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This case study describes an initiative to promote spiritual wellness on a public state college campus and demonstrates evidence of the effectiveness of taking a community-based approach. We employed the *community readiness model* to develop an initiative to promote spiritual wellness in a Midwestern state university. We recruited informants through purposeful sampling and conducted interviews, both pre- and post-initiative launch. Baseline data was used to inform initiative efforts. The community's level of readiness to promote spiritual wellness increased from stage three, *vague awareness,* at baseline to stage six, *initiation*, at follow up. Although these findings are specific to our community, this *community-based participatipatory research* approach may be an effective way of developing appropriate strategies to promoting spiritual practices throughout higher education.

Keywords: ***spiritual wellness; community-based participatory research; community readiness; campus wellness; health promotion***

Classical and contemporary transpersonal theorists alike (e.g., William James, Abraham Maslow, Ken Wilber) have argued that spiritual wellness exemplifies the highest form of human development (Kasprow & Scotton, 1999). Spiritual wellness involves a healthy way of seeking and expressing meaning through engagement in spiritual practices and a depth of awareness of and search for spiritual meaning over time (Wink & Dillon, 2002). Many wellness models embrace holistic perspectives that acknowledge not only physical, social, and emotional wellness but also spiritual and other dimensions of wellness (Cottrell et al., 2002; Hey et al., 2006; Myers et al., 2000; Myers & Williard, 2003; Swarbrick, 2006; Vader, 2006). For example, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA, 2018) developed a widely used multidimensional model of wellness comprised of eight dimensions: 1) emotional, 2) environmental, 3) financial, 4) intellectual, 5) occupational, 6) physical, 7) social, and 8) spiritual. These eight dimensions have been adopted into college wellness programs in unique ways nationwide.

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In the state of Nebraska, the University of Nebraska (NU) offers different wellness programming in each of the four campuses: University of Nebraska at Omaha (UNO), University of Nebraska Medical Center (UNMC), University of Nebraska-Lincoln (UNL) and University of Nebraska at Kearney (UNK). This public state-funded institution identifies eight out of eight of the SAMSHA dimensions of wellness, including the dimension of spiritual wellness, in student health and wellness programming at UNO, UNMC and UNL. UNL includes an additional dimension of cultural wellness. Public institutions, such as the NU, walk a fine line in offering spiritual wellness activities, while also respecting students' religious beliefs and refraining from promoting any particular religious belief or practice, as they are required to by law. Religion, often defined as an organized system, with written doctrine and codes of regulatory behavior, is not the same as spiritualty (Tisdell, 2003, p. 47) but, spirituality and religion do intersect. For example, individuals seek meaning and purpose in life through both religious and spiritual practices. Spiritual practices include but are not limited to activities such as meditation, mantram repetition, mindfulness, yoga, qigong, prayer, song, dance and ceremony. We use the term *spiritual practices* to include "all forms of reflection and introspection in which the primary goal is to explore one's relationship to the transcendent in order to deepen and enrich personal meaning, purpose, authenticity, and wholeness;" which encompasses religious and non-religious or secular beliefs and practices (Dalton et al., 2006, p. 5). Promotion of spiritual wellness, a search for spiritual meaning and engagement in spiritual practices, thus, raises the issue of separation between church and state in state-funded universities. In state funded institutions of higher education, concern over the potential obstacle that the division of church and state presents and the uncertainty around how to distinguish boundaries between cultural, religious, and spiritual intersections can create reluctance among college faculty who are interested in addressing spirituality in their classrooms (Dalton et al., 2006).

Although spiritual wellness is included in wellness models espoused by colleges across the U.S., this dimension is often neglected in wellness programming (Adams et al., 2000; Hawks, 1995; Seaward, 1991; 1995). There is evidence, nonetheless, that more individuals on college campuses are increasingly engaged in a wide variety of diverse and multifaceted forms of spiritual search and practice (Dalton et al., 2006; Higher Education Research Institute, 2004; Mooney, 2005; Gallup, 2003). Numerous scholars have established the need to integrate spiritual practices into higher education (Brady, 2007; Dalton et al., 2006; Duerr, Zajonc, & Dana, 2003; Hart, 2008; Jennings, 2008, 2011; Palmer & Zajonc, 2010; Shapiro et al., 2011), and rightly so, as there is much evidence supporting the efficacy of spiritual practices in reducing stress and promoting health and wellness (Bishop et al., 2004; Zelazo & Lyons, 2011; Bormann et al., 2006; Tuck et al., 2006; Walker et al., 2008).

Students and academics alike are seeking spiritual enrichment and searching for meaning both on and off campus. While faculty are trying to discover ways to make their lives and their institutions more whole, students are trying to find purpose in life and have high expectations that college will provide them with opportunities to do so (Astin, 2004; Astin et al., 2010). Discerning how to approach these issues is challenging, thus college campus leaders generally stress that spirituality remain a private matter (Rockenbach & Mayhew, 2012). Still, scholars have compiled a list of reasons why academies should proactively encourage and support students' spiritual wellness, maintaining that because of academia's "historic commitment to holistic educational and personal development, higher education must play a stronger role in advocating the place of spirituality in the academy" (Dalton et al., 2006, p. 2). Daloz Parks (2011) also argued for including a focus on spirituality in higher education, pointing out the important role that academies play in spiritual development, describing colleges as:

> Distinctively vested with the responsibility of teaching critical and connective-systemic thought and initiating young lives into a

> responsible apprehension first of the realities and questions of a vast and mysterious universe and second of our participation within it. Higher and professional education is intended to serve as a primary site of inquiry, reflection, and cultivation of knowledge on behalf of the wider culture. (p. 16)

That said, a number of commonly described barriers to promoting spiritual wellness on college campuses do exist. Noted barriers include: time constraints, fear of the unknown, the need for operationalized definitions, a lack of valid and reliable measures to address the issue, the perceived personal and private nature of the subject, ethical and legal concerns about establishing or endorsing spirituality and religion in academia, general institutional or economic circumstances, as well as the separation of church and state and the United States' politically charged arena (Giroux, 2004). Beyond this, diverse levels of personal awareness, experience, and expertise among leadership in college communities creates another obstacle to institutionalizing spiritual wellness efforts. Chickering and colleagues (2015) also expressed concern over "the heavy emphasis higher education places on rational empiricism and its increasingly narrow focus on professional and occupational training," which they believe "has led to growing neglect of larger human and societal issues concerning authenticity, spiritual growth, identity and integrity, purpose and meaning" (p. 5). Astin and colleagues (2010) agreed with this argument, claiming that college attention to developing the inner aspects (values and beliefs, emotional maturity, moral development, spirituality and self-understanding) vs. outer aspects (test scores, grades, credits and degrees) of students' lives is "way out of balance" (p. 3).

