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Disclosures:

Dennis Tirch and Laura Silberstein Tirch maintain a private practice and training company in NYC, conduct trainings internationally, and receive royalties from books and videos on these topic from publishers (New Harbinger, Guilford) and training companies. Dennis is a faculty member of the Icahn School of Medicine, Mt. Sinai Medical Center, NY & Laura is a faculty member at Albert Einstein Medical College.

Russell Kolts is a Professor at Eastern Washington University and maintains a private practice in Spokane, WA. He receives royalties from New Harbinger and Guilford publications for books and conducts paid trainings on these topics.



Exploring a Process-Focused Approach to Understanding and Practicing Compassion Focused Therapy (CFT)

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With materials from Dr. Paul Gilbert & The Compassionate Mind Foundation



Consent is . . .

Freely Chosen, Reversible, Informed Enthusiastic Specific



Looking Within and Setting Our Aims

Why choose compassion?



The intention in compassion. The freely chosen value in compassion.

The Scientific Wisdom of Process Based Therapies



Contextualism and Compassion

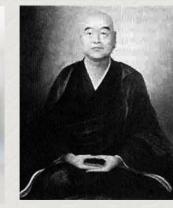


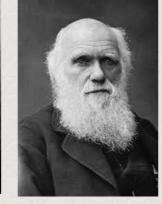
HISTORIES

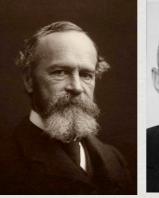


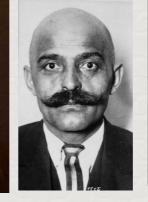
"New Circles Arise In Accordance With Need"

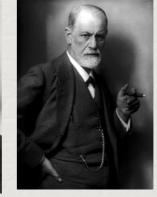


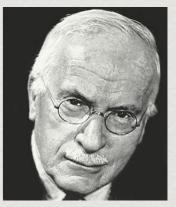












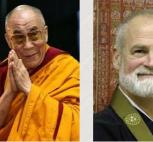


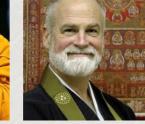






































Compassion Focused Therapy Founder – Prof. Paul Gilbert PhD, OBE









Compassion Defined

 "...a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve and prevent it." - Gilbert



Compassion Defined

Compassion as a "multifaceted process" that has evolved from "the caregiver mentality" found in human parental care and childrearing. As such compassion involves a number of emotional, cognitive, and motivational elements.



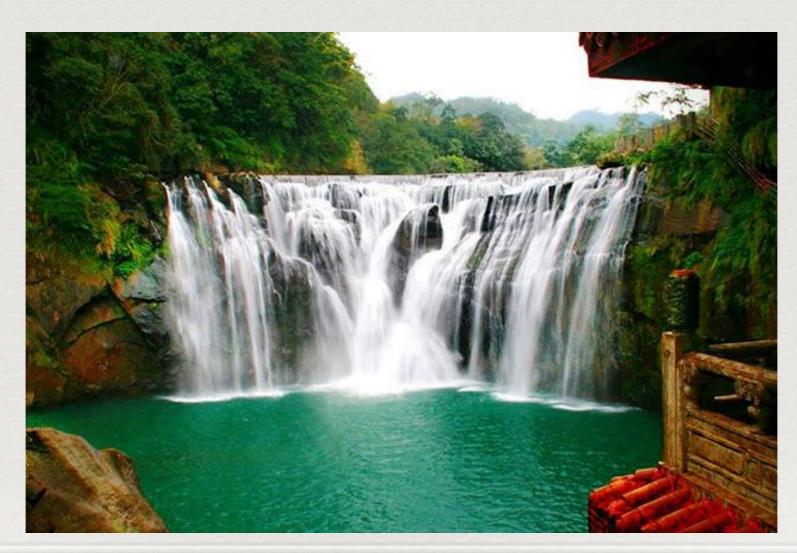
2 Psychologies of Compassion

ENGAGEMENT

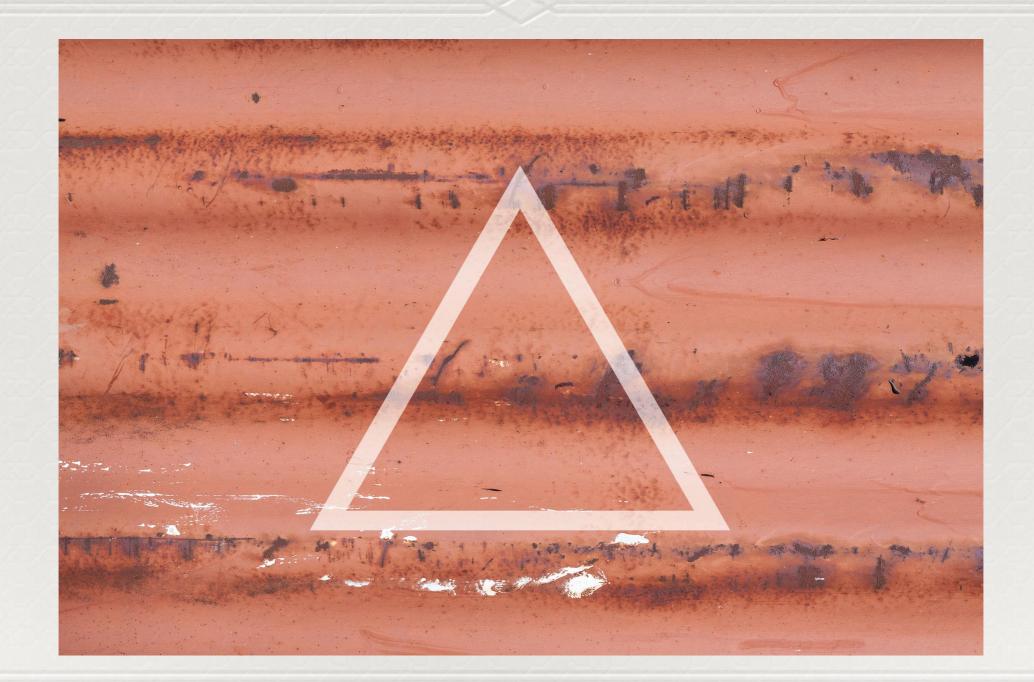


2 Psychologies of Compassion

COURAGE AND DEDICATION



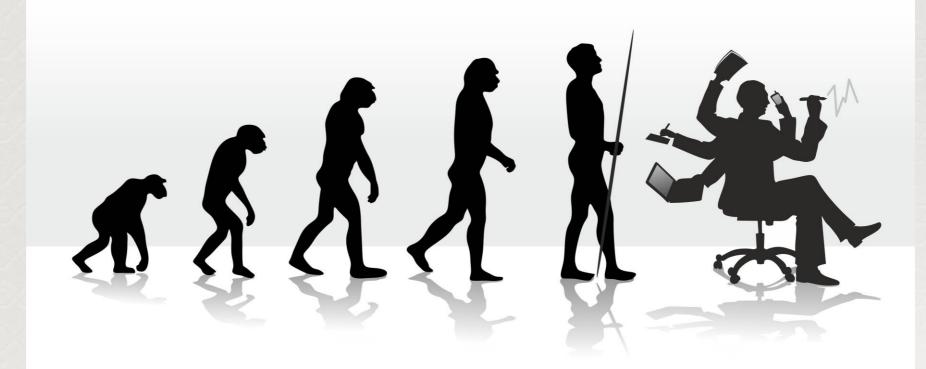
Biosocial Goals, Stimulus Detection & Response Repertoires



- Motive = bio-social goals that arise from inclusive fitness and multi-level selection theory
- Motives are related to expansive repertoires of behaviour that serve evolutionary functions



•Evolved motives for social relating and role formation



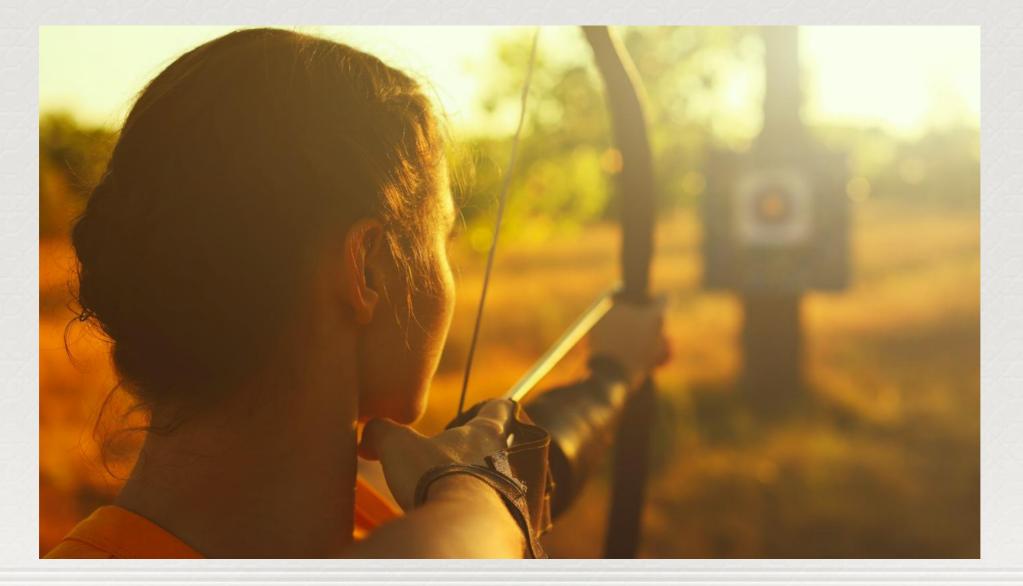
Response repertoires involving pre-verbal, para-verbal and verbal behaviour



