A FEASIBILITY STUDY OF MINDFUL SELF-COMPASSION

FOR VETERANS WITH MORAL INJURY AND CO-OCCURRING PTSD AND SUBSTANCE USE DISORDERS

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SOFT LANDING

PRESENTATION OVERVIEW

- **What is Compassion?**
  - Compassion origins
  - Compassion-based Interventions
- **What is self-compassion?**
  - What's the difference between mindfulness and self-compassion?
- **Why self-compassion for Veterans?**
  - PTSD, Substance Use, and Guilt/Shame
- **Overview of Compassion-Based Intervention literature among Veterans**
- **Current Data from our Feasibility Trial: Compassion for Warriors**

POLL QUESTION 1: PERSONAL PRACTICE

Do you have a personal mindfulness practice?

a) I do not have a practice
b) I try to be mindful on occasion but have no regular practice
c) My practice is semi-regular or off-and-on
d) I have a near daily mindfulness practice
e) I have a daily mindfulness practice with silent retreat experience

POLL QUESTION 2: PROFESSIONAL USE

If you are a clinician, have you ever taught mindfulness to your patients?

a) Never
b) Only as a component of another intervention (e.g., ACT, DBT)
c) I teach mindfulness regularly
d) I teach a Mindfulness-Based Intervention (e.g., MBSR, MBCT, MSC, etc.)

COMPASSION SOLUTIONS

ANCIENT WISDOM

Compassion is the road to happiness (Buddhism)

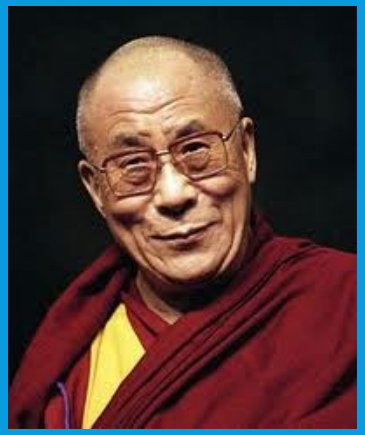
EVOLUTION

Evolution has made our brains highly sensitive to internal and external kindness

NEUROSCIENCE

Specific brain areas are focused on detecting and responding to kindness and compassion

Compassion defined:



Dali Lama: As a sensitivity to the suffering of self and others with a deep commitment to try to relieve it.

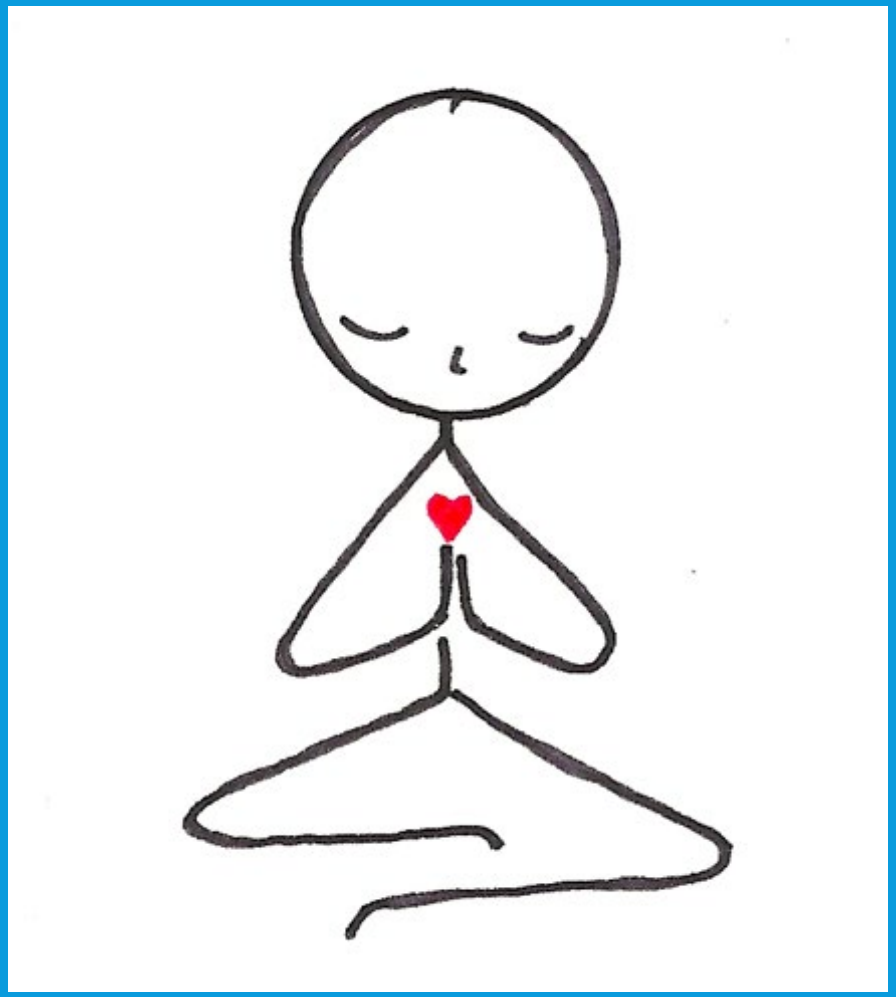
Dr. Paul Gilbert (2014): The sensitivity to suffering in self and others, with a motivation and commitment to try to alleviate and prevent it.

