

**Exploration of a training programme for student therapists that employs  
Compassionate Mind Training (CMT) to develop compassion for self and others**

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## Abstract

**Purpose:** By the very nature of the role, student therapists experience incidents that can be emotionally challenging. In response to such events, they may experience compassion fatigue, stress, burnout, and self-criticism, which in turn alters their ability to provide compassion to both self and others. With this in mind, the aim of this paper is to present a creative framework designed to teach student therapists about Compassion Focused Therapy (CFT) to underpin the worth of Compassionate Mind Training (CMT) designed to increase levels of compassion shown towards self and others. **Expected Learning Outcomes:** On completion of teaching the 6-step study framework, student therapists will understand variables that influence compassion delivered to both self and others. They will understand how the compassionate mind model works, and consider how cultivating compassion can diminish self-critical dialogue. They will gain understanding of the 3 flows of compassion, and how low levels can lead to burnout, compassion fatigue, or stress, and explain how emotions, such as shame and self-critical thinking impact upon well-being. **Practical Implications:** The suggested programme will develop the ability in student therapists to ‘be kinder to self’ in times of stress, hence building their resilience. It is recommended that post-delivery of a well prepared teaching plan that addresses the *6-step study framework*, that the lecturing team evaluate the effectiveness of the training.

**Key words:** Compassionate Mind Training (CMT), Compassion Focused Therapy (CFT), self-criticism, student therapists, self-compassion, compassion for others, creative interventions, teaching programme.

## Highlights

- ‘Being kinder to self’ in times of suffering could help student therapists cope with the demands of training.
- Compassionate Mind Training (CMT) utilises creative interventions and has the potential to impact upon levels of compassion for self and compassion for others.
- Cultivating self-compassion may act as a remedy to self-criticism and help students who are highly critical

## Introduction

Students embarking on a career as a counsellor or psychotherapist are likely to experience traumatic incidents whilst engaged in clinical training, which can be emotionally demanding and stressful. In response, student therapists may experience emotional fallout, symptoms of empathic distress fatigue, stress, burnout, compassion fatigue, and self-criticism, which has the potential to impact upon levels of compassion shown towards self and others (Beaumont et al., 2015; Figley, 1995, 2002). Within this context, teaching self-care strategies and interventions aimed at increasing levels of compassion becomes imperative. The aim of teaching Compassion Focused Therapy (CFT) and Compassionate Mind Training (CMT) to student therapists is to tutor them in the art of reducing response psychological distress internally raised from engaging in traumatic stories with clients. This form of self-care is designed to increase the quality of life of therapists, **increase levels of self-compassion and compassion for others**, and reduce risk of emotional fallout (Beaumont et al., 2015).

Christopher et al. (2006) argues that, due to the demands of the curricula of clinical training, *“self-care is typically presented to the student as an individual responsibility”* (p. 496).

Nonetheless, over recent years there has been growing recognition that incorporating interventions (e.g., mindfulness & loving kindness meditations) into clinical training programmes cultivates self-care and compassion (Rimes & Wingrove, 2011).

**The Dalai Lama (2003) suggests that before individuals can develop genuine compassion for others they first have to be able to commit to care for their own well-being. This view is echoed by Shapiro (2008) who argues that the human heart needs to first pump blood to itself.** The value of practicing self-compassion to promote therapists continued well-being has been recognised in the literature by Barnett et al. (2007) and Mahoney (2005). However and surprisingly, few studies have examined the process of teaching student therapists strategies for self-care (Patsiopoulos & Buchanan, 2011). Addressing this gap in

student therapists training, this paper explores an intervention that has potential to enhance and enrich the lives of therapists, through teaching self-care strategies that incorporate creative methods to increase levels of compassion towards self and others.

### **Clinical training challenges**

Student life can be stressful, due to juggling study with work commitments, financial pressures, and personal responsibilities (Leathwood & O'Connell, 2003, Ruckert, 2015, Scanlon et al., 2010; Neely et al., 2009). Whilst many students face similar challenges (Scanlon et al., 2007), those engaged in clinical training programmes face further distinctive challenges that test both their knowledge and capability (De Stefano et al, 2012). By the very nature of the job, student therapists work with clients experiencing high levels of distress, possible suicidal ideation, with possible fixations of self-injury. Such disclosures require timely response, ethical and legal consideration, and are surrounded by rules surrounding confidentiality and disclosure (De Stefano et al., 2012). In addition, placements that engage individuals with mental health problems can augment these emotional challenges (Moore & Cooper, 1996). Furthermore, student therapists are required by many clinical training programmes to engage in personal therapy. This can add stress for student therapists, because they are required to reflect on their own history, present circumstances and attachment styles (Edwards, 2013). This in itself can 'ignite a threat response' (Gilbert, 2009), leaving the individual without a 'secure base' (Bowlby, 1969).