Involve heritable pre-birth tendencies and elaborated individual learning histories



Communicative signalling of states and intentions



Involve "interactional dances"

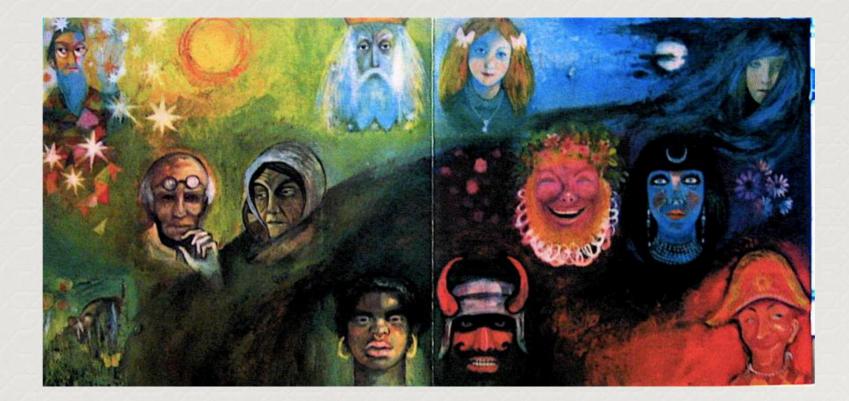


Co-regulating of minds and bodies within social roles



Examples of Social Mentalities

- Care Seeking
- Care Giving
- Cooperative
- Competitive
- Sexual



Compassion focused therapy is linked to motivation and Social Mentality switching

Competitive Need to succeed Social comparison Self-evaluaion Shame **Caring** Desire to be helpful Distress tolerant Empathy Guilt

Compassion focused therapy is linked to motivation switching

Competitive Need to succeed Social comparison Self-evaluation Shame

Caring Desire to be helpful Distress tolerant Empathy Guilt

Harm Avoidance Threat sensitive Primes defensive action Threat emotions

Evolution: From caring to compassion





Human Social Intelligence

- Knowing awareness
- Empathic awareness
- Knowing intentionality

Compassion

Three core reciprocal interacting domains of functioning

Compassion Desire intention to be helpful not harmful

Emotions Context related Anxiety Anger sadness Joyfulness Guilt

Competencies Empathy distress tolerance reasoning,

Ecological and social contexts

Interacting Processes of Compassion

Compassion involves a series of interacting processes



Interacting Processes of Compassion

These processes can be trained



Interacting Processes of Compassion

This training can involve deliberate practice



Interacting Processes of Compassion

Shaping facilitates such practice

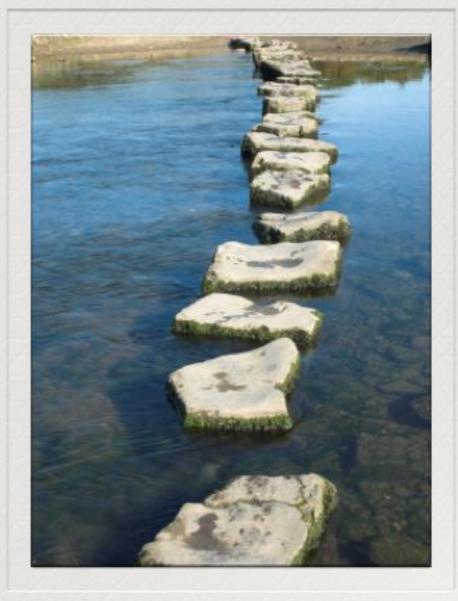


Core Experiential Aspects

Wisdom

Strength

Commitment



Courage

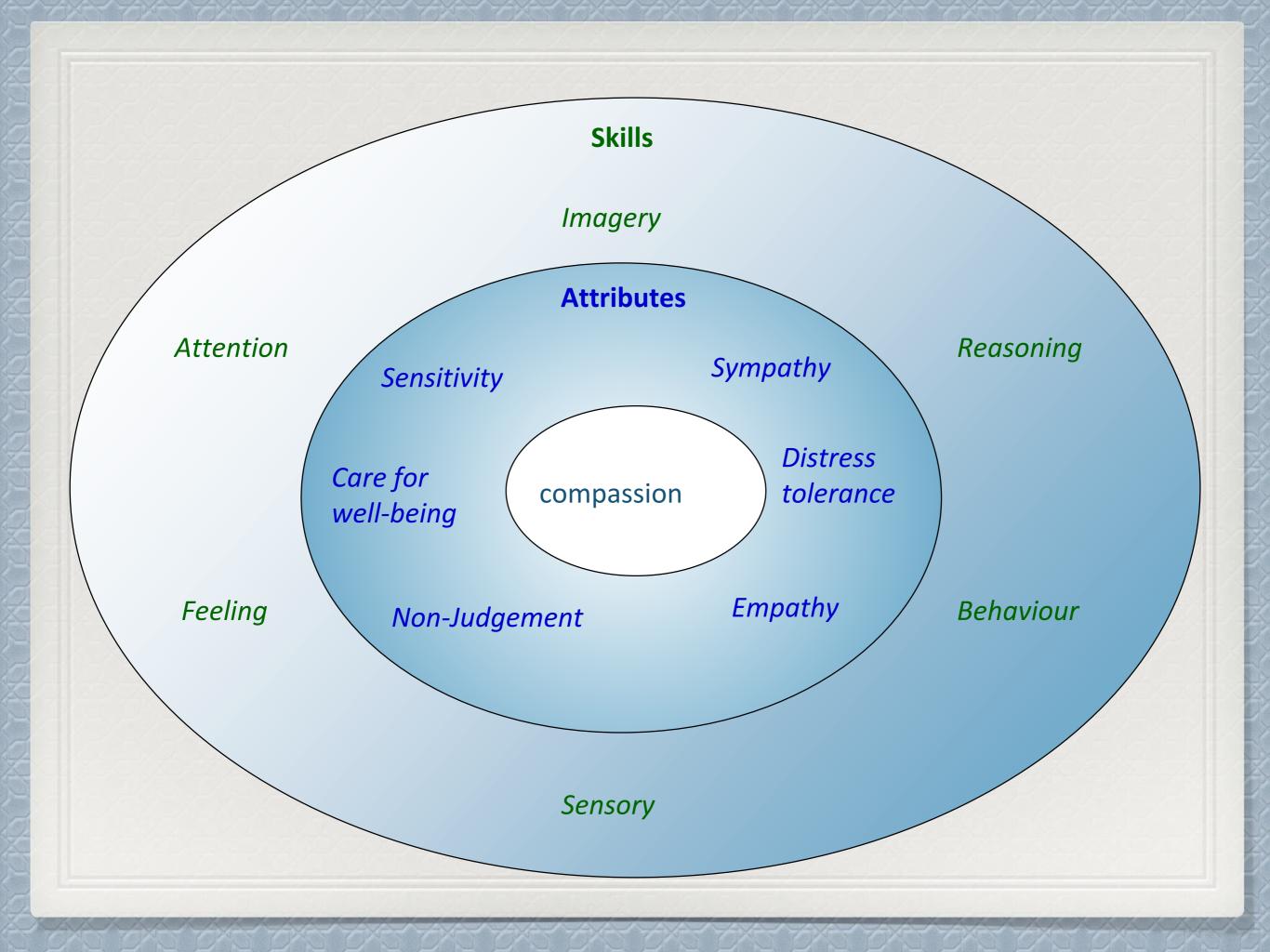
 The mental or moral strength to venture, persevere, withstand danger fear or difficulty The ability to do something that you know is difficult or dangerous



Courage

 Because of great love one is courageous Being deeply loved gives you strength. Loving someone deeply gives you courage – Lao Tzu





Compassion in Action - Interacting Processes

Courage
Sensitivity
Caring Motivation
Sympathy
Empathy

Distress Tolerance Nonjudgment Differentiation Psychological flexibility Integration

Compassion Processes in CFT

How do therapists facilitate the cultivation of compassion processes in CFT?

