what it is that we do, the services we provide, how we are unique, who we serve
- **Usually describing** and **counting** activities and the number of people who come.
- Outputs are typically designated as the **accomplishment** or **product** of the activity
- For example, number of workshops actually delivered, number of individuals who heard the media message.

## Outcomes: "What **difference** does it make?"

- Results, impact, accomplishments
- A solid description of outcomes tells what change occurred and how much change occurred over what period of time.
- Example, the change in number of people who learned to read, stopped smoking and started running, graduated from high school, or got a job.

## QUALITY OF PSYCHOTHERAPY Outcomes

- Outcomes reported by consumers, family members, and others
  - Standardized tools that assess improvements in symptom severity and functioning; could be built into or stored in EHRs or other electronic systems (e.g., web-based tracking systems)  
Focus on outcomes that are important to consumers and families
  - Provides information that could be used for clinical decision making and quality improvement
  - Opportunity to build goal assessment and achievement measures
  - More flexible approach than specifying processes
  - Requires new workflows and data collection processes; providers would need training and support to administer assessments and use feedback from assessments
  - Need to identify a common set of standardized tools that can apply to broad populations
  - Need to develop measures that allow for comparisons across providers, health plans, states, and other accountable entities
  - Need for risk adjustment strategies
  - Some consumers may have difficulty reporting; proxies may be necessary
- U.S. Department of Health and Human Services Assistant Secretary for  
Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy 2014**

## Principles of routine health outcomes measurement

- All three dimensions (context, intervention as well as outcomes) must be measured. It is not possible to understand outcomes data without all three of these.
- Different perspectives on outcomes need to be acknowledged. For instance, patients, carers and clinical staff may have different views of what outcomes are important, how you would measure them, and even which were desirable
- Prospective and repeated measurement of health status is superior to retrospective measurement of change such as Clinical Global Impressions. The latter relies on memory and may not be possible if the rater changes.
- The reliability (statistics) and validity (statistics) of any measure of health status must be known so that their impact on the assessment of health outcomes can be taken into account. In mental health services these values may be quite low, especially when carried out routinely by staff rather than by trained researchers, and when using short measures that are feasible in everyday practice.
- Data collected must be fed back to them to maximize data quality, reliability and validity. Feedback should be of content (e.g. relationship of outcomes to context and interventions) and of process (data quality of all three dimensions)

## 5 Steps to Outcome measures

1. *Describe* the outcomes you want to achieve (why do you perform the process or service in the first place?).
2. *Turn* the identified outcomes into a quantitative measure (i.e. % of clients demonstrating new behavior, % of clients coming back into treatment, etc.).
3. *Confirm* that your desired outcomes are actually linked to your outputs or activities. In other words, ensure that it is reasonable to expect your desired outcomes to be achieved based on your activities.
4. *Implement* these measures and *track* them over time.
5. *Demonstrate* and increase your success because you have the data to confidently and appropriately communicate your impact and value.

## Look at TSC-40 and COPE

- Look at the measures provided.
- What changes do they measure?

## Discussion

- What outcomes do you want to measure in your program?
- What tool is there?
- How would you collect it?
- How would you feed back data to client, staff and community?

