Compassion-Based Resilience Training (CBRT) to protect and nurture community care providers

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STRUCTURED ABSTRACT

Purpose
This case study describes pilot implementation of Nalanda Institute's Compassion-Based Resilience Training (CBRT) with community care providers in New York City (NYC) to protect them from stress and trauma impacts and nurture their capacity to deliver skillful, compassionate care.

Approach
The Academy for Community Behavioral Health in NYC offered CBRT at no cost to a diverse cohort of 28 non-profit care providers. This virtual 8-week course met weekly for two hours over Zoom, with formal and informal meditation practice between sessions. A mixed methods pre/post survey assessed changes in meditation practice, work-related stress, and mindfulness and compassion. A final survey invited participant feedback on course experiences and course outcomes.

Findings
This case study suggests that a virtual 8-week CBRT course can be both feasible and effective for community care providers, even in their demanding roles. Most participants who started the course completed it (77%). CBRT helped participants establish a regular meditation practice and led to improvements on indicators of work-related stress, mindfulness, and compassion. Participants linked these changes to an increased sense of hopefulness, agency, and resilience for navigating stress and trauma in their work. They also found valued peer support in the course.

Value
This case study offers one model for sharing effective but underutilized contemplative healing tools with care providers who encounter significant stress and trauma. It can inform efforts by funders, organizational leaders, managers, direct care staff, and researchers to better protect these critical helpers.

ARTICLE

Introduction

Social service providers are critical to promoting mental health within communities most impacted by racism and other structural harms, but need tools to manage the demands of their work. This case study describes the implementation of Nalanda Institute's Compassion-Based Resilience Training (CBRT) with community care providers in New York City (NYC) to share contemplative healing tools with helpers who face significant stress and trauma.

Background

The Academy for Community Behavioral Health (the Academy) at the CUNY School of Professional Studies in NYC helps community-based organizations (CBOs) deliver proactive, compassionate mental health care alongside vital social and economic supports.

Academy strategies include task sharing, distributing mental health skills more widely and effectively through high quality training and support. Often described as a way to expand the mental health workforce given clinician shortages (Lange, 2021; Raviola *et al.*, 2019; Singla *et al.*, 2017), task sharing can meet another critical need: acknowledging helpers who *already* hold under-treated pain in their communities, and equipping them with skills and supports they deserve.

In a baseline survey of people receiving services at NYC CBOs (*n* = 1,838), RAND found 81.3% had at least moderate depression, anxiety, psychological distress, PTSD, or alcohol/substance use (Ayer *et al.*, 2020). In NYC, the likelihood of experiencing severe psychological distress is higher for those who identify as: Black, Latino, Middle Eastern or North African, and multiracial; not cisgender; not heterosexual; ages 18-24; having experienced discrimination because of race or ethnicity; and having experienced intimate partner violence, among others (Hamwey *et al.*, 2024).

CBOs are uniquely positioned to address these inequities, but require support for the stress and trauma they encounter, including: psychological distress or PTSD from crisis exposure and close work with trauma survivors (Bride, 2007; Kerman *et al.*, 2022; Ellis *et al.*, 2018); the strain of navigating flawed systems and stigmas (Ashford *et al.*, 2018); personal trauma (Evans *et al.,* 2018); and cumulative stress from historic and persistent racism, discrimination, and structural violence among the workforce and communities they serve.

To our knowledge, this case study is the first to pilot CBRT implementation among NYC human services workers. It may inform future implementation and research on how contemplative healing tools can protect and nurture community care providers in NYC and other contexts.

Compassion-Based Resilience Training
Nalanda Institute's Compassion-Based Resilience Training (CBRT) [1] is a stepwise 8-9 week course that integrates mindfulness, compassion, imagery, and breathwork from Indo-Tibetan Buddhism with contemporary neuroscience and psychology (Loizzo, 2022; Loizzo *et al.*, 2009).

The first four CBRT modules strengthen mindfulness, the capacity to bring greater insight and care to our experiences. Learners build skills to self-regulate the autonomic nervous system; access a state of calm and safety; pause before reacting; and meet experiences with openness and curiosity. The remaining modules strengthen compassion by increasing self-acceptance and self-soothing; more accurately attuning to experiences of self and others; replacing stress-reactive habits with skillful action to relieve suffering; and, gradually extending compassion to more people (Loizzo, 2022).

In peer-reviewed studies, CBRT has improved quality of life, reduced biomarkers of stress, lowered social emotional and cultural role stress, enhanced resilience and overall functioning, and decreased post-traumatic symptoms (Loizzo *et al.*, 2009; Loizzo *et al.*, 2010; Charlson *et al.*, 2014; Offidani *et al.*, 2017).

