Mindfulness, Self-Compassion, and Personal Resiliency in Medicine

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Faculty Disclosure

No relevant financial relationships during the past 12 months.

I am the current president of the board for CFHA.
Objectives

• Clinician Burnout
  – Define, Prevalence, Why It Matters, Causes
• Antidotes to Burnout (and the evidence)
• Organizational Approaches
• Personal Strategies
  – Mindfulness
  – Self-Compassion
  – Resilience
• Skills Practice Throughout
• Discussion
"The doctor will see you now, Mrs. Perkins. Please try not to upset him."
"There is a pervasive form of modern violence to which the idealist...most easily succumbs: activism and over-work. The rush and pressure of modern life are a form, perhaps the most common form, of its innate violence.

To allow oneself to be carried away by a multitude of conflicting concerns, to surrender to too many demands, to commit oneself to too many projects, to want to help everyone in everything is to succumb to violence.

The frenzy of the activist neutralizes his (or her) work... It destroys the fruitfulness of his (or her)...work, because it kills the root of inner wisdom which makes work fruitful."

~ Thomas Merton
Burnout
Emotional Exhaustion
Depersonalization
Decreased Efficacy
& Personal Accomplishment
Physician dissatisfaction is extensive and growing with 54% of US physicians reporting at least one symptom of burnout in 2014; up from 46% in 2011.

IT’S AFFECTING WORK-LIFE BALANCE

% reporting satisfactory work-life balance (2011–2014)*

Disagree Neutral Agree

“My work schedule leaves me enough time for my personal/family life”

19.8% 18.8% 61.3%

Disagree Neutral Agree

49.3% 14.8% 36.0%

US physicians General US working population
Burnout is dramatically more common in physicians than in US workers in other fields.

Burnout is Associated With ...

- Absenteeism
- Decreased Empathy
- Decreased Job Satisfaction and Attrition
- Suboptimal Patient Care
- Increased Medical Errors
- Decreased Patient Adherence
- Decreased Patient Satisfaction

Dyrbye, JAMA 2011;305:2009
Murray et al, JGIM 2001:16,452
Landon et al, Med Care 2006;44:234
Burnout is EXPENSIVE

- Malpractice Risk
- Part Time Providers
- Physician and Staff Turnover

- Costs about $250,000 - $300,000 to replace a physician
This year over 1,000,000 Americans will lose their doctor.

Not because of unemployment.
Not because of Obamacare.
Not because of insurance coverage or plan changes.
But because of doctor **SUICIDE**.

An average of **400** US doctors **commit suicide every year.**
FIGURE 1. Personal and professional repercussions of physician burnout.
The Doctor: 1891
Undivided Attention
Continuous Partial Attention

The Doctor Now
The “big 4” factors contributing to stress and burnout:

1. Lack of control over work conditions
2. Time pressure
3. Chaotic workplaces / visits
4. Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders
Primary Driver of **Physician Satisfaction** is Delivering **High Quality Care** (RAND Corp) ...

When that is threatened or compromised, satisfaction dwindles.

“**Burnout is an erosion of the soul.**”

*Not being given adequate time to provide excellent care to patients, but expecting me to provide "exceptional care without exception", increases my burnout.* – PGY3 FM Resident
## Summary Risk Factors for Burnout

<table>
<thead>
<tr>
<th>Individual – The Vulnerability Side of Strength</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perfectionism &amp; Overachievement – Type A, fear of failure/inadequacy</td>
<td>Lack of control &amp; autonomy – decisions, schedule</td>
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<td>Compulsiveness (Need for control)</td>
<td>Difficult work – nature, volume</td>
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<td>“Physicians don’t have needs”</td>
<td>Lack of feedback/validation – “feeling valued”</td>
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<td>“Emotions = weakness”</td>
<td>Relationship &amp; work-home strain</td>
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<td>Introversion</td>
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<td>Rigid thinking</td>
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<td>Reluctance to ask for help</td>
<td>Culture of medicine</td>
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<tr>
<td>Being Female (OR 1.29)</td>
<td>Uncertainty – patient management, personal &amp; professional future</td>
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Why Does it Matter?