Rizq and Target (2016) examined the role of attachment status in student counselling psychologists (n=12). Results suggest that 'insecurely-attached' participants experienced personal therapy differently (e.g., they were more reluctant to attend therapy sessions) and were more concerned, less trusting, more fearful and suspicious, than students with a 'secure' or 'earned-secure' attachment style. The authors argue that more research should be

conducted to examine if the attachment status of the student therapist influences patient work. Obegi and Berant (2008) suggest that therapist attachment styles may impact on the client-therapist relationship, arguing that therapists with a ‘secure’ attachment are more likely to create a secure therapeutic environment. Indeed, this notion is echoed by Farber and Metzger (2008) who propose that therapists with an ‘insecure’ attachment may not be as well-equipped to heal ruptures in the therapeutic relationship as therapists with a ‘secure’ attachment style. This makes consideration of incorporating Compassionate Mind Training (CMT), as an intervention rooted in various sciences, including neurophysiological research, attachment theory, developmental and social psychology, into counselling and psychotherapy training potentially important.

A further point to consider is that although personal therapy can help students to develop personal insights (Edwards, 2013), it also has demands. For example, student therapists have to pay for psychotherapy, which adds expense and potentially may heighten anxiety and rumination. Furthermore, just as in clinical populations, student therapists are required to be ready to engage wholeheartedly in the therapeutic process, “otherwise an opportunity for personal growth will be missed” (Edwards, 2013 p. 224). Introducing the idea of ‘lifework’ into counselling and psychotherapy training programmes may help educators equip students with some of the tools needed to manage the difficulties of clinical training. Cultivating compassionate environments may therefore help create a ‘secure base’ for students, and also help them develop a caring motivation for change. This in turn may increase levels of compassion for others, increase confidence, and remind students that they are ‘in the same boat’ as other students (e.g., that all human beings have moments of stress, suffering, and anxiety). We are all part of one humanity (Neff, 2003a) and becoming a competent therapist can be dependent on the ‘lifework’ students engage in, whether that is personal therapy and/or introducing activities into life that promote self-care and boost levels

of compassion. Working toward a shared goal may increase the quality of care given to others. Indeed, there is often a strong bond between student therapists and counselling and psychotherapy teams (Edwards, 2013), which can enable development. However, for some students the group experience may not necessarily be positive (Edwards, 2013). For example, some students may feel isolated or 'not good enough' and so compare themselves unfavourably to other students in the cohort, which also makes considering an intervention that aims to cultivate compassion important.

In essence, student therapists may experience anxiety that is considered part of their journey towards developing a psychotherapeutic identity (Jacobsson et al., 2012). Like other healthcare professionals, this places them at particular risk of stress and burnout (Boellinghaus et al., 2013; Moore & Cooper, 1996; Skovholt & Ronnestad, 2003). Surveys by Boellinghaus et al. (2013) and Brooks et al. (2002), propose that between 25-41% of student therapists report struggles with low self-esteem, depression, and work adjustment. Kim and Sunwoo (2012) reported that play therapists and Gam, Kim and Jeon (2016) art therapists had low levels of burnout when they were proactive in using stress coping strategies (e.g., social support, self-efficacy, and supervision) to manage perceived stress.

This evidence reinforces the need for student therapists to develop self-care strategies, which is characterised in this paper as developing the ability to demonstrate compassion toward self and others (Gilbert, 2005). Self-care strategies include building self-awareness, self-regulation, and ability to balance own needs with others (Boellinghaus et al., 2013).

Providing self-care is an ethical imperative for psychological practitioners (Barnett et al., 2007), with therapists possessing a duty to take action when their own physical or mental health is harming fitness to practice. Therapists' self-care is a critical element in preventing harm to clients during a therapeutic intervention (Barnett et al., 2007). Considering this

expressed need, designing a training model that focuses on personal and professional aspects of self-care across the life span should be integrated into psychotherapy training programmes.