Spiritual Wellness Development on Campus

We, authors of this paper, are students, faculty and staff affiliated with a Midwestern state university with no religious affiliation that has adopted an eight-dimensional framework for wellness, which includes a spiritual dimension. Nevertheless, in our efforts to support spiritual wellness on campus, we found ourselves asking similar questions to those posed by Astin (2004):

> How do we achieve a greater sense of community and shared purpose in higher education?
>
> How can we provide greater opportunities for individual and institutional renewal?
>
> What are the causes of the division and fragmentation that so many academics experience in their institutional and personal lives?
>
> What does it mean to be authentic, both in the classroom and in our dealings with colleagues?
>
> What are some of the practices and traditions that make it difficult for us to be authentic in an academic setting?
>
> What are some of the disconnections that higher education is experiencing in relation to the larger society?
>
> How might we better serve the public good? (pp. 37–38)

Furthermore, we asked: *What do we know about spiritual wellness? How could we promote spiritual wellness? What barriers do we face? How do we address those barriers? What resources are available to us?* We recognized that the answers to these questions lie in the community itself. We believed that our campus community could attest to individual and collective understandings of spiritual wellness to help inform efforts to integrate campus resources and knowledge into strategic plans to increase spiritual wellness on campus. Table 1 presents a timeline that depicts each major step in the development of spiritual wellness on campus.

In the Fall of 2012, after many conversations among faculty with shared interests in this area, a dynamic campus community partnership formed to establish a working group focused on contemplative education. This small group of faculty committed to meeting regularly to engage in in-depth discussions about mindfulness and to address questions and concerns related to integrating contemplative pedagogies and practices into teaching and learning (Powell, 2011). We used

the group meetings to interact with colleagues across disciplines, to exchange ideas, and to build support for contemplative teaching and learning. Given an unexpectedly high level of participation from a number of community members and students, this circle evolved into a Contemplative Education Community Engagement group (CECE) that included not only faculty but also students, administrators and community members who collectively established the following aims:

> Practice together focused awareness and mindfulness techniques that may be useful in our own lives, in the classroom and in the workplace, and discuss their applications.
>
> Explore and develop resources for faculty and others that describe contemplative education, give links to some of the research in the field, and provide instructions about how to incorporate contemplative practices in the classroom and the workplace.
>
> Work together to develop solutions for how to integrate contemplative practices into education and work environments while maintaining a secular approach—or, at least an approach that respects the separation of church and state.
>
> Consider how the documented correlation between contemplative practices and creativity might inspire innovations in teaching and community connections in and beyond campus.
>
> Identify and work with interested members of the community who already employ, or wish to employ, focused awareness and mindfulness practices in their own workplaces or studies.
>
> Consider how contemplative education might be of particular value to the online educational environment.
>
> Explore the possibility of creating a formal interdisciplinary "Initiative," "Project," or even "Center" with an important rung devoted to facilitating contemplative education.

Table 1. *Project Development Timeline*

9 / 2012	Contemplative Education Community Engagement (CECE) formed
8 / 2013	CECE adopted a *community-based participatory research* (CBPR) approach and the *community readiness model* (CRM) to study spiritual wellness
12 / 2013	CECE conducted baseline *community readiness assessment* (CRA)
1 / 2014	CECE developed initiative strategies informed by baseline CRA data
1 / 2014	DROP IN CLASS Initiative launched in campus community
1 / 2014–7 / 2014	Campus advocates promoted spiritual wellness in campus community: Faculty, students, and *administrator advocacy projects*
7 / 2014	CECE conducted follow-up CRA

This group was comprised of 20 members and included representatives from various academic departments within the university (e.g., religious studies, Native American studies, Black studies, English, public health, information systems and technology, psychology) as well as campus administrative divisions (e.g., student counseling, campus wellness, student affairs), a diverse student body (e.g., graduate and undergraduate students from different colleges and campuses) and other organizations in the broader community (e.g., yoga studios, health insurance companies, etc.). With support from colleagues and community, faculty gained confidence in leading and using contemplative practices in the classroom (or the work-place) as a result of participation in the CECE. The CECE also served as a platform to promote spiritual wellness and build partnerships with campus leaders.

In the Fall of 2013, CECE members expressed particular interest in assessing the feasibility and efficacy of implementing a spiritual wellness initiative across campus through a *community-based participatory research* (CBPR) study. We recognized that CBPR could help establish the necessary community collaboration to support a grass-roots spiritual wellness promotion effort on campus. CBPR methods helped us apply practice to research and policy in ways that incorporated community-based

values and strategies in collaborative inquiry. The following nine principles, key to the CBPR research method, were observed as much as possible in our research process:

1. Acknowledge community as a unit of identity;
2. Build on strengths and resources in the community;
3. Facilitate collaborative and equitable partnerships in all phases of the research;
4. Foster co-learning and capacity building among all partners;
5. Integrate and achieve a balance between knowledge generation and intervention for the mutual benefit of all partners;
6. Focus on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health;
7. Involve systems development in a cyclical and iterative process;
8. Disseminate results to all partners and involve them in the wider dissemination of results;
9. Involve a long-term process and commitment to sustainability. (Israel et al., 2013, pp. 8–11)

Our collaborative approach allowed space to recognize the unique strengths of our community and equitably involve all partners in research. With an understanding that engagement in spiritual practices within a religious or traditional context cannot be disconnected from "the community beliefs, rituals, symbols, and meanings of personal faith traditions" (Dalton et al., 2006, p. 1), the CECE felt it imperative that we learn more about the attitudes, beliefs, values, practices and cultural norms specific to our campus community. Thus, we began to define our community. We held informal focus groups at CECE meetings to discuss our understanding of the faculty and student population we serve.

Our institution, defined as a metropolitan university, had a student body of over 15,000 undergraduate and graduate students and approximately 500 full-time faculty members, providing over 130 undergraduate and 70 graduate degree and certificate programs. The student population, "a diverse mix of full and part-time students, and traditional and non-traditional age enrollees" (UNO Office of Institutional Effectiveness, 2013, p. 2) had broad backgrounds and varied experiences. In 2013, our institution employed approximately 78% White faculty and 22% faculty of other races/ethnicities. Moreover, approximately 74% of students identified as White and 26% identified as other races/ethnicities. Although community members involved in the initiative were predominantly White, these numbers show homogeneity among the faculty and student body populations and speak to the need to recognize diversity in our campus. CECE members also represented a diverse spectrum of racial/ethnic groups (including Native American, First Nations, African American, Spanish, and Asian Indian among others) which facilitated rich discussions about personal and professional experiences with a range of cultural, religious and spiritual identities, paths and practices.