Approach

The Academy offered CBRT at no cost [2] to non-profit care providers in NYC. This 8-week course met virtually for 2 hours each week. Between sessions, participants were asked to practice formal meditation at least 3 times/week. They received Nalanda Institute's student manual, audio meditations, prompts for informal practice, research articles, and educational videos.

Live sessions centered on practicing meditation and reflecting on that experience in a supportive group. Each session included two instructor-led meditations; break-out and large group discussions; and education on stress, trauma, mindfulness, and compassion.

Participants
The Academy recruited learners from NYC non-profit CBOs. Sixty-four individuals applied; to maintain a small cohort, 28 were enrolled based on commitment to participate in course activities, stated interest in CBRT, and diversity of organizations and communities served. Most participants (68%) spend over half their work time providing direct care to community members, regardless of title or role. Additionally, 25% of these participants supervise staff. They work in supportive housing; legal, youth, domestic/intimate partner violence, and immigrant services; services for people impacted by the criminal-legal system; public hospitals; and more.

The cohort was multiracial and multiethnic. Of 26 participants reporting demographic data: for racial identity (multi-select), 10 (38%) identified as Black, African, or African American; 8 (31%) as White; 3 (12%) as Prefer to self-describe; 2 (8%) as Asian; 2 (8%) as Multiracial/Multiethnic; and 1 (4%) Prefer not to say. For ethnicity, 8 participants (31%) identified as Hispanic or Latinx; 16 (62%) as Non-Hispanic or Latinx; and 2 (8%) Prefer not to say.

Most participants (23) identified as cisgender women. Fifteen (54%) had a Master's Degree, 4 (15%) held a Bachelor's degree, and 7 (27%) held less than a Bachelor's degree. The cohort loosely mirrors the demographics of NYC's core human services workforce, of which 72% are women, the majority (55%) are women of color, and more than half (52%) hold a 4-year or postgrad degree (Parrot & Moe, 2022).

At application, participants sought skills to protect themselves from work-related stress and trauma so they could care for others navigating stigma, discrimination, traumas, or crises. One wrote, "I've noticed the heart and passion that led me here has been dulled…I hope to gain skills and tools to feel energized to fight for justice and…be more present, less reactive, more kind." Another said, "I have a 1-hour weekly virtual supervision which is never enough to process the stress and triggers I experience."

Methods
We used a mixed methods survey at course start (baseline) and course end (final), with a sample of 14 for pre/post analysis. The pre/post survey included self-report measures about meditation practice, work-related stress, and mindfulness and compassion skills. The post survey also measured course satisfaction and asked open questions about course experiences and outcomes. We consulted scales that measure mindfulness, compassion, work-related stress, and resilience, with Nalanda Institute's CBRT Exit Survey, and selected a small set of relevant indicators to apply in this pilot, displayed in Table 1. (Burr *et al.*, 2019; Neff, 2003; Phuspa *et al.*, 2023; Pommier *et al.*, 2019; Thomas *et al.*, 2019).

Results

Feasibility of virtual 8-week CBRT
Of 28 learners accepted, 26 attended at least one session. Twenty (77%) of these learners completed CBRT [3]. At course end (*n* = 16), the mean rating for satisfaction with their CBRT experience was 9.44 on a scale of 1 to 10, where 10 = most positive, educational, or useful (minimum=8). The mean rating for how safe they felt sharing in the group given their unique background and social location (e.g. race, ethnicity, gender expression, sexual orientation, socioeconomic status, and education) was 9.75 (minimum=8).

Meditation
Thirteen of 14 learners (93%) reported meditating at least weekly at course end, with most meditating more: 6 reported meditating 5-7 days in a typical week, and 6 reported meditating 3-4 days/week. At course start, only 5 learners had any meditation practice.

Work-related stress, mindfulness, and compassion
Mean ratings for all indicators improved from baseline to course end. Though we note the small sample size, using an alpha level of 0.05, Wilcoxon Signed-Rank tests indicated statistically significant improvements on five indicators between course start and course end: I feel mentally or emotionally fatigued at work ($z = -2.46$, $p = .014$); I have trouble thinking clearly when I am upset ($z = -2.45$, $p = .014$); I feel like I am able to maintain a sense of calm and balance in stressful situations ($z = 2.30$, $p = .022$); I find it draining to work with clients ($z = -2.25$, $p = .025$); and, When I'm going through a very hard time, I give myself the care and gentleness I need ($z = 2.31$, $p = .021$)(see Table 1).