Dr. Kristin Neff (2003): Self-Compassion is composed of three main components: self-kindness, a sense of common humanity, and mindfulness.

COMPASSION-BASED INTERVENTIONS

- Mindful Self-Compassion (MSC)
- Loving-Kindness Meditation (LKM)
- Cognitively-based Compassion Training
  - Compassion Meditation (adaptation; Lang et al., 2019)
- Compassionate Mind Training
- Compassion Cultivation Training
- Compassion Focused Therapy

TODAY'S FOCUS = MINDFUL SELF-COMPASSION



WHAT IS SELF-COMPASSION?

3 Elements of Self-Compassion

(Neff, 2003)

Self-kindness vs. Self-judgment	**A Sense of Common Humanity** vs. Isolation	**Mindfulness** vs. Over-Identification

Mindfulness	Self-Compassion
Focuses primarily on acceptance of experience	*Focuses on caring for the experiencer*
Mindfulness asks - "What am I experiencing now?"	*Self-compassion asks - "What do I need right now?"*
Mindfulness says - "Feel your suffering with spatial awareness"	*Self-compassion says - "Be kind to yourself when you suffer"*

SELF-COMPASSION BREAK EXERCISE

Instructions: Think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body. Now, say to yourself:

1. **This is a moment of suffering**
2. **Suffering is a part of life**
3. **May I be kind to myself –**