According to Jumper-Thurman and colleagues (2003), "successful local prevention and intervention efforts must be conceived from models that are community-specific, culturally-relevant, and consistent with the level of readiness of the community to implement an intervention" (p. 1). Each community has its own culture and by using its own values and beliefs along with its knowledge of its assets and limitations, communities can build culturally relevant initiatives that are congruent with the community's culture and needs. The *community readiness model* (CRM) facilitated the development of our spiritual wellness initiative by helping us customize strategies that matched our community's culture, resources and the degree to which our community was ready to take action on this specific issue (Plested et al., 2006).

The CRM "provides a practical, step-by-step framework for making culturally valid changes in communities" (Jumper-Thurman et al., 2003, p. 3). To learn more about our campus community, we followed the CRM handbook and conducted a *community readiness assessment* (CRA; Plested et al., 2006) to get a sense of what could be done and what needed to be done by assessing our campus

community's level of *community readiness* (CR). CR indicates "the degree to which a community is willing and prepared to take action on an issue" (Oetting et al., 2014); we identified the issue as spiritual wellness.

As shown in Table 2, CR is organized into nine stages ranging from denial to ownership of the issue. We measured CR across six different dimensions of readiness: community efforts (current activities, programs, provisions and policies related to spiritual wellness promotion); community knowledge of efforts (how much the community knows about current spiritual wellness activities and programming); leadership (leadership's attitude toward addressing spiritual wellness on campus); community climate (campus community's attitude toward addressing spiritual wellness on campus); knowledge about the issue (how much the campus community knows about spiritual wellness); and resources for efforts (resources being used or available for use) to support a spiritual wellness initiative (Plested et al., 2006). Understanding the degree to which our community was ready to promote spiritual wellness helped inform the development of a plan of action that included creative and effective strategies in increasing the level of community capacity to take action. The ultimate goal was to develop community-based efforts that matched the campus community's stage of readiness.

Health promotion efforts can be adapted to fit individualized communities by using the CRM to recognize and match a community's culture, resources, knowledge and readiness (Plested et al., 2006). Community readiness is essential to the development of successful public health initiatives, especially when demographics and needs vary (e.g., religious/spiritual identities, paths, and practices). Matching public health efforts to the community's level of readiness to join in those efforts is critical to the success of any initiative, intervention, or program (Edwards et al., 2000).

Very little research has investigated ways to meet the challenges that academies face in developing strategies to promote spiritual wellness on college campuses. There is a clear need for enhanced understanding and promotion of spiritual wellness within campus communities (Adams et al., 2000; Astin, 2004). By investigating our level of CR, the degree to which our campus community was willing and prepared to take action to promote

Table 2. *The Nine Stages of Community Readiness*

Stage 1	**No awareness**	An issue is not generally recognized by the community or leaders as a problem (or it may not be an issue).
Stage 2	**Denial / Resistance**	At least some community members recognize that the issue is a concern, but there is little recognition that it might be occurring locally
Stage 3	**Vague Awareness**	Most feel there is a local concern, but there is no immediate motivation to do anything about it.
Stage 4	**Preplanning**	There is clear recognition that something must be done, and there may even be a group addressing the issue; however, efforts are not focused or detailed.
Stage 5	**Preparation**	Active leaders begin planning in earnest. Community offers modest support of efforts.
Stage 6	**Initiation**	Enough information is available to justify efforts. Activities are underway.
Stage 7	**Stabilization**	Activities are supported by administrators or community decision makers; staff are trained and gain initial experience.
Stage 8	**Confirmation / Expansion**	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
Stage 9	**High Level of Community Ownership**	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions; the model is applied to other issues.

spiritual wellness, we were able to develop appropriate strategies that addressed existing barriers we encountered. The CRM provided us with an accessible and relatively straightforward way of assessing our community's attitudes, knowledge, efforts, activities and resources in relation to spiritual wellness. Understanding our level of CR helped us develop our initiative, DROP IN CLASS: *Developing Regular Opportunities for Practice in Contemplative Liberal Arts and Sciences Study*. In this paper, we illustrate the framework, strategies, and effectiveness of the CBPR methods in promoting spiritual wellness within a campus community in a Midwestern state university.

Methods

We conducted a CBPR case study, including a longitudinal pre-post assessment, to help establish the necessary community participation for engaged collaboration to support wellness promotion efforts on campus in multiple departments. We adopted use of the CRA to measure the campus community's level of readiness to promote spiritual wellness. CRA data was gathered through semi-structured interviews with key informants. Researchers followed the handbook on *Community Readiness for Community Change* published by the Tri-ethnic Center for Prevention Research at Colorado State University (Plested et al., 2006). The handbook recommends interviewing people that are involved in the community and know what is going on in relation to the issue. Key informants had firsthand knowledge of the community that allowed them to provide insight on the nature of the issue. To represent the wide-range of community, we recruited key respondents from each sector that could answer for the community's attitudes and knowledge about spiritual wellness (spiritual, religious, and wellness sectors). Key informants had a good basis for knowing what is needed in the campus-community, what is culturally appropriate and inappropriate, and what kind of action the community could take.

Recruiting Key Informants

Key informants were selected through purposeful sampling by the CECE based on their intimate knowledge and connection to the campus community and the topic of concern. Individuals with varying roles on campus were recruited via chain-referral or snowball sampling to provide different understandings of campus life and representation of sectors considered most relevant and influential regarding spiritual wellness. Key informants' racial/ethnic backgrounds paralleled that of faculty and staff (approximately 75% White and 25% other races/ethnicities). Key informants included atheists, those who identified as religious, those who identified as spiritual but not religious, and those who identified as not spiritual or religious. We recruited students, faculty, and staff leaders. To qualify for participation, the interviewees needed to self-identify as either a university student, faculty or staff member, be 19 years of age or older and speak English. Researchers attempted to interview two students, two faculty members, and two staff members from spiritual, wellness, and religious sectors to establish balanced representation across multiple areas. Some religious leaders from both faculty and staff sectors declined interviews. Overall, a diverse cohort of CRA interviewees was selected from across campus sectors, as illustrated in Table 3.

Table 3. *DROP IN CLASS Key Informant Demographics*

	Baseline CRA Interviewees		
	Student	*Faculty*	*Staff*
Spiritual Leaders		1	1
Wellness Leaders	1	1	2
Religious Leaders	1		
;	**Follow-up CRA Interviewees**		
	Student	*Faculty*	*Staff*
Spiritual Leaders	1	1	
Wellness Leaders	1		2
Religious Leaders	1		

Data Collection and Analysis

Following CRM protocol, research personnel trained in the CRM conducted seven baseline and six follow up in person interviews with campus community leaders; the CRM recommends a minimum of four to six interviews to reach

saturation (Plested et al., 2006). At baseline and follow-up interviews, researchers provided a brief introduction to the project and asked the standard CRA interview questions, identifying the issue as spiritual wellness.