Table 1: Changes in Work-Related Stress, Mindfulness, and Compassion with Wilcoxon Signed-Rank Test Outputs

Qualitative results
Three themes emerged in final surveys (n=16). First, CBRT helped participants establish a "consistent and effective" meditation practice. Participants attributed this to the course structure, including: the length and frequency of weekly meetings; guided instruction, practicing meditation together, and peer support in weekly sessions; and, resources to support practice between sessions.

Many participants also integrated informal practices into their work day:

> I found the informal meditation practices most helpful. There were times when I wouldn't have much time to process crises during the day or dissociate from my personal challenges before work. These meditations and breathing practices helped ground me and increased my compassion for myself and others.

Second, participants experienced positive changes in their capacity to manage stress and practice compassion for self and others: "I have been able to see others with more compassion and protect my emotional health;" and, "I got to learn how to be more gentle to myself."

Third, participants linked these changes to feelings of increased hopefulness, agency, and resilience for navigating stress and trauma in their work.

> Being self-aware has helped me give myself and others grace during stressful times. My [clients] tend to be stressed when they are coming to me for support…Building this meditation practice…has helped me learn to sit with uncomfortable feelings and observe how I respond. I feel more confident and prepared to manage crises with my clients.

Another wrote, "[I gained] a sense of community, empowerment, and compassion that is essential to building resilience for me and my clients."

Conclusion

This case study demonstrates that a virtual 8-week CBRT course can be feasible and helpful to non-profit care providers, even in their demanding roles. Most participants who started the course completed it (77%). CBRT helped participants establish a regular meditation practice and led to improvements on indicators of work-related stress, mindfulness, and compassion. Participants suggested they gained skills to better navigate stress and trauma in their work and deliver care to others. They also found valued peer support in the course.

While the stress and trauma care providers encounter in their work require larger policy, systems, organizational, and interpersonal changes, CBRT may provide immediate access to self-healing tools that protect from stress and trauma impacts and help providers deliver compassionate care, even in difficult situations.

Based on initial pilot results, the Academy will: 1. Expand CBRT implementation from one to four cohorts in 2024-2025; 2. Expand the CBRT training team, offering greater diversity of race, ethnicity, cultural background, and teaching styles among instructors; 3. Continue pilot data collection to assess CBRT feasibility and effectiveness in this workforce, adding a qualitative reflection form to better capture specific ways that care providers apply CBRT skills and practices in situations at work; and, 4. Explore tailoring CBRT to the needs, preferences, and everyday realities of these providers. These steps may also guide the development of future research.

Notes

[1] Compassion-Based Resilience Training (CBRT) was developed in 1998 by Joseph Loizzo, MD, PhD, Founder and Director of Nalanda Institute for Contemplative Science.

[2] The Academy's free learning programs are made possible through a partnership with the NYC Mayor's Office of Community Mental Health and Mayor's Office for Economic Opportunity.

[3] Learners completed CBRT if they attended at least 6/8 live sessions, or submitted a written reflection for any missed sessions.

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Table 1: Changes in Work-Related Stress, Mindfulness, and Compassion with Wilcoxon Signed-Rank Test Outputs

	Mean Rating: Baseline	SD: Baseline	Mean Rating: End-of-Course	SD: End-of-Course	z-value	p-value	Effect Size (r)
I feel mentally or emotionally fatigued at work.	3.36	0.93	2.43	0.65	-2.46	.014*	-.82
I have trouble thinking clearly when I am upset.	3.71	1.14	2.43	1.09	-2.45	.014*	-.78
I feel like I am able to maintain a sense of calm and balance in stressful situations.	3.14	0.95	4.00	0.78	2.30	.022*	.77
I find it draining to work with clients.	2.93	0.62	2.21	0.97	-2.25	.025*	-.75
When I'm going through a very hard time, I give myself the care and gentleness I need.	2.64	1.01	3.71	0.73	2.31	.021*	.70
I feel effective at work.	3.50	0.94	4.00	0.78	1.62	.106	.66
I consider what is likely to be helpful to others before acting.	3.79	0.89	4.14	0.66	1.56	.120	.64
I am able to focus on the present moment.	2.86	1.03	3.68	0.63	1.83	.067	.61
I take time to reflect on my thoughts.	3.93	1.00	4.21	0.70	1.27	.203	.57
I pay careful attention when other people talk to me about their troubles.	4.07	0.73	4.36	0.50	1.17	.240	.44

*Statistical significance at p > 0.05

Source: Authors own work