



# MINDFUL- SELF COMPASSION

PROGRAM EVALUATION 2023  
8-WEEK COURSE



This evaluation was completed by Alexandria Alford for PUBH-7530 Integrated Capstone Experience as a part of the Master's of Public Health program in the Jiann Ping Hsu College of Public Health at Georgia Southern University.

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**SECTION I**  
**CHATHAM COUNTY SAFETY NET**  
**PLANNING COUNCIL**



## History & Purpose

Dr. Diane Weems, the former director of the Georgia Department of Public Health/Coastal Health District, established the Chatham County Safety Net Planning Council (CCSNPC) in 2004. The goal of CCSNPC is assisting the Chatham County Commission in better addressing the health needs of the most vulnerable residents through improved collaboration and support of community safety net providers.<sup>1</sup>

The mission of the CCSNPC is to (1) develop an infrastructure to maximize access and utilization of health and behavioral health services, (2) implement effective population health and public health strategies through real collaboration, and (3) leverage available resources and create community-focused solutions to assure improved health status for our residents.

The CCSNPC creates and carries out programs and projects to support resilience and safety in the community of Chatham County, GA. The CCSNPC uses a holistic public health approach in order to implement efficient, practical, and reasonably priced resources and training in four key areas: (1) suicide prevention, (2) emotional wellbeing and resilience, (3) trauma-informed practices, and (4) health and wellness.<sup>1</sup>

### A. Programs

The Chatham County Safety Net Planning Council provides a variety of training programs and workshops for little to no cost in order to ensure equity and access to the Safety and Resilience resources for a wide range of professionals and community members. Around 25,000 people have received services from the Safety and Resilience programs since 2017, and more than 100 trainers and facilitators have been trained and supported along with over 30 community groups. Moreover, in a year Safety and Resilience programs distribute over 1,000 educational pamphlets with information on suicide prevention, self-compassion, and mindfulness practices.<sup>1</sup>

An overview of the Safety & Resilience Programs are listed below:

1. *Prevent Suicide Today: Applied Suicide Intervention Skills Training (ASIST) and Suicide Prevention Training are two components of a community-based program that aims to prevent suicide by increasing awareness of the issue and offering training in suicide intervention and prevention.*
2. *Mindful Self-Compassion: An evidence-based training program for mindfulness and self-compassion that is based in the community and works to improve emotional wellbeing.*

3. *Trauma-Sensitive Yoga: A clinically adapted yoga practice that is part of an evidence-based program created as a therapeutic intervention for those affected by trauma, including complex trauma and post-traumatic stress disorder.*
4. *Front Porch ACTS (Adolescents & Children Transforming Savannah): A community-based initiative that applies the trauma drama curriculum, a group intervention based on immersive theater, to at-risk youth and adolescents in order to combine the fundamentals of complex trauma treatment.*
5. *Resilience Enhancement and Learning: A community-based initiative using the Community Resiliency Model (CRM), Resilience Enhancement and Leadership Model (REALM), and Trauma-Sensitive Interactions (TSI) to develop trauma-responsive and resilient individuals and communities.*

The services provided by youth-serving groups, community centers, schools/colleges, health/behavioral health facilities, and first responder organizations incorporate the safety and resilience programs. In addition, CCSNPC has concentrated programmatic efforts on community mental health systems reform. This includes changing policies and practices at regional governmental and non-governmental organizations, such as the Savannah-Chatham County Public School System, Gateway Community Service Board, Park Place Outreach, Savannah Police Department, Savannah Fire Department, Chatham County EMS, Savannah Technical College, etc., in order to enhance employee wellbeing and direct service delivery.<sup>1</sup>

**SECTION II**  
**MINDFUL SELF COMPASSION**



## A. History and Mission

Extensive research on Mindful Self-Compassion (MSC) has been conducted by Dr. Kristen Neff and Dr. Chris Germer. MSC includes three main tenets. First, practicing self-kindness instead of self-judgment. Second, recognizing that suffering is a part of shared humanity and avoiding isolation. Finally, avoiding over-identification with suffering and practicing mindfulness.<sup>2</sup> These tenets were incorporated into programs, and were validated as mechanisms for improving resilience. These evidence-based programs have applications for prevention of suicide, caregiver fatigue, and other mental health outcomes.<sup>3</sup>