Researchers conducted 45-minute semi-structured interviews with key informants about campus-based spiritual wellness in relation to six dimensions identified by the CRM as key factors influencing the community's preparedness to take action on the issue (Plested et al., 2006). Assessing these six dimensions provided us with a comprehensive tool for diagnosing our campus community's needs and for developing strategies to meet those needs. Below is an overview of the central questions specific to each of these six dimensions:

1. *Community efforts*: To what extent are there efforts, programs, and policies that address the issue?
2. *Community knowledge of the efforts*: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
3. *Leadership*: To what extent are appointed leaders and influential community members supportive of the issue?
4. *Community climate*: What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?
5. *Community knowledge about the issue*: To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?
6. *Resources related to the issue*: To what extent are local resources—people, time, money, space, et cetera—available to support efforts? (Plested et al., 2006)

The semi-structured interviews asked key respondents various questions about each of these areas to measure community perspectives in relation to spiritual wellness. Interviewing key respondents with respect to each of these six dimensions allowed us to form the basis of the overall level of CR. All interviews were audio-recorded, transcribed verbatim, and scored by researchers using CRM anchored rating scales for each dimension. Each interview was scored separately by two different investigators who later compared scores and, when different, established reliability by reaching consensus. To compute the total CRM score for each respondent, ratings across all six dimensions were averaged. An overall quantitative readiness score on a scale of one to nine, as illustrated in Table 2, was calculated by averaging ratings for all dimensions, with nine representing the highest level of readiness and one representing the lowest. A separate overall CRM score was calculated by averaging all respective respondent scores. The stage of readiness was determined by rounding down the average score of all respondents to the lower CRM stage.

This approach acknowledged that campus community members knew best which stakeholders could help guide strategic campaigns, which individuals, departments, and organizations would be supportive partners, and which aspects of the community's culture and resources could be integrated into our plans to effectively address spiritual wellness. Through a CBPR approach, researchers were able to build trusting relationships with community members and establish opportunities to engage with key informants, to become familiar with the campus culture, to discover information and resources that can support community capacity building and to help meet the many challenges that academies face in developing strategies to promote spiritual wellness.

The CRM was employed to not only assess but also increase community readiness to promote spiritual wellness within the campus community. Conducting a CRA is an effective way to encourage community ownership of issues. The simple act of asking community leaders about spiritual wellness within their community raised their awareness to this issue. During interviews, campus community members identified the interests, activities, and norms that students, faculty, and staff shared in relation to spirituality, religion, education, and wellness. The knowledge gained through CRA interviews generated discussions about needs and

priorities integral to creating change. Conducting the CRA interviews inspired reflection among respondents and project partners as they analyzed the community and established relationships across campus. Advocacy efforts across all three sectors of the campus community sprouted from initial interviews, the sharing of baseline data, and CRM guidance and recommendations of stage-appropriate strategies.

This study was approved by the Institutional Review Board and all participants gave voluntary consent after reviewing the study purpose, process, and possible risks/benefits. Participant rights were clearly stated, including confidentiality, availability of results, and voluntary participation with the right to drop out or re-enter the study at any time.

Results

At baseline, in December 2013, the campus community was at a low overall stage of readiness for change. Campus community leader interviews scored at stage three, *vague awareness,* indicating that the campus community was no more than beginning to recognize a concern for spiritual wellness. CECE meetings facilitated collaboration in campus efforts and supported development of cross-sectoral partnerships among faculty, students, and staff from various departments and divisions within the campus community. CECE members conducted literature reviews to investigate how to initiate spiritual wellness programming within a diverse community (Post et al., 2000; Hoban & Ward, 2003, p. 139). We found research attesting to the feasibility of integrating certain spiritual practices into wellness programming without conveying specific cultural, spiritual or religious content; these include meditation, contemplation, labyrinth walking, retreats, and yoga exercises (Dalton et al., 2006). In these meetings, we discussed what implementation of this initiative could look like in the classroom and we came to consensus on the following recommendations:

1. Allocate specific technology-free periods.
2. Encourage reflective discussions in class.
3. Encourage metacognition.
4. Explore questions about meaning and purpose.
5. Expose students to various ways of knowing.
6. Integrate use of props (e.g., timer, books, bells, bowls, art, apps, etc.)

We also created the acronym SURPRISE to organize our values (Secular, Unified, Regular, Purposeful, Respectful, Informal, Simple, Explained) around our efforts and to serve as a fun reminder that spiritual practices can be surprisingly simple (they do not have to be as complicated as we can, at times, make them out to be). CECE members collaborated and shared personal experiences, examined CRA data, developed research and initiative strategies, discussed advocacy projects, considered funding opportunities, and scheduled events. Together, the group learned to recognize the unique practices, principles, and perspectives of all partners.

In January 2014, members of the CECE launched the DROP IN CLASS initiative with the ultimate goal of supporting and promoting student awareness of and participation in contemplative practices, overall student wellness, and the development of staff that encourage and model spiritual wellness for students. Initiative partners were recruited from campus groups of diverse purpose, size, and infrastructure, each representing unique models for initiative diffusion. DROP IN CLASS partners included representatives from the CECE, the Wellness Subdivision (Campus Recreation, Campus Counseling, and Campus Health Services) and Student Affairs. All those partnering in the initiative signed a *memorandum of understanding* (MOU), agreeing to promote spiritual wellness on campus in distinctive but collective ways. The purpose of the agreement was to create an understanding about the key strategies and activities required of DROP IN CLASS partners. In signing the MOU, all partners specifically agreed to the following:

> Meet with faculty members and researchers to review DROP IN CLASS protocol and policies and sign MOU with participating faculty.
>
> Join the CECE collaboration forum on Blackboard, a *learning management system* offering educational access online.

In partnership with researchers, publicize and present DROP IN CLASS professional development trainings within the campus community.

Meet monthly to practice and discuss spiritual wellness activities; allocate 20 minutes of silence in the beginning of each meeting and strive to promote contemplative education and spiritual development.

Share DROP IN CLASS findings to support the possibility of creating a formal interdisciplinary "Initiative," "Project," or even "Center," with an important rung devoted to facilitating contemplative education.

All DROP IN CLASS partners were invited to regular bi-monthly CECE meetings, where students, faculty and staff not only engaged in the above-mentioned spiritual practices (20- minute meditations) but also discussed initiative strategies and research findings. DROP IN CLASS partners strategized together to develop, implement, and evaluate spiritual wellness promotion efforts on campus. CECE's bi-monthly meetings created time and space for initiative partners to engage in open dialogue, creative thinking, and deep inquiry processes to develop the infrastructure, framework, and strategies that we implemented in the DROP IN CLASS initiative.

