



**CCSH**™

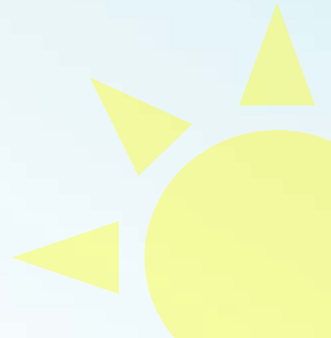
# Compassion-Centered Spiritual Health

## *Overview Webinar*

**Maureen Shelton, Director of Education**  
Spiritual Health at Emory Healthcare

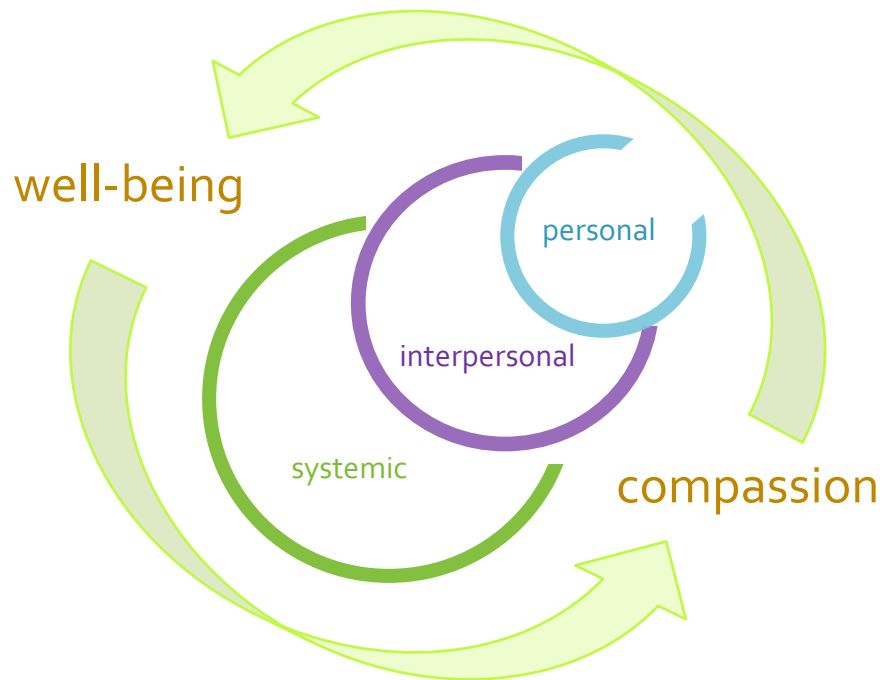
**Timothy Harrison, Associate Director for CBCT**  
Center for Contemplative Science and Compassion-Based Ethics

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



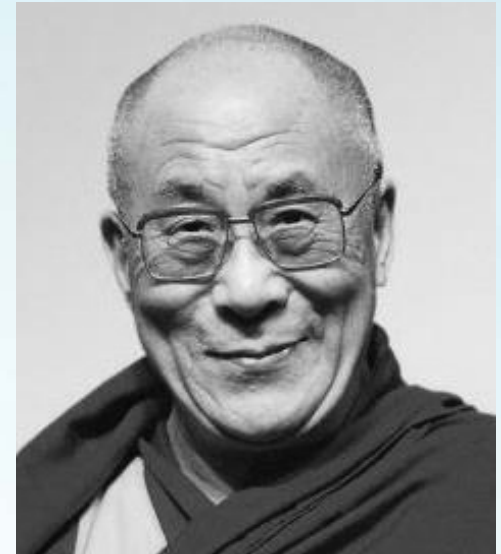
# What is compassion?

an affectionate concern, arising from witnessing the distress or difficulties of others, which wishes to see that suffering alleviated

# Origins of CBCT

*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.*



His Holiness the Dalai Lama  
*Ethics for a New Millenium*

**rumination**  
**anxiety**

**empathetic**  
**distress**

**harsh self-**  
**judgment**

**isolation**

**distraction**

**prejudice**  
**favoritism**

**agitation**  
**stress**

I.

calm presence

III.

self-compassion

II.

mental flexibility

IV.

inclusivity

FOUNDATIONAL  
PRACTICE

remembered nurturance

V.

gratitude  
affection

VI.

empathetic concern



# Early CBCT Research

## Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress

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

Social Cognitive and Affective Neuroscience Advance Access published September 29, 2012

