Article

Exploring the impact of a Compassion Focused Therapy training course on Healthcare Educators

Rayner, Gillian, Beaumont, Elaine and McAndrew, Sue

Rayner, Gillian ORCID: 0000-0001-7293-525X, Beaumont, Elaine and McAndrew, Sue (2021) Exploring the impact of a Compassion Focused Therapy training course on Healthcare Educators. Health Education Journal . ISSN 0017-8969

It is advisable to refer to the publisher's version if you intend to cite from the work.
http://dx.doi.org/10.1177/00178969211008484

Exploring the impact of a Compassion Focused Therapy training course on Healthcare Educators

Gillian Rayner[a], Elaine Beaumont[b] and Sue McAndrew[c]

[a]Community Health and Midwifery, University of Central Lancashire (UCLAN), Preston, UK
[b]School of Health & Society, University of Salford, Greater Manchester, UK
[c] School of Nursing & Midwifery, University of Salford, Greater Manchester UK
Acknowledgement Chris Irons

Abstract
Background: Stress and particularly burnout, is a major problem among healthcare workers and can lead to high staff turnover and low patient/client satisfaction.
Objective: To explore the impact of three-day Compassion Focused Therapy training on those delivering education to healthcare students. The underpinning premise was that the training course could potentially be replicated through the participants' work with students embarking on a career within the helping professions.
Design: Mixed methods study, with the qualitative findings being presented in this paper.
Setting: Training course was delivered in one higher education institution in England.
Methods: In total 44 healthcare lecturers attended the course, with 6 taking part in a reflective focus group.
Findings: The analysis highlighted four main themes: reassurance and increased knowledge; increased compassion others; self-compassion and empathy; and blocks to compassion.
Conclusion: Findings add to previous quantitative research findings showing that participants who undertook training were able to engage with their compassionate self and consider the importance of showing compassion towards the self and others in healthcare education.

Keywords: Compassion focused therapy, healthcare education, mental wellbeing, qualitative research, self-compassion

Corresponding author:
Gillian Rayner, Community Health and Midwifery, University of Central Lancashire (UCLAN), Brook Building, Victoria Street, Preston, PR17QT, UK
Email: GRayner@uclan.ac.uk

Introduction

Workplace stress is high among the healthcare workforce and has been associated with poor mental and physical wellbeing, increased staff turnover and compromised quality of care (Alenezi et al., 2019; Burton et al., 2016). In the light of these difficulties, it is important to find more effective ways of dealing with stress within the healthcare workforce. One approach to reducing stress is through cultivating self-compassion; compassion being a central concept within healthcare practise, and a core value for those delivering care (Beaumont t al., 2016a). Compassion may be defined in a number of ways, but it always encompases a sensitivity to suffering and distress, both in the self and others, with the aim of trying to do something about such distress (Gilbert, 2005, 2010, 2014).

Healthcare educators have a vital role to play in teaching self-compassion to enhance students' compassion towards others (Newton, 2010). In nurse education, lecturers with higher levels of self-compassion have been found to be more compassionate towards others (Gustin and Wagner, 2013). Similarly, in a sample of healthcare students, self-compassion aided well-being and management of their emotional distress (Yarnell and Neff, 2013). Cultivation of self-compassion can lead to increased self-improvement and motivation, and improved patient care (Bramley et al., 2014; Breines and Chen, 2012). This paper reports on findings from a course evaluation for health educators introduced to Compassion Focused Therapy (CFT) in a university setting. The course could be replicated through participants modelling what they have learned when working with students.

Compassion Focused Therapy

A variety of training courses exists to help develop the skills and attributes of compassion. One approach, namely CFT, was specifically developed to address psychological problems underpinned by shame and self-criticism (Gilbert, 2005). The CFT model draws on insights from evolutionary theory, neuroscience, developmental psychology, attachment theory, emotional regulation, and social motivational systems theory (Gilbert, 2009; 2010). The model suggests individuals can learn to develop compassion and balance emotion regulating systems. Gilbert (2005; 2009; 2010) proposes that we have three emotion regulation systems.