Support them
Model them
Shape them
Train them



Layered Processes and Practices

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- In CFT, compassion comes about as a result of the interaction between various processes and experiences on the part of the patient:
 - Affiliative experiences with the therapist that model, demonstrate, desensitize, and acclimate the client to compassion.
 - Realizations about the human experience that foster compassion for self and others.
 - Mindful awareness of suffering and the ways that minds work motives, emotions, thoughts, etc...
 - Purposeful cultivation and application of compassion.



Interacting Layers of CFT

At its best, the content and process components of CFT deepen and reinforce one another.

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In this way, a course of CFT involves the client engaging in a **deeply affiliative relationship** with the therapist that fosters **increasing awareness** of their own suffering and **compassionate realizations** that increase the **motivation** and capacity for the **purposeful cultivation of compassionate strengths**.

Weaving in the layers: the implicit and explicit practice of the CFT Therapist

Therapeutic Relationship/Compassionate Presence

- Secure attachment figure (secure base/safe haven)
- Experience of Relational Safeness

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Model of Compassion/compassionate self

Facilitating Compassionate Realizations

- Guided discovery of evolutionary model, tricky brains, social shaping (Does it makes sense that you would struggle with this? Given that, what would be helpful?).
- Facilitating understanding of how emotions/motives work

Weaving in the layers: the implicit and explicit practice of the CFT Therapist

Mindfulness Training

Formal training

 "What just happened there for you?" "What feelings are coming up?" "What's that like in the body?" shaping awareness in real time.

Compassion Practices

The Therapeutic Relationship

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The vehicle through which all of the other layers are facilitated.

Continuously interwoven patterns of content and process...both what we do and how we do it.

The relationship with the therapist can assist the client in developing the courage to face difficulty – via modeling and guided discovery.

Process and the Therapeutic Relationship

Through the relationship with the therapist, clients can have many experiences that set the stage for compassionate self-relating:

- A model of a healthy affiliative relationship.
- An experience of the flow of compassion from the other to the self, which can set the stage for self-to-self compassion.
- Desensitizing to compassion for many clients, this is an ongoing exposure process.
- A model of compassion-in-action how to work compassionately with challenges, difficulties, and relationship ruptures...leading to corrective emotional experiences.

Roles of the Therapist

Teachers and Guides – teach the model, help clients identify the dynamics that govern the way threat emotions manifest in their lives.

Facilitators – of guided discovery using Socratic dialogue, thought experiments, and experiential exercises.

Models of Compassion – real human beings who experience, model, and express compassion and the skills of compassion – empathy, courage, validation, mentalization, distress tolerance...

Secure Attachment Figures – creating a 'secure base' from which clients can explore and work with suffering, and a 'safe haven' to which they can connect to regain feelings of safeness when dysregulated. Helping our Clients Learn to Access Safeness
 For clients with difficult attachment histories, the therapeutic relationship can be an extended series of exposure trials.

- Thawing the frozen shrimp.
- Empowering collaborative exploration.
- This applies to us as well we're at our best when our safeness/soothing systems can be accessed.

Exercise

Pair up with a partner.

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- Embodying the compassionate therapist.
- Taking away the words.
- Listening with warmth and kind curiosity.



Interacting Processes of Compassion

- Courage
- Sensitivity
- Caring Motivation
- Sympathy
- Empathy
- Distress Tolerance
- Nonjudgment



Exercise

- Reflect and write for 5 minutes about obstacles or challenges you've experienced in embodying these compassionate processes with clients:
 - Your own experience (emotions, bodily experience) in response to them
 - Client types/behaviors that get in the way for you/triggers?
 - Other blocks and obstacles?
- Discuss these with your partner.

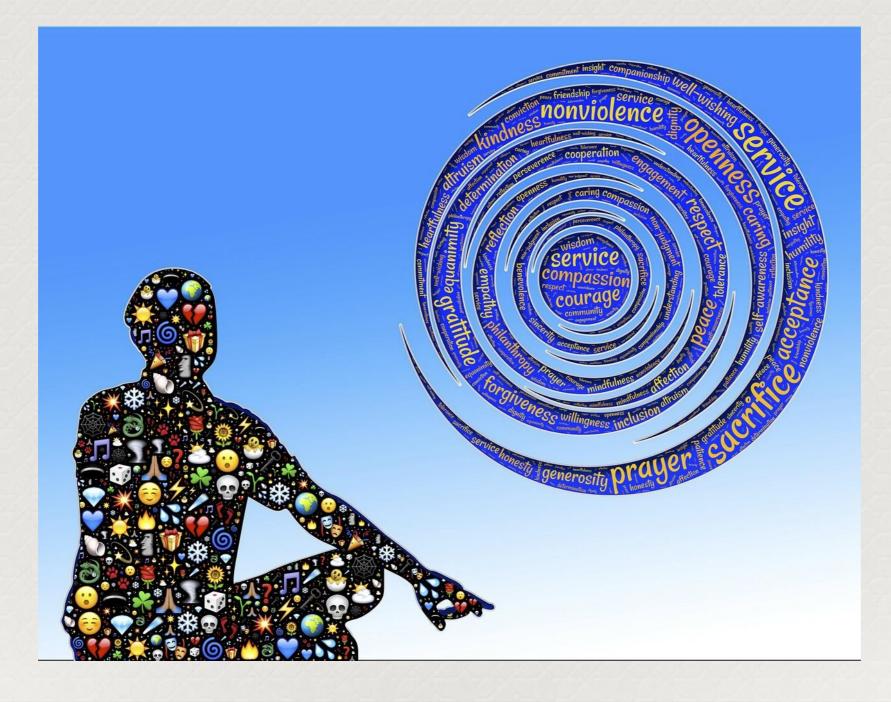
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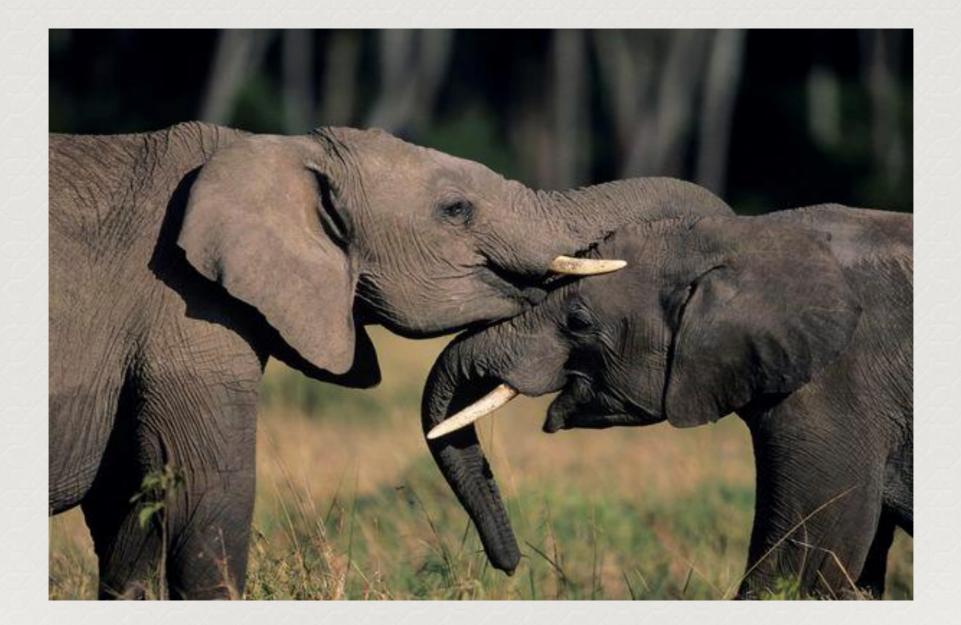
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Together, Consider what has helped/might help you work with these obstacles

Compassionate Realizations



Why Do We Need Compassion?



Because life is hard. And sometimes we get stuck



Contexts of Suffering

- The Evolutionary Context
- Learning History Context
- The Present Moment
 Context



 We are an emergent species in the 'flow of life' so our brains, with their motives, emotions, and response patterns are products of evolution, designed to function in certain ways



 We move towards what might sustain and benefit us (appetitive stimuli) and away from that which may harm us (aversive stimuli).



 Our lives are short (25,000-30,000 days), decay and end. We are subject to various malfunctions and diseases – in a genetic lottery. Everything changes – the nature of impermanence – the nature of tragedy

 The social circumstances of our lives, over which we have no control, have major implications for the kinds of minds we have, the kind of person we become, the values we endorse, and the lives we live

 So much in life that causes our suffering was not of our choosing and was not our fault.