<sup>a</sup> Department of Psychiatry and Behavioral Sciences, 1365C Clifton Road, Atlanta, GA 30322, United States  
<sup>b</sup> Emory-Tibet Partnership, Department of Religion, Emory University, Atlanta, GA 30322, United States  
<sup>c</sup> Department of Health, Physical Education & Recreation, Emory University, Atlanta, GA 30322, United States  
<sup>d</sup> Research Design Associates Inc., 1315 Baptist Road, Atlanta, GA 30322, United States  
<sup>e</sup> Emory Collaborative for Contemplative Studies, Emory University, Atlanta, GA 30322, United States  
<sup>f</sup> Weill Cornell Medical College, 525 East 68th St, New York, NY 10021, United States

doi:10.1093/scn/nss095

SCAN (2012) 1 of 8

## Compassion meditation enhances empathic accuracy and related neural activity

Jennifer S. Mascaro,<sup>1,2,3</sup> James K. Rilling,<sup>1,2,3,4</sup> Lobsang Tenzin Negi,<sup>5</sup> and Charles L. Raison<sup>6,7</sup>

<sup>1</sup>Department of Anthropology, Emory University, 207 Anthropology Building, 1557 Dickey Drive, Atlanta, GA 30322, <sup>2</sup>Department of Psychiatry and Behavioral Sciences, Emory University, Neuroscience, Emory University, 1365C Clifton Road, Atlanta, GA 30322, <sup>3</sup>Emory University, Department of Psychology, 1101 Woodruff Circle, Atlanta, GA 30322, <sup>4</sup>Department of Psychiatry, University of Michigan, 421 Tappan Street, Ann Arbor, MI 48106, <sup>5</sup>The John and Doris Norton School of Family and Consumer Sciences, 1000 University Drive, Knoxville, TN 37996, <sup>6</sup>Department of Psychiatry, Emory University, 1365C Clifton Road, Atlanta, GA 30322, <sup>7</sup>The John and Doris Norton School of Family and Consumer Sciences, 1000 University Drive, Knoxville, TN 37996

**The ability to accurately infer other people's social cognitive disorders such as autism spectrum disorders is a key component of social functioning. This study used a longitudinal design to investigate the effects of compassion meditation on empathic accuracy. Twenty-eight participants completed the Mind in the Eyes Test (RMET), a test of social cognition, before and after a 6-week intervention of compassion meditation. Results showed that participants who practiced compassion meditation showed increased neural activity in the amygdala and related regions compared to baseline. These findings suggest that compassion meditation may be a behavioral intervention for improving social cognitive skills.**

**Keywords:** meditation; compassion; empathic accuracy; amygdala; neural activity

### INTRODUCTION

A fundamental goal of most major world religions is to cultivate a more compassionate and empathic nature (Lama, 1995; Wallace, 2001). In Buddhism, compassion is considered to be a key component of the path to enlightenment. Buddhist mind training (in Tibetan Buddhism) includes techniques to specifically promote empathy and compassion for others as initial steps toward enlightenment for all people.

While little is known regarding the effects of compassion meditation on empathic behavior in

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

**Authors:** Gaëlle Desbordes<sup>\*1,2</sup>, Lobsang Tenzin Negi<sup>3</sup>,

Thaddeus W. W. Pace<sup>3</sup>, B. Alan Wallace<sup>4</sup>, Charles L. Raison<sup>5</sup>, Eric L. Schwartz<sup>2</sup>

**Institutions:** <sup>1</sup>Massachusetts General Hospital, <sup>2</sup>Boston University, <sup>3</sup>Emory University,

<sup>4</sup>Santa Barbara Institute for Consciousness Studies, <sup>5</sup>University of Arizona

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### KEYWORDS

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

**Summary**  
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and POMS  
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\* Corresponding author at: Mind-Body Program, 1365C Clifton Road, Room 5004, Atlanta, GA 30322. E-mail address: craison@emory.edu (C.L. Raison)

0306-4530/\$ – see front matter © 2008 Elsevier  
doi:10.1016/j.psyneuen.2008.08.011



# CBCT with At-Risk Populations

## 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<sup>a</sup>, Lobsang Tenzin Negi<sup>b</sup>, Brooke Dodson-Lavelle<sup>b</sup>, Brendan Ozawa-de Silva<sup>b</sup>, Sheethal D. Reddy<sup>c</sup>, Steven P. Cole<sup>d</sup>, Andrea Danese<sup>e</sup>, Linda W. Craighead<sup>f</sup>, Charles L. Raison<sup>g,h,\*</sup>