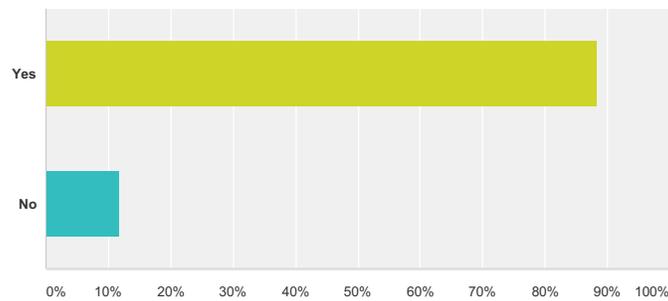
# Unsafe Behaviors Inventory

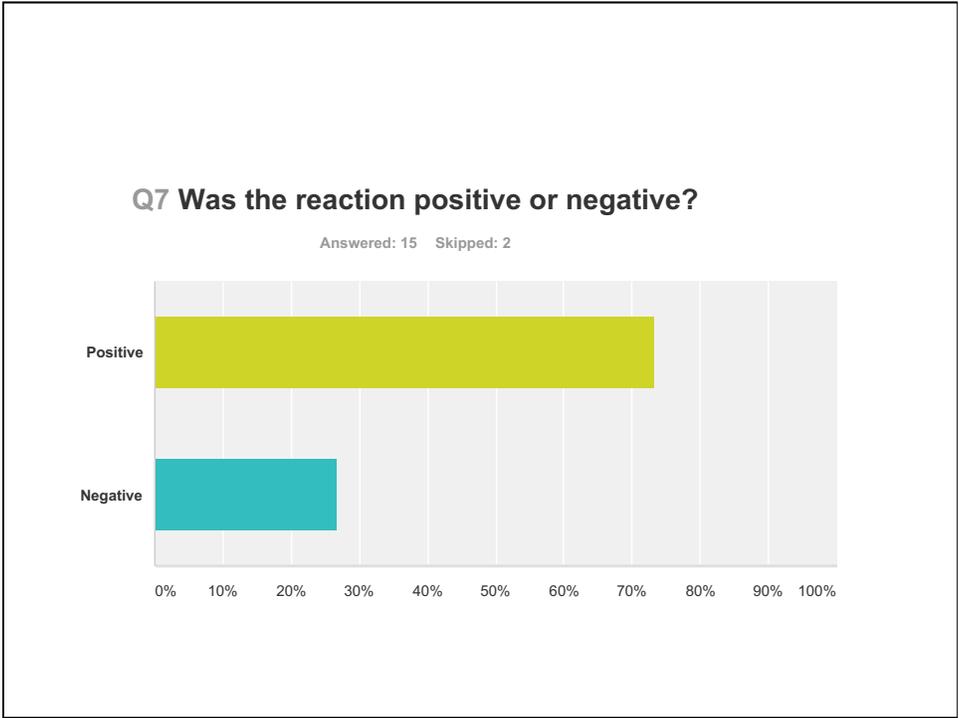
- Pilot Study – [traumainformedcalifornia@gmail.com](mailto:traumainformedcalifornia@gmail.com)

Currently				How often do/did you find yourself doing the following things?	In the past, but not currently				When did you stop? (e.g. 1999 or 7 months ago)
0	1	2	3	1) Thinking about killing yourself	0	1	2	3	
0	1	2	3	2) Not taking essential medications	0	1	2	3	
0	1	2	3	3) Not adhering to essential treatments (e.g., dialysis)	0	1	2	3	
0	1	2	3	4) Putting yourself in harm's way (walking into traffic, road rage, etc.)	0	1	2	3	
0	1	2	3	5) Fighting or provoking fights (by calling people names, insults)	0	1	2	3	_____
0	1	2	3	6) Hitting others, lashing out physically	0	1	2	3	_____

