Compassion-Centered Spiritual Health

Overview Webinar

Maureen Shelton, Director of Education
Spiritual Health at Emory Healthcare

Timothy Harrison, Associate Director for CBCT
Center for Contemplative Science and Compassion-Based Ethics

December 13, 2018
3 pm – 5 pm EDT
CCSH™
Compassion-Centered Spiritual Health

A collaboration between
Spiritual Health at Woodruff Health Sciences Center
and the
Center for Contemplative Science and Compassion-Based Ethics

MISSION
To support spiritual health – individually and collectively – through contemplative practice aimed at strengthening and sustaining compassion rooted in our common humanity.
Webinar Overview

• What is compassion and why do we need it?
• What skills cultivate and support compassion?
• Researched benefits of compassion training
• One method for training compassion (CBCT®)
• Overview of CCSH™ (Compassion-Centered Spiritual Health)
• Next steps
What is compassion?

an affectionate concern, arising from witnessing the distress or difficulties of others, which wishes to see that suffering alleviated
Compassion and love are not mere luxuries. As the source both of inner and external peace, they are fundamental to the continued survival of our species.

There is nothing amazing about being highly educated; there is nothing amazing about being rich. Only when the individual has a warm heart do these attributes become worthwhile.
rumination
anxiety
harsh self-judgment
distraction
prejudice favoritism
empathetic distress
isolation
agitation
stress
Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress

Thaddeus W.W. Pace a, Lobang Tenzin Negi b, Daniel D. Adame c, Steven P. Cole d, Teresa I. Sivilli e, Timothy D. Brown f, Michael J. Issa e, Charles L.

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3 Emory-Tibet Partnership, Department of Reli 4Department of Health, Physical Education &
GA 30322, United States
5 Research Design Associates Inc., 1315 Baptist
6 Emory Collaborative for Contemplative Studi
7Weill Cornell Medical College, 525 East 68th:

Received 13 April 2008; received in revised for

KEYWORDS
Meditation; Compassion; Mindfulness;
Trier social stress test; Cortisol;
Interleukin-6

Summary
stress and emphasis on known abx examined responses in training in (n = 28) for [TSST]). Pi
ments of pl the Profile found for meditation and PDAS times above

Compassion meditation enhances empathic accuracy and related neural activity

Jennifer S. Mascaro,1,2,3 James K. Rilling,1,2,4 Lobang Tenzin Negi,3 and Charles L. Raison6,7
1Department of Anthropology, Emory University, 207 Anthropology Building, 1557 Dickey Drive, Atlanta, GA 30322, 2Department of Psychiatry and
Behavioral Sciences, Emory Neuroscience, Emory University, Drive, Atlanta, GA 30322, 3Emo
5Department of Psychiatry, Univ
7The John and Doris Norton Sc

The ability to accurately infer other social cognitive disorders such as
about the effects of behavioral I longitudinal design to investigate on empathic accuracy. Twenty-on
Mindi in the Eyes Test (RMET), be
ntervention, participants rendered increased neural activity in the IF
base line to the post-intervention as a behavioral intervention for e

Keywords: meditation; compes

INTRODUCTION
A fundamental goal of most compassionate meditations is to promote neural awareness. The sk
nh techniques to specifically promote compassion as a behavioral guide for
people.

While little is known regarding the effects of mindfulness meditation on com

Effects of mindful-attention and compassion meditation training on amygdala response to emotional stimuli in an ordinary, non-meditative state

Authors: Gaëlle Desbordes8,1,2, Lobang Tenzin Negi3, Thaddeus W. W. Pace3, B. Alan Wallace4, Charles L. Raison5, Eric L. Schwartz2

Institutions: 1Massachusetts General Hospital, 2Boston University, 3Emory University, 4Santa Barbara Institute for Consciousness Studies, 5University of Arizona

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Engagement with Cognitively-Based Compassion Training is associated with reduced salivary C-reactive protein from before to after training in foster care program adolescents

Thaddeus W. W. Pace, Lobang Tenzin Negi, Brooke Dodson-Lavelle, Brendan Ozawa-de Silva, Sheelah D. Reddy, Steven P. Cole, Andrea Danese, Linda W. Craighead, Charles L. Raison

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Cognitive-Based Compassion Training: A Promising Preve Strategy for At-Risk Adolescents


Compassion Meditation for Veterans with Posttraumatic Stress Disorder (PTSD): a Nonrandomized Study

Ariel J. Lang, Poliya Raquel Good, Michael

Abstract
Compassion meditation (CM) is a practice that focuses on the well-being of the self and others. This study investigated the effects of compassion training on veterans with PTSD. Veterans were randomized to either a compassion training group or a control group. Results showed that the compassion training group had significantly better outcomes than the control group, including reduced symptoms of PTSD.
50% of new teachers leave the profession within their first 5 years.
- National Commission on Teaching and America’s Future
10% - 35% of first year teachers leave the profession after just 1 year.
- National Center for Education Statistics, 2015

96.2% of CREATE teacher residents remain in teaching, based on data from the first three years of program implementation.