The Mindful-Self Compassion program with the CCSNPC was integrated as an upstream approach to suicide prevention per best practices and recommendations of the Suicide Prevention Resource Center.<sup>4</sup> The program aims to improve emotional wellness and resilience by fostering mindfulness through evidence-based practice. The Savannah-Chatham MSC Coalition employs teachers and practitioners of self-compassion and mindfulness and works to create a community that is resilient and compassionate.<sup>1</sup> The MSC program mission statement is included below:

### *Our Mission*

*Our mission is to alleviate human suffering and improve the collective well-being of our community through the practice of self-compassion.*

### *Our Vision*

*We aim to be the leaders in self-compassion training in Coastal Georgia, offering the highest quality accessible trauma-informed programming to diverse populations.*

### *Our Practice*

*We use and practice evidence-based tools and techniques that support each individual's sense of agency and provide opportunities for growth and self-kindness.*

Several free Mindful Self-Compassion trainings are offered: MSC Essentials (60-90-minute session), MSC Fundamental Concepts and Skills (1-2-day workshop), MSC 8-Week Course (MSC8W), Self-Compassion Training for Healthcare Communities (SCHC), Self-Compassion-Focused Yoga (SCFY), and Self-Compassion Check-in sessions.<sup>1</sup>



**SECTION III**  
**MSC 8-WEEK COURSE**



## A. Goals & Outcomes

This evaluation will focus exclusively on the Mindful Self Compassion: 8-Week Course (MSC8W). MSC8W is an eight-week program with empirical backing that aims to promote self-compassion as a daily practice. It combines the abilities of self-compassion and mindfulness to improve the potential for emotional well-being. Drs. Chris Germer and Kristin Neff's clinical knowledge supported the development of this course, accredited through the Center for Mindful Self-Compassion. MSC8W course has been offered at no cost to Savannah-Chatham County residents, while its real value is \$400-\$800 per person (as compared to MSC training offerings nationally and internationally through the Center for Mindful Self-Compassion).<sup>1</sup> The full list of course goals are outlined below:

### *Course Learning Goals:*

- *Practice mindfulness and self-compassion in daily life*
- *Understand the science of self-compassion*
- *Use self-compassion to live in accord with your values*
- *Handle difficult emotions with greater ease*
- *Motivate yourself with kindness rather than criticism*
- *Work with challenging relationships*
- *Manage caregiver fatigue*
- *Practice the art of savoring and self-appreciation*
- *Teach simple self-compassion skills to others*

To assess the impact of this course on participants, MSC8W includes surveys at multiple points throughout the course. Questions regarding intentionality are asked during registration, questions regarding course implementation and participant experience are asked weekly during the course, and an exit survey is completed.

## B. Participants and Intentions

In 2021, Chatham County was reported to have a population of 296,329.<sup>5</sup> The county's median household income is \$61,064 as of 2021. As of 2020, Chatham County has an age-adjusted death rate due to suicide of 14.4 per 100,000. This rate is higher than the national average of 13.5 per 100,000. Populations at increased risk for suicide include males, adolescents, adults over the age of 45, and LGBTQ+ youth.<sup>6</sup> Chatham County is predominantly female, with 48.2% of the population identifying as male. Approximately 28% of the population is under the age of 18, and 16.5% is over the age of 65. Seven percent of the population are U.S. veterans.<sup>5</sup> Of the population of Georgia, 4.5% of individuals identify as LGBTQ+, and Savannah, GA is one of the LGBTQ+ epicenters.<sup>7,8</sup> The sample was 36 women in the Savannah, GA area.