<sup>a</sup> Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Winship Cancer Center, Atlanta, GA 30322, United States

<sup>b</sup> Emory-Tul  
<sup>c</sup> Department  
<sup>d</sup> Research I  
<sup>e</sup> MRC Social Psychiatry,  
<sup>f</sup> Department  
<sup>g</sup> Department  
<sup>h</sup> Norton School

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

Sheethal D. Reddy · Lobsang Tenzin Negi · Brooke Dodson-Lavelle · Brendan Ozawa-de Silva · Thaddeus W. W. Pace · Steve P. Cole · Charles L. Raison · Linda W. Craighead

Received 12/1/16

**KEYWORDS**  
Inflammation  
Early life  
CRP  
Compassion  
Foster care  
Saliva

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**Abstract**  
Due to the high prevalence of mental health problems in foster care youth, it is important to develop effective interventions that can be implemented in the community. This study examined the effects of a brief, manualized, group-based compassion training (CBCT) program on salivary C-reactive protein (CRP) levels in foster care youth.

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

Ariel J. Lang<sup>1,2</sup> · Pollyanna Casmar<sup>4</sup> · Raquel Good<sup>7,8</sup> · Michael J. ...

© US Government (outside the US)

### Abstract

Compassion meditation (CM) is a form of Buddhist practice that involves cultivating a sense of compassion toward self and others. A recent national survey shows that 40% of patients with PTSD used a complementary and alternative medicine approach in the past year, with meditation being one of the most commonly used approaches. Meditation is acceptable to veterans with PTSD. Compassion meditation (CM) is a meditative practice that focuses on the wish that the self and others be free of suffering. CM has been associated with increases in positive emotion and social connectedness in non-clinical samples. CM has never been evaluated in relation to PTSD symptoms in veterans.



## A Pilot Study of Compassion Meditation for PTSD

Anne Malakris<sup>1,2</sup>, Selena Baca<sup>3</sup>, Pollyanna Casmar<sup>4</sup>, Shahrokh Golshan<sup>2,4</sup>, Timothy Harrison<sup>5</sup>, Lobsang Negi<sup>6</sup>, and Ariel J. Lang<sup>1,2</sup>

<sup>1</sup>VA San Diego Center of Excellence for Stress and Mental Health, <sup>2</sup>University of California San Diego Department of Psychiatry, <sup>3</sup>Veterans Medical Research Foundation, <sup>4</sup>VA San Diego Healthcare System, <sup>5</sup>Emory University

Funding source: National Center of Complementary and Integrative Health Grant #1R34AT007596-01A1 awarded to Dr. Lang