New Psychologies Enter The World with Evoultion

1 million?

Human (2 million?)

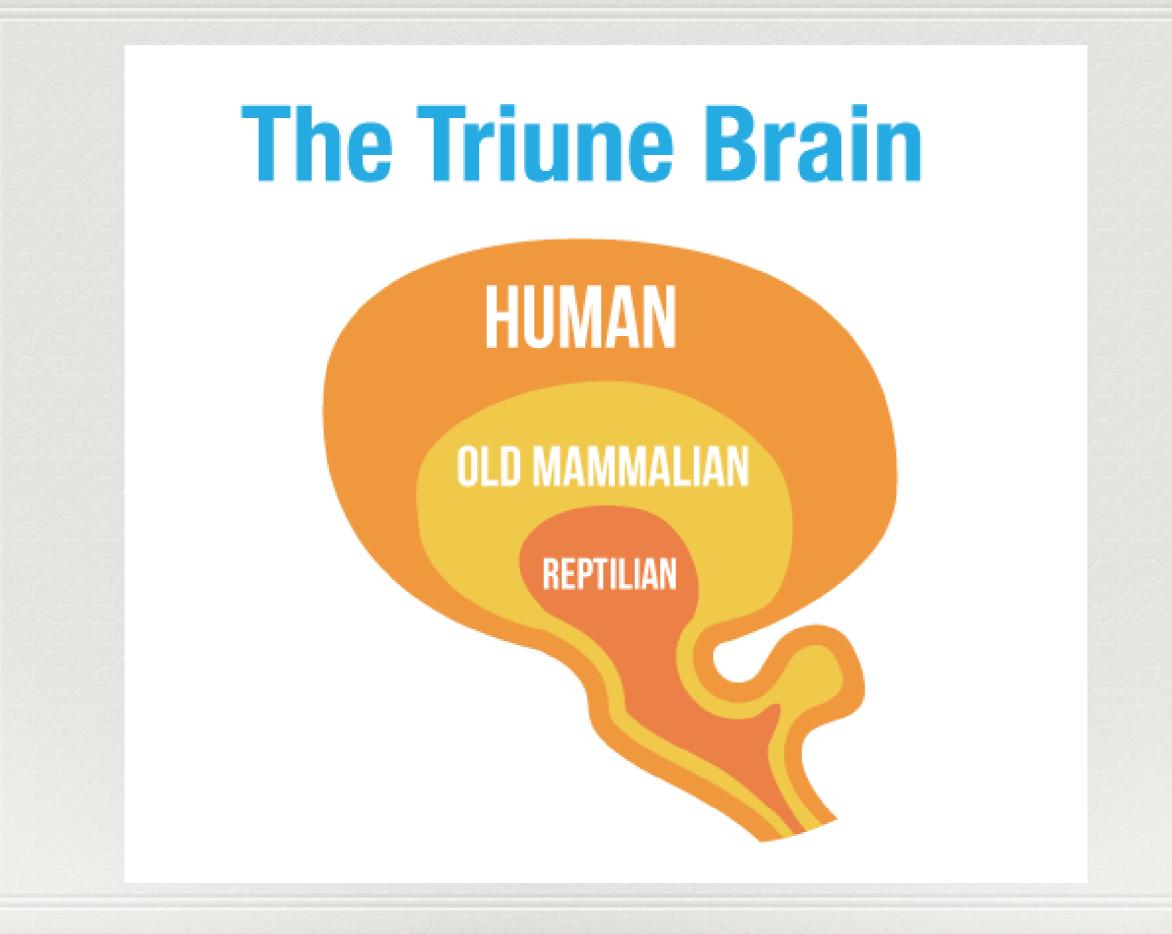
Mammalian (120 million?)

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Reptilian (500 million?) **Extended caring**

Symbolic thought and self-identity, theory of d, meta-cognition Caring, group, alliancebuilding, play, status

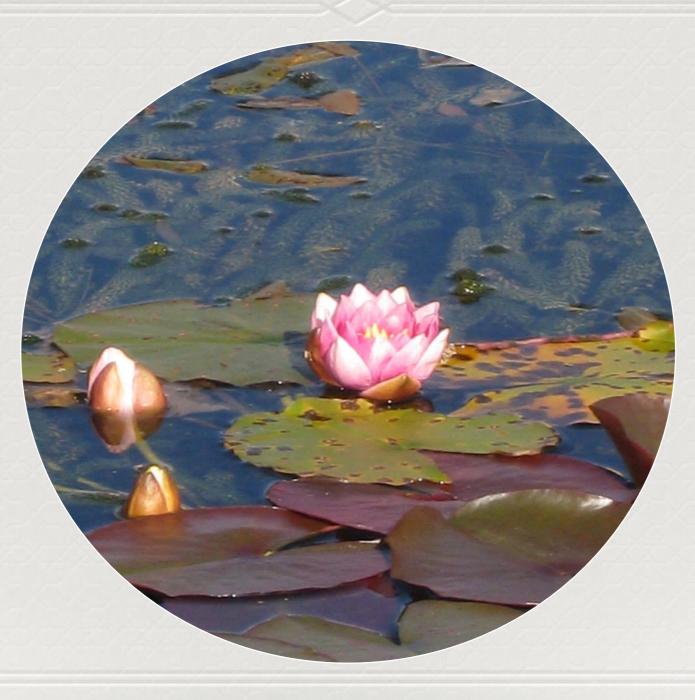
Territory, fear, aggression, sex, hunting



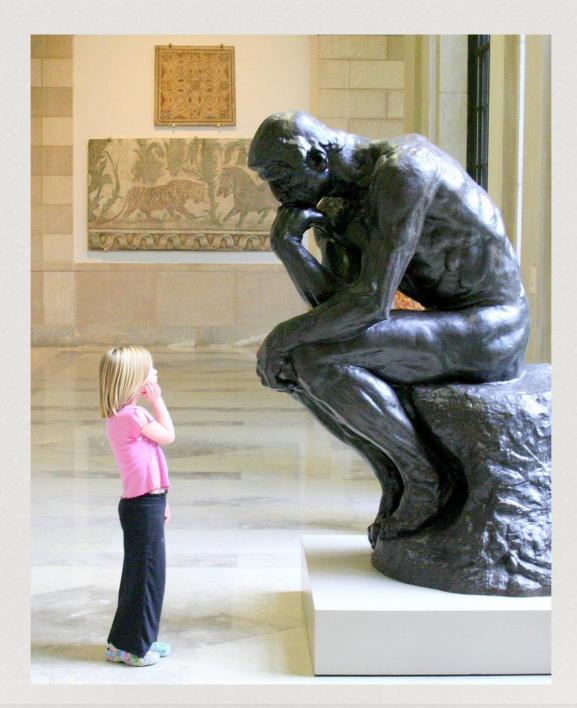
Built in Biases



Attention and Behavior



Homo sapiens sapiens



"Thinky Pain"



- Derived Relational Responding
- Fusion
- Avoidance, Control & Suppression

Need compassion for a very tricky brain

New Brain: Imagination, Planning, Rumination, Integration

Old Brain: Emotions, Motives, Relationship Seeking-Creating

Compassionate Realization: Tricky Old Brain-New Brain Loops Emotions are implicit processes, occurring in response to inputs (and interactions between inputs) from the environment, new brain, and body

 The interactions between these factors can create emotional inertia, which we can be consciously unaware of (and thus become hijacked). Our Emotional Brains are very powerful, but not very wise.

 The emotional brain isn't good at distinguishing between input from environment and imagery, thoughts, and fantasies.

This is why we stay angry for hours or days and our dogs don't!

Therapy Suggestion

 This is a great time to introduce soothingrhythm breathing (and/or safe-place imagery).

 Introducing them in the context of these loops gives the client a context for understanding how these interventions (and those to follow) will impact the whole system.

