

Citations for GRACE

General:

(Articles that give data and background for the GRACE intervention and BWD training, or relate to the general field of compassion training or research)

[Back AL](#), [Bauer-Wu SM](#), [Rushton CH](#), [Halifax J](#). Compassionate silence in the patient-clinician encounter: a contemplative approach. [J Palliat Med](#). 2009 Dec;12(12):1113-7. doi: 10.1089/jpm.2009.0175.

Bonanno, G. A., & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics*, 121, 369–75.

Galantino, M. L., Baime, M., Maguire, M., Szapary, P. O., & Farrar, J. T. (2005). Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: Mindfulness in practice. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 21(4), 255–261.

Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, 76, 332–338.

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Hassed, C., de Lisle, S., Sullivan, G., & Pier, C. (2008). Enhancing the health of medical students: Outcomes of an integrated mindfulness and lifestyle program. *Advances in Health Science Education: Theory and Practice*, 2008 May 31. [Epub ahead of print]

Halifax J. (2008). *Being with dying: Cultivating compassion and fearlessness in the presence of death*. Boston.

Halifax, J: The Precious Necessity of Compassion. In Vol. 41 No. 1 January 2011

Halifax J: A heuristic model of enactive compassion. *Curr Opin Support Palliat Car* Jun;6(2):228-35 PMID: 22469669

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Halifax, J. (in preparation). Being with Dying: Curriculum for the Professional Training Program in Compassionate End-of-Life Care. In Singer, T. & Bolz, M. (Ed.), *Compassion: Bridging Practice and Science* (E-Book)

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Ortner, C.N.M., Kilner, S.J., & Zelazo, P.D. (2007). Mindfulness meditation and reduced emotional interference on a cognitive task. *Motivation and Emotion, 31*, 271–283.

Rushton, C. Sellers, D. E., Heller, K. D., Spring B., Dossey, B. M., & Halifax, J. (2009). Impact of contemplative end of life training program: being with dying. *Palliative and Supportive Care, 7*(4) 405-414.

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Young, L. E., Bruce. A., Turner, L, VanderWal, R., & Linden, W. (2001). Student nurse health promotion: Evaluation of a mindfulness-based stress reduction (MBSR) intervention. *Canadian Nurse, 7*(6), 23–26.

GRACE INTERVENTION CITATIONS:

G: Gathering attention

Attentional balance:

(Articles that give data and background for attention training or attention research)

Brefczynski-Lewis, J. A., Lutz, A., Schaefer, H. S., Levinson, D. B., & Davidson, R. J. (2007). Neural correlates of attentional expertise in long-term meditation practitioners. *Proceedings of the National Academy of Sciences, 104*, 11483–11488.

Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822–848.

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Bruce, A., & Davies, B. (2005). Mindfulness in hospice care: Practicing meditation-in-action. *Qualitative Health Research, 15*, 1329–1344.

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Chan, C. L., Chan, T. H., & Ng, S. M. (2006). The Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation (SMART): A body-mind-spirit approach to trauma management. *Social Work in Health Care, 43*(2-3), 9–36.

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Connelly, J. E. (1999). Being in the present moment: Developing the capacity for mindfulness in medicine. *Academic Medicine*, 74(4), 420–424.

Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition and Emotion*, 19, 313-332.

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DOI:10.1523/JNEUROSCI.1614-09.2009

MacLean, K.A., Ferrer, E., Aichele, S., Bridwell, D.A., Saron, C.D. (2010). Intensive meditation training leads to improvements in perceptual discrimination and sustained attention. *Psychological*

Science, 21, 829–839.

Minor, H. G., Carlson, L. E., Mackenzie, M. J., Zernicke, K., & Jones, L. (2006). Evaluation of a mindfulness-based stress reduction (MBSR) program for caregivers of children with chronic conditions. *Social Work in Health Care*, 43(1), 91–109.

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Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 21, 581–599.

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R: Recalling intention:

Cultivating prosocial affect and ethical perspectives:

(Articles that give data and background for prosocial mental training or prosocial research and relevant ethics' articles)

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Fredrickson, B. L., & Branigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition and Emotion*, 19, 313-332.

