

Elaine Beaumont is a Lecturer in Counselling and Psychotherapy at the University of Salford and is a BABCP Accredited Cognitive Behavioural Psychotherapist and EMDR Europe Approved Practitioner. Elaine's research interests include working with individuals who are suffering with symptoms of trauma, helping individuals to respond to suffering with self-compassion and the cultivation of compassionate care.

A Compassionate Mind Training Model for Healthcare Practitioners and Educators

Although many students face similar challenges (e.g., fears about returning to education, moving away from home, study demands, forming new friendships and academic challenges), students embarking on a career within healthcare face a number of unique challenges¹. For example, students may work with individuals presenting with conditions and complexities that will test their knowledge and abilities². Additionally, students may struggle to find placements and/or experience distress whilst on placement such as, witnessing traumatic childbirth^{3, 4, 5}, or work with clients who self-harm or have suicidal thoughts. As a result students may experience symptoms of anxiety, stress or empathic distress fatigue which can lead to burnout or compassion fatigue and feelings of shame or self-criticism^{6, 7, 8, 9, 10}.

Empathic distress fatigue¹⁰ is the result of psychological, emotional, physical, spiritual and occupational exhaustion that occurs as counsellors and psychotherapists listen to their clients' experiences of suffering, and according to Klimecki and Singer¹⁰ is the cause of compassion fatigue and burnout. Compassion fatigue was a term first coined by Joinson¹¹ who defined it as a form of burnout affecting people working in caregiving professions. Klimecki and Singer¹⁰ describe compassion fatigue as *"the willingness of an individual to place the needs of others above him-or herself to the point of causing harm"* (p. 369). The authors suggest that we may be able to prevent compassion fatigue by transforming empathy (a precursor to compassion) into compassion and that we can do this by using exercises that

activate the neural pathways associated with compassion, empathic concern, positive feelings, and altruistic behaviour.

This paper intends to consider how Compassionate Mind Training (an intervention that has been used within clinical populations to help individuals who report high levels of shame and self-criticism to develop compassion), may be used to help student healthcare practitioners, including counsellors, nurses and midwives cultivate self-compassion, which may help them face the demands of clinical care. Barnett¹² suggests that student psychotherapists and Zeller and Levin¹³ student nurses should be taught self-management techniques that help prepare them for the emotional demands of clinical practice and that interventions that help students cope with symptoms of compassion fatigue be incorporated into training programmes to help prevent harm to clients¹⁴.

By empathically responding to the suffering of others counsellors and psychotherapists also suffer, which if not managed can lead to reactions that are similar to those associated with post-traumatic stress disorder and include, lack of empathy, seeing images of another person's traumatic experience, irritability, anger, hyper-arousal, loss of meaning and hope intrusive thoughts, increased alcohol consumption and trepidation of working with some patients⁸. Compassion fatigue has been diagnosed in psychotherapists¹⁵, nurses¹⁶, doctors^{17,18}, and midwives³.

Healthcare practitioners academic and supervision demands

Research by Rønnestad and Skovholt¹⁹ suggests that in the early stages of clinical training, student therapists' question their abilities, and respond to self-doubt by criticising themselves, which can impact on self-confidence and performance. To exacerbate this, student experiences of supervision can also impact on practitioners'

levels of self-criticism, self-doubt and self-compassion, with some students reporting an increase in tension and negative self-appraisal within supervision¹⁹. The supervisory relationship aims to be supportive. However, research by Liddle²⁰ suggests that it can also:

- provoke further anxiety in students because they may feel that they are being judged unfairly
- lead to worries regarding perceived incompetence
- lead to the student experiencing feelings of shame, guilt or embarrassment
- ignite a fear response and lead to non-disclosure during supervision with students attempting to hide their perceived flaws and inadequacies

As a result of incorporating self-compassionate practices into clinical training, students may gain more value from supervision. According to Neff²¹ self-compassionate individuals are more able to admit mistakes, change unhelpful behaviours, and face new challenges, which may lead to a more open and honest dialogue within supervisory practice.

Obstacles that hinder self-care

Healthcare students tend to enter into a course of study wishing to make a difference within the community they work in, however, obstacles such as placement concerns, academic demands, high workloads, fear of error, personal and family issues, vicarious trauma, financial concerns, self-defence mechanisms, staff shortages and organisational pressures can all impact on performance and impede compassion.

Bjerknes and Bjork²² found that newly qualified nurses entered into the nursing profession with enthusiasm for the organisation and empathy for their patients, but once settled into their new role they often found themselves faced with

organisational and professional obstacles that hindered them. Maben²³ reported that after two years of training some nurses experienced feelings of frustration and displayed symptoms of burnout, which led to some nurses leaving the profession or changing roles. Additionally, Hegney²⁴ in a sample of 132 nurses found that fatigue and burnout were symptoms strongly related to anxiety and depression.