- The drive or activating system (excitement, joy and anticipation) functions to help us pursue resources and move toward goals that may be advantageous to us
- The soothing system (safe and connected) helps us rest and digest, bringing balance to the other two systems.
- The threat system is focused on anger, anxiety and disgust, alerting us to things that are threatening in the world. It motivates us to engage in a response that aims to protect and keep us safe

Gilbert (2009; 2014) proposes that the threat system is activated during high levels of self-criticism and shame. The aim within CFT is to bring balance to motivation and threat systems by cultivating a compassionate system. An understanding of how mood regulation systems are balanced or sensitised can lead to a better understanding of the facilitators and inhibitors of compassion (Gilbert, 2009). When high levels of stress are experienced, negative self-judgement and emotions such as shame may interfere with our ability to reflect, problem solve and integrate information. These thoughts, judgements and emotions trigger the threat protection system (Liotti and Gilbert, 2011).

This has relevance to wellbeing and the facilitation of learning, as having the ability to reflect in and on practise, solve problems and apply theory to clinical practise are key requirements of all healthcare professionals. One potential solution for dealing with such stress may be to teach people strategies that cultivate compassion for self and others, and by so doing reduce self-criticism and the negative emotions often associated with it.

Key concepts

An important concept in CFT is the idea of an 'old brain' (physical reactions; heart racing, tense muscles, feelings of anxiety, anger) and the 'new brain' (self-doubt, self-criticism, rumination). The 'old brain' evolved over millions of years and shares a variety of emotions and motivations with other animals (Gilbert, 2009). However, humans also have the ability to think, reflect and observe, as well as have a sense of self identify, with what can be considered the 'new brain'. This can be a useful concept in understanding behaviour.

Another important concept to explore with reference to compassion, is the notion of 'flows' of compassion. There are three ways in which compassion might flows, each of these having facilitators and barriers that impact their cultivation (Gilbert, 2014). Firstly, compassion flows out; individuals can experience compassion in themselves and direct it outward toward other people. Secondly, compassion may flow in; individuals can experience receiving and accepting compassion from others. Lastly there is self-compassion, which involves generating and directing compassion towards ourselves (Gilbert, 2009; 2014).

CFT interventions that help assist the flow of compassion have been found to be beneficial with patients (Beaumont et al., 2012; Beaumont and Hollins- Martin, 2013; Beaumont et al., 2016a; Gilbert and Procter, 2006; Leaviss and Uttley, 2015; Mayhew and Gilbert, 2008). Likewise, CFT has been reported to be successfully used outside of psychotherapy settings, such as acute mental health wards (Crawford et al., 2013) and schools (Welford and Langmead, 2015). Given current demands within healthcare delivery and the importance of compassionate care, it may be useful for staff to be supported in developing their skills to cultivate compassion for others, from others and for self (Curtis, 2015). The provision of continuing professional development (CPD) courses to help staff develop self-care strategies could help healthcare professionals self-soothe and increase self-compassion in times of distress. Learning to compassionately respond to the self and others has the potential to help individuals cope with stressors and enhance their resilience (Whelton, 2000).

Against this background, the aim of this evaluation was to explore the impact and personal experience of a 3-day CFT training course on healthcare educators.

Methodology

The first two authors of this paper established the need for the course to increase participants' knowledge and experience of compassion in order to facilitate compassionate education for healthcare students. The course developed integrated theory and practise, including an exploration of the significance of evolution and attachment theory within CFT, and the role played by the three emotion regulation systems (Gilbert, 2009). The experiential skills practiced during the course were designed to increase motivation to practice compassionate activities towards the self and others. (see table 1)

[Insert table 1 about here]

In total 44 educators attended the course at the University of Salford in 2018. Whilst all worked in academia, staff attending came from a variety of health professional backgrounds including adult, child and mental health nursing; counselling and psychotherapy; and midwifery. The ages ranged from 25-60 years and they had been between 1- 20 years teaching experience. Of the 44 people who attended the course, 28 completed pre- and post-questionnaires.