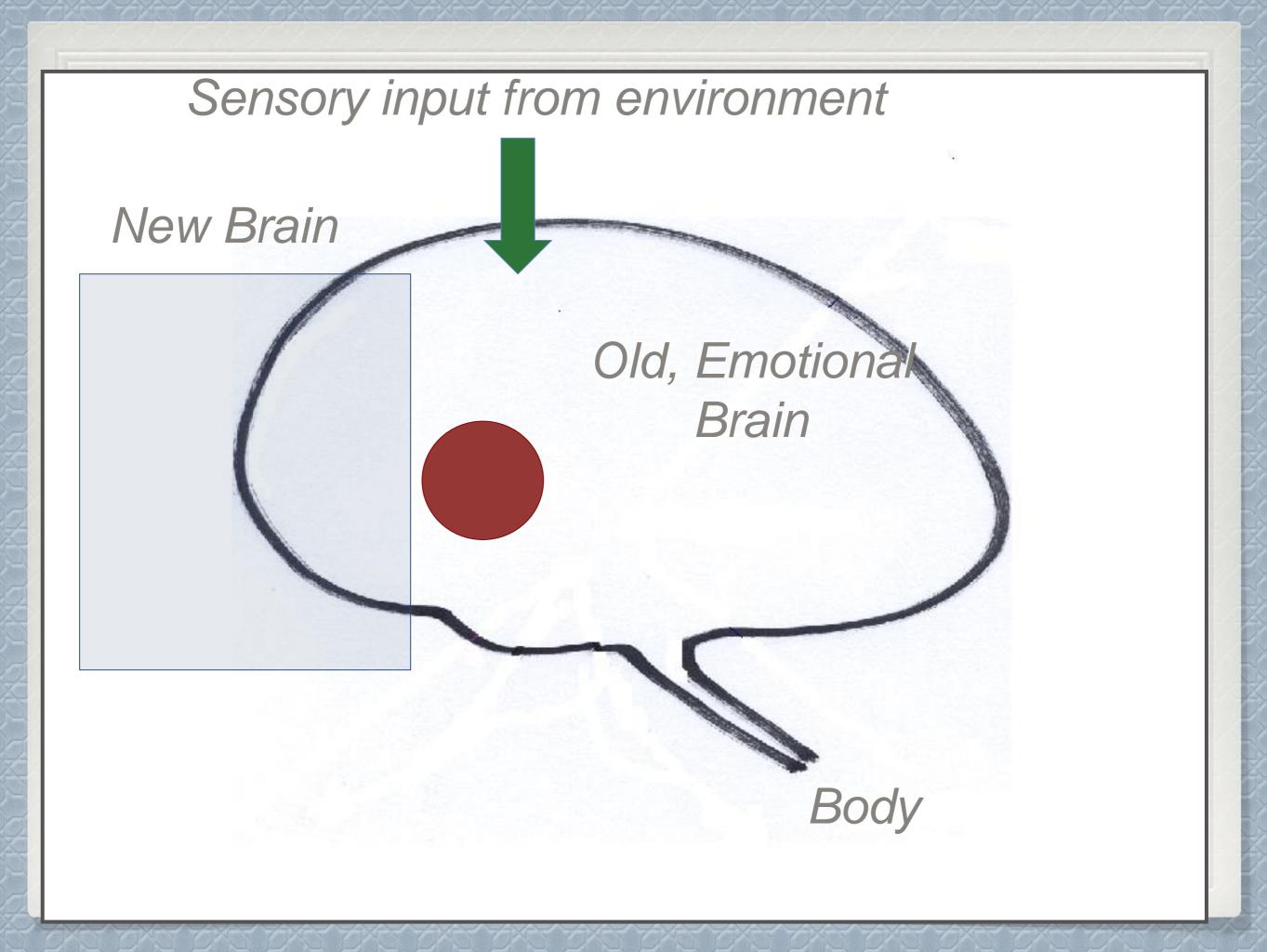
Mindful Awareness Can Help

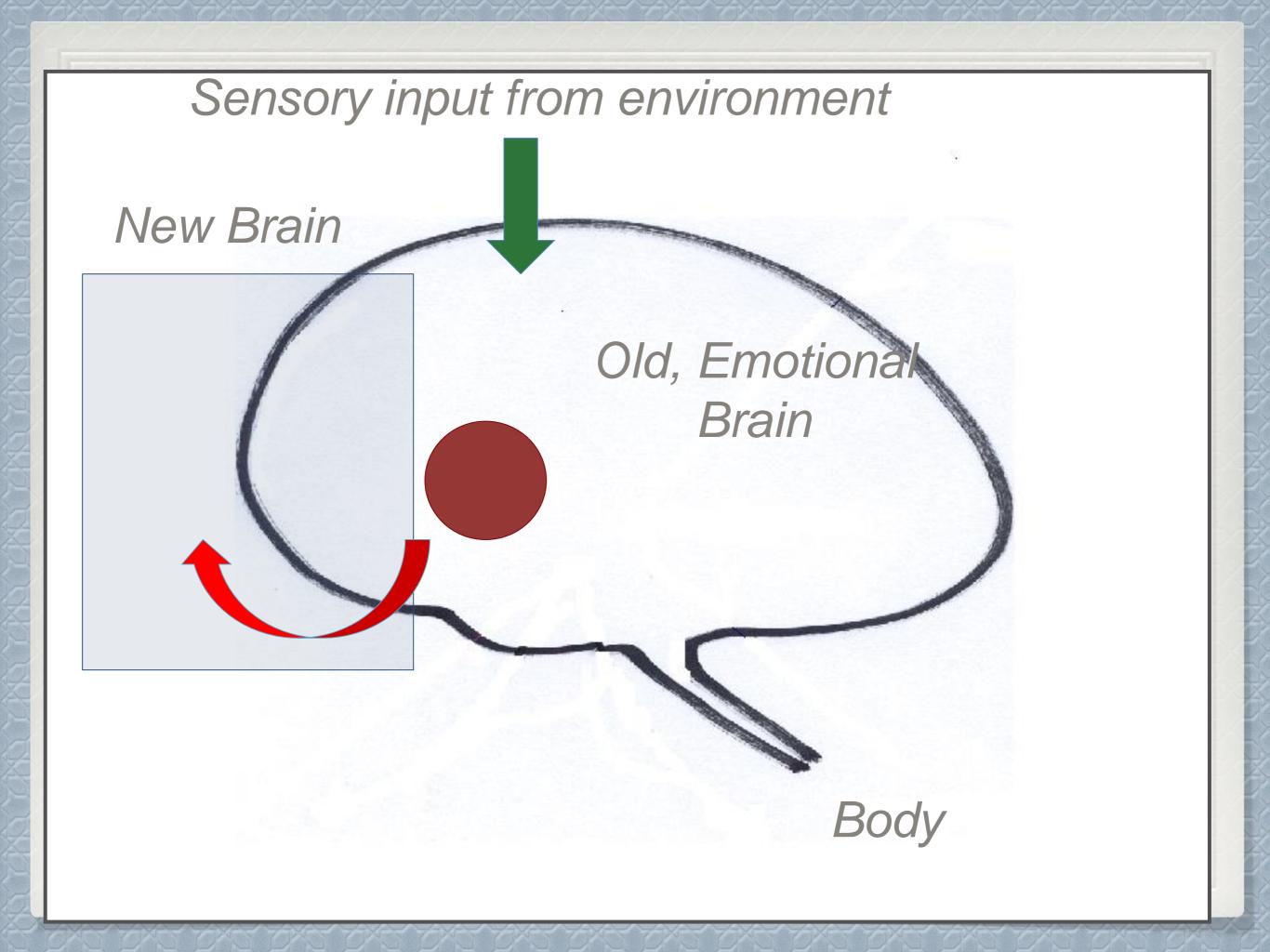
New Brain: Imagination, Planning, Rumination, Integration