Participant Occupation (N= 36)

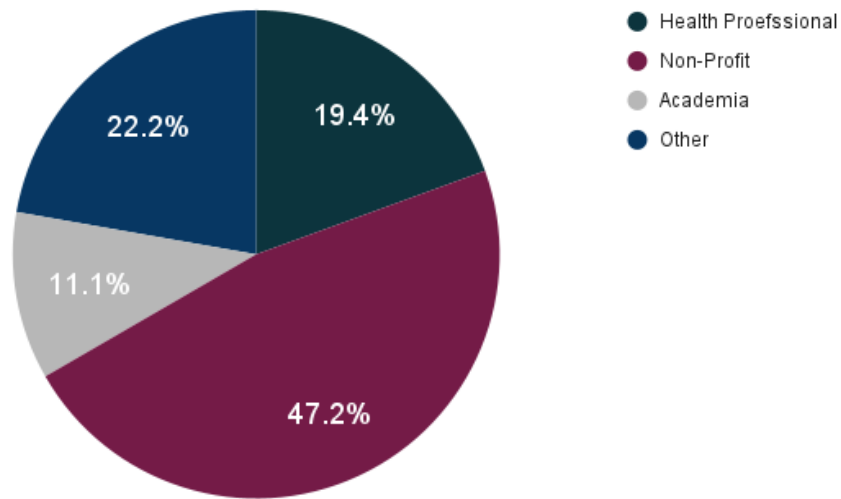


Figure 1. MSC8W participant occupations

Participants were assessed for factors such as occupation and intentions for the course. Occupation was categorized into “Health Professional”, “Non-Profit”, “Academia”, and “Other”. Of the registered participants (N=36), 11% (n= 4) were in academia, 19% (n= 7) were health professionals, 47% (n = 17) worked at non-profit organization, and 22% (n= 8) worked somewhere classified as “Other”. Participants that indicated they were health professionals but worked at non-profit organizations, were categorized as health professionals. The “other” category was a mixture of students and self-employed individuals. Participant occupation is illustrated in Figure 1.

Why are you interested in this training?

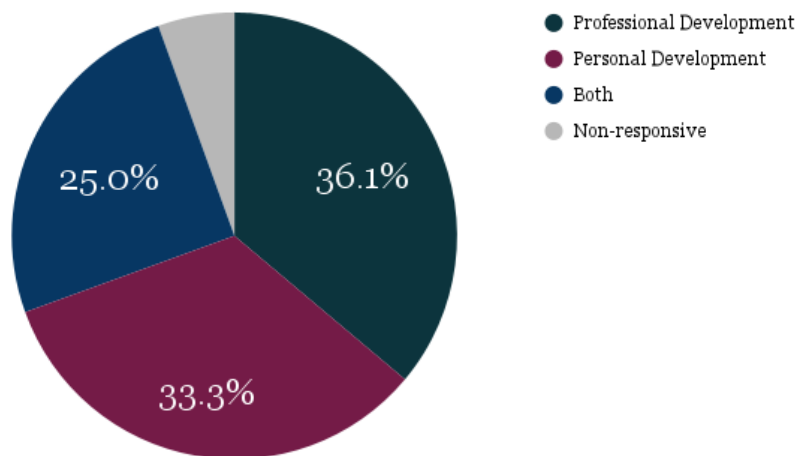


Figure 2. MSC8W participant intentions

One of the questions included in course registration is used to gauge participant intention. Registered individuals are asked, “Why are you interested in this training?”. All responses were categorized into “Professional Development”, “Personal Development”, or “Both”. Of the registered participants (N = 36), there was a 94% response rate. Thirty-six percent (n = 13) of participants indicated that they were interested in the training for professional development. Thirty-three percent (n = 12) of participants indicated that they were interested in the training for personal development. Twenty-five percent (n = 9) of participants indicated that they were interested in the training for both professional and personal development.

## **B. Exit Survey Evaluation**

Following the completion of the course, nine participants were given evaluation surveys based on the following training objectives:

1. *Practice Mindful Self-Compassion in daily life*
2. *Understand the science of Mindful Self Compassion*
3. *Manage caregiver fatigue*
4. *Teach simple self-compassion skills to others*

Participants were asked to rate the trainers/presenters on a 4-item Likert scale ranging from “poor” to “excellent”. Additionally, participants were asked to rate different course components on a 5-item Likert scale ranging from “strongly disagree” to “strongly agree”. The included items are listed below. For the trainer/presenter options a response of “excellent” was coded as four. For the course components options, a response of “strongly agree” was coded as 5. Larger values indicate approval or agreement.