Participants self-selected to attend the course and participate in the evaluation study. Ethics approval was provided by the University of Salford. To evaluate the impact of the training course a two phase multi method study was undertaken. The first phase involved a quantitative approach using a pre and post-test questionnaires, which were statistically analysed using mixed analysis of variance (ANOVA). (Beaumont et al., 2016b). There was a statistically significant increase in self-compassion and a reduction in self-critical judgement between measures taken before and after the course.

Phase two of the study took a qualitative approach and involved a focus group conducted one month after course completion. This provided a more detailed narrative of participants' experience of the course and its impact on. It is this aspect of the study that is presented here.

Purposive sampling (Palys, 2008) was used in this study. The 28 staff who had engaged in the training and completed the pre and post-test were invited to take part in the focus group. Six agreed to participate. Those taking part in it included one counsellor, one midwife, two adult nurses and two mental health nurses. No one withdrew from the group.

The focus group ran for one hour, was audio-recorded, and was held in a university setting. Two key questions initiated the discussion; (1) What effect has the CFT training had on you? (2) How did the CFT training affect your work with students? The facilitator of the focus group was an experienced group psychotherapist and researcher, with previous experience of facilitating focus groups.

Interpretive thematic analysis was used to understand participants' responses (Braun and Clarke, 2006). Following transcription of the focus group recording by the

first author, an inductive thematic analysis was developed. Coding was informed by the data (bottom up), rather than a pre-existing theoretical lens (top down). The approach involved exploring participants experiences, meanings and realities. The first two authors independently analysed the transcripts with Braun & Clarke's six phase guide supporting the analysis. In the first phase the transcript was read to gain familiarity with the data. Then coding was developed using a system each author believed would highlight important facets of the data. Themes were then generated and reviewed to enhance inter-coder reliability (Gregory et al., 2012). Definition and naming of the themes took place.

Findings

The analysis highlighted four main themes: reassurance and increased knowledge; increased compassion others; self-compassion and empathy; and blocks to compassion. Participants were assigned pseudonyms to protect confidentiality.

Reassurance and increased knowledge

Participants reported that they felt reassured by the principles and practice in the CFT model and that they were using some elements in their current practice. Evidence of this came from Anne who was a nurse:

> "You know I just needed that reassurance that what I was doing was within my limitations and was acceptable."

This related to reassurance about her educational practice. For others they experienced an increase in theoretical confidence that reinforced compassionate practice. The theory on the course strengthend compassion where there was previously self-doubt. This was expressed by Brenda who was a nurse:

> "Now I've sort of got the reassurance that's not the easy option, it's me being compassionate. Whereas before I thought, maybe I'm a bit of a soft touch and they think they can get away with it. But I think no, that's the compassionate way to view things and when they start to talk about this going on, I was starting to think oh yeah, now I've got a theory to hang on to that then."

For these two participants, having been trained in CFT enabled them to remain compassionate, believing this was a correct and 'acceptable' way to interact with students. They were able to recognise that they were using compassion and appeared 'reassured' that theory supported them in its use. Other group members agreed with their views.

Increased compassion towards others

Participants discussed how they gained increased compassion towards students, colleagues and patients/clients in their clinical work and how this had been validated by the course. An example of this was given by Brenda:

> “In terms of the personal tutor role and as programme leader, as you know I had students to see during that week [of the course] and to be able to sit through a conversation with a student and know what I was saying and what I was doing was acceptable [was good].”

Here, Brenda recognises how a compassionate approach had helped her communicate more effectively with students in her course leadership role. Being able to do this enhanced her esteem. Increased compassion towards students meant that for Clare (Midwife) she could spend more time understanding why things happen rather than just advising:

> “But I think importantly for the students, the ones not coming for supervision or someone is not listening they are going away and not doing as you advise. There is a reason why. There is always a reason why. And it's my role to find out what that is rather than going "you've not done what I said", "you've not taken what I have said on board.”