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- Hutcherson, C. A., Seppala, E. M., Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion, 8*, 720–4.
- Lamm, C., Batson, C.D., & Decety, J. (2007). The neural substrate of human empathy: Effects of perspective-taking and cognitive appraisal. *Journal of Cognitive Neuroscience, 19*, 42–58.
- Leiberg S, Klimecki O, Singer T. Short-term compassion training increases prosocial behavior in a newly developed prosocial game. *PLoS One, 6*:e17798; Doi:10.1371/journal.pone.0017798.
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- Mascaro, J.S., Rilling, J.K., Negi, L.T., & Raison, C.L. (2012). Compassion meditation enhances empathic accuracy and related neural activity. *Social Cognitive and Affective Neuroscience*. doi: 10.1093/scan/nss095 (online ahead of print)
- Pace, T.W.W., Tenzin Negi, L., Adame, D.D., Cole, S.P., Sivilli, T.I., Brown, T.D., Issa, M.J., & Raison, C.L. (2009). Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology, 34*, 87—98.
- Rushton, C. H., & Penticuff, J. H. (2007). A framework for analysis of ethical dilemmas in critical care nursing. *AACN Advanced Critical Care, 8*(3), 323-328.

The Dalai Lama.(1999). *Ethics for the new millennium*. New York: Riverhead Books.

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**A: Attuning to self first, then other:
(Articles that give data and background for self-attunement, specifically somatic awareness, tracking of affect and cognitive content, as well as empathy training and research, and value of interoceptivity.)**

Batson et al. (1997), while the reference I use for self-focused attention to another's distress and empathic over-arousal is Eisenberg (2002). I've listed both below, and attached the Batson et al. Paper.

Batson, C.D., Early, S., & Salvarani, G. (1997). Perspective taking: Imagining how another feels versus imagining how you would feel. *Personality and Social Psychology Bulletin*, 23, 751-758.

Beddoe, A., & Murphy, S. (2004). Does mindfulness decrease stress and foster empathy among nursing students? *The Journal of Nursing Education*, 43(7), 305–312.

Davidson, R. J., & Lutz, A. (2007). Buddha's brain: Neuroplasticity and meditation. *IEEE Signal Processing Magazine*, 25, 176–174.

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C: Considering what will serve:

**Insight: metacognitive perspective, ethics, impermanence, self/other distinction, no attachment to outcome:
(Articles that give data and background for value of metacognitive perspective, etc.)**

Batson, C.D., Early, S., & Salvarani, G. (1997). Perspective taking: Imagining how another feels versus imagining how you would feel. *Personality and Social Psychology Bulletin*, 23, 751-758.

Eisenberg, N. (2002). Empathy-related emotional responses, altruism, and their socialization. In R.J. Davidson & A. Harrington (Eds.), *Visions of compassion* (pp. 131-164). Oxford, UK: Oxford University Press.

E: Engaging:

(Articles that give data, training, and background for value of altruism, eudaemonia, ethical character, engaged compassion, compassion satisfaction, vicarious resilience)

This general comment gives particular emphasis to access to information because of the special importance of this issue in relation to health.Â relatively common minor or serious illnesses that cannot be managed at community level, using specialty-trained health professionals and doctors, special equipment and sometimes inpatient care at comparatively higher cost; tertiary health care is provided in relatively few centres, typically deals with small numbers of minor or serious illnesses requiring specialty-trained health professionals and doctors and special equipment, and is often relatively. General Documentation. GRACE Product Specification Document GRACE 327-720. Revision: 4.6 Author: S. Bettadpur Date: May 29, 2012. Provides a detailed description of data products at all levels for the GRACE mission. GRACE Monthly SDS Newsletter. Revision: N/A Author: F. Flechtner. Monthly newsletter provided by the GRACE Science Data System describing science relevant events on the GRACE space crafts and statistics on L0, L1 and L2 product generation. Level 1B Documentation.Â Gives additional information on JPL RL06 GRACE L2 products (not contained in JPL RL05 processing standards document). Technical Notes. GRACE Technical Note #01: Sequence of Events (SOE) File. Updated Daily. General: (Articles that give data and background for the GRACE intervention and BWD training, or relate to the general field of compassion training or research). Back AL, Bauer-Wu SM, Rushton CH, Halifax J. Compassionate silence in the patient-clinician encounter: a contemplative approach. *J Palliat Med.* 2009 Dec;12(12):1113-7. doi: 10.1089/jpm.2009.0175. Bonanno, G. A., & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics*, 121, 369â€“75. Galantino, M. L., Baime, M., Maguire, M., Szapary, P. O., & Farrar, J. T. (2005).

In general two types of preservice training are available for agricultural staff. These are (1) degree level (at least a bachelor's degree in agriculture or related field), which is usually offered for four years by a university or agricultural college; and (2) diploma level, which is mostly offered by the schools of agriculture for a period of two to three years. The entry point for the former is normally twelve years of schooling and for the latter ten years of schooling. This article defines the construct of self-compassion and describes the development of the Self-Compassion Scale. Self-compassion entails being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them. Evidence for the validity and reliability of the scale is presented in a series of studies. Results indicate that self-compassion i