Initial baseline CRA findings were shared with DROP IN CLASS partners at CECE meetings and members strategized DROP IN CLASS initiative efforts based on the resources, needs, and opportunities identified by baseline assessment results. The following stage three strategies were developed to raise awareness to the importance of spiritual wellness, motivate people to take action, and build the campus community's collective efficacy:

Conduct an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.

Present spiritual wellness information, share related stories and create opportunities for spiritual experiences at local community events and meetings.

Promote spiritual wellness events in campus wellness brochures, posters, and flyers.

Hold one-on-one meetings with campus community leaders to discuss the importance of spiritual wellness.

Initiate research to improve existing services that support spiritual wellness on campus.

Develop and brand the DROP IN CLASS initiative (e.g., recruitment & MOU).

Offer DROP IN CLASS events (e.g., professional development workshops) to present information about spiritual wellness on campus.

Form small advocacy groups to promote spiritual wellness in distinct sectors of campus and to share data and progress on spiritual wellness efforts (e.g., students, faculty, and staff).

Publish articles in newsletters and on other media with general information about spiritual wellness and relate the information to our initiative.

These strategies served to guide partners' practices in the promotion of spiritual wellness on campus.

Figure 1. *DROP IN CLASS logo developed by second author artist/researcher M. Gilbert and first author R. Idoate.*

To further address the community's initial stage of *vague awareness*, DROP IN CLASS partners formed cross-sectoral advocacy groups that worked from their respective domains to implement the abovementioned community-level strategies.

Faculty Advocacy

Faculty partners communicated the DROP IN CLASS brand and messages to the campus community. The brand and logo, illustrated in Figure 1, were attached to all associated efforts. Faculty worked to raise awareness of the community's power to promote spiritual wellness by publishing campus newsletters and presenting information at meetings, events, and classes. By attending the annual campus wellness fair and other campus events, faculty advocates created opportunities to not only disseminate information on resources that support spiritual practices but also advertise campus-based spiritual-related events and academic courses. Faculty informally introduced the initiative to students via email or Blackboard and at campus picnics and other social campus events. More formally, faculty also discussed initiative efforts with campus administrators (e.g., the senior vice chancellor and college deans) in private meetings, at faculty senate meetings, and in departmental meetings. Faculty helped develop and implement professional development trainings and classroom policy changes to establish a venue for initiative partners to assess the feasibility and efficacy of integrating spiritual practices into the campus environment. Faculty advocates also conducted surveys, focus groups, and interviews to gather information through research. A Blackboard page, made available for DROP IN CLASS partners to share process effects, scientific literature, resources and opportunities, gave all members leadership rights and a venue for advocacy.

Furthermore, faculty advocates developed a classroom policy aimed to raise student awareness of the spiritual dimension of wellness. A cohort of eight faculty advocates implemented a classroom policy allocating the first 10 minutes of each class session to voluntary, silent, technology-free time to engage in contemplative practices, into nine interdisciplinary college classes in the Spring 2014 semester. A total of 136 students attending courses taught by faculty advocates were exposed to these classroom policy changes and invited to attend DROP IN CLASS contemplative sessions during regularly scheduled class time.

At the onset of the semester, faculty introduced the DROP IN CLASS policy to students, presenting students with a double-sided handout which included two images freely accessed from the Center for Contemplative Mind in Society entitled 1) *The Tree of Contemplative Practices* and *2) A Blank Tree for Your Own Practices* (Duerr, 2015). One side of the handout included examples of contemplative practices in branches on the image of a tree and the other side of the handout was blank. Faculty explained that the examples were not exhaustive and encouraged students to fill in the blank tree with the practices that they personally felt were acceptable or worthy of an investment of their time, energy, and resources. Faculty did not prescribe any specific practices. However, they pointed out the potential benefits of engaging in spiritual practices and shared the following definition of *mindfulness* when introducing DROP IN CLASS, "intentional activities that train skills through the discipline of mental and/or physical undertakings of nonjudgmental awareness, acceptance and sustained focus of attention on present-moment experiences of objects, sensations or thoughts" (Brown & Ryan, 2003; Wallace & Shapiro, 2006; Kabat-Zinn, 1994). By implementing classroom policies in support of spiritual wellness, faculty members began to institutionalize DROP IN CLASS in regular curricula. Over the course of the Spring 2014 semester, faculty advocates promoted spiritual development through the following activities:

Attended and facilitated regular CECE meetings.

Discussed DROP IN CLASS objectives and efforts with campus administrators (e.g., the senior vice chancellor and college deans), at Faculty Senate meetings, department meetings, et cetera.

Presented information on the benefits of contemplative practices, mindfulness, and campus resources at the annual campus wellness fair.

Promoted and presented spiritual-based workshops/professional development trainings, including sponsorship of "DeStress Week" activities including guided meditations, yoga, mandala drawing.

Taught spiritual-related academic courses (e.g., Spirit in Culture, Spirituality and Wellness, The Mindful Student).

Developed and implemented classroom policy changes in Spring semester courses, allocating 10 minutes of regularly scheduled class time to silent, technology-free space to engage in contemplative practices.

Produced and provided students with a syllabus addendum reflecting policy guidelines.

Hosted guest lectures on mindfulness and contemplative practices in academic courses.

Distributed information to students about upcoming events related to spiritual wellness.

Capitalized on teachable moments and unique opportunities in the classroom to make spiritual wellness relevant to students both academically and personally.

Faculty advocates implemented the above community-developed strategies within their respective classrooms, departments, campus organizations, and beyond.

Student Advocacy

A cohort of graduate students involved in the CECE and undergraduate students enrolled in courses instructed by DROP IN CLASS partners joined forces to collaborate with peers and build resources to help promote spiritual wellness on campus. Students formed a Mindful Student Organization (MSO) on campus and recruited a broad base of volunteers to support spiritual wellness programming. Students collected contact information from interested peers to recruit new members, communicate campaign strategies, and facilitate peer-to-peer networking, discussions, and lectures on spiritual wellness topics. Through social media and word of mouth, students publicized spiritual-related events and hosted workshops on meditation, relaxation, et cetera. Beyond this, students initiated a *Yoga Rocks the Campus* program and recruited certified yoga instructors from the campus community to volunteer instruction on campus with the intention of offering free DROP IN CLASS yoga sessions and guided meditations to cultivate spiritual wellness. In addition, students developed and launched Facebook pages to recruit and engage initiative partners and participants across all sectors of campus.