### *Evaluation Aspects:*

#### *Trainer/Presenter*

- A. *Content Knowledge*
- B. *Fostered interactive learning*
- C. *Effective teaching/listening method*
- D. *Answered questions in a professional and timely manner*
- E. *Use of materials/technology/resources*

#### *Course Components*

- F. *Session content was relevant to my practice*
- G. *Based on my experience, I would recommend this training*
- H. *As a result of today's training, I plan to make changes to my practice*

I. Facility and accommodations were comfortable

The results of the evaluation were consistent across all evaluation aspects. There was very little variation in responses. The mean score for all trainer/presenter options was “excellent”. The mean score for all course components was “strongly agree”. These results are detailed in Table1.

**Table 1.** Mean, median, and standard deviation by topic

<i>Evaluation Aspects</i>									
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Mean</b>	4.0	4.0	4.0	4.0	3.9	4.9	5.0	4.8	4.8
<b>Median</b>	4.0	4.0	4.0	4.0	4.0	5.0	5.0	5.0	5.0
<b>Standard Deviation</b>	0.0	0.0	0.0	0.0	0.3	0.3	0.0	0.4	0.4

**C. Participant Feedback**

During the course, participants were asked to give weekly feedback to gauge their experience of MSC practice and the course. Participants were asked, “Please describe any moments in your MSC practice that you found Particularly noteworthy - surprising, challenging, uplifting, confusing, or deepening.” Excerpts from participant responses are below:

*“I am becoming more in tune with myself and others.”*

*“Learning how to self-soothe was very uplifting for me.”*

*“Compassionate listening was the most challenging and shocking! My body response to the exercise was unexpected. I have enjoyed the course.”*

*“What I found uplifting was the idea that all participants here had some experience with needing to be mindful. With that thought, participants were reminded that they must meet and address their needs in order to meet the needs of others.”*

Participants were also asked, “What formal or informal practices are you working with right now? Have you found any to be particularly helpful or unhelpful so far?” Excerpts from participant responses are below:

*“I plan to encourage my clients to use MSC in their daily lives. I also plan to incorporate it more in my daily life.”*

*“I want to start some practices with students but not sure where to start.”*

*“I can see the effect [this course] is having in my life.”*

*“I noticed I want to shift my practice into Mindfulness Self-Compassion/ Integrated Mind/Body/Spirit practice.”*

*“[I’m] using the practice with clients...we talked about just putting your hand on your heart and saying ‘Aw, this is really hard’. She loved it!”*

Additionally, participants were asked, “How is the MSC course unfolding for you? Is there anything that would be helpful for you teacher(s) to know?” Excerpts from participant responses are below:

*“Early morning sessions would be helpful. Hard to get away in the middle of the workday.”*

*“Some moments were uncomfortable, but I believe I grew from it.”*

*“You should teach this in prenatal classes. I plan on using it during labor.”*

*“I would like to start daily meditation practice. I need practical ideas to implement it.”*

Generally, participant feedback was positive. Many participants mentioned improved success with guided meditation versus traditional meditation. Those that already practiced mindful meditation daily indicated that they planned to incorporate other MSC practices, in line with training objective one. A few participants mentioned being shocked or uncomfortable during certain practices but ultimately expressed enjoyment of the course. Several participants indicated that they intended to encourage daily MSC practice for others, suggesting the successful achievement of training objective four.

**SECTION IV**  
**EVALUATION CHECKPOINT**



## A. Purpose, Methods, & Results

This evaluation checkpoint seeks to assess whether participants continue with mindful self-compassion training upon completion of the course, and whether participants report increased resiliency measures. An evaluation survey was sent to participants (N = 36) via email to gauge the prolonged benefits of participation in the course. Responses were accepted from March 22, 2023 to April 3, 2023. An initial review of the demographics of the participants indicated that the majority of individuals registered with the intention of increasing professional development and teaching MSC to others. For this reason, the checkpoint survey included questions adapted from the 2-question Connor-Davidson Scale for assessing resilience (denoted with an asterisk\*). This scale has applications for reducing caregiver fatigue.<sup>3</sup>

