3 Steps for Successfully Building & Evaluating Contemplative Curricula Pedagogy & Programs

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Goals

Engage you in a framework for understanding:

- **Why** your offering (course, program…) matters.
- **What** makes your offering uniquely important.
- **How** your offering relates to meaningful change.
- **How** to evaluate that change.
- **How** to use program evaluation tools to create capacity and sustainability.
Overview

- Why does this matter?
- Most frequent questions
- 7 common challenges
- 3 Steps for success
- Case study/engaged inquiry
- Where to go from here
Why does this matter?
Most frequent issues/questions

- How do I communicate (president, dean, department head, colleagues…) why this matters?
- How do I evaluate my offering (course/program etc.)?
- How do I know if my offering worked?
- What should I be measuring?
- How to I maintain support for my offering?
7 common challenges

1. Focusing on **what** not **why** and **how**.

2. Skipping the logic model and rushing to measures.

3. Making up measures or assessment ideas without scanning the research.
7 common challenges

4. Thinking too narrowly or too broadly about evaluation.

5. Limiting evaluation to pre and post time points.


7. Not consulting an evaluator/researcher early in the process.
Why program evaluation?
3 Steps for success: Inquiry

1. Why?

2. What?

3. How?
Step 1: Why?

- **Why** does this problem matter?

- **Why** are these skills needed?

- **Why** is this important?
  (e.g. what unique need does this course or program fulfill?)
Step 2: What?

- **What** specific skills/capacities are you teaching?
- **What** specific tools are you using?
- **What** specific competencies are you building?
Step 3: How?

- **How** do the pieces work together?

- **How** do you define change?

- **How** will you assess change?
Engaged inquiry
Case Study

- Leadership and clinical skills to social workers.
- Mindfulness and meditation techniques.
- Add to clinical skills course as part of program.
- Hoping to bring mindfulness into school of SW.
- Evaluate program to obtain additional funding and university support.
Step 1: Why does this matter?

Problem Statement:
Social workers suffer from high levels of **stress**, **depression**, **anxiety** and **burnout** due to dealing with emotionally challenging and potentially traumatic situations on a daily basis. This results in **poor clinical skills**, **reduced client impact**.
Why are new skills needed?

- Effectively manage stress.
- Become more self- and interpersonally compassionate and mindful.
- Improved clinical skills and effectiveness.
Step 1: Why this approach?

Why is this different than what is out there? (What makes this program unique/relevant?)

- Few social work courses incorporate contemplative and compassion practices into clinical skills training.

- Few social work programs emphasize contemplative skills as important in the training of social workers.
Step 2: What are you teaching?

- **Tools** to relieve stress.
- **Exercises** to increase awareness of stress, mood and its effects.
- **Practices** to increase compassion (self-other).
- **Effective clinical skills.**
Step 2: What tools do you use?

What specific tools do you use?

- Breath exercises (stress).
- Contemplative practices ("mindfulness").
- Compassion practices.
- Role play (clinical skills).
- Clinical case studies (incorporation).
Step 2: What skills are you building?

Skills for…

- **stress management** for challenging work environments
- **mood management** (*increasing positive – decreasing negative*)
- increasing **mindfulness** and **compassion** (self-other)
- decreasing depersonalization and **improving clinical skills**.
- improving **clinical effectiveness** (*listening, reframing, reflection…*)
Breathing and contemplative practices may help to **reduce stress**.

Reduced stress may:
- Improve mood
- Decrease depression/anxiety/burnout
- Increase mindfulness and compassion

Greater mindfulness and compassion may:
- increase clinical skillfulness/effectiveness.

Greater clinical skill may **increase client impact**.
Step 3: Assess change

Self-reported change:
- Stress
- Depression/anxiety
- Mindfulness
- Self-compassion
- Compassion

Other-reported change:
- Improved clinical supervisor ratings of observed clinical skill.
- Improved ratings of patient satisfaction following each session.
- Reductions in patient’s self-reported symptoms over time.
Next steps

- Collaborate with a program evaluation/research professional
- Logic model
- Assessment/measurement tools
- Research design
- Analytic plan
- Dissemination
- Strategic planning for funding, support and/or implementation/scaling/capacity building.....
Thank you

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