  
  “When physicians are unwell, the performance of health-care systems can be suboptimum”

  
  “Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim”

  
  “Discussions of barriers to successful implementation of the [ACA] have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.”
Integrated BH Clinicians

✧ Measured by making other’s lives better
✧ We don’t get the mental health equivalent of an ear infection
✧ Underserved populations
✧ Vicarious trauma
✧ Ethical Challenges
✧ Solo practitioners
✧ We are supposed to know how to do this ... This is what we teach, right?
✧ Services for support focus on MDs
FIGURE 2. Key drivers of burnout and engagement in physicians.
Meaningful Measurement

- Maslach Burnout Scale ($)
- Jefferson Empathy Scale ($)
- Physician Well Being Index
- Physician Wellness Inventory
- Mini Z Burnout Assessment (AMA)
- Self-Compassion Scale (public domain)
- Copenhagen Burnout Inventory (public domain)
- Compassion Fatigue Scale (public domain)
- Mindfulness Attention Awareness Scale (public domain)
- Five Facet Mindfulness Questionnaire (public domain)
Reflection: Your relationship to your work

Risk Factors

Protective Factors

Early warning signs and Prevention
Practice
Meta-Analyses (West et al, 2016)

• Individual and Organizational Interventions
  ▪ Individual interventions – small group discussion, mindfulness, meditation, stress management
  ▪ Organizational interventions – leadership, practice redesign, duty hour limitations
  ▪ No published accounts of combined interventions
  ▪ No clear indications of which interventions are best for which subgroups

• Interventions impact emotional exhaustion and depersonalization, effect is moderate
  ▪ No published accounts of long term impact
Recommended Organizational Interventions

- Leadership – Values
- Clinician Well Being as a Quality Metric
- Medical Scribes
- Team Based Care
- Co-Location – Clinicians with their team
- Flexible Work Hours / Flexible Scheduling / Local Control
- Cultivate Community at Work
- Peer Support Programs
- Recognition, Rewards and Incentives
  - Caution against productivity based incentives
Redesign your practice. Reignite your purpose.

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- Leading Change 4 Modules >
- Professional Well-Being 3 Modules >
- Technology and Finance 5 Modules >

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These are the duties of a physician. First … to heal his mind and give help to himself before giving it to anyone else.

- Epitaph of an Athenian Doctor, AD 2
Efficiency of practice and a culture of wellness are primarily organizational responsibilities, whereas maintaining personal resilience is primarily the obligation of the individual physician.

The drivers of both burnout and high professional fulfillment fall into three major domains: efficiency of practice, a culture of wellness, and personal resilience.
In a first for U.S. academic medical center, Stanford Medicine hires chief physician wellness officer

Tait Shanafelt, MD, will become Stanford Medicine’s first chief wellness officer at a time when physician burnout is a national epidemic.

Tait Shanafelt, MD, a nationally recognized expert in physician wellness, will join Stanford Medicine as its first chief wellness officer, effective Sept. 1, leading the medical center’s pioneering program in the field.

His appointment makes Stanford the first academic medical center in the country to create a position of chief wellness officer at a time when physician burnout nationally has reached an all-time high. Shanafelt, whose clinical work and research focus on the treatment of patients with chronic lymphocytic leukemia, will direct the WellMD Center at Stanford Medicine and serve as associate dean of the School of Medicine.

He comes from the Mayo Clinic, where he led a successful initiative to counter burnout and improve physicians’ sense of fulfillment and well-being.
As part of the Department of Surgery’s Balance in Life Program, more than 30 residents and a few attending physicians hopped aboard sailboats for a cruise around the San Francisco Bay.

“These are called the shrouds,” explained sailing instructor Samuel Daly-Swenson, grasping a taut set of cables. “They hold up the mast of your new home for the next three hours.”

His audience of passengers, waiting on a dock at the Berkeley Marina, listened attentively. “This is the boom,” Daly-Swenson said, laying his hands on a thick pole, perpendicular to

Surgery residents depart the Berkeley Marina to spend a few hours sailing around the San Francisco Bay during an outing organized by the Balance in Life Program. 
Norbert von der Groeben
What We Value (Hidden Curriculum)

What We Model (Informal Curriculum)

What We Teach (Formal Curriculum)

What We Learn
The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.

Culture of Wellness

Efficiency of Practice

Personal Resilience

Source: Patty Purpur de Vries
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Effectiveness of Individual Targeted Intervention (Meaning in Medicine, Resiliency Training)

- **West et al (2014)**
  - Greater reported empowerment and engagement at work
- **Sood et al (2014)**
  - Improved quality of life, mindfulness and reduced stress at 12-week follow-up compared to controls (Radiologists)
- **Goodman & Schorling (2012)**
  - Significant reduction in burnout
- **Saadat et al (2012) Residents**
  - Significant reduction in anxiety
  - Decreased use of avoidance coping
  - Decreased use of alcohol
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

Primary care physicians report alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy. Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported. Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout and there are strong associations between medical student burnout and suicidal ideation.