## Q6 Did the client have any reaction to the interview/survey?

Answered: 17 Skipped: 0



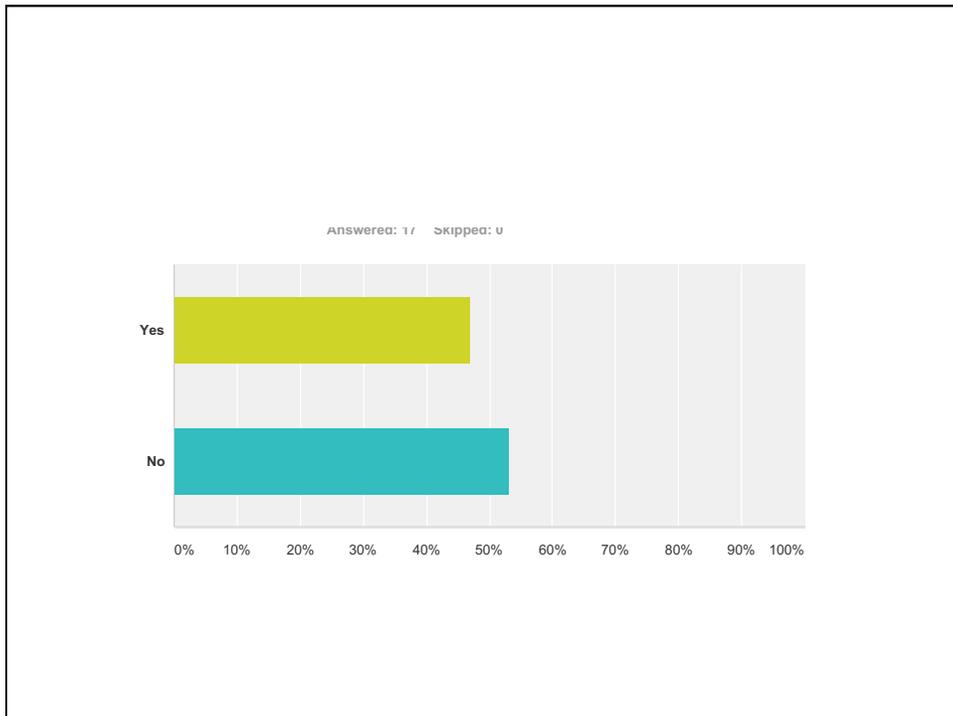


## Positive

	Check positive behaviors	Tota
The client becoming more aware of his/her own behavior.	100.00% 9	
The client learning more about unsafe behaviors.	100.00% 10	
The client feeling that the clinician wanted to help client.	100.00% 8	
The client cried in a positive manner.	100.00% 1	
The client stated something positive during the interview.	100.00% 9	
The client becoming interested in reducing unsafe behaviors.	100.00% 10	

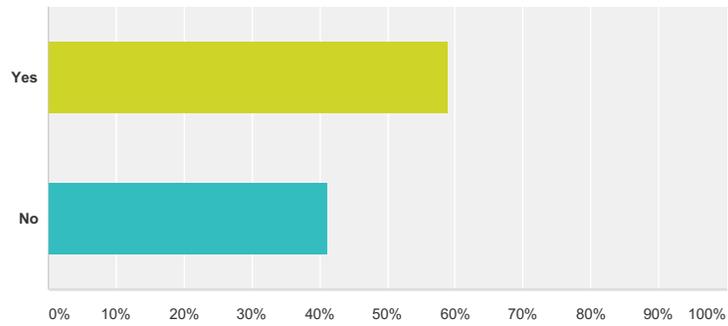
# Negative

	Please check any negative behaviors	T
The client refused to participate.	0.00%	0
The client ended or did not complete interview.	0.00%	0
The client client felt that the clinician was judgmental or was not trying to help.	0.00%	0
The client stated something negative.	100.00%	6
The client cried in a negative manner.	100.00%	1
The client became aggressive.	100.00%	1
The client lost interest in services.	100.00%	1



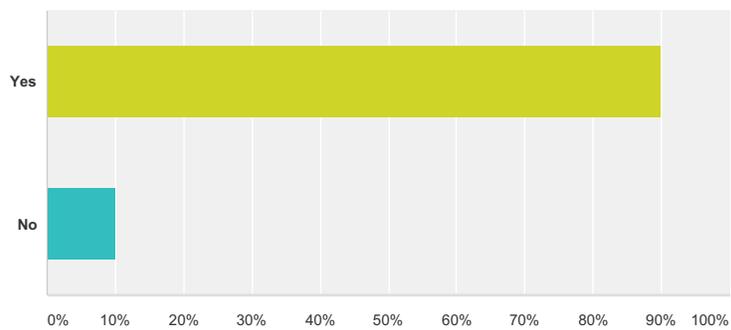
### Q11 Did you use the grounding exercise?