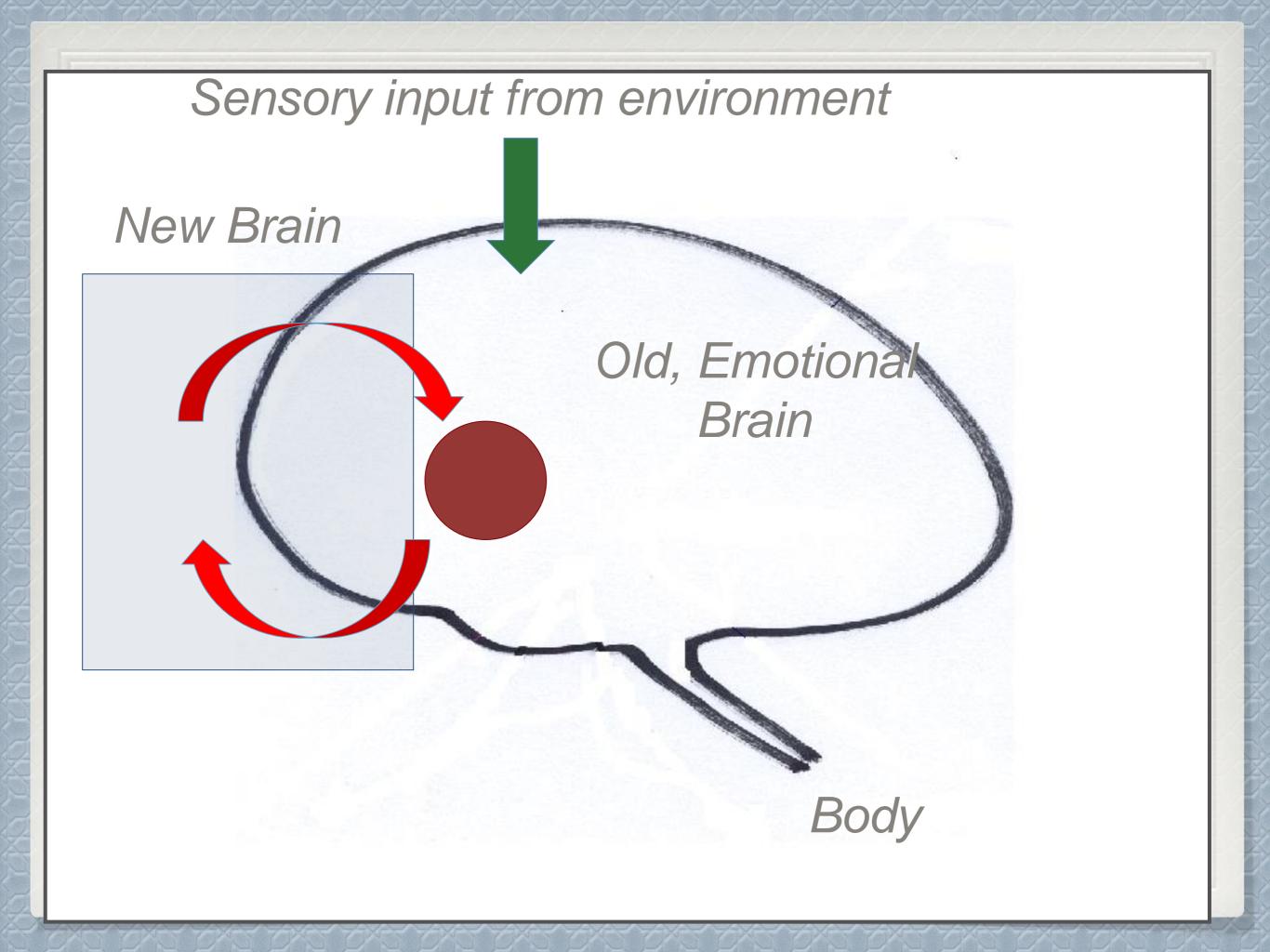
Mindful Brain

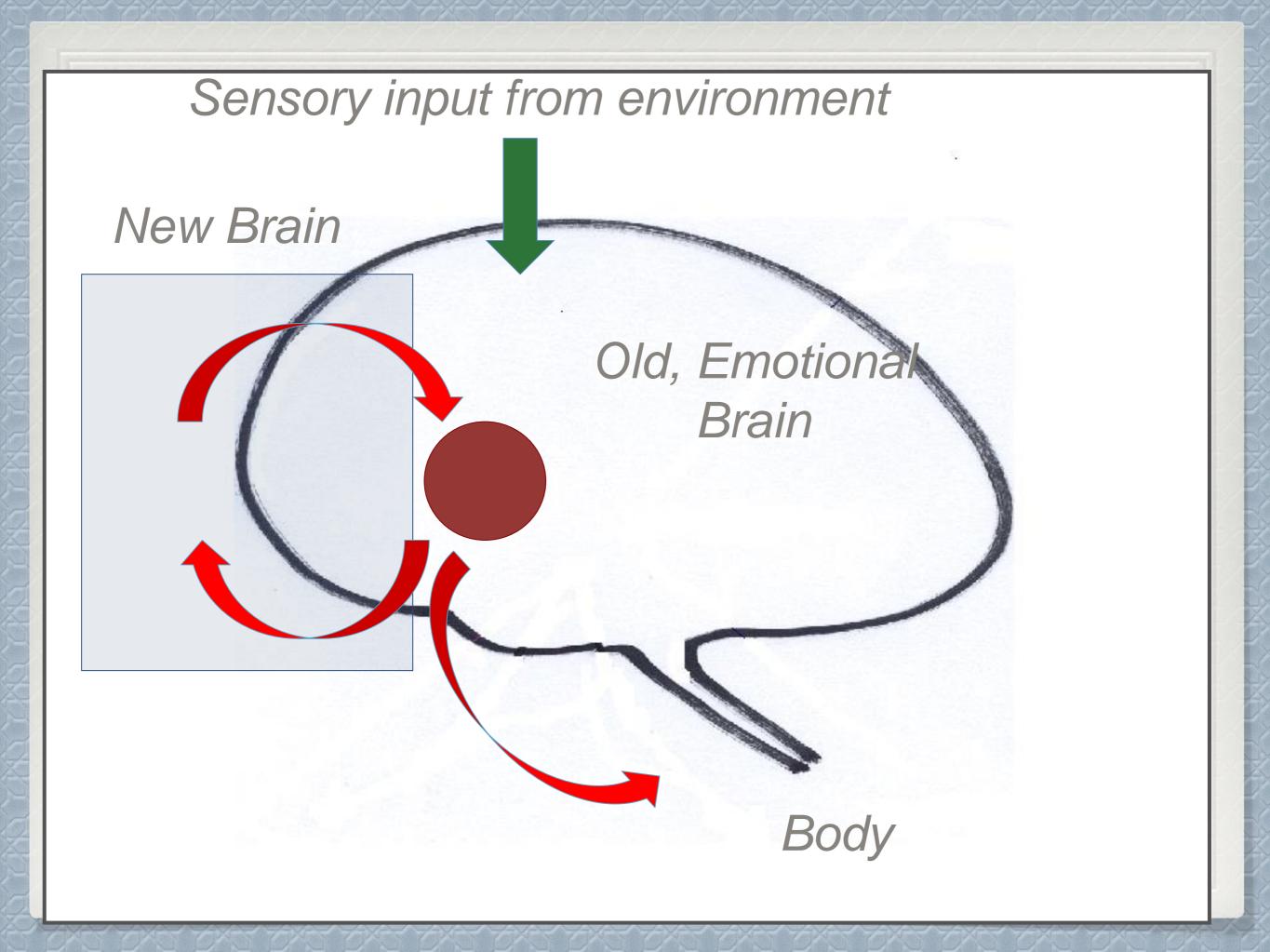
Old Brain: Emotions, Motives, Relationship Seeking-Creating