Here, the use of compassion enhanced empathy and personal connection through greater understanding of the student’s situation. This contrasted with a reduction in a judgment and anger fueled response to non-compliance. This also extended to colleagues for Brenda:

> ‘”I guess it's given me a reminder that compassion not only starts from ourselves, but it's extending from us and beyond and I guess that I have found, I have been more proactive with colleagues mainly, because part of my role is to do that with students anyway, but now also with colleagues.”

This theme of compassion towards others extended to colleagues. It appeared that empathy, understanding and connection to colleagues via compassion was limited prior to the course and was enhanced. The compassionate flow to others that was discussed on the course also began to have meaning and connection for additional people at work in educational settings and with patients.

The theme of compassion towards others also connected for some participants and their clinical work. Christine (Mental Health Nurse) described how useful she found the three-system model of emotion regulation to understand the patients she worked with:

> “I think we should assume that every single patient we meet has a massive threat system. Because if you’re in hospital, then it’s inevitable, isn't it? “

There was an understanding within the group, that when patients are ill or in crisis their threat system would be triggered. This above statement demonstrated clear empathy and compassion with the patients' state of mind. However, when forensic mental health settings were considered this appeared to be more of a challenge. Christine stated:

> "When you are trying to understand people in forensic settings you know, people who have committed terrible crimes and the students often find that difficult, don't they? Now I can think, oh, they are old brain and it makes me wonder, whether their new brain has developed well."

Gaining insight into the threat focused system and old brain, was reported to help assist with empathy, as well as being useful to communicate these ideas to students and support them in their clinical placements. This was also deemed useful by Clare:

> "Women go very old brain when they have a baby. Some women react really badly in the labor room. But actually, it's easy to be compassionate because somehow there is no premeditation to it, you know they are in agony and you just let them do it. And you forgive them immediately."

Clare reported how she found it helpful to learn about the notion of an 'old brain' and a 'new brain', and that some of the emotional and behavioural responses are, from an evolutionary stance, archaic. This was reported to assist in conceptualising behaviours in a different way in order to improve interpersonal relationships within healthcare settings. It was noted that compassion towards others and empathy was a stronger theme than self-compassion.

Self-compassion and empathy

Participants highlighted the role played by self-compassion and empathy. This was framed as a process of self-reflection and self-compassion and a sense of slowing down when experiencing stress. Ruth (Nurse) reported how the training had helped her deal with her own issues.

> "When I saw an email, that really initially made me see red, I didn't respond, I parked it. I thought about what we had learned on the course, and then dealt with it the next day in a very different way than probably I would have responded the day before. So, it's made me think about a number of occasions, both personally and at work, where I have responded differently."

Here the ability to take some time to consider responses meant that Ruth was able to react with increased compassion. There was a connection here between enhanced self-compassion which increased a practice of increased compassion to another staff member. This was reaffirmed by Clare:

> “If you get an email from someone, I used to have a knee jerk reaction, but now I respond, but without pressing reply, but park it and send it later.”

Two aspects of the training, mindfulness and three system model of emotion (also referred to as the ‘traffic light’ system), were also considered useful by Clare.

> “With the mindfulness thing, when they say stand back as an observer and say to yourself, that's an annoyed person there and just be kind to yourself. Say it's ok to be annoyed, the reason that I'm annoyed is because I'm so busy. I've got too many things to do. The traffic light system for me has had such a big effect and I watch other people and I think, they are in red, they are in amber, they are in green.”

The training (especially the three-system model) was described as being useful to understand interpersonal processes and also to empathise with other people. Clare linked the use of this theory to move into a personal reflective space, utilising self-compassionate thoughts as a precursor to responding in a considered manner. Again here, the use of a theoretical construct appeared to help in the compassionate reflective space that facilitated a different way to create meaning and avoid the threat system. The imagery and colours were important as a shorthand.