Administrator Advocacy

The wellness subdivision of CECE scheduled regular cross-sectoral monthly wellness meetings and developed a wellness coalition with a rung devoted specifically to the spiritual dimension of wellness. This group designated a spiritual wellness point person to communicate and collaborate with the campus community to promote spiritual wellness efforts. Key campus leaders sponsored events in support of spiritual wellness. The campus wellness center provided infrastructure by offering space for one-time events and regular Wellness Coalition meetings. The counseling center negotiated with the wellness center to dedicate a specific room (the "DROP IN" room) within the recreational center to facilitate community engagement in spiritual practices. The Wellness Coalition also secured funding to allocate resources for the DROP IN room, to purchase books, meditation bolsters, yoga mats, audio-video resources, and a bio-feedback machine. Beyond this, they hosted a *Wellness Picnic* featuring spiritual wellness as the topic of focus and gave time and space for researchers to not only guide the campus community through a meditation practice but also share their work and findings to cultivate more support for spiritual wellness promotion on campus.

Various pages of the institution's website were used to promote spiritual wellness activities. Administrators and staff assisted with social marketing strategies, producing promotional materials, branding a spiritual wellness icon and developing a website link to the spiritual dimension of wellness. The spiritual wellness icon was made visible on the university campus website, in the campus recreation center, and in promotional materials, designating more attention overall to activities offered at the

campus wellness center that promoted spiritual wellness (e.g., yoga or tai chi classes). Cost-effective and wide-reaching campus-based tools such as Blackboard, email, newsletters, and social media platforms were used to promote awareness and share information. Flyers and electronic invites were used to publicize events and promote a number of apps with different features that supported spiritual practices (e.g., Insight Meditation, GPS for the Soul, Heart Math).

The follow up CRA interviews were conducted in late July 2014, and ranked at stage six, *initiation,* indicating that leaders had begun planning efforts to address spiritual wellness and the campus community offered modest support. Overall, campus community readiness to address spiritual wellness increased from an overall baseline level of three to six at follow-up, as seen in Figure 2. Results from the CRA, illustrated in Figure 3, demonstrate increases in campus readiness across all six dimensions of CR from pre- to post-implementation of the DROP IN CLASS initiative. At baseline, there was no evidence of comprehensive effort to take action; average scores for each dimension ranged between three and four with the exception of the *community climate* dimension, for which the score was even lower. At follow-up, as seen in Figure 3, scores ranged between four and seven, with *community climate* remaining the lowest score, at four. Leadership scores increased more than any other dimension, moving from a score of three to seven. *Community knowledge of efforts* also considerably increased from their respective baseline stages of three and four to stages six and seven. Interestingly, *knowledge of the issue* increased only from stage three to four.

Figure 2. *Pre- and Post- Community Readiness Assessment Scores for Overall Campus Community Readiness*

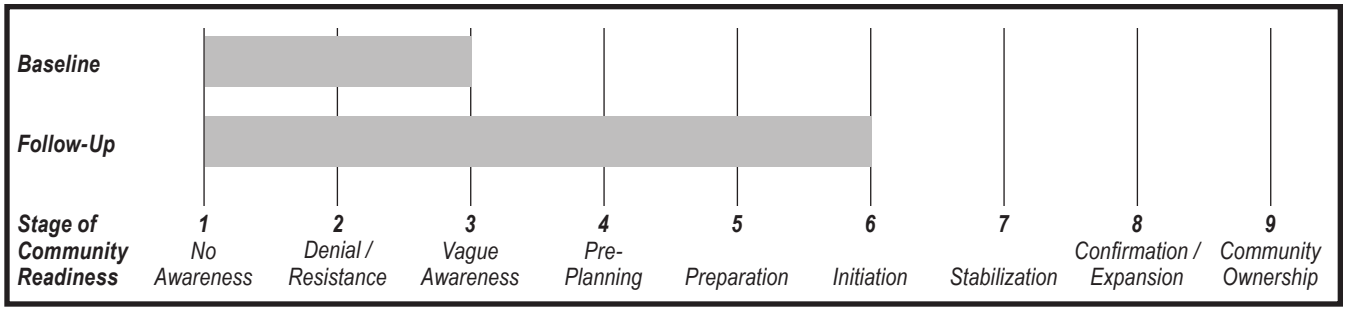
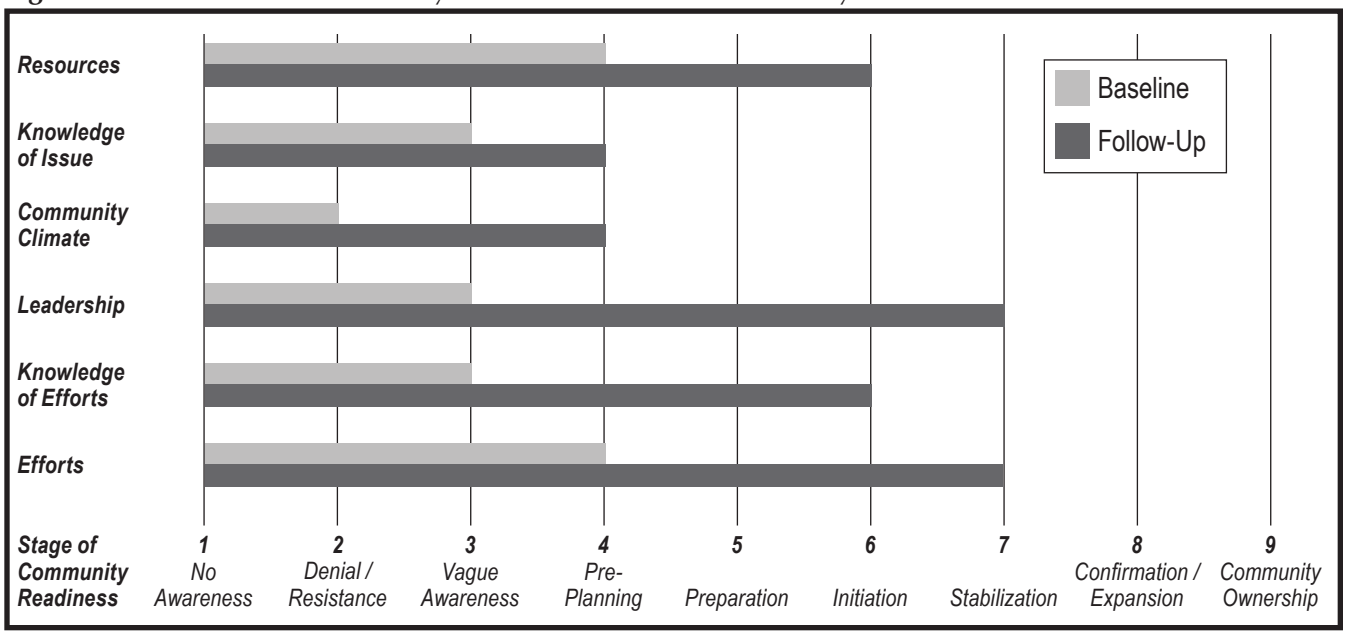


Figure 3. *Pre- and Post- Community Readiness Assessment Scores by Dimension*



Limitations

The conclusions that we can draw from this study are limited because we have no comparison campus community. There are also a number of other limitations to the study design, including the small sample size. A larger sample population could have allowed for overall CRA scores to be calculated for each subgroup (i.e., wellness leaders, spiritual leaders, religious leaders). The sample population was recruited through purposeful and convenience sampling methods, which made for a number of confounding factors, such as the potential for selection bias. There was also potential for responder bias given that one of the researchers who conducted and scored CRM interviews was involved with the CECE and DROP IN CLASS initiative activities as a student advocate. We are also not aware of how the level of diversity among key informants influenced their responses to interviews or overall scores. It is possible that informants representing minority groups could respond to interview questions differently than the majority and thus, could experience a different overall level of readiness to promote spiritual wellness.