A further challenge for student therapists is the impact that clinical supervision has on their professional and personal development. Liddle (1986) promotes the idea that although clinical supervision is about support provision, it can provoke anxiety. Such provocation can also ignite the student therapists' 'threat system', which may result in self-criticism, embarrassment, shame, or fear of negative reactions from supervisors. Such responses can lead to negative thinking patterns, avoidance, and fear of disclosing thoughts during a supervision session, in attempts to conceal self-perceived flaws. Hence, teaching student therapists strategies that facilitate disclosure during their supervisory sessions may reduce the student therapists fear of being appraised harshly (Liddle, 1986). Self-compassionate individuals feel confident in admitting their mistakes, modify unproductive behaviours, and take on new challenges (Neff, 2009). As such, practices that encourage self-acceptance and cultivate a compassionate mind could help student therapists' gain more from their clinical supervision, placement experiences and clinical training.

Part of the role of educators is to search for meaningful solutions to problems encountered. Lecturers and clinical supervisors engaged in clinical training face a distinctive number of idiosyncratic difficulties. For example, in addition to having a role as educator, lecturers are also gatekeepers for the profession (Edwards, 2013), aiming to provide high quality of care to students at the same time as being mindful of ethical obligations to the counselling and psychotherapy profession. Students will graduate and become the therapists of tomorrow, thus treating patients that will test their limits. As such, introducing exercises into clinical training programmes that cultivate compassion for self and others could help the students of today become more effective therapists.

### **Self-compassion and self-criticism**

Student therapists in the initial stages of clinical training can experience increased anxiety, disapproving self-evaluation, and place pressure on self to excel in a mistake free environment (Rønnestad & Skovholt, 2003). Emerging research has suggested that CMT and CFT enhances well-being, improves levels of compassion, and reduces self-criticism in clinical populations (see Beaumont & Hollins Martin, 2015; Leaviss & Uttley, 2014). In response, we propose that Compassionate Mind Training be taught to student therapists.

Self-criticism is an important concept, because it is strongly related to lower levels of self-compassion (Gilbert et al., 2004). Student therapists who are self-critical, often feel inferior, experience inadequacy, and exhibit self-antipathy. Underpinning these negative perceptions may be a desire to correct and prevent mistakes and sustain set standards, which if disappointed can lead to self-punishment (Gilbert et al., 2004). Teaching CFT/CMT is just one solution to counteract such adversities, and may be worthwhile because individuals who report high levels of self-compassion experience improved relationship functioning (Neff & Beretvas, 2012), a willingness to embrace innovation and challenge, and lower levels of self-criticism when failing at a task (Neff et al., 2007). In addition, students report enhanced empathetic concern, improved perspectives, altruism, and forgiveness (Neff & Pommier, 2012).

Developing self-compassion may function as a remedy to self-criticism (Beaumont, 2016) and is an adaptive way of self-relating when experiencing feelings of inadequacy. Individuals who have unrealistic standards (Ellis, 1962) and high expectations (Beck, 1976) are prone to self-criticism. Developing self-compassion and responding to ‘the bully within’, through ‘being kinder to oneself’ in times of difficulty may help student therapists on their journey to become successful practitioners. Beaumont et al (2016) found that compassion focused therapy training was helpful in a sample (n=28) of healthcare educators and providers (nurses, midwives, counsellors and psychotherapists), which suggests that CMT



may also benefit student therapists. The researchers found a statistically significant increase in levels of self-compassion and statistically significant reduction in self-critical judgement post training. The researchers concluded that developing self-compassion and responding to the ‘inner self-critic’ with compassion may help change levels of compassion and self-critical judgement. These findings augment the results of Barnard and Curry (2011) who found that teaching compassion based experiential exercises instigated changes in levels of self-reported compassion.

Links between self-compassion, compassion for others, compassion fatigue and burnout have previously been explored by Beaumont et al. (2015), who utilised a quantitative survey to measure relationships between self-compassion, compassion fatigue, well-being, and burnout in student counsellors and student cognitive behavioural psychotherapists (CBT) (n=54). Findings support that participants who report higher self-compassion and well-being report fewer symptoms of burnout and compassion fatigue. In addition, self-judgement scores correlated negatively with well-being and positively with compassion fatigue and burnout. In response to these findings, this paper proposes an intervention designed to cultivate compassionate care in student therapists. Developing an intervention to cultivate self-compassion could improve student’s ability to cope with distress by reducing levels of self-criticism, self-blame, and self-attack (Klimecki et al., 2013).