Last year my colleagues and I measured relationships between self-compassion, compassion fatigue, well-being, and burnout in student therapists⁶ (n=54) and student midwives⁷ (n=103). Student therapists who reported high on measures of self-compassion and well-being also reported fewer symptoms of compassion fatigue and burnout. Just over half of the sample of student midwives reported above average scores on burnout and participants who reported higher scores on the self-judgement sub-scale reported lower levels of compassion for self and others, reduced well-being, and symptoms of burnout and compassion fatigue. We concluded that students may benefit from being taught interventions during training that may help cultivate compassion for one's own suffering which in turn may increase levels of compassion for others. Gustin and Wagner²⁵ provide research to support this view, they found that nurse lecturers who developed self-compassion reported higher levels of compassion for others. This suggests that incorporating interventions that help cultivate self-compassion into education programmes may be of benefit and help students face the demands of client/patient work.

Rønnestad and Skovholt¹⁹ suggest that negative feedback from clients can also impact negatively on students and can lead to self-criticism. Students entering into the 'helping professions' want to make a difference to the lives of the people they treat, however, excessive self-criticism can lead to rumination, worrying about 'what if' scenarios, worrying about making a mistake and/or feeling pressure, for

example/in the case of therapy, to be the 'perfect counsellor/therapist'. This can lead to excessive behaviours and an overly excessive sense of responsibility toward clients¹⁹.

Farber and Heifetz¹⁵ suggest that although therapists expect their work to be stressful they also anticipated that it would be rewarding. The researchers found that over 73% of psychotherapists attributed symptoms of burnout to a lack of therapeutic success. Figley⁸ proposes that compassion fatigue is a unique occupational hazard among those working within the healthcare professions, and McCann and Pearlman²⁶ argue that practitioners that are exposed to witnessing the shocking stories and images of other people's suffering can impact on the practitioners' ability to work effectively with the people in their care. Therefore, incorporating interventions that cultivate self-compassion into healthcare practitioner training programmes may be a useful.

The rationale for incorporating the Compassionate Mind Training Model for Healthcare practitioners into education programmes

Self-compassion can foster the emotional resources that healthcare professionals need in order to nurture and develop empathy for others. Students who undertook loving kindness meditation workshops found that the practice increased their self-awareness, self-compassion, social connectedness and compassion for others²⁷. Exercises that help individuals develop internal self-compassion (compassion for one's own suffering) and external compassion (open to receive compassion from others and feel compassion for others) have shown to be advantageous within clinical populations^{28,29,30,31,32}, and could be incorporated into a training plan as part of a strategy to build compassion and resilience for students embarking on a career

within the healthcare professions. Training could equip practitioners with the self-care strategies needed to face the emotional demands of client/patient work and could reduce the likelihood that practitioners would become disillusioned with their profession and leave their role. In short, 'being kinder to oneself in times of suffering' could help prepare healthcare practitioners for the stressors of caregiving work.

Using a sample (n=28) of healthcare educators and providers (nurses, midwives, counsellors and psychotherapists), my colleagues and I³³ found a statistically significant increase in levels of self-compassion and statistically significant reduction in self-critical judgement post compassion focused therapy training. The results suggest that compassion based practices may help healthcare practitioners cultivate compassion and diminish self-critical judgment. The findings supplement the work of Barnard and Curry³⁴ who found that compassion based experiential exercises prompted changes in levels of self-reported compassion.

Compassionate Mind Training and Compassion Focused Therapy

Compassionate Mind Training (CMT) and Compassion Focused Therapy (CFT) were established to help individuals experiencing high levels of self-criticism and shame³⁵. CFT focuses on activating the self-soothing system by using various compassionate mind interventions³⁵. What follows is a suggested programme for healthcare practitioners that could be incorporated into practitioner training, including counselling and psychotherapy programmes. Figure 1 offers a conceptual model demonstrating how incorporating CMT interventions into practitioner training could help students build resilience and potentially provide a defensive barrier against empathic distress fatigue, compassion fatigue and burnout. CMT training may help students develop healthy coping strategies which they can use to balance their affect regulation systems when faced with organisational, placement, client, academic and

personal demands. The model could be examined over a longitudinal period and its effectiveness measured.

