

CASE STUDY

Personal Empowerment Program

Hobart and William Smith Colleges

A full program analysis, stakeholder engagement, and clinical redesign — led by two HWS alumnae with deep roots in mental health practice.

CLIENT

Hobart and William Smith
Colleges

COHORT

100+ students, Fall 2025

SCOPE

Site visit · Stakeholder
interviews Curriculum
redesign · Facilitator Manual

BACKGROUND

A program ready to grow.

Hobart and William Smith Colleges' Personal Empowerment Program had been a fixture of campus life for years — a peer-facilitated course with genuine warmth and student investment. It wasn't failing. Students showed up. Facilitators cared. The original founders, who had created the program and remained connected to it, believed in what it could do.

But the program had not been formally revised in roughly five years. It had no Facilitator Manual — facilitators were largely working from instinct and accumulated institutional knowledge. The curriculum had not been connected to a contemporary clinical framework, and there was no measurement infrastructure to track whether students were actually experiencing the outcomes the program intended.

HWS leadership recognized that the program had earned its place on campus — and that it deserved a serious investment. They reached out to two alumnae with long careers in mental health practice: Lex E. Santí, LCSW, founder of A Key Therapy, and Jenna Berman, LCSW, author of *The Self-Regulation Workbook for Kids*. Both had history with the institution. Both brought clinical depth. And both understood that the goal was not to replace what worked — it was to give it the architecture it had always deserved.

THE ENGAGEMENT

Four phases. No assumptions.

The engagement was structured around a principle both consultants brought from their clinical practice: you don't redesign something you haven't first understood. That meant a genuine discovery process before a single word of curriculum was revised.

Phase 1 — Site Visit & Program Immersion

The engagement began with an in-person site visit to HWS. Santí and Berman reviewed existing program materials, observed the campus context in which the program operated, and met with institutional stakeholders to understand what the program was trying to do — and what it had actually been doing in practice.

Phase 2 — Stakeholder Interviews

A structured interview process followed, engaging current and former students who had participated in the program, facilitators who had taught it, faculty and staff with oversight responsibility, and critically, the program's original founders — who remained active and deeply invested in its evolution. These conversations shaped everything that followed. The goal was to understand what participants valued, what they felt was missing, and where the program's potential had not yet been realized.

Phase 3 — Collaborative Redesign

With the discovery complete, the curriculum redesign began — built in ongoing consultation with the original founders, who were treated not as artifacts of the program's past but as essential collaborators in its future. Every major structural decision was made in dialogue with the people who knew the program most intimately. The result was a 12-week curriculum that honored the program's relational DNA while embedding it within a rigorous clinical and theoretical framework.

Phase 4 — Documentation & Handoff

The final phase produced the materials needed for the program to be sustained and scaled without the consultants in the room: a complete Facilitator Manual — the program's first — with session-by-session scripts, timed activity blocks, discussion prompts, clinical rationale, and coaching group protocols. HWS's Institutional Research office was also engaged to design a measurement framework using validated instruments, administered at baseline and post-intervention.

Built to last, designed to be taught.

The redesigned Personal Empowerment Program runs twelve weeks, with each session structured around a core clinical concept, a set of evidence-based skill-building activities, and a peer coaching component that gives students the experience of both giving and receiving structured support.

The curriculum integrates five clinical frameworks — Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Mindfulness-Based Stress Reduction, Polyvagal Theory, and Acceptance and Commitment Therapy — not as sequential modules but as interwoven lenses applied consistently across all twelve weeks. A student encountering the ABC thought chart in Week 5 is building directly on the CBT triangle introduced in Week 1. The urge surfing practice in Week 8 draws on both DBT and the somatic awareness work from Week 7. The framework is cumulative and coherent.

TWELVE-WEEK ARC

| | | |
|--------------------|----------------------------|---|
| Weeks 1–3 | Foundation | Community building, empowerment framing, belief systems, values identification, life balance, mindfulness as a grounding practice |
| Weeks 4–5 | Identity & Hurt | External influence, imposter syndrome, Cycle of Personal Oppression, human hurts, dharma, ABC thought tracking |
| Weeks 6–8 | Regulation | Unhelpful thinking patterns, zones of control, impulse control, somatic regulation, the power of the pause, urge surfing |
| Weeks 9–10 | Relationship | Optimism vs. happiness, emotional perception, co-regulation, assertiveness, communication styles, conflict management |
| Weeks 11–12 | Integration | Forgiveness, growth mindset, gratitude, closure rituals, forward commitments |


THE SOCIAL JUSTICE THREAD

Woven in, not bolted on.