Cultivating compassion involves responding to situations without judgement, with a caring motivation and understanding. Self-kindness, mindfulness, and common humanity are the three components of self-compassion according to Neff (2003a).

1. Self-kindness is associated with a tolerance and understanding of the apparent negative characteristics of self.
2. Common humanity recognises that mistakes are an integral part of human experience.

3. Mindfulness involves being in the moment, without judgement when suffering is experienced.

Gilbert (2009) proposes that compassion “*aims to nurture, look after, teach, guide, mentor, soothe, protect, offer feelings of acceptance and belonging – in order to help another person*” (p. 193). Higher levels of self-compassion have been linked to lower levels of self-criticism and lower risk of experiencing symptoms of anxiety and depression (Luyten et al., 2007; Neff, 2003a; Neff et al., 2007). Self-compassionate people are better equipped to face painful thoughts, without avoidance or exaggeration (Neff et al., 2005; Neely et al., 2009). One strategy for reducing self-criticism is presented by Breines and Chen (2013) who found that participants who wrote about their experiences of providing support to a friend following a negative event, demonstrated an increase in self-compassion. In addition, participants who recalled events where they provided support to a stranger, reported higher levels of self-compassion compared with participants who did not.

## **Rationale**

Some students who embark on a counselling career are self-critical, expressing thoughts akin to; ‘I am not good enough’, ‘other people are better than me’, ‘what if I don’t meet my targets and fail in pursuit of my dreams’, and/or ‘I have to be perfect and not flawed’. It is the job of educators to help student therapists reach their potential, which involves helping them to respond to self-criticism with kindness and self-compassion. Self-compassion may be the remedy to self-criticism, is necessary for self-care and is a quality needed for students entering the demanding world of therapeutic work. Student therapists may benefit from using creative methods, which aim to improve levels of compassion. This idea is echoed by Orkobi (2012) who suggests that self-care can be enhanced through use of creative interventions, and that such strategies may help students cultivate their professional identity. Therefore considering a training programme which incorporates interventions including compassionate

letter writing, imagery techniques, acting skills, and art and music could be of value because it may help students cope with some of the difficulties experienced in training. Other benefits of cultivating compassion include boosting immune system efficiency (Klimecki et al., 2012; Lutz et al., 2008) and improving psychological well-being (Beaumont & Hollins Martin, 2015; Neff & Germer, 2012). Acknowledging such advantages, justifies the act of introducing CMT into a training programme, with follow-up evaluation examining the effectiveness of increasing levels of compassion.

### **Cultivating a compassionate mind**

Professor Paul Gilbert developed CFT and CMT (Gilbert, 2009) to help individuals suffering from low mood and high levels of self-criticism, move towards healing. CFT describes the process and theory of the model, while CMT is just one element of CFT. Gilbert's (2009) CFT model incorporates fundamentals from evolutionary, attachment theory, neuroscience, social and developmental theory. The CFT approach examines how the development of affiliative emotions help regulate the threat-processing and social motivational systems, for example, how we have evolved to help other people, to care for one's family and to search for partners. The model is often referred to as the 'three circles model' (see *Gilbert, 2014*) and proposes that humans possess 3 emotion regulation systems:

- The threat and protection system
- The drive, resource seeking, and excitement system
- The affiliative/soothing and safeness system

### **Threat and protection system**

The *Threat Protection System (TPS)* directs attention to situations that a person perceives as threatening. As a result the body is called into action and the individual will respond to the perceived threat with a variety of emotions, including, anger, anxiety and disgust. It works to generate 'better safe than sorry' scenarios (Gilbert, 2009). For example, a student therapist

may perceive that they are an inadequate therapist and imagine themselves failing the course, which in turn ignites the TPS.

### **Drive System**

The *drive system* developed to motivate animals to pay attention to particular resources, including, finding food and shelter and seeking sexual opportunities. It down-regulates negative emotions from the TPS system, and is activated upon winning a competition, passing an exam or gaining promotion (Depue & Morrone-Strupinsky, 2005). Experiencing positive emotions make it likely that the person will repeat associated behaviors.