Introduction	Method	Results
<p><b>Additional approaches for reducing posttraumatic stress disorder (PTSD) symptoms are needed because no single intervention is universally effective, acceptable and/or feasible</b> Schotterbauer et al., 2008; Steenkamp et al., 2015</p> <p><b>A recent national survey shows that 40% of patients with PTSD used a complementary and alternative medicine approach in the past year, with meditation being one of the most commonly used approaches</b> Libby, Pilver, &amp; Desai, 2012</p> <p><b>Meditation is acceptable to veterans with PTSD</b> Lang et al., 2012</p> <p><b>Compassion meditation (CM) is a meditative practice that focuses on the wish that the self and others be free of suffering</b> Lang et al., 2012</p> <p><b>CM has been associated with increases in positive emotion and social connectedness in non-clinical samples</b> Engstrom &amp; Soderfeldt, 2010; Mescaro et al., 2013</p> <p><b>CM has never been evaluated in relation to PTSD symptoms in veterans</b></p>	<p><b>Measures</b></p> <p>–Primary Clinical Outcome Measure:</p> <ul style="list-style-type: none"> <li>• Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) Weathers et al., 2013</li> </ul> <p>–Secondary Outcome Measures:</p> <ul style="list-style-type: none"> <li>• PTSD Checklist (PCL-5) Weathers et al., 2013</li> <li>• Patient Health Questionnaire, depression items (PHQ-9) Spitzer, Kroenke, &amp; Williams, 1999</li> <li>• Brief Symptom Inventory (BSI) Derogatis, 1983</li> <li>• Sheehan Disability Scale (SDS) Sheehan, Hammett-Sheehan, &amp; Raj, 1996</li> <li>• State-Trait Anger Expression Inventory (STAXI-2) Spielberger, 1999</li> </ul> <p><b>Procedures:</b></p> <p>–Baseline evaluation for eligibility and pre-intervention assessment</p> <p>–Randomized to one of two conditions (Ten 90-minute group training sessions with at home practice)</p> <ul style="list-style-type: none"> <li>• Compassion Meditation training (CM): veterans version of Cognitively Based Compassion Training (CBCT-Vet)</li> <li>• Veteran calm (VC): enhanced relaxation intervention</li> </ul>	<p><b>Analyses of Secondary Outcome Measures</b></p> <p>• Repeated measures ANOVA to compare pre- and post measures of anxiety (BSI-ANX), depressive symptoms (BSI-DEP), anger expression (STAXI-AXI), and disability (SDS) by group</p> <ul style="list-style-type: none"> <li>• There were no significant changes in general anxiety over time (<math>F(1, 21)=2.10, p=.16, \eta_p^2=.09</math>) or across time by group (<math>F(1, 19)=1.02, p=.32, \eta_p^2=.05</math>)</li> <li>• Participants showed significant overall reductions in depressive symptoms over time (<math>F(1, 21)=10.40, p=.004, \eta_p^2=.33</math>); this improvement was not significantly different by group (<math>F(1, 21)=1.0, p=.33, \eta_p^2=.05</math>)</li> <li>• Participants showed significant overall reductions in disability over time (<math>F(1, 19)=4.23, p=.05, \eta_p^2=.18</math>); this improvement was not significantly different by group (<math>F(1, 19)=.01, p=.91, \eta_p^2=.001</math>)</li> <li>• Participants showed significant overall reductions in expressions of anger over time (<math>F(1, 21)=6.05, p=.02, \eta_p^2=.22</math>); there was a trend towards a greater reduction in expressions of anger in the CM vs. VC group (<math>F(1, 21)=3.74, p=.07, \eta_p^2=.15</math>)</li> </ul> <p>Estimated Marginal Means of BSI-ANX</p> <p>Estimated Marginal Means of BSI-DEP</p>



Suicide and Life-Threatening Behavior  
© 2017 The American Association of Suicidology  
DOI: 10.1111/sltb.12347

## Compassion-Based Meditation in African Americans: Self-Criticism Mediates Changes in Depression

Journal of Clinical Psychology in Medical Settings  
https://doi.org/10.1007/s10880-018-9548-9

## Shame and Depressive Symptoms: Self-compassion and Contingent Self-worth as Mediators?

VETERANS WITH PTSD

## Compassion training for emotional distress among veterans with PTSD



S. D. Reddy  
Health4  
GA, US  
  
L. T. Negi  
Department  
  
T. W. W.

# CBCT with Educators

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.



## K-12 educator programs

- Atlanta Public Schools (Georgia)
- Woodward Academy (Atlanta)
- Paideia School (Atlanta)
- Peoria Public Schools (Illinois)
- UNAM Prepas Ocho (Mexico City)

# CBCT for Healthcare Professionals

**Albert Einstein  
Hospital**  
*Sao Paulo, Brazil*



**Emory School  
of Medicine**



**University of Illinois  
College of Medicine Peoria**

*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



**Cambridge Health Alliance  
and  
The Cleveland Clinic**



**Emory  
Continuing  
Nursing  
Education**

# CBCT in Healthcare Environments

THE JOURNAL OF POSITIVE PSYCHOLOGY, 2016  
 http://dx.doi.org/10.1080/17439760.2016.1233348



## Meditation buffers medical student compassion from depression

Jennifer Charles

Department of Neuroscience  
 Department of Medicine

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

Sally E. Dodds<sup>1</sup> · Thaddeus W.W. Pace<sup>2</sup> · Melanie L. Bell<sup>3</sup> · Mallorie Fiero<sup>3</sup> · Lobsang

Received: 2  
 © Springer

**Abstract**  
 Purpose: The purpose of this study was to evaluate the feasibility of a 6-week CBCT intervention for breast cancer survivors. The study included a randomized controlled trial and a follow-up study.

## Introduction

An irony and correlation between depression and compassion erosion.

Abstract  
 Context: Breast cancer (BC) requires a significant psychological adaptation. Evidence of how compassion training enhances psychological and physical well-being is limited. The purpose of this study was to evaluate the feasibility of a 6-week CBCT intervention for breast cancer survivors. The study included a randomized controlled trial and a follow-up study.