In the checkpoint survey, participants were asked to respond to the following statements on a 5-item Likert scale ranging from “agree” to “disagree”:

1. *Since the course, I regularly integrate mindfulness and self-compassion practices in my daily life.*
2. *The course increased my use of self-compassion to live in accord with my values.*
3. *I find it easier to relate to difficult emotions with greater moment -to-moment acceptance than before the course.*
4. *I am able to respond to feelings of failure or inadequacy with self-kindness rather than self-criticism.*
5. *I use Mindful Self-Compassion learned in this course to accept and adapt to changes in my life.\**
6. *Mindful Self-Compassion helps me to bounce back after illness, failure, or other hardships.\**

Statements 1-4 assessed the participant's continued use of Mindful Self-Compassion in their personal lives, and statements 5 and 6 assessed resilience. There was a 33.3% response rate. “Agree” was coded as 1 and “Disagree” was coded as 5. A lower score indicates agreement with the statements. Median, mean, and standard deviation for each statement are reported in *Table 2*.

**Table 2.** Mean, median, and standard deviation by survey question

	<i>Question 1</i>	<i>Question 2</i>	<i>Question 3</i>	<i>Question 4</i>	<i>Question 5</i>	<i>Question 6</i>
<b>Mean</b>	1.92	1.58	1.67	1.67	1.67	1.58
<b>Median</b>	1.5	1	1.5	1.5	1	1



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<i>Standard Deviation</i>	1.04	0.79	0.78	0.89	0.98	0.90
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On average, the respondents had high levels of agreement with all of the statements. The statement “since the course, I regularly integrate mindfulness and self-compassion practices in my daily life”, had the highest level of variation, although on average respondents agreed with a mean of 1.92. The statement “I use Mindful Self-Compassion learned in this course to accept and adapt to changes in my life”, had the second highest standard deviation with a mean of 1.67. A respondent was identified as an outlier, and the median values are reported to account for this. The two statements adapted from the Connor-Davidson Scale both had a median of 1 indicating high rates of assent.

**SECTION V**  
**CONCLUSION/RECOMMENDATIONS**



The goals of the Mindful-Self Compassion (MSC) programming sponsored by the CCSNPC is to promote emotional well-being and resilience and to provide training in trauma-informed practices and health/wellness. The participant feedback along with the checkpoint evaluation illustrates the effectiveness of the MSC 8-week course in increasing resilience. This is especially important given the large proportion of non-profit and healthcare provider participants and the increase in compassion fatigue following the COVID-19 pandemic.<sup>9</sup>

In the weekly course feedback, multiple participants indicated wanting to encourage others to practice Mindful Self-Compassion, but expressed hesitance about where to start. Promotion of resources on how to incorporate Mindful Self-Compassion techniques in a variety of settings may combat this hesitancy. CCSNPC currently provides a list of resources, but sending out targeted resources based on profession may increase utilization. MSC has been associated with reduced stress and burnout<sup>10</sup>, and circulation of such materials would align with the learning goal “teach simple self-compassion skills to others”.

Participants in the course and this evaluation were 100% female. With the higher prevalence of women in Chatham County, targeted interventions to reach men of all ages are recommended. This is especially pressing given the higher rates of suicide for males in Chatham County. On average, men have lower uptake of mental health support services, and there must be a continued effort to reach them. Studies indicate that men may be less receptive to in-person support services, and strategies that limit face-to-face interactions such as recorded trainings could be beneficial.<sup>11</sup> Since the CCSNPC MSC programming currently provides online webinars and training courses, data on the demographics of those participating virtually could indicate whether this gap is already being addressed.

Additionally, to produce a more robust evaluation, it is recommended that demographic questions such as age and race are included in registration. A post-course survey identical to the pre-course survey should be sent out routinely in order to quantify the change before and after the course. Ongoing evaluation efforts are integral to program implementation.

Ultimately, the Mindful Self-Compassion programming with the Chatham County Safety Net Planning Council is a comprehensive community intervention. There is evidence that the learning goals are being met, indicating that the program increases resilience in the Chatham County community. Efforts should focus on incorporation of evaluation planning to ensure that these community interventions are reaching the at risk populations.

# SECTION VII

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