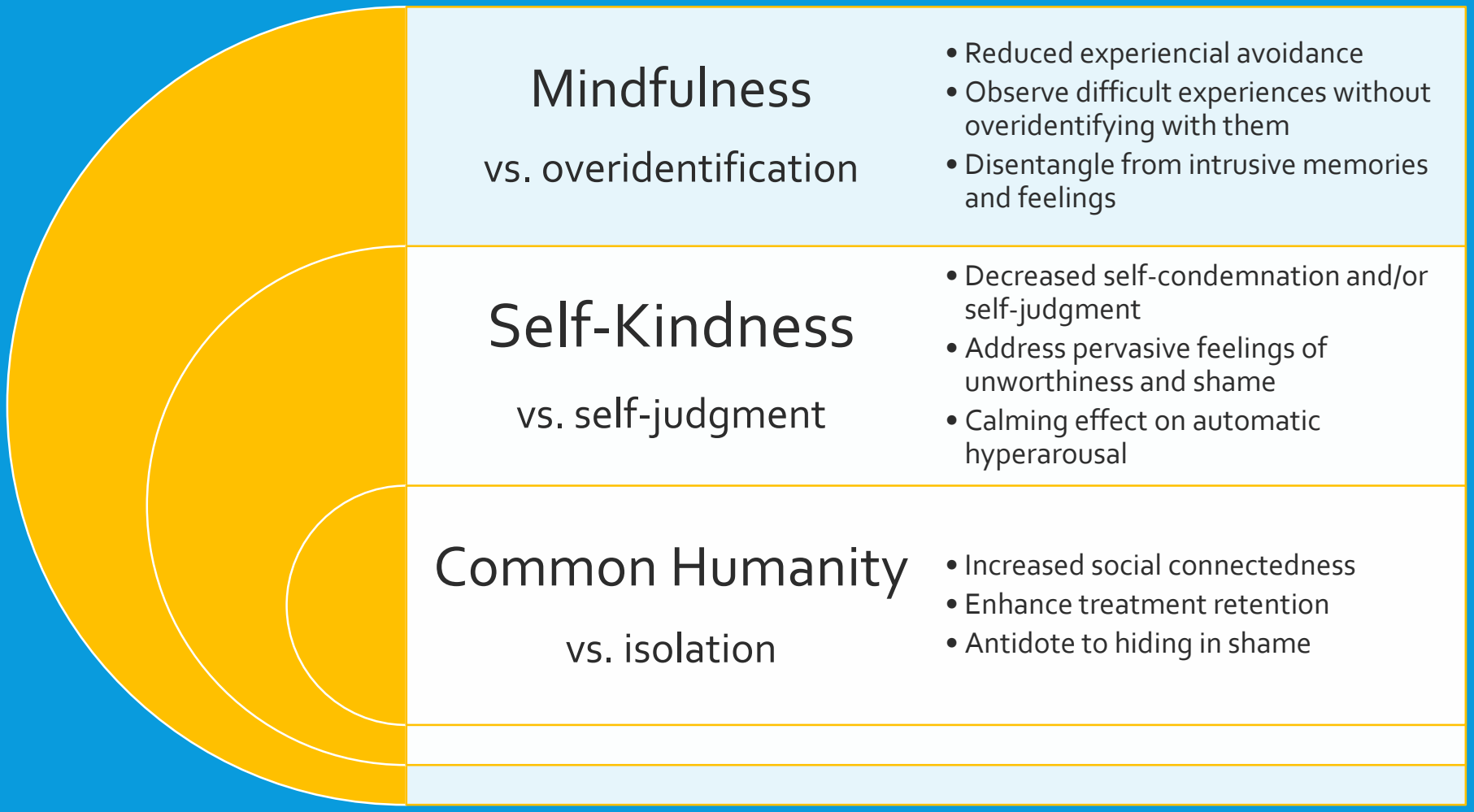
"What do I need to hear right now to express kindness to myself?"

- *May I give myself the compassion that I need*
- *May I forgive myself*
- *May I be patient*

WHY SELF-COMPASSION FOR VETERANS?

- Veterans have poorer health status and more medical conditions than non-Veterans (Eibner et al., 2016)
- Higher prevalence rates of severe pain (Nahin, 2017); with chronic pain being a leading and enduring cause of disability in Veterans (Kang et al., 2000).
- Current conflicts in Iraq and Afghanistan have led to an increase in mental health diagnoses (Seal et al., 2019).
- Among veterans seeking VA healthcare, comorbidity is the rule rather than the exception with 63% of those presenting with substance use problems also receiving a PTSD diagnosis (Seal et al., 2011).

3 COMPONENTS OF SELF-COMPASSION & THEIR ROLE IN THE ALLEVIATION OF SUFFERING



SELF-COMPASSION & PTSD

SC maybe an important protective factor for PTSD

- Individuals high in SC are less likely to feel threatened by and, therefore, to avoid, painful thoughts, memories, and emotions, allowing a more natural process of exposure and subsequent healing (Thompson & Waltz, 2008)
- Among combat veterans returning from Iraq and Afghanistan, those higher in SC had better functioning in daily life and fewer symptoms of PTSD (Dahm et al., 2015)
- Low levels of SC were found to be a stronger predictor of developing PTSD symptoms than experiencing high levels of combat exposure (Hiraoka, et al., 2015)
- Activates the innate soothing and self-regulating functions (Gilbert, 2014), which may help balance the overactive threat system (Lee & James, 2013)

SELF-COMPASSION & SUBSTANCE USE

Function of SC for substance use

- Lower levels of SC among those with AUD (Brooks et al., 2012)
- Low SC is correlated with emotional dysregulation (Vettese et al., 2011)
- Individuals identified as high risk for SUD had lower levels of SC (Phelps et al., 2018)
- Promotes tolerance and adaptive responses to negative emotional states (Gilbert, 2009; Hayes et al., 2011; Neff & Germer, 2013)