As part of the training, staff were invited to create an ideal compassionate image (Gilbert, 2010) from which attendees could experience compassion flowing towards them and out to other people. Time and space to undertake this exercise was given, in the hope it would give permanence to this image as a coping strategy. The exercise was viewed positively within the focus group and the imagery connected to a deeper internalised compassionate self. Alicia (Counsellor) stated;

> “I instantly envisaged somebody quite famous who I have always had as a bit of a role model and that really worked. And I thought, yes when I get anxious, I just think of this individual and how would she react and respond. I actually downloaded her autobiography as I wanted to know more about her and then look at the traits she had and how I could develop that in me.”

Compassion and empathy was directed firstly towards others and then participants brought this back to themselves. The focus on keeping compassionate others in mind meant that self-compassion and improvement could be enhanced with further learning and empathic connection. Christine described how her image helped her to manage difficulties.

> “It was a very religious image, kind of like Jesus floating down the street and I was in like a cozy coat with a wand that sparkles, you know like a kid’s wand that goes dring dring... And so, I have got this image now that's with me all the time, like in a stressful situation or trying to get to sleep, especially. I just see me and my friend like that floating down the street and going dring...dring...”

This was reported as a positive experience and a useful method of coping with stress.

> “I’ve been quite surprised at the effect of the image that was given. I could have created that, but no one ever asked me to create it. I wouldn't have thought or know how to even begin to do that. And I don't use imagery often, but that's really stuck and it's there. I feel like it's there forever now.”

The participants spoke of their imagery of compassionate others that enabled then to turn to their self-compassion. There appeared to be a requirement that the facilitator invited them to do this. Although this theme focused on self-compassion, it seemed that this only occurred when directed by another person and was usually compassion directed to others first and then back to the self.

Blocks to compassion

Blocks to compassion was a theme relating to communication, ethical issues and being “perfectly compassionate”. During the focus group, compassion towards others was reported to already have had a firm focus on interactions with staff, students and patients. However, participants also discussed a block to receiving compassion through communication from other staff members. For example, Alicia discussed how a member of staff had spoken to her about being compassionate and had told her:

> “’ ‘You will be compassionate’. If you are told this, it doesn't work because it's failed before it’s started. We could also be accused of that, telling the students you have got to be compassionate, but I'm not going to be compassionate to you. So, unless we are [compassionate] to them how can we expect them to learn to be compassionate to other people?’”

There is an acknowledgement here that people cannot be forced to be compassionate. Being aware of the way in which communication occurs is also likely to affect a person’s ability to show compassion towards others. Alicia was told by another member of staff ‘you will be compassionate’, detracting from her motivation to show compassion. Alicia was also keen to point out that educators need to show compassion, as well as asking students to be compassionate in their care of patients or clients. This notion also extended to the participants’ employing organisation. Participants agreed that they needed to receive compassion from leaders within their organisation in order to provide compassionate education. Alicia stated:

> “If the compassion of the whole organisation was different, would that then mean that individuals would be more able to be compassionate? Because they would be less fearful of the consequences that may come from the organisation.”

Alicia had developed a greater understanding about the process of compassion, and importantly how there needs to be a flow between receiving compassion from others and giving compassion to others and self. This was also agreed to be important by the other participants. Three participants discussed how compassion could conflict with their professional role as a registered nurse. Brenda stated that:

> "I have got the public to protect and compassion goes to a certain degree. You have to think is this person fit for practice? And I think that really does conflict sometimes with this compassionate you. Because you have another role that is always indoctrinated into you; that you are a nurse and you want to care. So, that bit does cause some conflict sometimes."