Context  Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective  To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants  Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures  Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results  Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0; Δ = -6.8; 95% CI, -4.8 to -8.8; depersonalization, 8.4 to 5.9; Δ = -2.5; 95% CI, -1.4 to -3.6; and personal accomplishment, 40.2 to 42.6; Δ = 2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ = 4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ = -4.1; 95% CI, -1.8 to -6.4); total mood disturbance (33.2 to 16.1; Δ = -17.1; 95% CI, -11 to -23.2), and personality (conscientiousness, 6.5 to 6.8; Δ = 0.3; 95% CI, 0.1 to 5.0 and emotional stability, 6.1 to 6.6; Δ = 0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance (r = -0.39, P < .001), perspective taking subscale of physician empathy (r = 0.31, P < .001), burnout (emotional exhaustion and personal accomplishment subscales, r = -0.32 and 0.33, respectively; P < .001), and personality factors (conscientiousness and emotional stability, r = 0.29 and 0.25, respectively; P < .001).

Conclusions  Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

IAMA. 2009;302(12):1284-1293
Quality of Caring (Empathy – Detachment)

Quality of Care (Safety – Errors)

Clinician Well-Being (Resilience – Burnout)

Quality of Caring (Empathy – Detachment)

Mindful Practice

Quality of Care (Safety – Errors)

Clinician Well-Being (Resilience – Burnout)
• Intention
• Attention
• Attitude
Mindfulness
The awareness that arises out of paying attention on purpose, in the present moment, without judgment (Kabat-Zinn 1994)

Mindful Practice
Moment-to-moment purposeful awareness of one’s own mental and physical processes during every day work with the goal of practicing with clarity and compassion (Epstein, 1999)
“Meditation can bring you peace and serenity. It also gives you an excuse to look busy doing nothing.”
Ways of Being Mindful

• Formal Practice:
  • Sitting Meditation
  • Body Scan
  • Loving Kindness
  • Mindful Movement

• Informal Practice:
  • Purposeful PAUSE
  • Generous, Mindful Listening
  • Mindful Eating
  • Mindfulness in Routine Activities

S – Stop
T – Take a Breath
O- Observe
P- Proceed
Mindfulness Can EXPAND the Zone

OPTIMUM WORK ZONE

- Relaxed
- Excited
- Bored
- Anxious

Unpleasant Hedonic Tone Pleasant

Low Arousal Level High
Attitudes of Mindfulness for Patient Care

• Attentive Observation
  “We miss more by not seeing than not knowing.”
  - William Osler

• Critical Curiosity

• Beginners Mind
  “In the beginner’s mind the possibilities are many; in the experts mind they are few.”
  - Suzuki

• Presence
Ways to Pay Attention Internally

• **Mindfulness of the body:** breath, contact, movements, technical skills
• **Mindfulness of sensations:** unpleasant and pleasant
• **Mindfulness of feelings and emotions:** sadness, anxiety, heaviness, acceptance
• **Mindfulness of thoughts:** attitudes, beliefs
• **Mindfulness of mind:** state of alertness/attentiveness/distractedness, “holding on”/“letting go”
Practice
Reflective questions

Attentive Observation:
- “If there were data that you ignored, what might they be?”
- “What did you notice?”
- “What were you unable to see?”

Critical Curiosity:
- “What are you assuming that might not be true?”
- “What was surprising or unexpected?”

Beginner’s Mind:
- “What would a trusted peer say about how you managed or feel about this situation?”
- “Can you see the same situation or patient with new eyes?”

Presence:
- “What do you notice about yourself when you are at your best?”
- “What moved you most about this situation?”
Noticing
… “the tendency of the mind to seek premature closure. That quality of the mind that imposes a definition on things and then mistakes the definition for the actual experience”

- Epstein, 1995
TEN MINUTES OF RED
• Individuals’ perceptions depend on context and frame of reference.
• There are different ways of paying attention - looking for the expected, filtering among multiple sensory inputs and vigilance for the unexpected.
• When you perceive, you are also involved in categorizing, judging (quantity, quality) and discerning (how red does something have to be to be called "red")
• You can activate perception (of things outside of oneself) and interoception (of things inside) simultaneously.
• Different people see different things even when framed similarly
Paying Attention Interpersonally

- Deep listening
- Narrative Medicine
- Appreciative Inquiry
- Reflective questions
- Cultivating the observing self in daily work
Appreciative Inquiry

Asset Based

Look at what we’ve got!!

Look at what we’re missing!!