INSERT FIGURE 1

Compassion training programme

- *Education regarding empathic distress fatigue, compassion fatigue and burnout within healthcare.* Exploration regarding the signs and symptoms of work-related stress. For example, discussion regarding how experiences such as working with suicidal patients, a lack of supervision or support in the workplace can impact on well-being. Student practitioners will rehearse coping strategies for dealing with workplace and placement stressors.
- *Understanding our affect regulation systems³⁵.* Student practitioners could be introduced to the theoretical elements of Gilbert's³⁵ model, which will include consideration of the evolved nature of our minds, how our sense of self is created through interactions between our genetics and our early life and social experiences. Gilbert's³⁵ model examines how the evolution of affiliative emotions regulate threat-processing and social motivational systems, for example, how we have evolved to help and care for other people, form ranks and seek out life partners. According to Gilbert's³⁵ model we have three emotion regulation systems, ***the threat and protection system***, which reacts to perceived threats in the environment and prompts the body into action, for example, to move to safety. Individuals who have a tendency to be self-critical and are shame prone tend to have a dominating threat system. ***The drive, resource seeking and excitement system***, which motivates us to search for useful resources and appears to have beneficial effects in down-regulating the negative emotions of the threat system, and ***the affiliative/soothing and***

safeness system, which is associated with a number of physiological responses and is linked to social connection. Psychological well-being is linked with a sense of balance between the three systems.

- *Psycho-education*. Students could examine the theoretical foundations of the compassionate mind model and discuss how much of what goes on in our mind is 'not our fault'³⁵. Fundamentally all human beings are flawed and have the capacity to ruminate, criticise oneself or feel shame, all of which can impact on well-being.
- *The importance of formulation..* Exploration of how and why through early life experiences we create helpful and unhelpful coping strategies (e.g., defend ourselves against threat, learn to self-soothe and motivate ourselves to drive forward).
- *Cultivating and building compassionate capacities*. In this section we will explore breathing techniques, mindfulness practice, safe place exercises, imagery techniques and use acting techniques that create a sense of safeness and calm to help build and cultivate compassionate capacities³⁵.
- *Building compassionate capacity using behavioural practices*³⁵. This involves using behavioural exercises and practicing role play scenarios to examine how we can help individuals face fears and turn toward distress with a caring motivation to alleviate suffering.
- *Using the compassionate mind to engage with difficulties*³⁵. Using the compassionate mind to engage with our angry self, sad self, anxious self and self-critical self. Examining scenarios relating to organisational, client, academic and placement pressures, and discussion of how we can use our compassionate self to work with those difficulties and trauma memories.

Conclusion

Introducing CMT to healthcare students may help educate them regarding the deleterious impact of self-criticism, it may also help students to balance their affect regulation systems (threat, soothing and drive systems) and cultivate compassion for their own suffering, which may increase the level of compassion they show to future patients in their care. Cultivating compassion may also help create healthier working environments and may in the long-term reduce levels of practitioner distress, burnout and compassion fatigue.

References

- ¹Scanlon, L., Rowling, L., Weber, Z. 'You don't have like an identity... you are just lost in a crowd': Forming a student identity in the first-year transition to university. *Journal of youth studies*. 2007; 10(2), 223-241.
- ²De Stefano, J., Atkins, S., Noble, R. N., Heath, N. Am I competent enough to be doing this?: A qualitative study of trainees' experiences working with clients who self-injure. *Counselling Psychology Quarterly*. 2012; 25(3), 289-305. doi:10.1080/09515070.2012.698981
- ³Leinweber, J., Rowe, H. The costs of 'being with the woman': secondary traumatic stress in midwifery. *Midwifery* 2010; 26, 76-87.
- ⁴Mollart, L., Skinner, V.M., Newing, C., Foureur, M. Factors that may influence midwives work-related stress. *Women and Birth*. 2013; 26, 26-32.
- ⁵Sheen, K., Slade, P., Spiby, H. An integrative review of the impact of indirect trauma exposure in health professionals and potential issues of salience for midwives. *J.Adv.Nurs*.2014; 70, 729–743.