One of the most distinctive features of the redesigned curriculum is the integration of a social justice pedagogical framework — not as a standalone unit, but as a thread running through the entire program. This reflects a core principle that both consultants brought to the work: that individual psychological wellbeing cannot be fully understood in isolation from the social and institutional systems that shape it.

Week 4 introduces the Cycle of Personal Oppression — a model drawn from social justice pedagogy that maps how individuals internalize messages from family, peers, media, and institutions, and how those internalized messages can limit self-belief and perpetuate systemic harm. Students are invited to locate themselves in the cycle, identify where they have absorbed limiting messages, and begin to see where interruption is possible.

This is not political programming. It is literacy — the kind that helps a first-generation college student understand why imposter syndrome feels so specific, or helps a student from a marginalized background recognize that their internal critic did not originate entirely inside them. The bibliography draws on Freire, hooks, Crenshaw, Lorde, and Tatum — alongside Linehan, Kabat-Zinn, Porges, and Dweck. The theoretical foundation is serious and cross-disciplinary.

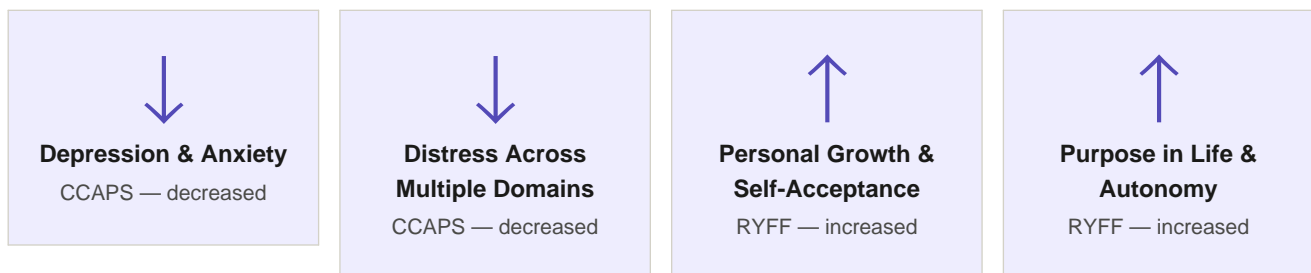


“The goal is not to assign fault. It is to build the kind of understanding that makes genuine empowerment possible — for all students, in all directions.”

What HWS's own data showed.

From the outset, the engagement was designed to be measured. HWS's Institutional Research office administered two validated instruments — the CCAPS (Counseling Center Assessment of Psychological Symptoms), which measures clinical distress across eight domains, and the RYFF Psychological Wellbeing Scale, which measures flourishing across six dimensions — at baseline and post-intervention in the Fall 2025 semester.

Across a cohort of more than 100 students, the results were consistent and positive. Clinical distress measures moved downward across nearly every domain. Wellbeing measures moved upward across nearly every dimension. The program showed particular strength in the areas most central to its design: depression, anxiety, personal growth, self-acceptance, and purpose in life.



Source: HWS Office of Institutional Research, February 2026. Instruments: CCAPS and RYFF Psychological Wellbeing Scale. Trends reflect directional findings across the Fall 2025 cohort; longitudinal measurement across cohorts is ongoing.

WHAT WAS DELIVERED

The full package.

- Complete 12-week curriculum with session-by-session structure, timed activity blocks, coaching group protocols, reflective writing prompts, and mindfulness practices
- First-ever Facilitator Manual for the program — with word-for-word scripts, discussion prompts, clinical rationale, and facilitator guidance for every session
- Theoretical integration across CBT, DBT, MBSR, Polyvagal Theory, ACT, and social justice pedagogy — grounded in a graduate-level bibliography
- Measurement framework designed in partnership with HWS Institutional Research, using validated instruments administered at baseline and post-intervention
- Ongoing consultation with the program's original founders throughout the redesign — preserving institutional memory while building forward

ABOUT THE CONSULTANTS

Lex E. Santí, LCSW

Founder, A Key Therapy LCSW, PLLC

Licensed clinical social worker, doctoral researcher, and founder of A Key Therapy — a mindfulness-based practice in Trumansburg, NY. Santí's proprietary AMI (Acceptance and Motivation Inquiry) framework informs the clinical design of this curriculum. Licensed in NY, DE, and VA.

Jenna Berman, LCSW

Author, clinician, and HWS alumna

Licensed clinical social worker and author of *The Self-Regulation Workbook for Kids* (Ulysses Press, 2021), cited in this curriculum's bibliography. Berman brought both clinical depth and direct knowledge of the HWS community to the engagement.

A Key Therapy LCSW, PLLC · Lex E. Santí, LCSW · www.akeytherapy.co · Trumansburg, NY

Interested in a similar engagement? Reach out to discuss your program.