Deficit Focused

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Meaningful Experience Reflection

• Focus on a time during your work as a clinician or educator that was particularly meaningful for you.
• Perhaps it was a time when you were moved in some way, or may have been a time associated with great joy or great sorrow.
• Try to recall aspects of the situation that caught your attention, and perhaps on the aspects of the situation that only became obvious to you later.
• Take a few minutes to write a brief narrative about the experience. When finished, you’ll share the experience in pairs or small groups.

• Read your story – or tell in your own words:
  • What happened?
  • What did you notice?
  • What thoughts and feelings did you have?
  • What was most memorable about the experience?
  • What did you learn?
Focus on your partner’s Experience

- Set your intention to:
  - Spend most of the time listening
  - Be curious about your partner’s experience
  - Ask questions that aim to deepen understanding.

- Don’t:
  - Interrupt or tell your own story... even if it may seem uncomfortable to wait until your partner is finished

And be aware of your own Responses

- Set your intention to:
  - Note what is attracting your attention about the story
  - Observe – but not act on – your urge to comment, interpret, give advice or talk about your own experiences

- Don’t:
  - Make interpretations
  - Give advice
  - Talk about yourself
Human Flourishing

- Positive Emotions: feeling good
- Engagement: finding flow
- Relationships: authentic connections
- Achievement: a sense of accomplishment
- Meaning: purposeful existence
Resilience

the ability to become strong, healthy, or successful again after something bad happens

the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.

the ability to recover from or adjust easily to misfortune or change

Source: Merriam-Webster's Learner's Dictionary
Resilience is ...

- a capacity that can be grown
- about engagement, not withdrawal
- about community
Skills: Sense of Purpose

- Align Personal Values with organizational mission
- Make Value Driven vs. goal directed choices
- Celebrating Meaning in Medicine
- Do What you Love (20% is enough!)

“Don’t ask what the world needs. Ask what makes you come alive, and go do it. Because what the world needs is more people who have come alive.” – Howard Thurman

- Narrative Medicine / Medical Humanities
From Compassion to Defeat ... And Back

It’s the 5th time she’s just shown up at the clinic without an appointment, asking for me. Of course I will see her. She wants help, but not the help I offer. She is desperate but not desperate enough. She is still looking for the magical and painless passageway out of her torment.

She’s a college graduate and was employed – piecing together the normalcies of a young woman’s life filled with undiscovered opportunities. But her discoveries came in the measured and steady injection of heroin into her veins. Holding on tightly to her boyfriend whom she loves and believes she needs, she is too stuck to move in one direction or another.

I want to help. I believe I can help.

I couldn’t help my ex-husband out of his addiction enough to save our marriage – maybe now I can help enough to save them both. I make calls. I access services. I set up appointments. I sit with them. I listen to them and hold space for them to cry and be afraid, to plan, to prepare for a big change.

I can help. I want to help.

She calls me from the Emergency Department and says they are not helping her. She calls from the streets, in panic and confusion.

I can help, but I am getting tired of holding all the hope. Still, I know the drugs have hijacked her brain and hold her hostage, so I try to help.

The calls keep coming. She says she cannot go on. She won’t go into rehab without him. She won’t go to the hospital again. She won’t … She can’t … the phone goes silent.

I am not sure I can help anymore.

Weeks go by and she calls again. She asks me for money, money for survival but I know it is for drugs.

I can’t help.

My compassion, at first, filled the exam room. She is young, smart, a college graduate, a daughter, a co-worker, a friend, and a girlfriend. But now my empathy seems as elusive to me as recovery is to her. And I wonder … Where did it go?

Then I remind myself that she is an addict. Drugs feel as vital as water or even breath to her right now. Quitting drugs will also feel that important again soon.

So still, I wonder … How can I help?
Skills: Daily Calendar Reflection
Skills: Gratitude

Piglet noticed that even though he had a very small heart, it could hold a rather large amount of Gratitude.

-A.A. Milne
Skills: Cognitive Flexibility

- Being able to “try on” multiple views & perspectives
- Ability to adapt to a given situation
- Neurologically based skill that can be taught
- Foundation of problem solving and conflict resolution skills
- Associated with multiple indicators of psychological health
- Foundation of problem solving & conflict resolution

**Treading Ambiguity**
Skills: Distress Relief and Health Behaviors

- Mind Body Skills – meditation, mindfulness, mindful movement
- Build positive nurturing professional relationships
- Maintain positivity / Humor
- Focus on strengths (Authentic Happiness)
- Develop emotional insight
- Work Life Integration
- Cultivate Spirituality
- Personal Reflection
- Health Habits – sleep, nutrition, exercise
- Self-Compassion
Skills: Mindfulness for Patient Care