SELF-COMPASSION & GUILT AND SHAME

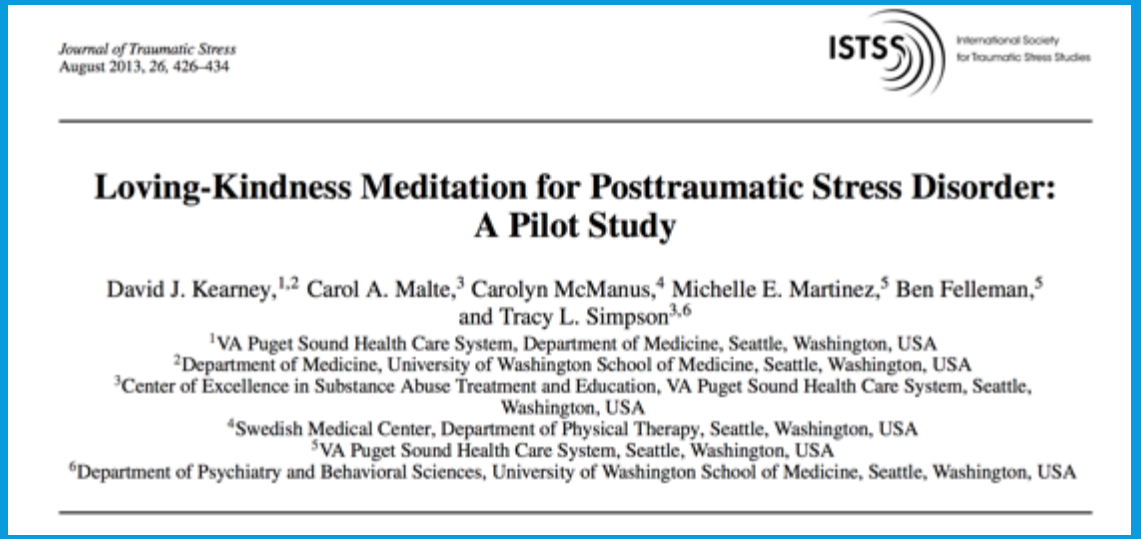
Preliminary research evaluating relationship between SC and shame/guilt:

- Mindfulness and SC were negatively associated with shame (Sedighimornani et al., 2019)
- SC serves as a buffer to negative emotions while simultaneously facilitating taking responsibility for personal failures (Leary et al., 2007)
- Held & Owens (2015): Pilot study (N=47) examining the effects of a 4 wk self-administered self-compassion training on trauma-related guilt and compared it to a stress-inoculation control group among homeless male Veterans
  - Participants in both interventions reported increased levels of SC and equal reductions in trauma-related guilt.

STATE OF THE LITERATURE FOR VETERANS AND COMPASSION-BASED INTERVENTIONS

OPEN PILOT TRIAL OF LKM WITH VETERANS WITH PTSD (N=42)

- 12-week Loving-Kindness Meditation course with high attendance (74% attended 9-12 classes).
- Increase in SC with large effect sizes; Increase in mindfulness with medium to large effect sizes



Journal of Traumatic Stress
August 2013, 26, 426–434

ISTSS International Society for Traumatic Stress Studies

Loving-Kindness Meditation for Posttraumatic Stress Disorder: A Pilot Study

David J. Kearney,[1,2] Carol A. Malte,[3] Carolyn McManus,[4] Michelle E. Martinez,[5] Ben Felleman,[5] and Tracy L. Simpson[3,6]

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- Large effect size for PTSD symptoms @ 3-months (d = -0.89)
- Medium effect size for decrease in depression @ 3-months (d = -0.49)
- Evidence of mediation of reductions in PTSD symptoms and depression by enhanced self-compassion

PILOT RCT OF COMPASSION MEDITATION FOR VETERANS WITH PTSD (N=28)

- Compared CM, an adaptation of Cognitively-Based Compassion Training to Veteran.calm (VC), consisting of psychoeducation about PTSD, relaxation training, and sleep hygiene
- Both conditions included 10 weekly 90-min group sessions with weekly practice assignments
- Repeated measures analysis showed a more substantive reduction in PTSD symptoms in the CM condition than in the VC condition (d = -0.85)
- Credibility, attendance, and satisfaction were similar across conditions