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

Edgar Gonzalez-Hernandez, PhD<sup>1</sup>, Rocio Romero, Diana Burichka, MPsych<sup>1</sup>, Rebeca Diego-Pedro, PhD<sup>1</sup>, Lobsang Tenzin Negi, PhD<sup>5</sup>, and Ausiàs Cebolla, PhD<sup>1</sup>

### Abstract

**Context.** Breast cancer (BC) requires a significant psychological adaptation. Evidence of how compassion training enhances psychological and physical well-being is limited. The purpose of this study was to evaluate the feasibility of a 6-week CBCT intervention for breast cancer survivors. The study included a randomized controlled trial and a follow-up study. **Methods.** A randomized controlled trial (RCT) was conducted with 56 breast cancer survivors (n = 56) who were randomly assigned to CBCT (n = 28) or a treatment-as-usual (TAU) group (n = 28). The intervention and 6-month follow-up measures took place to evaluate health-related quality of life, psychological stress, coping strategies, and triggering cognitions; self-compassion, and compassion domains and mindfulness practices. **Results.** Accrual of eligible participants was 16%. Attendance to CBCT sessions was high and practice off sessions occurred in diminishing stress caused by FCR, fostering self-kindness and common human qualities, and acting with awareness skillsets. **Conclusion.** CBCT is a potentially useful intervention to diminish stress caused by FCR and enhance self-compassion, mindful observation, and acting with awareness skillsets. Nevertheless, a process of deeper cultural adaptation is required.

EMORY UNIVERSITY  
Center for AIDS Research

Routledge  
Taylor & Francis Group

CBCT  
Compassion Training

### Cognitively-Based Compassion Training to Enhance Psychological Well-Being in Persons Living with HIV

Mehul N. Tejani, MD, MPH<sup>1</sup>, Eugene W. Farber, PhD<sup>1</sup>, Thaddeus Pace, PhD<sup>2</sup>, C. Christina Mehta, PhD, MSPH<sup>1</sup>, Timothy Harrison, MA<sup>1</sup>, Lobsang Negi, PhD<sup>1</sup>, Vincent C. Marconi, MD<sup>1</sup>  
<sup>1</sup>Emory University, <sup>2</sup>University of Arizona

Introduction		CBCT®		Results	
<ul style="list-style-type: none"> <li>Persons living with HIV (PLHIV) bear a significant psychological stress burden.</li> <li>In PLHIV, psychological stress has been associated with poor health-related quality of life and disease progression.</li> <li>Interventions are needed to enhance well-being.</li> <li>We performed a pilot randomized controlled trial to evaluate if engagement in CBCT® (Cognitively-Based Compassion Training) promotes increased psychological well-being.</li> </ul>		CBCT® combines complementary training approaches to strengthen and sustain a sense of caring and compassion toward self and others. Drawn from ancient Indo-Tibetan traditions, CBCT's skills-based approach includes: <ol style="list-style-type: none"> <li>Present-moment practices to promote emotional awareness and resilience</li> <li>Sequential analytical exercises for identifying and reframing cognitive distortions</li> <li>Visualization practices to foster and sustain prosocial affect.</li> </ol>		<ul style="list-style-type: none"> <li>GWB score – range of 0-110 with higher scores signifying less distress</li> <li>ICQ, Acceptance Score – range of 6-24, with higher scores indicating increased HIV disease acceptance</li> </ul>	
Self-reported Scale	Measurement	Control	Intervention	P-value	
GWB score	Median (Q1, Q3) 75.5 (66, 85)	70 (53, 89)	+10 (1, 18)	0.023	
ICQ, Acceptance	Median (Q1, Q3) 19 (14, 22)	19 (15, 21)	+3 (1, 9)	0.041	

## The effects of a cognitively-based compassion training on health and social interaction in depressed patients and their partners

Corina Aguilar-Raab, Marc N. Jarczok & Beate Ditzen  
 Institute of Medical Psychology, Center for Psychosocial Medicine, Heidelberg University,  
 Bergheimer Strasse 20, D-69120 Heidelberg

### Background

Healthy relationships and corresponding pro-social interactions are foundational for individual and societal well-being. Positive social interactions not only have a significant influence on health and survival rates of individuals (Holt-Lunsted, Smith & Layton, 2010) but are shown to act as powerful catalysts for the reduction of psychological stress-systems (Ditzen & Heinrichs, 2014).