- ⁶Beaumont, E., Durkin, M., Hollins Martin, C. J., Carson, J. Measuring relationships between self-compassion, compassion fatigue, burnout and well-being in student counsellors and student cognitive behavioural psychotherapists: a quantitative survey. *Journal of Counselling and Psychotherapy Research*. 2015; 16(1) 15-23. <http://dx.doi.org.10.1002/capr.12054>
- ⁷Beaumont, E., Durkin, M., Hollins Martin, C. J., Carson, J. Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery*.2015; <http://dx.doi.org/10.1016/j.midw.2015.11.002>
- ⁸Figley, C.R. *Compassion fatigue as secondary traumatic stress disorder: An overview. Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Maze; 1995.
- ⁹Raab, K. Mindfulness, self-compassion, and empathy among health care professionals: a review of the literature. *Journal of Health Care Chaplaincy*. 2014; 20 (3), 95-108.
- ¹⁰Klimecki, O., Singer, T. "Empathic distress fatigue rather than compassion fatigue? Integrating findings from empathy research in psychology and social neuroscience." In *Pathological Altruism*. Edited by Barbara Oakley, Ariel Knafo, Guruprasad Madhavan and David Sloan Wilson. New York: Oxford University Press, 2012, pp. 368–83.
- ¹¹Joinson, C. "Coping with compassion fatigue." *Nursing* 22. 1992; 116–21.
- ¹²Barnett, J. E., Baker, E. K., Elman, N. S., Schoener, G. R. In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*. 2007; 38, 603–612.
- ¹³Zeller, J. M., Levin, P. F. Mindfulness interventions to reduce stress among nursing personnel: an occupational health perspective. *Workplace health & safety*. 2013; Feb 1;61(2):85.
- ¹⁴Aycock, N., Boyle, D. Interventions to manage compassion fatigue in oncology nursing. *Clinical journal of oncology nursing*. 2009; Apr 1;13(2):183.
- ¹⁵Farber, B., A, Heifetz, L., J. The process and dimensions of burnout in psychotherapists. *Professional psychology*. 1982; Apr;13(2):293.
- ¹⁶Sabo, B.M. Compassion fatigue and nursing work. Can we accurately capture the consequences of caring work? *International journal Nursing Practice*. 2006; 12, 136-142.
- ¹⁷Pfifferling, J. H., Gilley, K. Overcoming compassion fatigue. *Family practice management*. 2000; Apr;7(4):39.

- ¹⁸Benson, J., Macgrath, K. Compassion fatigue and burnout: the role of Balint groups. *Australian Family Physician*. 2005; 34 (6), 497-498.
- ¹⁹Rønnestad, M. H., & Skovholt, T. M. The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of career development*. 2003; 30(1), 5-44.
- ²⁰Liddle, B. J. *Resistance in supervision: A response to perceived threat, Counselor Education and Supervision*. 1986; 26, 117–127.
- ²¹Neff, K. D. The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*. 2009; 52, 211–214. doi: 10.1159/000215071
- ²²Bjerknes M. S., Bjørk I. T. Entry into nursing: an ethnographic study of newly qualified nurses taking on the nursing role in a hospital setting. *Nursing Research and Practice*. 2012; doi: 10.1155/2012/690348.
- ²³Maben, J., Cornwell, J., Sweeney, K. In praise of compassion, *Journal of Research in Nursing*. 2010; 15, 1, 9–13.
- ²⁴Hegney, D. G., Patterson, E., Eley, D. S., Mahomed, R., Young, J. The feasibility, acceptability and sustainability of nurse-led chronic disease management in Australian general practice: The perspectives of key stakeholders. *International journal of nursing practice*. 2013; Feb 1;19(1):54-9.
- ²⁵Gustin, L. W., Wagner, L. The butterfly effect of caring–clinical nursing teachers’ understanding of self-compassion as a source to compassionate care. *Scandinavian Journal of Caring Sciences*. 2013; 27(1), 175-183.
- ²⁶McCann, I. L., Pearlman, L. A. 1990. Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*. 1990; 3(1), 131-149.
- ²⁷Boellinghaus, I., Jones, F.W., Hutton, J. The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness*. 2012; 5, 129-138.
- ²⁸Beaumont, E., Galpin, A., Jenkins, P. Being kinder to myself: A prospective comparative study, exploring post-trauma therapy outcome measures, for two groups of clients, receiving either Cognitive Behaviour Therapy or Cognitive Behaviour Therapy and Compassionate Mind Training. *Counselling Psychology Review*. 2012; 27 (1), 31-43.
- ²⁹Beaumont, E., Hollins Martin, C. J. Using compassionate mind training as a resource in EMDR: A case study. *Journal of EMDR Practice and Research*. 2013;.7(4), 186-199.
- ³⁰Beaumont, E., Hollins Martin, C.J. A narrative review exploring the effectiveness of Compassion-Focused Therapy. *Counselling Psychology Review*. 2015; .30(1), 21-32.

- ³¹Gilbert, P., Procter, S. Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*. 2006; 13, 353-379.
- ³²Mayhew S., Gilbert P. Compassionate mind training with people who hear malevolent voices. A case series report. *Clinical Psychology and Psychotherapy*. 2008; 15, 113–38.
- ³³Beaumont, E., Irons, C., Rayner, G., Dagnall, N. Does Compassion Focused Therapy Training for Healthcare Educators and Providers increase self-compassion, and reduce self-persecution and self-criticism? *The Journal of Continuing Education in the Health Professions*. 2016; 36 (1), 4-10.
- ³⁴Barnard, L. K., Curry, J. F. Self-Compassion: Conceptualizations, Correlates, & Interventions. *Review of General Psychology*. 2011; Vol. 15, No. 4, 289–303. DOI: 10.1037/a0025754
- ³⁵Gilbert. P. *The Compassionate Mind*. London: Constable; 2009