Journal of Traumatic Stress
xxxx 2019, *00*, 1–11

ISTSS International Society for Traumatic Stress Studies

Compassion Meditation for Posttraumatic Stress Disorder in Veterans: A Randomized Proof of Concept Study

Ariel J. Lang,[1,2,3] Anne L. Malaktaris,[1,2] Pollyanna Casmar,[2,4] Selena A. Baca,[5] Shahrokh Golshan,[2,4] Timothy Harrison,[6] and Lobsang Negi[6]

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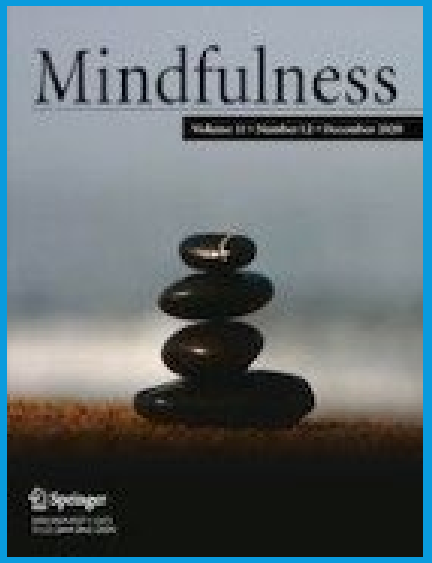
HOT OFF THE PRESS! PILOT STUDY OF MSC WITH VETERANS (N=80)

- Pilot study designed to assess the acceptability of MSC with Veterans along with the impact of MSC on the physical, mental, and social health of Veterans
- Participants met for 8 weekly 2-hr sessions, one 4-hr retreat, and daily practice assignments
- 74% completion rate and 96% of completers rated their participation as positive
- Medium effect sizes for increases in self-compassion, happiness, and social role satisfaction



- Small effect sizes for decreases in depression, anxiety, fatigue, and pain interference
- Previous MBSR graduates: higher levels of self-compassion prior to starting MSC and had a higher level of overall engagement with MSC ; no significant different in outcome measures

Serpa et al, 2020

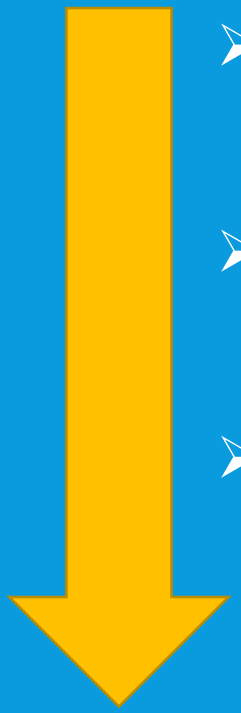
A FEASIBILITY STUDY OF MSC FOR VETERANS WITH PTSD-SUD AND MORAL INJURY

Compassion for Warriors

CO-OCCURRING PTSD-SUD: CLINICAL IMPLICATIONS

Co-occurring PTSD-SUD is prevalent in military Veterans and associated with greater severity and poorer outcomes than either disorder alone:

- severity of PTSD symptoms
- psychiatric problems/ symptoms
- psychosocial problems
- risk of suicidality



- Poorer tx outcomes and peer support group benefits
- Shorter periods of abstinence, more frequent relapse
- Poorer community reintegration

MORAL INJURY

- disproportionate guilt and shame
- social or relational issues
- spiritual/existential problems
- substance use
- suicide and other self-harm behaviors

Drescher et al., 2011; Flipse Vargas et al., 2013; Litz et al., 2009

A FEASIBILITY STUDY OF MSC: COMPASSION FOR WARRIORS

- Recruitment of 35 Veterans from VA mental health clinics
- Deliver MSC as add-on to treatment as usual
- Assessments at baseline, post-treatment, and one-month follow up

Our Aims:

1) to test acceptability and feasibility of MSC with Veterans with PTSD-SUD and moral injury