Affective disorders – predominantly Major Depression (MD) – rank among the furthest widespread psychological disorders with a life time prevalence between 8% - 12% worldwide indicating their relevance not only for health policy (Kessler & Bromet, 2013). Unfortunately, chronically depressed patients seem constrained in their ability to benefit from positive social interactions (Beach et al., 1998).

Above the usual diagnosis criteria and besides cognitive and attention biases depressed patients interestingly show impairments in social interactional and communication skills (Dinger et al., 2015), such as limitations in perspective taking, empathy (Cusi et al., 2011; Derriti et al., 2012; Schreier et al., 2013) and emotion recognition (Demenescu et al., 2010).

The proposed research investigates the extent to which a cognitively-based

### Instructed Positive Social Interaction (IPSI)

Depressed patients and their romantic partners choose a positive couple topic from a standardized list and discuss this and remain on other topics from the list during 10 minutes in laboratory (pre, post, see Figure 2).

### Cognitively-Based Compassion Training (CBCT)

(a program of Emory University): CBCT (Ozawa-de Silva & Negi, 2013) as a secular approach established as a structured protocol consisting of a ten week training program with a two hour group session weekly and daily home practice based on recorded guided meditations. It focuses on six essential key parts for development of compassion.

This group training have been modified and supplemented with complementary therapeutic methods. In order to understand the complex effects of compassion enhancement on depressed patients taking part in this 10-week CBCT in comparison to their undergoing treatment as usual (TAU), patients & their partners are randomly assigned to either the treatment or the TAU condition.

# CBCET in Healthcare Environments

## CCSH - Compassion-Centered Spiritual Health



A collaboration between  
**Spiritual Health at Emory Healthcare**  
and the  
**Center for Contemplative Science  
and Compassion-Based Ethics**



# CBCT Progressive Practices

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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**

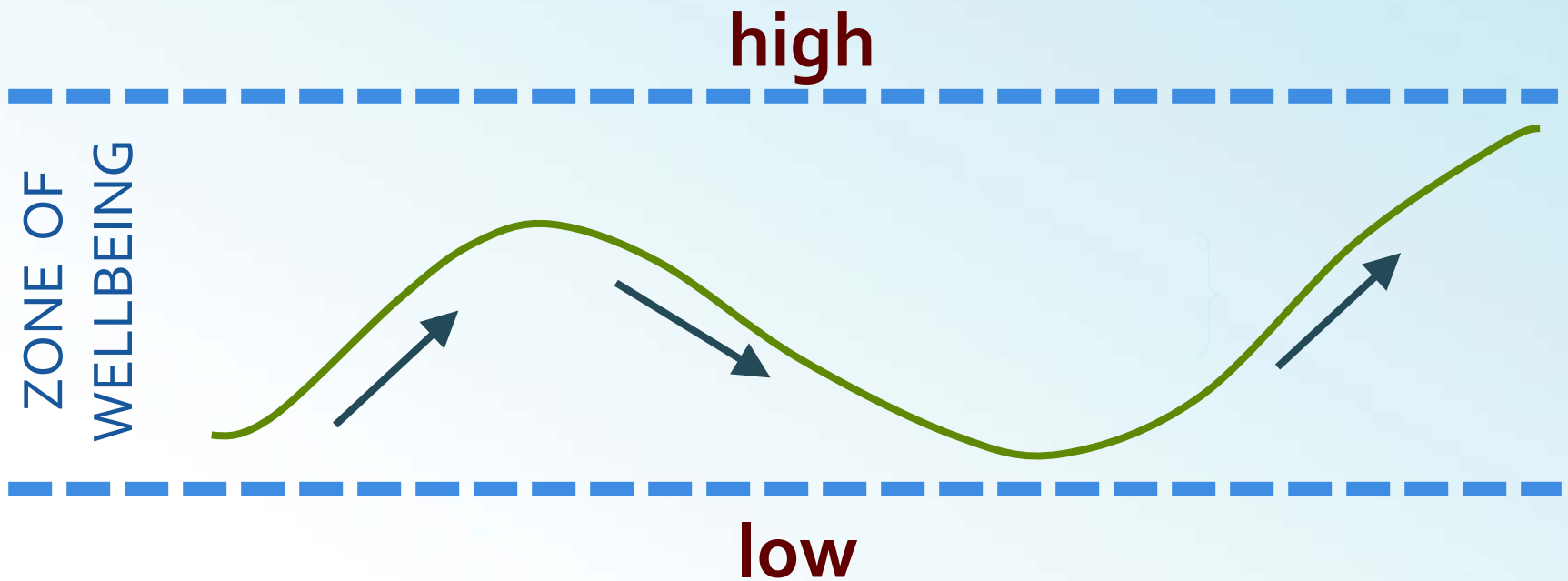
*the ability to recover readily from illness, depression, adversity, or the like; buoyancy*