As a nurse and lecturer there are responsibilities towards the profession and while compassion has its place in education and care, standards have to be met and the public protected. To achieve this registered nurses have a duty to report anyone who may not be fit for practice (Nursing and Midwifery Council (NMC) 2018). Participants were keen to discuss how their professional responsibility conflicted with compassion towards others. If a student's professional practice was unethical or deemed to be "bad practice" all participants agreed the student would have to be told and, if necessary, disciplined, in order to prevent further occurrence. However, the idea that this was without compassion was challenged by Ruth :

> "So, she has broken those rules, but how do we then deal with that compassionately? You can see what has happened, the reason she has done it, but the rules don't allow us to take any mitigating circumstances into account. You are either guilty or not guilty and then the penalties are applied. But I think it's then [you can be compassionate], how you then share that with the student."

Although judgments about clinical practice must be made, Ruth argued that empathy could be experienced, and compassion demonstrated, when communicating the outcomes of a fitness for practice hearing to the student. Brenda reaffirmed this position:

> "Ultimately we have to oblige and follow rules and regulations, but do it in an assertive, compassionate way."

Another aspect of the blocks to compassion theme was being self-critical for not being "perfectly compassionate". An example of this came from Clare:

> "I see it in you, you are all compassionate people, you say really compassionate things, I actually felt quite inadequate at the end, because it's quite hard to be compassionate all the time, isn't it?"

This was an interesting reflection from Clare, as during the training it was clarified that it would be both impossible and unwise to try and be compassionate all the time. Clare's reflection appeared to be her perception of an ideal compassionate

person being one who was compassionate all the time and, in comparison, concluded that she was inadequate appearing to feel some guilt. Brenda offered an alternative view:

> "I didn't want to leave the session thinking I should be compassionate all day long, it would be part of the same sharp sword."

The sharp sword Brenda referred to, represented the ability of being "perfectly compassionate", but if unable to achieve this a person would become self-critical. Participants' talked of it not being useful to put pressure on self to be compassionate all the time, or to compare yourself to others who appear to have the ability to do this. Ruth stated:

> "We can't always be compassionate all of the time, but compassion makes you put your breaks on and become aware of what you are doing. I don't think it's human to be 100% compassionate."

This statement demonstrated how stopping, thinking and being aware of behaviours could give some compassionate space and help to embrace this aspect of humanity.

Discussion

This study explored how the course effected the healthcare educators and the impact this had on their work. While the results of quantitative aspects of the study are presented elsewhere (Beaumont et al., 2016b), emphasis in this paper has been placed on the qualitative findings of the study. Our earlier quantitative work reported a statistically significant increase in self-compassion and a reduction in self-critical judgment. The focus group analysis supported this apart from the self-criticism of not being compassionate all the time, which was only expressed by one person. Whilst the emphasis of the course was on learning about the model and its application in educational practice, attendees were also encouraged to take an 'inside-out' perspective in applying aspects of the theory and practice to themselves using experiential learning. Similar to Cronin and Connolly's study (2007) the experiential learning aspect of the course was emphasised. This was favored in the focus group as it increased their compassionate practice towards self and others.

The knowledge and reassurance theme demonstrated that participants felt reassured by Gilbert's model.Participants discussed how important it was as educators to model compassionate communication with their students when they were; teaching, in the personal tutor role, or as programme leaders. This is supported by Drumm and Chase (2010) and Hawks (1992) who warned against a hidden curriculum that devalues the role of compassion when educators react in a non-compassionate way towards students. Also deemed important was that educators need to be treated with compassion within their organisations. This would enable them to receive compassion and enhance compassionate flow receiving and expressing compassion towards others.

The increased compassion towards others theme reflected how useful it was to learn about theoretical components of CFT, this enabled them to understand and increase empathy in educational and clinical settings with challenging behaviours.

The increased compassion towards others theme, connected with the self-compassion and empathy theme. From the focus group there appeared to be a focus on others first before the self. Beaumont et al (2016) found that community nurses who had higher levels of self-compassion were less likely to suffer from burn out. However, literature and professional guidance on compassion and nursing focuses more on compassion expressed to patients (Nursing Midwifery Council, 2018) with much fewer publications about self-compassion. It seems from our study that a focus on compassion to others before self was preferable.

