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<th>Women's Center</th>
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<td><strong>Department Name:</strong></td>
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<td><strong>Program or Service:</strong></td>
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<td><strong>Brief description of program or service:</strong></td>
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1. **State the formal learning and/or operational outcomes for the program, service, or department:**

   According to the National Institute of Justice (2005), 1 in 5 women experiences some form of sexual violence during her time in college. Sexual assault can have harmful trauma-related consequences including physical, psychological, and social impacts. Forming positive and supportive connections in which one can feel validation and hope and begin to self-author the narrative of their trauma is key in the recovery of sexual trauma. In the words of Judith Herman from Trauma and Recovery, "The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience."

   This supportive and confidential group utilizes key research literature on trauma recovery that has identified as stages of increasing functionality after trauma. Successful psycho-educational support groups facilitate safe, structured community-oriented dialogues that aim to increase victims' understanding of common neurobiological, psychological and social reactions to trauma, evidence-based strategies for coping with these reactions, and ultimately increasing functionality as part of the recovery process.

   **The HEAL Sexual Assault Trauma Support group centers around a developed psychoeducational curriculum** with set lesson plans, and offer space for both open discussion and structured, contained activities for participants in order to increase a sense of safety.

   Unlike process-oriented groups, there is less emphasis placed on the underlying emotional processes being experienced by members and more emphasis on coping with acuity of symptoms. It is possible that some members might gain some emotional awareness and relational understanding between themselves and others as a result of being in HEAL; however, this is not the primary goal. The primary goal is education, support and a sense of belonging.

   **Intended Outcomes:**

   As a result of participating in and completing the HEAL Stage 1 Group, members will:
   1. Report feeling less alone in their experiences, feelings, and reactions
   2. Be able to describe the 3 common symptoms related to sexual trauma victimization
   3. Report reduction in frequency of symptomatic episodes (i.e. flashbacks, dissociation)
   4. Be able to identify at least 3 concrete, effective strategies for coping with recurring symptomology

2. **Where are these learning outcomes**

   HEAL Group Handouts for Students participating in the group.
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<th>Published? Be specific. (Where are the department’s learning expectations accessible to potential students: on the web or in your department’s handouts?):</th>
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| We intend to measure changes in student-participant mental health (i.e. PTSD symptomology, anxiety and depression) utilizing a research-supported self-reporting instrument: the PTSD screening checklist (PCL). This tool is widely utilized across a range of healthcare and mental health settings, including primary care, individual psychotherapy, groups and level-1 trauma centers.

The checklist includes a 14-question likert scale questionnaire that we will administer to participants prior to the start of the group in September 2016 (pre-test), at the conclusion of the 2016-2017 (midpoint), and at the conclusion of the group in May 2017 (post-test). Participants will self-report their responses using pen and paper and anonymously submit their checklists.

Examples of questions may include, but are not limited, to the following:

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by the problem in the past month:

- Repeated disturbing memories, thoughts, or images of the stressful experience?
- Repeated, disturbing dreams of the stressful experience?
- Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?
- Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?

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<th>3. What data/evidence is used to determine whether participants have achieved the stated outcomes? (What method did you use? What were you measuring?):</th>
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| Evidence will be collected by the project’s lead co-facilitators (Assistant Director of the Women’s Center and Staff Psychologist in University Counseling Services). Evidence will be interpreted by the Women’s Center staff and evaluation will include a comparison assessment that measures the evaluation’s results with best practices reflected in research literature. This evaluation is intended to inform future practice for this group.

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<th>4. Who collects and interprets the evidence? When and how often does this occur? Who assists in interpreting and analyzing the data?:</th>
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| Data will initially be shared only with group leadership and supervisors, with identifying information regarding participants redacted. With the informed consent of participants, we hope to be able to share the results, discussion and implications for future practice with colleagues in the field so as to share best practices and resources for comparable group settings.

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<th>5. Individuals with whom the data is shared (list primary and secondary stakeholders and narrative as to why):</th>
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| This approach to our group structure is reflective of a change from the 2015-2016 academic year, in which we attempted to assess two tracks of the support group...
as a result of using the data/evidence? (What was the change? What data led you to make that change?) If no change, indicate why.:

| 7. How do you know that the changes have resulted in improved learning outcomes? (continuous improvement evidence): | This is our first attempt to formally evaluate this program, and thus far, changes have been made to the group practice only based on qualitative or anecdotal feedback by participants. However, any brief review of related research literature will reflect strong evidence that community-based settings designed to a) educate survivors of trauma about its physiological and psychological impacts, and b) ameliorate concomitant feelings of isolation, are among the most effective practices in reducing PTSD symptomology and improving functioning for those affected by trauma. |
| Providing Department: | Women's Center |
| Responsible Roles: | Assistant Director (Rachel DiBella) Director (Kathryn Dalton) |