CREATE: Collaboration and Reflection to Enhance Atlanta Teacher Effectiveness is a federally-funded research program for training new teachers in the Atlanta Public Schools using CBCT and other support measures.
The part of CBCT that was most impactful for me was realizing that kindness toward myself and kindness toward those around me can come from the same place.

Emory medical student
October 2018
CBCT in Healthcare Environments

Meditation buffers medical student compassion from depression

Jennifer Charles
Department of Neurology, University of Arizona, USA

Feasibility of Cognitively-Based Compassion Training for breast cancer survivors: a randomized, pilot study

Sally E. Dodds¹ · Thaddeus W.W. Pace² · Melanie L. Bell³ · Mallorie Fiero³ · Lobang Negi

Cognitively-Based Compassion Training (CBCT) in Breast Cancer Survivors: Randomized Clinical Trial Study

Edgar Gonzalez-Hernandez, PhD¹, Rocio Romero, Diana Burichka, MPsy², Rebecca Diego-Pedro, PhD¹, Lobang Tenzin Negi, PhD³, and Ausias Cebolla, PhD³

Introduction

- Persons living with HIV (PLHIV) bear a significant psychological stress burden.
- In PLHIV, psychological stress has been associated with poor health-related quality of life and disease progression.
- Interventions are needed to enhance well-being better.

Methods

Participants

- Participants were PLHIV (n = 101).
- All participants were randomized to CBCT or waitlist.

Results

CBCT® combines complementary training approaches to strengthen and sustain a sense of caring and compassion toward self and others. Drawn from ancient Indic-Tibetan traditions, CBCT’s skills-based approach includes:

1. Present-moment practices to promote emotional awareness and resilience.
2. Examples of mindfulness exercises for identifying and retaining cognitive distortions.
3. Visualization practices to foster and sustain prosocial affect.

Background

Healthy relationships correlate with positive mental health and social integration. In the context of HIV, effective interventions are vital.

Cognitively-Based Compassion Training (CBCT) is a program designed to enhance compassion, mindfulness, and self-compassion.

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CBCT in Healthcare Environments

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CBCT Progressive Practices

FOUNDATION: Resting in a Moment of Nurturance

I. Attentional Stability and Clarity
II. Insight into Nature of Mental Experience
III. Self-compassion / Self-care
IV. Cultivating Impartiality
V. Appreciation and Affection for Others
VI. Empathetic Concern & Engaged Compassion
Cognitively-Based Compassion Training: a technique for cultivating compassion

• Developed as a protocol in 2005 for research at Emory University by Prof. Lobsang Tenzin Negi, PhD, former monk and Director of the Emory-Tibet Partnership.

• Drawn from the *lo jong* (“mind training”) traditions of Tibetan Buddhism, and combined with insights from contemporary emotion science and neuroscience.

• Secularized so that the practices are available to individuals of any – or no - faith tradition.
The Zone of Wellbeing (ZOW)

**resiliency**

the ability to recover readily from illness, depression, adversity, or the like; buoyancy

Elaine Miller-Karas

*Building Resilience to Trauma*
Understanding Resilience

Zone of Wellbeing

Concept by Elaine Miller-Karas of the Trauma Resource Institute
Understanding Resilience

ZONE OF WELLBEING

traumatic / stressful events or triggers

stuck in high zone
Pain   Edgy   Irritable Mania
Anxiety   Panic   Angry outbursts

stuck in low zone
Depression   Sadness   Isolated
Exhaustion   Fatigue   Numbness

Graphic adapted from an original graphic of Peter Levine/Heller, original slide design by Genie Everett, concept by Elaine Miller-Karas, Trauma Resource Institute.
Awareness is the first practical ethical action available to us. To do something effectively and ethically we need to be our best selves in order to be able to handle the suffering.

Thich Nhat Hanh
Good Citizens
• Accept the reality that outcomes are not 100% in my control because of many factors and circumstances
• Distinguish inevitable difficulties of life from the distress I experience in reaction to them
• Embrace my limitations and vulnerabilities with kindness and acceptance
Identification is the primary portal of empathy.