Higher levels of readiness to change have been documented among key informants when compared to the overall community (Hull et al., 2008), as was also evidenced in the present research. In this study, faculty leaders had a high level of investment as more than half were initial CECE members who also promoted the initiative and developed the study. Some faculty advocates were key informants and their early buy-in may have influenced their level of implementation fidelity as well as their responses to the interview questions, which could have inflated the overall level of community readiness. Moreover, particular populations of young adults may be more interested in spiritual wellness than others or may respond to different outreach strategies than others. It is possible that key respondents exaggerated responses because of social desirability bias; however, CRM provided a structured interview tool and scoring process to minimize that possibility. Although the increase in community readiness to promote spiritual wellness is promising, we cannot claim that the DROP IN CLASS initiative was the sole cause of this increase.

The present study's findings may not be generalizable to other campuses across the nation, especially those with a religious affiliation. However, inclusion of cross-sector participation (i.e., faculty, staff, and student representatives from religious, spiritual, and wellness sectors) does strengthen the applicability of the CRM and make the present findings potentially relevant to other campus communities. It is worth noting that several other organized efforts, including wellness programs, religious groups, local fitness centers, and yoga studios exist within the greater community that could have contributed to a shift in norms and values. However, prior to the onset of DROP IN CLASS, few efforts specifically targeting spiritual wellness were effectively coordinated within the campus and greater communities or across institutions.

Discussion

Rooted in the principles of CBPR (Israel et al., 2013), the CRM offers stage-specific strategies that can be applied to encourage community buy-in and support for initiative efforts. By taking a CBPR approach, this study recognized that the community itself has the best sense of what is most helpful in guiding strategic campaigns, recognizing potential collaborators, and locating resources that can support strategic planning to effectively address spiritual wellness. CBPR methods helped establish community collaboration to support wellness promotion efforts on the college campus. According to Israel and colleagues (2013), CBPR is intended to "bring together researchers and communities to establish trust, share power, foster co-learning, enhance strengths and resources, build capacity and examine and address community identified needs and health problems" (p. 14). This study demonstrates how CBPR and the CRM can help engage campus communities to form a broad coalition of participants to support the development and implementation of programmatic and institutional strategies to promote spiritual wellness. As evidenced in this study, inclusion of faculty, staff, and students as initiative partners, advocates, and

research participants can strengthen the efforts of wellness promotion on campus.

Application of the CRM served as an effective mobilization strategy to engage campus community members in promoting wellness. The CRA interview process provided interviewees with an opportunity to reflect on and identify strengths, resources, and related efforts that can support wellness initiatives. This was useful in probing campus community leaders to not only explore the potential to shift individual and campus community norms regarding wellness, but also to advocate for curricular and co-curricular wellness-promotion efforts. Partnerships formed through the CRM helped mobilize utilization of resources and influenced change in policies, programs, and practices. Implementation of a collaboratively developed, inclusive classroom policy demonstrated an effective way to work with an array of identities and remain sensitive to individual values and belief systems.

The CRM can lay important groundwork for spiritual wellness initiatives by engaging campus leaders to build community and organizational capacity, a critical precursor to the development of appropriate strategies and implementation of initiatives. Using the CRM offers guidelines for appraising CBPR efforts and can provide a reliable form of evaluation to produce data that promotes exploration of best-practices and future research to further develop the field. As demonstrated in this case study, a community-based initiative can generate campus community engagement, infrastructure, and resources to support community capacity building and meet the many challenges that academies face in developing strategies to promote spiritual wellness. Understanding the community's readiness levels for each dimension helped DROP IN CLASS partners develop appropriate actions to raise readiness levels and increase community levels of awareness, knowledge, attitudes, and norms. CBPR methods helped this case target the right audience, build trusting relationships across campus, and develop and deliver relevant programs, provisions, and policies in support of spiritual wellness promotion.

Promoting spiritual wellness in higher education is best accomplished not through top down efforts but rather through the core of our experiences, from the inside out (Chickering et al., 2015). For this reason, CBPR methods aligned well with our efforts. Effective and sustainable community mobilization is supported by recognizing and utilizing community-based resources and strengths and involving multiple sectors and systems from across the community. The CRM provided us with a practical tool that included our community in focused efforts to promote spiritual wellness through the development of the DROP IN CLASS initiative. By using a CBPR approach that required deep understanding of our community's level of readiness to take action on this issue, we were able to ensure that the initiatives, activities, and events were stage-appropriate, matching the community's level of willingness and preparedness to address spiritual wellness. In this way, we maximized our successes and minimized our failures. Developing appropriate strategies to address spiritual wellness on any given college campus is dependent on the campus community's level of CR. Ambitious efforts are not successful when the community is not ready to buy into the effort, likewise, small-scale efforts within a receptive community that is equipped to act will not adequately challenge a community that is ready to move forward and change. It is thus important to recognize that every community has its own unique set of challenges and opportunities.

There are a number of challenges to promoting spiritual wellness on college campuses. Among the most prominent issues of concern that emerged from this study were limitations in individual capacity and readiness among campus community leaders. Community knowledge about spiritual wellness was reported as the lowest increase from pre- to post-assessment. While the initiative successfully enabled campus groups to collectively take action, it did not adequately address the deficit of knowledge on this topic or the lack of individual skills and capabilities among campus leaders. Although advocates were offered needs-based professional development trainings, for various reasons, these trainings and CECE meetings were not well attended by all campus community leaders. Future endeavors might focus on developing policy that promotes regular contemplative practice,

professional development, and spiritual wellness education among all campus community members.