Elaine Miller-Karas  
*Building Resilience to Trauma*





# Understanding Resilience

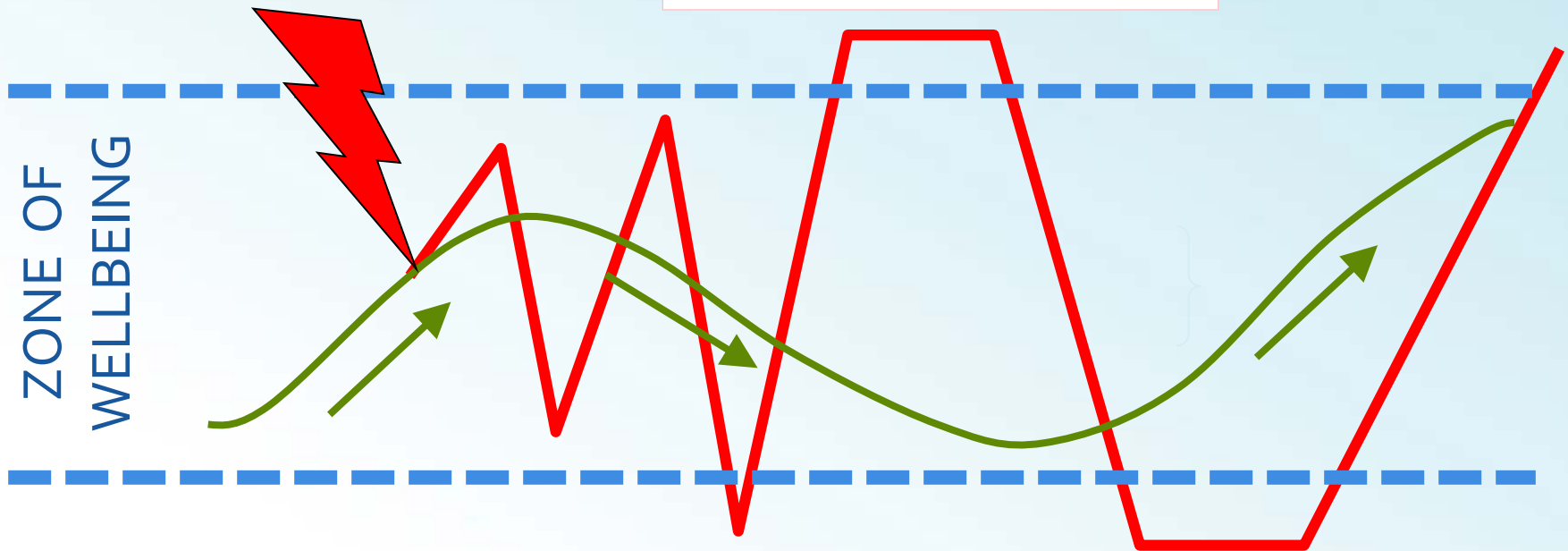


# Understanding Resilience

**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.

## MODULE I

# Attentional Stability and Clarity

**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*



# Self-compassion

## Core Skills

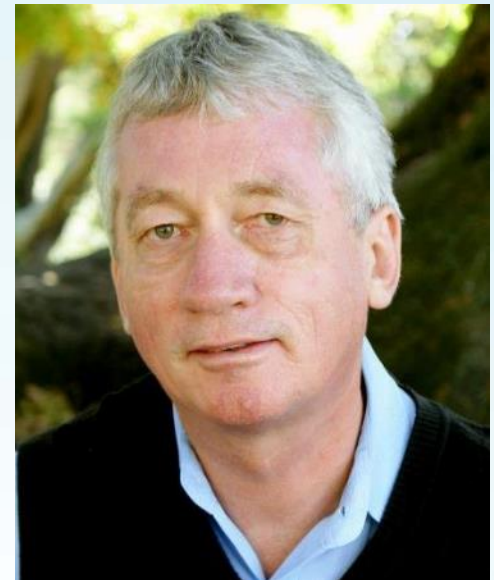
- Accept the reality that outcomes are not 100% in my control because of many factors and circumstances
- Distinguish inevitable difficulties of life from the distress I experience in reaction to them
- Embrace my limitations and vulnerabilities with kindness and acceptance