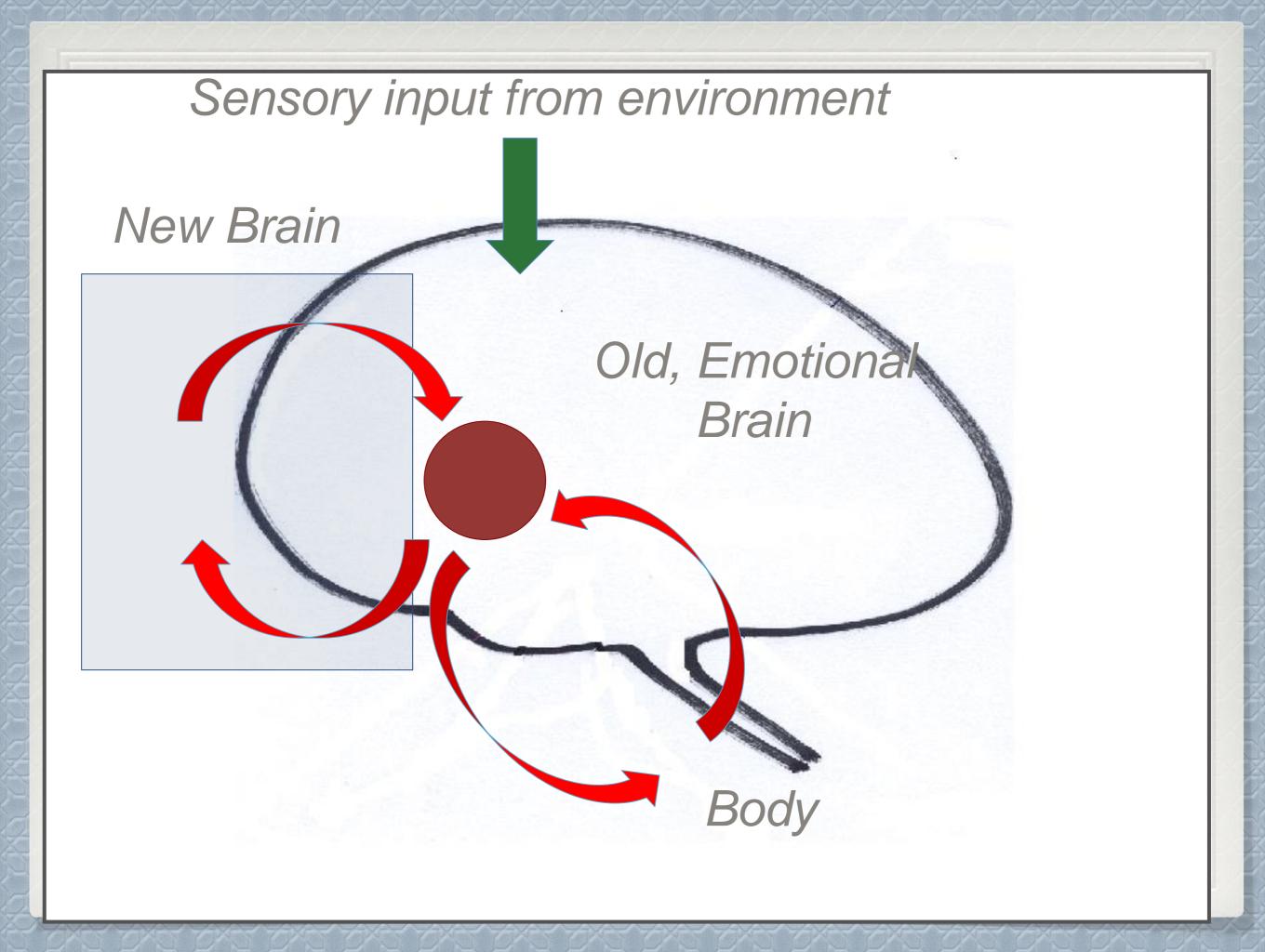
Archetypal











Drive, excite, vitality

Incentive/resourcefocused

Wanting, pursuing, achieving, consuming

Activating

Content, safe, connected

Non-wanting/ Affiliative focused

Safeness-kindness

Soothing

Threat-focused

Protection and Safety-seeking

Activating/inhibiting

Anger, anxiety, disgust

Our minds are organized by threat based motivations



Drive, excite, vitality

Incentive/resourcefocused

Wanting, pursuing, achieving, consuming

Activating

Content, safe, connected

Non-wanting/ Affiliative focused

Safeness-kindness

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Soothing

Threat-focused

Protection and Safety-seeking

Activating/inhibiting

Anger, anxiety, disgust



Dispersal and Avoidance

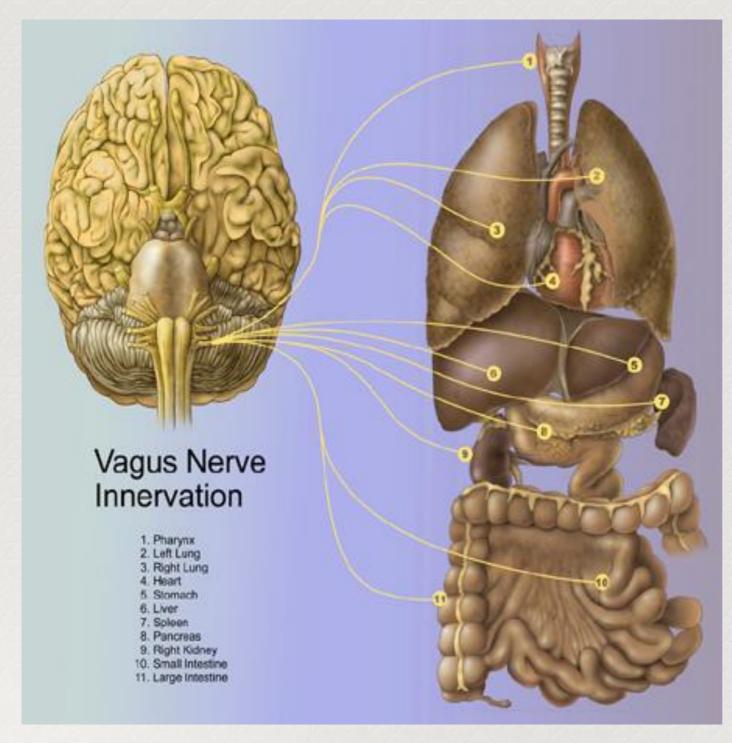








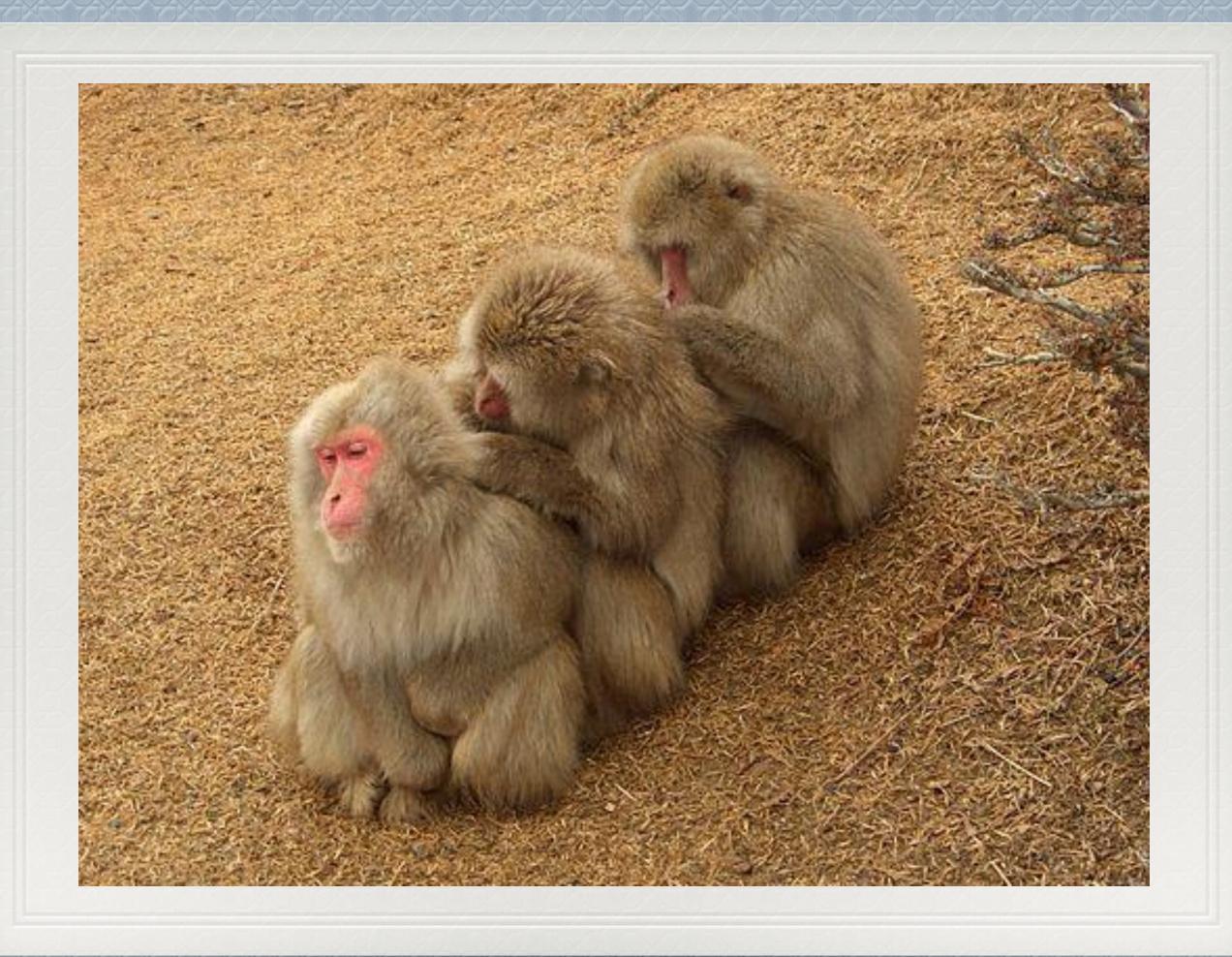
Safeness -connecting and the parasympathetic system: The Vagus Nerve