### **The content, soothing/affiliative system**

The *soothing/affiliative system* is associated with physiological responses. For instance, physical calming, attachment, caring, and interpersonal connection (Depue & Morrone-Strupinsky, 2005). As such, the *soothing/affiliative system* is linked to affection, social connection, kindness, caring, bonding and **calming and is thought to be linked to the experience of attachment and associated with the neuropeptide oxytocin. This system may therefore play a role in helping affiliative emotions and feelings of safeness, connection, bonding, and trust. Cultivating this system may therefore help student therapists to cope with the emotional demands of training, especially as this system it thought to help regulate the threat and protection system.**

When faced with distressing events, being in receipt of compassion creates feelings of security. Utilising exercises that activate the *soothing/affiliative system* increases the partakers' self-compassion and regulates their threat responses (e.g., self-criticism). This in turn enables the person to feel safe and less distressed, with reduced associated negative thoughts helping them sustain delivery of quality counselling care to clients. In essence,

CFT/CMT could help student therapists cultivate self-kindness, which in turn reduces self-judgement (Neff & Vonk, 2009).

### **Cultivating compassion for self, experiencing compassion from others and offering compassion to others**

Therapists who have an external flow of compassion (compassion for others), in the absence of self-compassion, can experience amplified stress (Gilbert & Choden, 2013). This in itself is another justification for teaching student therapists interventions aimed at increasing internal and external compassion in ways that have proven valuable in helping clinical populations (Beaumont et al., 2012; Beaumont & Hollins Martin 2013; 2015; Gilbert & Proctor, 2005; Mayhew & Gilbert, 2006). Compassion flows in 3 ways (Gilbert, 2014):

- (1) Compassion flowing out (*compassion for others*). That is, experiencing compassion within ourselves and directing this outward towards others.
- (2) Compassion flowing in (*compassion from others*). That is, experiencing compassion from others, and receiving and accepting it.
- (3) Self-to-self compassion (*self-compassion*). That is accepting, nurturing, directing and developing compassion within ourselves and towards ourselves.

Clinical training programmes that incorporate CMT may have potential to reduce negative emotions activated by the TPS, through providing a ‘secure base’ (Bowlby, 1969) **and help balance academic, client, placement, organisational, supervision, and personal demands (see figure 1)**. In particular, CMT uses a variety of breathing, postural and imaginal interventions. Recalling times when participants have experienced giving and receiving compassion are also examined.

### **Figure 1: Compassionate Mind Training Model for Healthcare Practitioners and Educators**

**INSERT FIGURE 1**

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### **Cultivating compassion in student therapists**

Key principles of CFT/CMT include motivating participants to:

- Care for themselves and their own well-being **and the well-being of others.**
- Become more sensitive to personal needs and distress.
- Extend warmth, non-judgement and understanding **towards self and others** in times of suffering.

Gilbert (2014) proposes two psychologies of compassion. The first involves having awareness of suffering, and an ability to tolerate and engage with it. The second is action focused and aims to figure out what to do about suffering (Germer & Siegel, 2012; Gilbert, 2014). During process, individuals learn to: (1) direct attention, (2) use imagery, and (3) act, reason, attend and respond to sensations and emotions with compassion through a variety of interventions (see *Table 1*).

### **INSERT TABLE I**

**Table 1: The key attributes of compassion, skills of compassion and interventions designed to increase levels of compassion (Gilbert, 2009)**

<b>Gilbert's (2009) first psychology of compassion (Compassionate Attributes)</b>
<p><i>Care for well-being:</i> Caring for oneself and other people with a desire and a caring motivation to notice and turn toward suffering with a wish to alleviate distress and stimulate well-being.</p> <p><i>Sensitivity to distress:</i> Developing self-awareness and being attentive to one's own suffering (through physical and emotional clues) and other people's distress.</p> <p><i>Sympathy:</i> Acknowledging and feeling emotional moved by past and present experiences of suffering and distress.</p> <p><i>Distress tolerance:</i> Turning toward suffering and learning to tolerate difficult emotions with an open hearted acceptance and kindness.</p> <p><i>Empathy:</i> A desire to learn, understand and discover the reasons we and other people behave, think and feel in situations and environments (e.g., thinking about why we are self-critical and when we first noticed self-criticism).</p> <p><i>Non-judgement:</i> Individuals are taught techniques that aim to help them learn to notice and let go of self-attacking and self-criticism without judgement.</p>
<b>Gilbert's (2009) second psychology of compassion (Compassionate Skills)</b>
<p><i>Attention:</i> Linked to mindfulness, focusing on the present moment without judgement or criticism.</p> <p><i>Reasoning:</i> Training the mind to think and reason in helpful ways (focusing on a balanced perspective, for example, asking oneself 'how can I think in a way that will help me in this situation').</p> <p><i>Behaviour:</i> Behaving in ways that help individuals move through suffering, toward their life goals. This can be difficult and requires courage because it may involve facing fears or refraining from using unhelpful safety behaviours.</p> <p><i>Sensory:</i> Learning to stimulate the affect regulation system by using breathing practices, vocal tones and body postures.</p> <p><i>Feeling:</i> Noticing and responding to emotions using compassion.</p>