## MODULE IV

# Cultivating Impartiality

*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

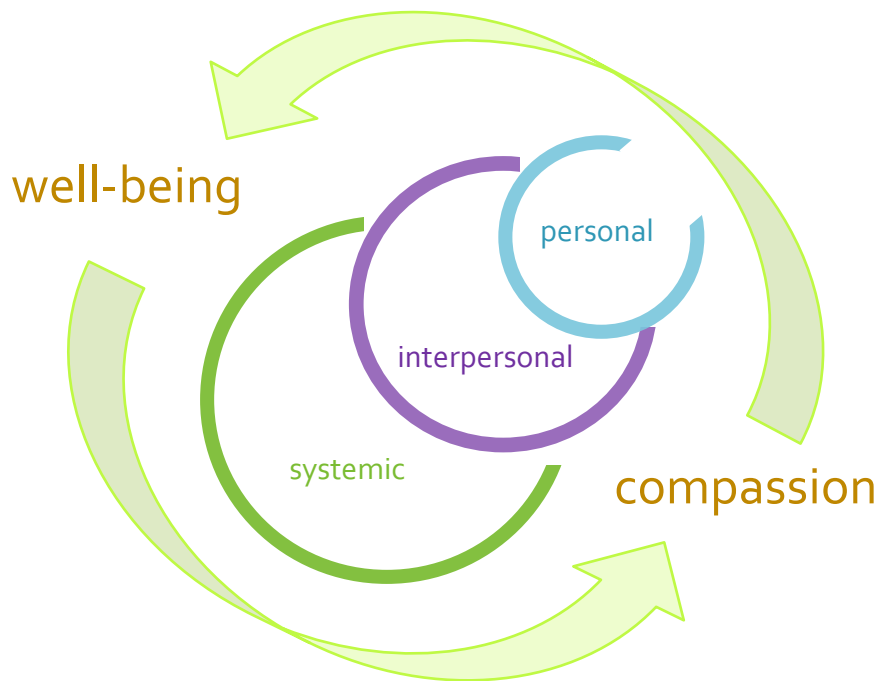
# Empathetic Concern & Engaged Compassion



*the two conditions necessary for compassion*

**CCSH™**

*Compassion-Centered Spiritual Health*



*A collaboration between*

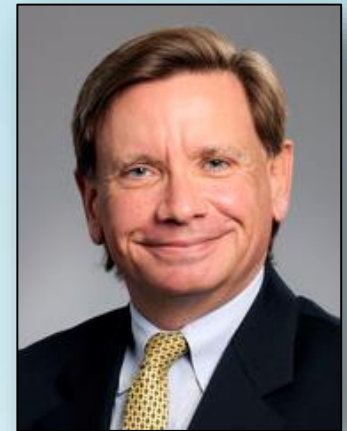
**Spiritual Health at Woodruff Health Sciences Center**

*and the*

**Center for Contemplative Science and  
Compassion-Based Ethics**



EMORY UNIVERSITY



**George Grant, PhD**  
**Executive Director**

**MISSION**

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

**CCSH™**

# 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<sup>®</sup>.
- 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

Research partners

- OVERVIEW OF CCSH™ (1-2 hrs)
- INTRODUCTION TO CCSH™ WORKSHOP (3-4 hrs)

**Institutions** (Spiritual Health Departments)

**Individuals** (Spiritual Health Clinicians)

**Individuals** (clergy)

**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

**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

**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

**Ministerial Continuing Education** (professional)

**CBCT® FOUNDATION COURSE**

- On site and/or with online or self-guided components
- "Exposure" to principles and practice
- One-time fee

↓ Teaching CBCT® and Training in CCSH Interventions for:

**Residents, Staff, CECs, Certified Educators**

↓  
**patients / staff**

↓ Teaching CBCT® to:

**Healthcare Institution Faculty and Staff**

*CBCT®: Personal integration into professional practice*  
*Interventions: Delivery of CCSH assessments and interventions*

↓ *CBCT: Personal integration into professional practice.*  
*Plus: CCSH Interventions: Delivery of CCSH assessments and interventions to:*

**patients / staff**

↓ *Personal integration into professional practice with:*

**congregants / clients**

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



# 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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