2) to provide preliminary evidence of the effects of MSC

3) refine study procedures and make adaptations to MSC as applied to Veterans

ELIGIBILITY CRITERIA

- **Inclusion:**
  - Moral injury as captured by at least one "strongly agree" on the MIES
  - Current SUD diagnosis (last year; SCID; First et al., 1996)
  - Current PTSD diagnosis (last 30 days; CAPS; Weathers et al., 2013)
  - Not currently receiving trauma-focused treatment

- **Exclusion:**
  - Symptoms of psychosis or mania
  - Hospitalization or suicide attempt (past month)
  - Unstable medical illness

INTERVENTION: MSC

- Developed by Drs. Christopher Germer and Kristin Neff
- 8 week program; 1x/week sessions, 2.5 hours long, with a 4 hour retreat
- Includes an important focus on motivation and commitment, identifying times of personal suffering, "What am I needing right now?"

CORE COMPONENTS OF MSC

- ❑ Patient Education
- ❑ Formal and Informal Self-Compassion Practices

GOAL: Promote greater clarity and balanced perspective about one's own suffering

Combines the awareness of mindfulness and self-soothing qualities of SC to bring attention to and tolerate difficult emotions

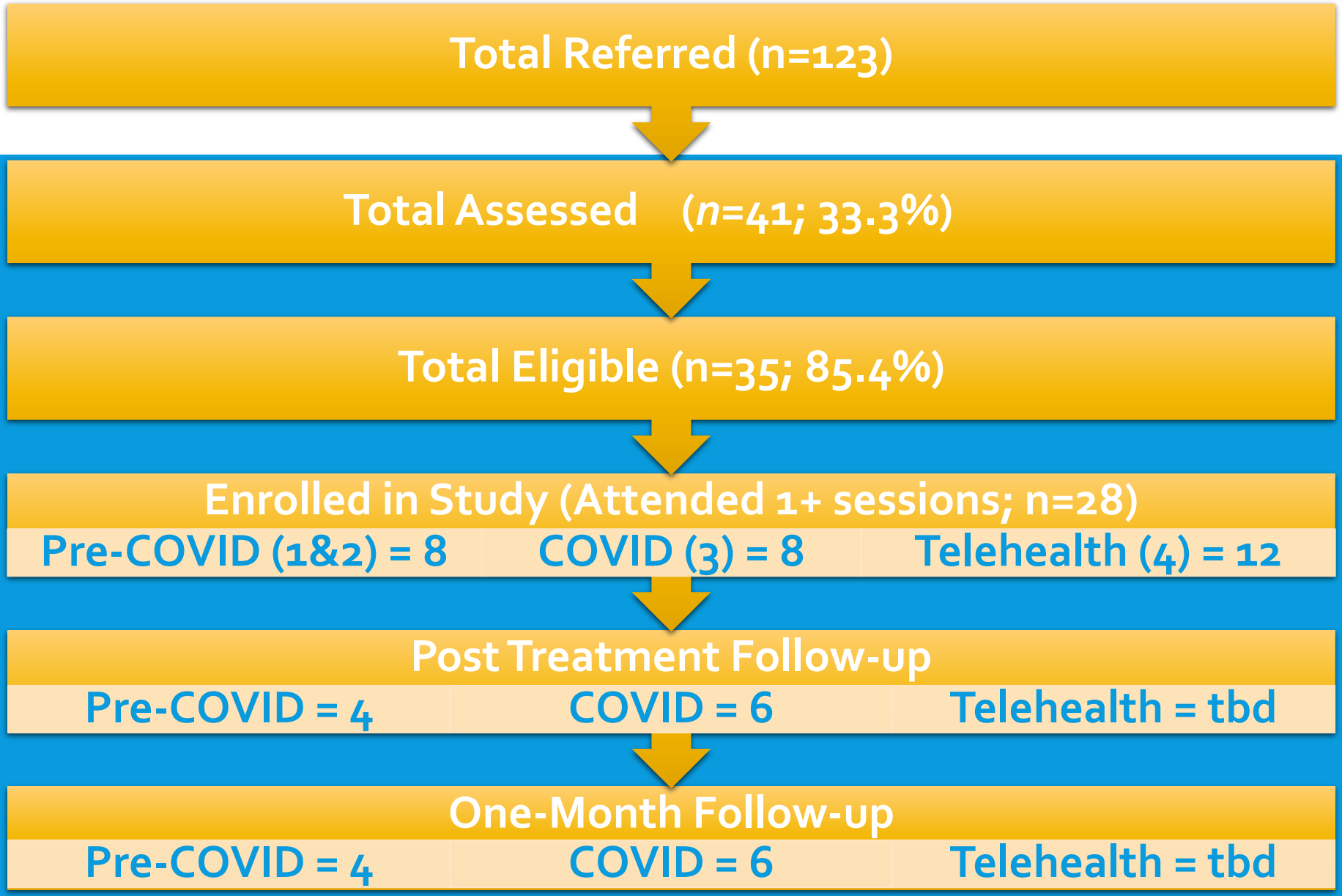
Mindfulness affords one the perspective needed to disengage from personal reactions