*Imagery:* Using imagery exercises that aim to stimulate the soothing affiliative system.

**Gilbert's (2009) Compassionate Mind Training interventions include**

*Mindfulness and focused attention:* Learning how to notice that our attention can be directed by us.

*Soothing rhythm breathing (SRB):* Exploration of breathing methods that have been found to be connected with heart rate variability, positive health outcomes and frontal cortex activity (Gilbert, 2014). SRB can help to regulate the threat system.

*Creating a safe place:* Creating a place in the mind that provides affiliative feelings.

*Compassion focused imagery:* Using imagery exercises to stimulate the soothing systems and manage distress. When anxious or worried, individuals may imagine negative, critical or scary images that tend to add to distress.

*Compassion as a flow:* Exercises designed to increase levels of compassion for self and others would be introduced.

*Developing the compassionate self:* Using acting skills and imagery techniques to create and develop a compassionate ideal self which, may be used to cultivate compassion for others and self.

*Developing our ideal compassionate other:* Using imagery techniques to create an image of an ideal compassionate other (an image that offers compassion).

*Our different parts:* Exploration of the different emotional parts (e.g. angry, anxious and critical). Using a compassionate mind to relate to our different parts.

*Engaging with self-criticism using the compassion self:* The compassionate self will direct compassionate behaviour, thoughts and feelings to the critical self.



Introducing student therapists to the core theoretical elements of Gilbert's (2009) model, involves delivering education about the evolved nature of the human mind. This includes theoretical explanations of how and why our 'sense of self' is shaped by interaction between genetics and life experience. In addition, experiential exercises to cultivate compassion are taught in a step-by-step programme. For example, exploring the effectiveness of CFT/CMT (Beaumont & Hollins Martin, 2015). What is taught to student therapists is captured in the *6-step study framework* that follows:

***Step 1: Education regarding self-care***

- Students will be introduced to concepts and issues surrounding occupational stress, empathic distress fatigue, compassion fatigue/secondary trauma/vicarious trauma and burnout and how symptoms can impact on a person's ability to display compassion.
- The importance of self-care and self-soothing in times of suffering will be discussed.
- The forms and functions of self-criticism and how this impacts upon relationships, supervision and placement experiences (e.g., exploring how internal and external stressors can ignite the TPS and impact upon well-being) will be explored.
- The relationships between self-compassion, compassion for others, professional quality of life, compassion fatigue, burnout, and well-being will be examined.
- Students will be introduced to role-play scenarios that examine how to bring compassion to, and listen to one's own needs and the needs of others.
- Helpful and unhelpful coping strategies for managing stressors (e.g., academic, client, placement, organisational, supervision, and personal demands, fatigue, burnout and trauma) will be explored.

***Step 2: Psycho-education about Gilbert's (2009; 2014) key elements of CFT/CMT***

Student therapists will be introduced to the core theoretical elements of Gilbert's model and will explore how the emotion regulation systems works (i.e., threat, drive, and soothing). Gilbert's (2014) model proposes that we possess a 'tricky brain', with most of the internal workings of thinking 'not our fault' (e.g., we are all prone to rumination, self-criticism, and feelings of shame, which impact on well-being and compassion levels).

***Step 3: Formulation (Gilbert, 2014)***

**In this step discussions regarding** how early in life we create coping strategies that enable us to self-soothe, drive forward, and defend against threat will be explored. These early experiences impact upon student therapist's views of self, and by doing so influence self-to-self interaction. For example, students will reflect on how they respond to themselves when they make a mistake (i.e., tone of voice employed). Time will be spent reflecting on personal histories and how students have previously responded to fears and problems and how they would like to respond and regulate emotions in the future.

