



Research article

A proposal to support student therapists to develop compassion for self and others through Compassionate Mind Training



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ABSTRACT

Purpose: Student therapists can experience incidents in practice interactions that are emotionally rewarding but sometimes highly challenging. In responding to distressing events, they may experience compassion fatigue, stress, burnout, and self-criticism, which in turn can alter their ability to provide compassion to others, and can create persistent self-criticism and negative rumination. A creative framework designed to teach student therapists about Compassion Focused Therapy (CFT) to underpin the worth of Compassionate Mind Training (CMT), is a training process designed to increase student levels of compassion, and resilience to manage challenges in therapeutic interactions.

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 moderate self-critical dialogue. They will gain understanding of the 3 flows of compassion, examine how low levels of compassion can lead to empathic distress fatigue, compassion fatigue, burnout and self-criticism, and explore 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.

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1. 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, Durkin, Hollins Martin, & Carson, 2015; Figley, 1995, 2002). Within this context, teaching self-care strategies and interventions aimed at increasing levels of compassion becomes imperative. Teaching student therapists about Compassion Focused Therapy (CFT) and Compassionate Mind Training

(CMT) may help equip them with the interventions needed to cultivate compassion for distress. 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, Christopher, Dunnagan, & Schure (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 may help students to be mindful of their own well-being (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, Baker, Elman, & Schoener (2007)

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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.

2. Clinical training challenges

Student life can be stressful, due to juggling study with work commitments, financial pressures, and personal responsibilities (Leathwood & O'Connell, 2003; Rückert, 2015; Scanlon et al., 2010; Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Whilst many students face similar challenges (Scanlon, Rowling, & Weber, 2007), those engaged in clinical training programmes face further distinctive challenges that test both their knowledge and capability (De Stefano, Atkins, Noble, & Heath, 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 around 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' (Bowly, 1969).

Rizq and Target (2010) 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 a '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, Lindgren, Hau, 2012). Like other healthcare professionals, this places them at particular risk of stress and burnout (Boellinghaus, Jones, Hutton, 2012; Moore & Cooper, 1996; Rønnestad & Skovholt, 2003). Surveys by Boellinghaus et al. (2012) and Brooks, Holttum, and Lavender (2002), propose that between 25 and 41% of student therapists report struggles with low self-esteem, depression, and work adjustment. Kim and Sunwoo (2012) reported that play therapists and likewise Gam, Kim and Jeon (2016) reported that 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. Self-care strategies include building self-awareness, self-regulation and the ability to balance one's own needs with others (Boellinghaus et al., 2012).

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 their 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

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