- Attentive Observation
- Critical Curiosity
- Beginners Mind
- Presence

- Formal Practice
  - Body Scan
  - Loving Kindness (Compassion)

- Informal Practice
  - PURPOSEFUL PAUSE
  - Generous, Mindful Listening

S - Stop
T - Take a Breath
O - Observe
P - Proceed
Practice: Even Count Breath

• Inhale slowly through the nose, count of 4
• Hold breath, count of 4
• Exhale slowly through the nose, count of 4
• Repeat x3
Skills: Compassion vs. Empathy

- Feeling for vs. Feeling with
- Empathy without skills to translate resonance in feeling with patients into acting on behalf of patients (compassion) can lead to burnout
- Emotional empathy connects to neural circuits that are connected with distress and vicarious pain in fMRI
WHAT IS SELF-COMPASSION?

Mindfulness
Self-compassion involves recognising when we're stressed or struggling without being judgmental or over-reacting.

Self-Kindness
Being supportive and understanding towards ourselves when we're having a hard time, rather than being harshly self-critical.

Connectedness
Remembering that everyone makes mistakes and experiences difficulties at times. We are not alone!
Skills: Self-Compassion

1. Self-Kindness vs. Self-Judgment
2. Common Humanity vs. Isolation
3. Mindfulness vs. Over-Identification
Vicarious Trauma

• The process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them.
• Over time this process can lead to changes in your psychological, physical, and spiritual well-being.
  • Ongoing
  • Cumulative
• When you identify with the pain of people who have endured terrible things, you bring their grief, fear, anger, and despair into your own awareness and experience.
BE KIND to YOURSELF
by KRISTIN NEFF

1. SELF KINDNESS
   WE ARE AS CARING TOWARD OURSELVES AS WE ARE TOWARD OTHERS

2. RECOGNIZING OUR COMMON HUMANITY
   SHARED HUMAN EXPERIENCE

3. MINDFULNESS
   BEING OPEN TO THE REALITY OF THE PRESENT MOMENT
   YOU ARE HERE
   ACKNOWLEDGE OUR SUFFERING WITHOUT EXAGGERATING IT
   MOMENT OF CONNECTION WITH OTHERS

SELF-COMPASSION: A SOURCE OF STRENGTH AND RESILIENCE

RESEARCH AND MORE RESEARCH

HAPPY LIFE
Practice
Think About ...

• What are a couple ways you feel your work has had a positive influence?

• Are there ways in which your sense of commitment and responsibility to your work might hurt you? Are there ways your work has had a negative influence on the way you see the world, yourself, or what matters to you (your sense of meaning and purpose, hope and faith)?

 الدولة · What might you try to incorporate to protect you even more?
Mindful Healthcare Related Provider Resources

- University of Massachusetts Medical School Center for Mindfulness
  - [http://www.umassmed.edu/cfm/stress-reduction/](http://www.umassmed.edu/cfm/stress-reduction/)

- University of Wisconsin, Department of Family Medicine Mindfulness in Medicine: Improving Clinician and Community Health
  - [www.fammed.wisc.edu/mindfulness](http://www.fammed.wisc.edu/mindfulness)

- Cambridge Health Alliance (CHA) Center for Mindfulness and Compassion (CMC)
  - CMC aims to enhance the health and well-being of CHA’s diverse community by integrating mindfulness and compassion into health care.
    - [http://www.challiance.org/ForProviders/CMC.aspx](http://www.challiance.org/ForProviders/CMC.aspx)

- Harvard Pilgrim’s Mind the Moment Program
  - This program aims to help individuals tap into their own strength to manage stress, increase focus and stay healthy through enhancing moment to moment awareness.
    - Access free guided sitting meditations, learning and practice videos:
      - [https://www.harvardpilgrim.org/portal/page?_pageid=213,265043&_dad=portal&_schema=PORTAL](https://www.harvardpilgrim.org/portal/page?_pageid=213,265043&_dad=portal&_schema=PORTAL)
Free Guided Meditations

- **UC San Diego Center for Mindfulness**: Guided Audio Files to Practice Mindfulness Based Stress Reduction: https://health.ucsd.edu/SPECIALTIES/MINDFULNESS/PROGRAMS/MBSR/Pages/audio.aspx

- **UCLA Mindful Awareness Research Center**: http://marc.ucla.edu/body.cfm?id=107

- **INSIGHT Meditation Society**: http://www.dharma.org/resources/audio#guided

Self-care is good stewardship of your gift to others.