***Step 4: Compassionate capacities (Gilbert, 2009)***

Breathing exercises and imagery techniques that create a sense of safeness and calm will be introduced and practiced. Exercises which can be helpful in times of stress such as 'safe-place' will be explored by students which, sequentially may facilitate growth of empathy towards clients.

***Step 5: Using behavioural exercises to build compassionate capacities (Gilbert, 2009)***

Incorporating exercises that foster wisdom and courage to counter situations, and assertiveness to challenge unhelpful behaviours (e.g., work evasion with particular clients, inhibiting challenging discussion during supervision for fear of error or being judged) will be incorporated into training. **Creative interventions such as, compassionate letter writing, art, acting techniques and imagery will be used to portray self-compassion and self-criticism.**

This in turn may help student therapists reflect on their own needs in the ‘here and now’, understand their self-critical self and develop an understanding of their own suffering.

***Step 6: Engaging with difficulties using a compassionate mind-set (Gilbert, 2009)***

Organisational demands, placement struggles, academic and personal demands and self-criticism all impact upon levels of self-compassion. Utilising exercises aimed at listening to the sad-self, angry-self, critical-self, and offering non-judgement and compassion to the different selves could help students understand their own needs.

**Data collection**

Compassionate Mind Training will be incorporated into a clinical training programme and its effectiveness will be measured by collecting qualitative and quantitative data. Qualitative data will be collected via a focus group and through the use of creative methods. For example, students will create (using compassionate letter writing, imagery, art, acting and/or music) their compassionate self and self-critic before and after training. These methods have been found helpful within clinical populations and have the potential to help student therapists reflect on their personal development whilst at the same time nurturing compassion. Quantitative data will be collected using the Self-Compassion Scale (Neff, 2003b), the Compassion For Others Scale (Pommier, 2011), Professional Quality of Life Scale (Stamm, 2009), The Interpersonal Reactivity Index (Davis, 1980) and the Forms and Functions of self-criticising/attacking and self-reassuring Scale (Gilbert et al., 2004).

**Learning objectives**

On completion of the *6-step study framework*, student therapists will be able to:

- (1) Critically explain how empathic distress fatigue, compassion fatigue, burnout, self-critical judgement, the supervisee/supervisor relationship, clinical training, and organisational pressures impact on self, colleagues, relationships and clients.

- (2) Demonstrate understanding of how the compassionate mind model works.
- (3) Consider how cultivating compassion can help diminish self-critical dialogue.
- (4) Discuss the 3 flows of compassion and how low levels of self-compassion can lead to burnout, compassion fatigue, and/or stress.
- (5) Explain how emotions, such as shame and self-critical thinking, impact upon well-being.
- (6) Consider how creative interventions could be used within clinical settings to help clients develop self-compassion and reduce self-criticism.

It is recommended that post-delivery of a well prepared teaching plan, that the lecturer evaluates delivery and measures pre and post changes in compassion.

## Conclusion

Given that CFT/CMT has proven effective in clinical populations for treating individuals who are self-critical and report feelings of shame (Beaumont & Hollins Martin, 2013; 2015; Gilbert & Procter, 2006; Gilbert & Irons, 2005; Harman & Lee, 2010; Mayhew & Gilbert, 2008), teaching the method to student therapists could develop their ability to ‘be kinder to self’ in times of stress. **Additionally, it could help students to build resilience because CMT aims to provide interventions that may help students face a variety of idiosyncratic demands (e.g., academic, client, placement, organisational, supervision and personal demands).**

Providing compassionate care is considered vital for clients, and also plays a significant role in the therapists’ self-care (Raah, 2014). This evidence makes the idea of cultivating compassion within student therapists important, because those capable of self-compassion may be better equipped to demonstrate compassion to clients (Beaumont et al., 2015; Heffernan et al., 2010). **Educators are the gatekeepers of the profession and have first-hand knowledge of the stressors faced by students entering the world of clinical care. It is therefore essential that these issues are examined and meaningful solutions searched for. Creating**

compassionate environments may provide a 'secure base' for students which long-term could improve the quality of care student therapists give to both oneself and others.

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