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Applied Mindfulness

Andrew Safer of <u>Safer Mindfulness Inc.</u> conducts Mindfulness Training for 1) the Workplace, and 2) Mental Health and Addictions. Typically, the Workplace Mindfulness program meets in either 1.5 hr. or 1 hr. sessions, weekly, or more intensively, and the various Mental Health & Addictions workshop series meet weekly in 1.5-hour sessions.

Outcomes

The outcomes in the table below reflect 1) the group overall, and 2) response to selected evaluation statements.

To view a specific evaluation form, click on https://safermindfulness.com/outcomes/ Select the long version of the report.

Scale ranges from 1 to 5: 1=Strongly Agree; 5=Strongly Disagree. Questions are negatively oriented. Disagreeing with a negative statement is positive. (4=Disagree; 5=Strongly Disagree).

| | Participant Quotes | |
|--------------------------------------|---|---|
| Workplace Mindfulness —10 wks. | 10 engineering students on work terms | +25.9% (average improvement in score for all responses to 16 quantitative statements.) |
| | Example Statement: I have problems dealing with stressful situations. | Pre-Eval Post-Eval 2 3.3 (Means/Average) |
| | <i>"I am able to, through Mindfulness, get things done in better fashion, getting better results. My study experience has</i> | |

| | greatly improved, and my grades are, in fact, quite exciting." | |
|---|--|---|
| Anxiety, Stress & Mindfulness 8 wks. | 40 participants (5 groups) | 40% improvement in score (average for all responses to 17 questions) |
| | How helpful has this workshop series been in helping you deal with anxiety and stress? | Extremely helpful=12 Very helpful = 14 Somewhat helpful=14 |
| | "[This workshop series] has reinforced the need to be with whatever is happening, pleasant or unpleasant, without resisting or clinging. Generally, I find this allows strong negative emotions to arise and dissolve on their own, rather than intensify." | |
| <u>Mindfulness in</u> <u>Recovery—</u> (<u>Addictions)—</u> 5 wks. | 6 participants "What does mindfulness have to do with daily life?" Five out of six participants replied they are more able to bear with discomfort, rather than opting to escape | 34.2% improvement in score (average for all responses to 17 questions) 83.3% improvement in score |
| Mindfulness for Depression – 10 wks. | 17 participants | Averages for all participants:Depressive symptoms: |
| Click (above) to see several evaluation scales that were used. | <i>"It's like a heavy blanket has lifted off me. I feel competent to help myself."</i> | 22% reduction Anxiety symptoms: 30% reduction Mindfulness: 22% improvement Psychological Well- Being: 26.7% improvement in score |

| Suicide Prevention Through Mindfulness Training— 8 wks. | 8 participants | 41.7% reduction in the intensity of suicidal thoughts (per self-rating, for all participants, pre- / post) |
|--|---|---|
| | The voice in my head can make me feel anxious and I don't know how to pause or interrupt this pattern | Pre: Post: 1.5 3.5 (Means /Average) |
| | <i>"Immediately helpful with suicidal thoughts, then very helpful in rumination leading to suicidal thoughts."</i> | 133.3% improvement in score |

Workplace Mindfulness client: "The Professional Resilience and Mindfulness training series hashelped many of our members gain valuable skills to help with maintaining focus, problem solving,dealing with distractions and much more. Andrew & Janna present the material in a comprehensive,easy-to-understand and engaging manner which has contributed to incredibly positive participantfeedback."

Evaluation

On the first day of each program, participants completed consent and preevaluation forms, and on the last day, the post-evaluation. There are 16-18 statements in the quantitative sections, and 6-7 questions in the qualitative sections (they write their answers). The pre- and post- quantitative responses are paired, tabulated, calculated, and expressed as an average percentage change. The qualitative responses are transcribed, and a report is written. <u>All reports are posted here.</u>—both short and long versions.

The evaluation form was developed collaboratively by Dr. Martha Traverso-Yepez, Division of Community Health, Faculty of Medicine, Memorial University and Andrew Safer. In some cases, the form has been edited for relevance.

Research support and data analysis were provided by Dr. Kara Arnold, Professor, Faculty of Business Administration, Memorial University; Amanda J. Hancock, PhD, Assistant Professor – Business, Grenfell Campus, Memorial University; and Megan M. Walsh, Assistant Professor, Sobey School of Business, Saint Mary's University. © Andrew Safer 2022