Although both religious and spiritual leaders were included in the CRA and invited to DROP IN CLASS events, the two remained disconnected and generally unaware of each other's efforts. Some community members argued that a state institution, such as ours, should not concern itself with its students' religiousness, arguing that religion did not belong in our academic environment outside of the Department of Religious Studies. It was also our experience that religious leaders, who were located off-campus, shared similar sentiments through meetings, dialogue, and research. Occasionally, subtle power relations across sectors and groups interfered with the initiative progress. Unilateral decisions made within certain advocate groups were misaligned with other advocate groups' efforts. At times, hierarchical structures within the academy created challenges when student advocates, with good proactive intentions, started projects that interfered with the efforts of faculty advocates. In instances like this, a high level of conflict-resolution intervention was required to progress. Future efforts with similar initiatives on other college campuses could potentially avoid these same issues by collaboratively planning action items and responsibilities for each sector within CECE meetings and communicating agreements through email and/or a learning management system. In addition to the CECE meeting, a regularly scheduled initiative partners meeting could be instituted to help remedy this situation by facilitating more continuous and open communication among all partners. Discussion groups, non-probing inquiry, and observations were built into the CECE meetings, initiative sponsored events, and classroom procedures; this ongoing, built-in feedback served to ensure continuous quality improvement over time. Initiative advocates regularly consulted amongst each other, with students, with investigators, and with the CECE to refine strategies.

CECE meetings served as a practical way of identifying opportunities for improvement and growth. Using data to inform efforts helped build credibility and support within the campus community. Welcoming adaptations to initiative activities and being flexible enough to modify initiative strategies helped take this initiative to scale. Implementation of the initiative proved successful in part due to a process of mutual adaptation. Initiative aims and methods were modified to suit the needs and interests of initiative advocates and advocates adapted their methods to meet the initiative's requirements (McLaughlin, 1976).

Conclusion

Ultimately, the campus environment offers a promising venue for wide-scale diffusion of inclusive, flexible, and low-cost approaches to spiritual wellness promotion. Faculty, staff, and students each play a significant and unique role in promoting spiritual wellness. The lessons learned from this study can inform future campus policy, practices, and programs and inspire structural changes that promote health and spiritual wellness in campus communities.

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Melissa Tibbits, PhD, is an Associate Professor in the Health Promotion department at the University of Nebraska Medical Center, College of Public Health. Her research focuses on the development, implementation, and evaluation of initiatives that (a) address the underlying causes of poor health outcomes in childhood and adolescence and (b) enable children and adolescents to reach their full potential. Dr. Tibbits is especially interested in improving child and adolescent health through evidence-informed, multi-sector initiatives that involve a variety of partners, including non-profit organizations, schools, local health departments, and government agencies. In addition to conducting research, she teaches the Life Course Health and Maternal and Child Health Theories and Interventions classes.

Mark Gilbert, PhD, is an artist, teacher and researcher who has worked on a number of high profile art-based research projects using portraiture to illuminate patient and caregiver experience of illness, recovery and care. These studies include *Saving Faces* at The Royal London Hospitals and *Portraits of Care* at the University of Nebraska Medical Center. The resultant exhibitions have been shown widely in venues across Europe and the US, including the National Portrait Gallery, London. In 2014, he was awarded his Ph.D at the University of Nebraska Medical Center. His research focused on the interdisciplinary field of Art and Medicine and recognized that non-discursive methods (e.g. pictures, music, dance, poetry, etc.) can be forms of research. He is currently Research Associate with the Medical Humanities program at Dalhousie University, Nova Scotia, Canada, where he continues to explore the relationship between the arts, humanities and medicine and their application in medical education.

Michele Marie Desmarais, PhD, is a Canadian scholar and poet of Métis, Dakota and European descent. She was the founding director of Medical

Humanities and is the co-founder and director of SPHRS (Spirituality, Public Health, Religious Studies) at the University of Nebraska at Omaha (UNO). Desmarais is the author of the book, *Changing Minds: Mind, Consciousness and Identity in Patanjali's Yoga-sutra and Cognitive Neuroscience* (Motilal Banarsidas), as well as the poetry chapbook *owlmouth* (Finishing Line Press). She is a former editor of the *Journal of Religion and Film*. Desmarais is an Associate Professor in Religious Studies and a member of the Native American Studies faculty at UNO where she teaches courses on Hinduism, Spirituality and Wellness, Mad Studies, Introduction to Medical Humanities, Buddhism, and Indigenous fine arts, cultures and spiritualities in Canada.

Christopher Fisher, PhD, is an Associate Professor working in the areas of Sexual and Public Health. Christopher takes a leading role in research on young peoples' sexual health and wellbeing. A major focus of work is on adolescent sex education and its role in increasing scientifically accurate non-judgmental knowledge, promoting healthy sexual behaviors, and being developmentally appropriate and affirming. His work extends beyond traditional in-school sex education to include the sexual literacy of the general adult population and their ability to provide accurate information to young people. Previous work has looked at the role of youth development professionals in Non-Governmental Organizations (e.g., youth groups) in providing sexual health information. He has conducted population-based research in LGBTIQ health and HIV prevention and care. Christopher uses a diverse range of methods for asking and answering empirical and theoretical questions including a range of statistical analysis techniques, qualitative methods, and CBPR approaches.

Alicia Bower, PhD, is an assistant professor of Psychology at Berklee College of Music in Boston, Massachusetts. Her research utilizes mixed methodology to uncover the various ways in which positive social relationships can encourage positive socioemotional development throughout the lifespan. Her previous work includes publications and presentations on the strategies parents utilize to respond to and encourage their children's spontaneous prosocial behaviors and how parental responses relate to prosociality in the preschool context, as well as the longitudinal relations among adolescent social behaviors, sociometric status among the peer group, and later reports of life-satisfaction in adulthood. More recently, Alicia's work has focused on creating engaging learning environments through the use of play, games, and contemplative strategies in classroom on college campus. Alicia is excited to continue her work incorporating technology to explore the humanities, and to develop materials that challenge and engage individuals in their personal growth.

Daniel J. Shipp, PhD, serves as the University of Nebraska Omaha Vice Chancellor of Student Affairs, Enrollment Management, and Dean of Students. He is a nationally recognized higher education leader and innovator that has been responsible for designing game-changing student educational and success programs, services, and facilities at three distinct institutions. Dan has served as both a project and program consultant to multiple colleges and universities on topics related to educational program design, student success planning, and facility design and operations. He has also taught both undergraduate and graduate level college courses. Shipp also provided leadership to the development of a series of award winning student success initiatives that led to significant gains in overall student retention and degree completion.

Joe Kaminski, formerly the Senior Director for Wellness at University of Nebraska at Omaha (UNO), oversees the Wellness Subdivision under the Division of Student Affairs and Enrollment Management, which includes the areas of Health Services, Counseling and Psychological Services, and Campus Recreation. For 3 years, Joe has served as the Co-Chair of the UNO Wellness Coalition. This group is comprised of students, faculty, and staff charged with addressing current health and wellness issues relevant to the UNO community. For the past 40 years, Joe has been connected to the department of Campus Recreation at UNO which is a major contributor to the eight dimensions of wellness on the UNO campus.

About the Journal

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