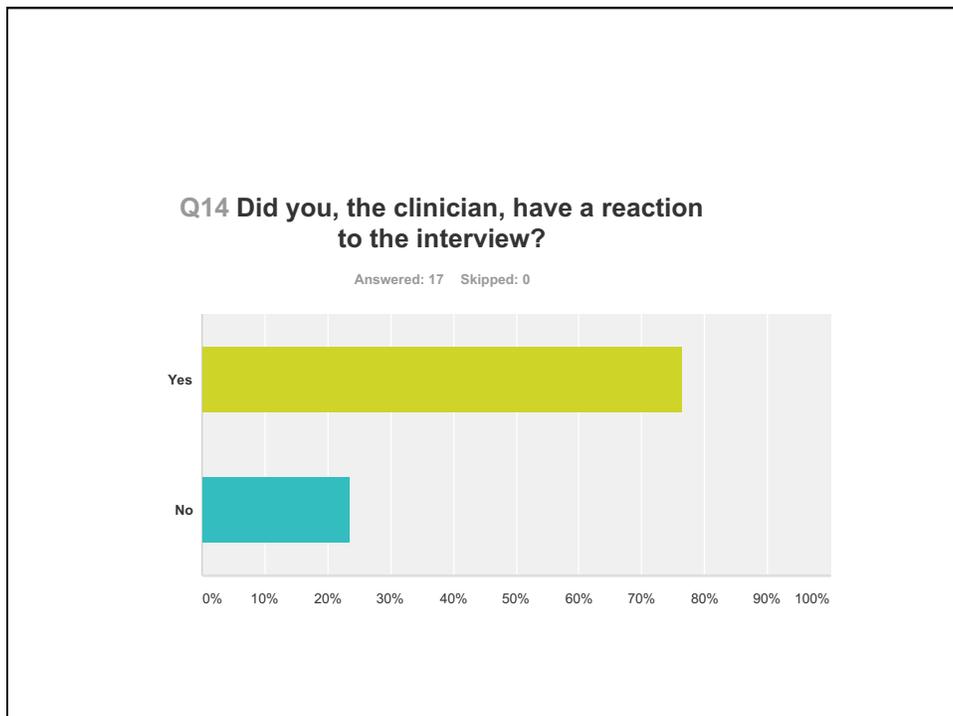
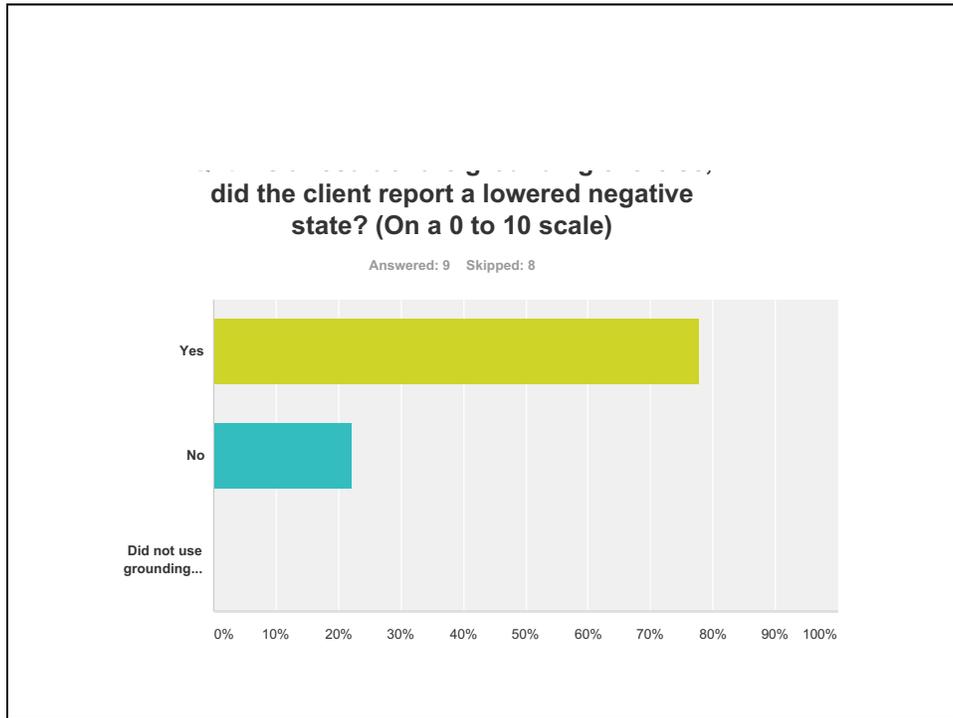
Answered: 17 Skipped: 0