The blocks to compassion theme highlighted how ethical decisions were used to challenge the idea that being compassionate was more than just 'being nice' to people. When ethical decisions had to be made with the likelihood of negative consequences, the latter could be communicated compassionately. This supports the findings of Crawford et al. (2013) who also reported professional and organisational requirements can impact on healthcare professionals' ability to be compassionate.

Limitations

There are a number of limitations to the study. The focus group design did have some limitations as individual responses may have been based on social acceptability within health care professions. Clifford (1997) suggests that participants may alter behaviour because they are aware that they are being observed or monitored (the Hawthorne effect). This could have made it difficult for participants to discuss how they struggled with self, or other, directed compassion. Only six people took part in the group, these were arguably those with a more favourable opinion of the training and wanted to feedback about how it had a positive impact on them.

The study had limited external validity as the findings were not generalizable but gave much more detail to some reported effects of the course. However, high internal validity was ensured through increased trustworthiness. The authors involved in the analysis kept diaries and had reflexive discussions about their beliefs and how these may have influenced interpretation, especially as they had gained funding and organised the course. They attempted to analyze without prejudice and were also aware of some potential challenges or negative elements that were highlighted.

Further research

Although participants undertaking the course reported increased knowledge about compassion, and increased levels of compassion post-training, they also acknowledged some challenges in relation to being compassionate. The latter needs further study. It would be useful to further explore the relationship between ethical decision making and compassion. Further research could examine the impact of compassionate work environments versus a non-compassionate work environment and how this effects student experience and/or patient care

Conclusion

Discussion in the focus group complemented the previously published quantitative research findings, providing richer, more detailed data. Those participating in the focus group were able to clearly articulate what was useful and how the training had enhanced their roles as lecturers in education. The evidence generated through the focus group supported the idea that participants who undertook the training were able to re-engage with their compassionate self and consider the importance of compassion in healthcare education.

References

Alenezi A McAndrew S and Fallon P (2019) Burning out physical and emotional fatigue: Evaluating the effects of a programme aimed at reducing burnout among mental health nurses. *International journal of mental health nursing* 28(5):1045-1055.

Beaumont E Durkin M McAndrew S and Martin C (2016a) Using Compassion Focused Therapy as an adjunct to Trauma-Focused CBT for Fire Service personnel suffering with trauma-related symptoms. *The Cognitive Behaviour Therapist* 9: e34 1-13.

Beaumont E Irons C Rayner G and Diagnall N (2016b) Does compassion-focused therapy training for health care educators and providers increase self-compassion and reduce self-persecution and self-criticism?. *The Journal of Continuing Education in the Health Professions*: 36(1) :4-10

Beaumont E and Hollins-Martin CH (2013) Using compassionate mind training as a resource in EMDR. *Journal of EMDR Research and Practice* 7(4):186-199

Beaumont E Galpin A and Jenkins P (2012) "Being kinder to myself": a prospective comparative study, exploring post therapy outcome measures for two groups of clients receiving either cognitive behaviour therapy or cognitive behaviour therapy and compassionate mind training. *Counselling Psychology Review*: 27(1): *31-43.*

Bramley L and Matiti M (2014). How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *Journal of clinical nursing* 23(19-20):2790-2799

Braun V and Clarke V (2006) Using thematic analysis in psychology.*Qualitative Research in Psychology 3*: *89*

Breines JG and Chen S (2012) Self-compassion increases self-improvement motivation. Personality and Social Psychology Bulletin38(9) :1133-1143

Burton A Burgess C Dean S Koutsopoulou GZ and Hugh-Jones S (2017) How effective are mindfulness-based interventions for reducing stress among healthcare professionals?. A systematic review and meta-analysis. *Stress and Health* 33(1): 3-13.

Clifford C (1997) *Nursing and health care research: a skills –based Introduction.* 2nd ed. London: Prentice Hall.

Crawford P Gilbert P Gilbert J Gale C and Harvey K (2013) The language of compassion in acute mental healthcare. *Qualitative Health Research*23(6) : 719-727.