Frans de Waal, PhD
Primatologist / Philosopher
Emory University
The Age of Empathy
MODULE V
Gratitude and Affection

MODULE VI
Empathetic Concern & Engaged Compassion

warm-heartedness + awareness of suffering

the two conditions necessary for compassion
**CCSH™**

Compassion-Centered Spiritual Health

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George Grant, PhD
Executive Director

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EMORY UNIVERSITY
Why Compassion-Centered Spiritual Health?

• Offers a consistent, systematic way to understand and deepen skills for navigating the varied emotional and behavioral responses required of spiritual healthcare practitioners.

• Fosters resilience in the face of suffering of self and others.

• Cultivates perspective-taking skills to enhance cultural competence.

• Contributes to the institution-wide conversation about and encouragement of a culture of compassion.

• Provide research-based, efficient and effective bedside interventions drawn from CBCT®.

• Aligns with competencies and the Action-Reflection-Action learning model of ACPE CPE and Spiritual Health.
**Compassion-Centered Spiritual Health (CCSH)**

An Emory University collaborative program between Spiritual Health of the Woodruff Health Sciences Center and the Center for Contemplative Science and Compassion-Based Ethics

### INSTITUTIONAL PARTNERS
- all spiritual health clinicians trained with CBCT Foundation Course
- minimum percent of spiritual health clinicians trained in CCSH Interventions
- minimum two (2) staff certified as CCSH
- written agreement between Emory University/CCSH and institution
- support and quality/fidelity review, research and program updates
- scaled annual fee
- Registered Teachers after 2 years (1 per year)
- On-site course participants receive Continuing Education Credits through Emory University

### CBCT® FOUNDATION COURSE
- Teaches principals and practices for self
- At Emory or on site, & possibly partially self-guided on line, 16-20 hours
- Understand principles and develop practice
- One-time fee

### CCSH™ INTERVENTIONS
- Research-based bedside interventions are based on core CBCT skills and competencies
- Emory-based training (unless at accredited institutional partner)
- Clinical certification with evaluative component (portfolio or paper and oral examination), 12 hours + assessment
- One-time fee plus dues and ongoing support for quality/fidelity/research updates
- Prerequisite: Have completed or be enrolled in an ACPE education program

### CBCT® FOUNDATION COURSE
- On site and/or with online or self-guided components
- “Exposure” to principles and practice
- One-time fee

### PERSONAL INTEGRATION INTO PROFESSIONAL PRACTICE
- Personal integration into professional practice.
- Plus:
  - CCSH Interventions: Delivery of CCSH assessments and interventions to:
    - patients / staff
    - congregants / clients

**Teaching CBCT® and Training in CCSH Interventions for:**
- Residents, Staff, CECs, Certified Educators

**Teaching CBCT® to:**
- Healthcare Institution Faculty and Staff

**CCBT®:** Personal integration into professional practice.

**Interventions:** Delivery of CCSH assessments and interventions to:
- patients / staff
- congregants / clients

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**Spiritual Health Professions Alignment**

- ACPE
- AAPC
- Association of Professional Chaplains
- Canadian Association for Spiritual Care/Association canadienne de soins spirituels
- Neshama: Association of Jewish Chaplains
- National Association of Catholic Chaplains

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**CCSH™ REGISTERED TEACHER**
- Emory-based training, application required
- Includes Emory CBCT® Instructor Certification, plus certification to teach CCSH™ Interventions, 180 hours (across minimum of 6 months)
- Prerequisite: Spiritual Health professional certification (or be in process)
- Cost: Training fees, plus travel expenses to Emory if needed

**Ministerial Continuing Education (professional)**
- ACPE
- AAPC
- Association of Professional Chaplains
- Canadian Association for Spiritual Care/Association canadienne de soins spirituels
- Neshama: Association of Jewish Chaplains
- National Association of Catholic Chaplains
Next Steps

Individuals

1. Dates for upcoming CBCT course
   a. March 8 – 10, 2019 at Drepung Loseling Monastery, Inc.
   b. May 23 – 26, 2019 at Monastery of the Holy Spirit
   c. February of 2020 at Monastery of the Holy Spirit, Conyers, GA
   d. Intervention training - fall 2019

2. Join future webinars (i.e., intervention overview, etc)

Institutions

1. Host a lecture, workshop, or full class
2. Send 2 or more staff for Teacher certification
3. Recruit local research partners
THANK YOU!

Comments and questions?

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