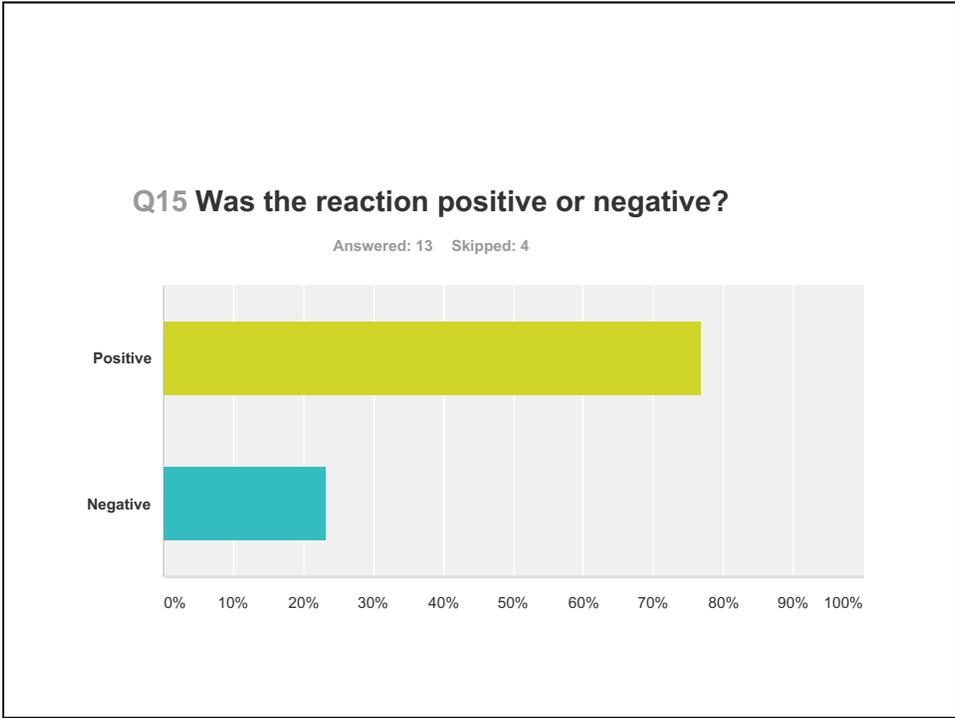


### Q12 Did the client agree to participate in the grounding exercise?

Answered: 10 Skipped: 7

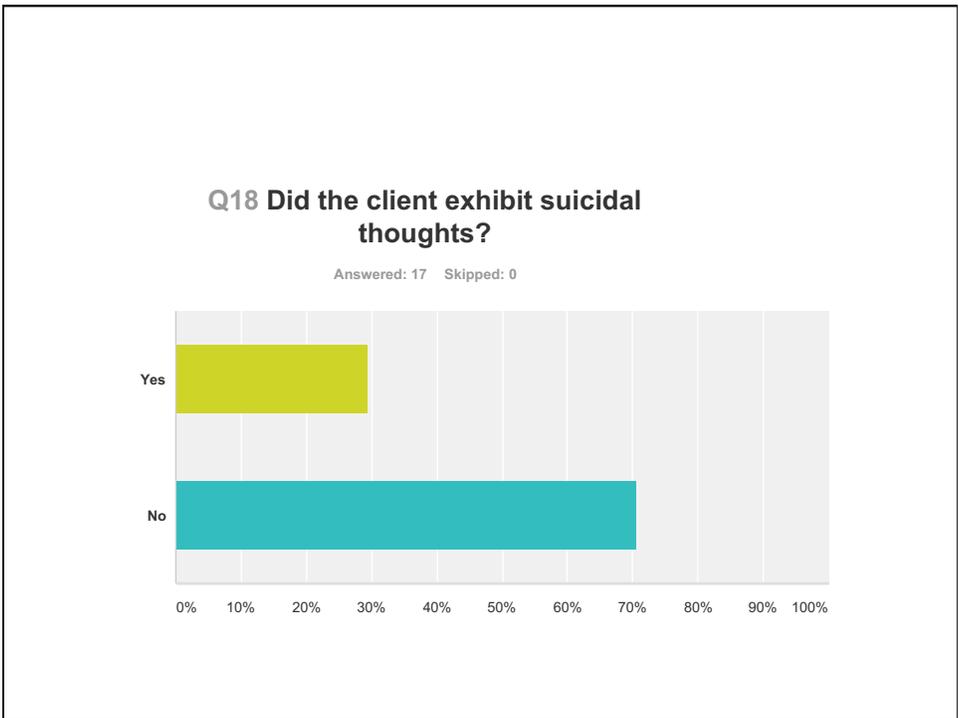






Answer Choices	Responses
Feeling that questions were important and meaningful	100.00% 10
Feeling that the client and I connected	80.00% 8
Feeling an awareness developing in the client.	100.00% 10
Feeling an awareness developing in myself.	90.00% 9
Feeling clearer about priorities relating to the client.	100.00% 10
Feeling better able to develop a treatment plan for this client.	90.00% 9
Feeling better able to prioritize the client's safety.	100.00% 10
<b>Total Respondents: 10</b>	

Answer Choices	Responses	
Feeling that the questions were not important nor meaningful	0.00%	0
Feeling that the client and I were disconnected	66.67%	2
Not feeling an awareness developing in my client	0.00%	0
Not feeling an awareness developing in myself	0.00%	0
Feeling less clear about my priorities relating to the client	0.00%	0
Feeling less able to develop a treatment plan for this client	33.33%	1
Feeling less table to prioritize the client's safety	33.33%	1
<b>Total Respondents: 3</b>		



## What treatments will be provided?

- CBT interventions to help client better understand connection between negative self-talk and automatic negative thoughts and her feelings. Also will continue to support client's development of safer coping skills that are not triggering for her.
- More grounding exercises. Emphasizing her positive, safe coping methods and self-care and building those. Exploring what needs the unsafe coping methods fill for client.
- Continue with Motivational Interviewing/Solution Focused and Trauma-Informed Approach
- Case management Seeking Safety group 1x weekly  
Women's support group 1x weekly
- case management daily Seeking safety group sessions 1x weekly
- Seeking safety 1x weekly Case management

## Resources

- Measuring And Improving Cost, Cost-effectiveness, And Cost-benefit For Substance Abuse Treatment Programs, A Manual, Brian T. Yates, Ph.D. American University 1999
- GPRA Modernization Act Of 2010 Tools
- Strategies For Measuring The Quality Of Psychotherapy: A White Paper To Inform Measure Development And Implementation **May 2014**
- Measuring Success: A Guide to Becoming an Evidence-Based Practice Vera Institute

## Thank you!

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