Cronin M & Connolly C (2007) Exploring the use of experiential learning workshops and reflective practice within professional practice development for postgraduate health promotion students. *Health Education Journal* 66, 3:286-303.

Drumm J and Chase SK (2010) Learning caring: the students experience. *International Journal for Human Caring* 14(4): 31-37.

Gilbert P (2005) *Compassion: conceptualizations, research and use in Psychotherapy.* London: Routledge

Gilbert P (2014) The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology* 52(1): 6-41.

Gilbert P (2010) *Compassion Focused Therapy*. Hove: Routledge.

Gilbert P (2009) *The Compassionate Mind.* London: Constable

.

Gilbert P McEwan K Matos M and Rivis A (2011) Fears of compassion: development of three self-report measures. *Psychology and* Psychotherapy: Theory, Research and Practice 84: 239-255.

Gilbert P and Procter S (2006) Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*13 : 353-379.

Gregory G Guest S Macqueen K and Emily E (2012) *Applied ThematicAanalysis.* Thousand Oaks CA: Sage Publications.

Gustin LW and Wagner L (2013) The butterfly effect of caring - clinical nursing teachers' understanding of self-compassion as a source of compassionate care. *Scandinavian Journal of Caring Sciences*27(1) : 175-183.

Hawks J (1992) Empowerment in nursing education: concept analysis and education, to philosophy, learning and instruction. *Journal of Advanced Nursing*17(5*) :* 609-618.

Leaviss J and Uttley L (2015) Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological Medicine* 45(5): 927-945.

Liotti G and Gilbert P (2011) Metalizing, motivation and social mentalities: theoretical considerations for psychotherapy. *Psychology and Psychotherapy* 84 : *9-25.*

Mayhew SL and Gilbert P (2008) Compassionate mind training with people who hear malevolent voices: A case series report*Clinical Psychology and Psychotherapy* . 15: 113-138.

Newton V (2010) Teach students' compassion by being an excellent role model. *Nursing Practice* 106(39): 10

Nursing and Midwifery Council (2018) *The Code. Professional standards of practice and behavior for nurses, midwifes and nursing associates.* London: NMC

Palys T (2008) Purposive sampling. The sage encyclopedia of qualitative research methods*:* 2 *697-698.*

Welford M and Langmead K (2015) Compassion-based initiatives in educational settings. The Journal of Education and Child Psychology32(1) : 71-80.

Whelton WJ (2000) *Emotion in self-criticism.* Unpublished PhD thesis. University of York, Montreal.

Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity, 12*(2), 146–159. https://doi.org/10.1080/15298868.2011.649545

Table 1: Overview of Compassionate Mind Experiential Exercises

Compassionate mind experiential exercises included	
Mindfulness and focused attention	Participants learnt to mindfully focus on the present moment without judgement
Soothing Rhythm Breathing	Participants were taught breathing methods that have been found to be associated with positive health outcomes and facilitation of frontal cortex
Compassion Focused Imagery	A range of exercises, which focused on imagery were used throughout the workshop
- *Creating a Safe Place*	Imagery was used to help participants create a place in their mind that provides a feeling of safeness and calm
- *Compassion as a flow*	Participants explored 'compassion as a flow'. Compassion flows in three ways, from others to us, from us to other people and from and to ourselves.
- *Developing the Compassionate Self*	Method acting and imagery techniques were used to create and develop a compassionate self (a best version of themselves – 'me at my best')
- *Developing our Ideal Compassionate Other*	Participants created an image of an ideal compassionate other – an image of someone or something that has their best interests at heart, who is there to offer strength and support
Using compassionate self to explore and relate to different parts of ourselves (multi-self)	Participants explored different emotional (angry, sad, anxious) parts of themselves and used their compassionate mind and compassionate self to relate to these different parts
Using compassion to engage with self-criticism	Participants directed compassion to their inner critic
*C*ompassionate Letter Writing	Participants wrote a compassionate letter to themselves. The letter focused on offering support, understanding and compassion