SC utilizes self-soothing skills to respond to difficult thoughts and feelings with kindness, sympathy, and understanding.

MSC CURRICULUM

Session	Content
1	Discovering Mindful Self-Compassion
2	Practicing Mindfulness
3	Practicing Loving-Kindness
4	Discovering Your Compassionate Voice
5	Living Deeply
R	Retreat
6	Meeting Difficult Emotions
7	Exploring Challenging Relationships
8	Embracing Your Life

PROJECT FLOW



PARTICIPANT DEMOGRAPHICS
(*N* = 35)

Demographics	M (SD) or N (%)
Age	48.83 (17.3)
Gender (male)	35 (100%)
Race (Caucasian/White)	35 (100%)
Marital Status	
Married or living as married	20 (57.1%)
Divorced	7 (20%)
Single	8 (22.9%)

PARTICIPANT BASELINE DEMOGRAPHICS (N=35)

Self-Compassion	
SCS	2.28 (0.60)
Trauma & Shame Severity	
TRGI - global	1.83 (0.61)
ISS	53.41 (21.0)
MIES	37.97 (10.6)
Quality of Life and Satisfaction	
Q-LES-Q	37.18 (9.69)
PTSD & Depression Severity	
CAPS Total	39.23 (9.3)
PCL Total	53.41 (17.6)
PHQ-9	14.88 (6.18)

Substance Use Diagnoses (Past 3 Months)
Alcohol Use Disorder = 19/35
Substance use Disorder = 17/35

MSC ADAPTATIONS FOR VETERANS

- Shortened sessions from 2.5 hours to 2 hours
- Shortened the retreat between sessions 5 and 6 to two hours (originally four hours); eliminated retreat session for telehealth modality
- Identify differences from military culture and MSC group culture
- Included research on self-compassion and trauma/shame/guilt and Veterans
- Revised language to be more approachable to Veterans
- Exercise Adaptations

VETERAN AND PROVIDER FEEDBACK

"I used to wake up each morning and look at myself in the mirror and say 'I hate you' and 'you are a bad person'. I find myself doing this substantially less." – 66 yo OEF Veteran

One veteran disclosed his trauma for the first time in individual treatment after feeling supported, safe, and inspired by others in the MSC group – "It made me realize that I can talk about what happened to me too." – 46 yo Gulf War Veteran

After his individual provider described and offered the study as a resource for Veteran he replied, "Sounds like a bunch of people feeling sorry for themselves. You know, like something for the Air Force." – 36 yo OIF Veteran

LESSONS LEARNED SO FAR AND STRATEGIES FOR IMPROVEMENT

- We are losing a large percentage (24%) of Veterans between the baseline assessment and attending the 1st session of MSC
- Small group sizes
- Integrate a more comprehensive examination of mindfulness skills first or require some experience with mindful meditation and/or breathing in order to enroll
- Institutional Challenges in a VA Health System
  - Space difficulties
  - Confusion about programs being offered
  - Referral sources
  - Hiring delays

MSC RESOURCES

- Center for MSC: **centerformsc.org/**
- Kristin Neff: **self-compassion.org/**
- Chris Germer: **chrisgermer.com/**

If you would like additional information or resources, contact me at **erica.eaton@va.gov** or **erica_eaton@brown.edu**

THANK YOU AND MANY THANKS TO MY COLLABORATORS:

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And to the Veterans who participated in this research thus far

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"Love and compassion are necessities, not luxuries. Without them, humanity cannot survive."

–The Dalai Lama