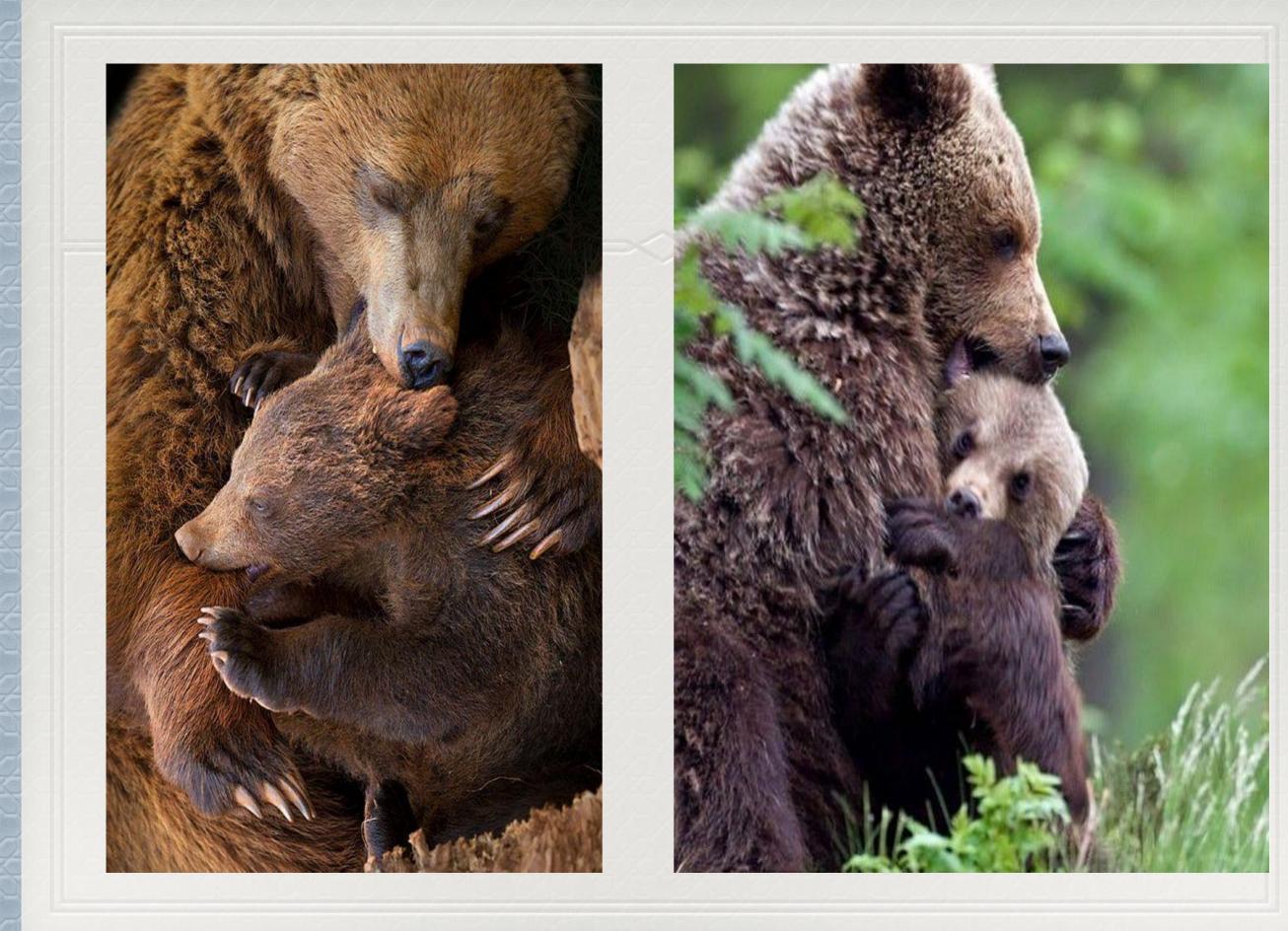


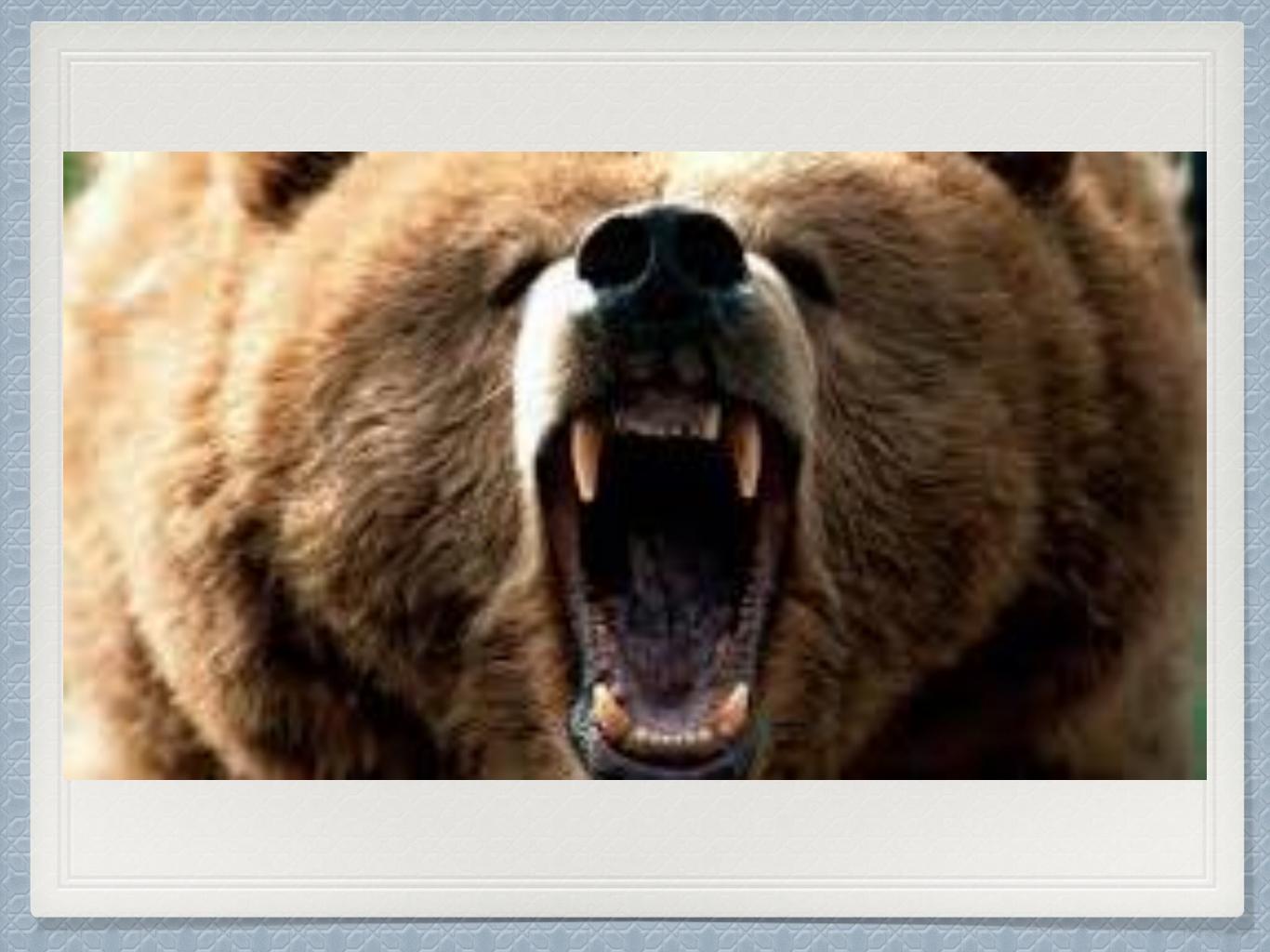
 PNS influence on heart rate – slows beat down during outbreath

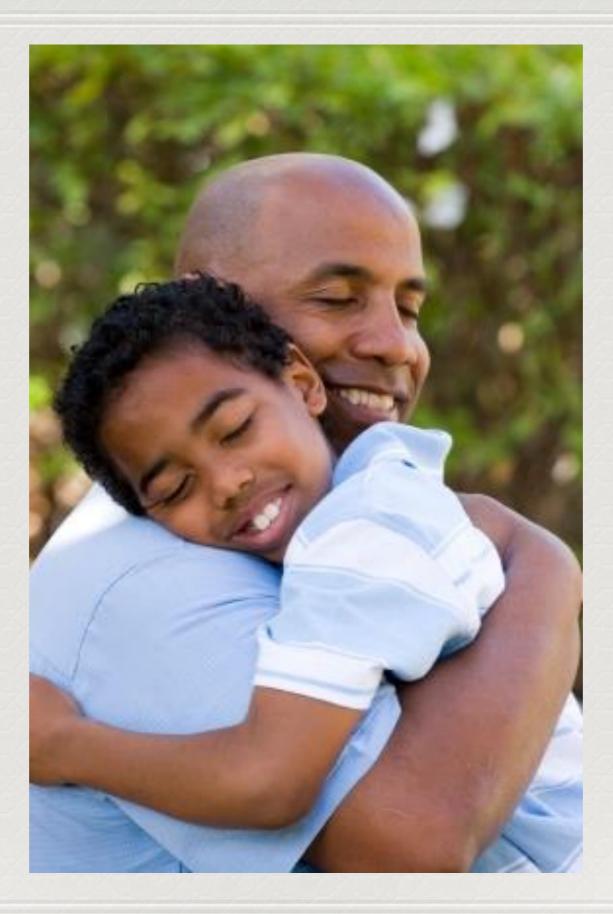
 Associated with affiliation, tend & befriend, general positive emotional tone

Sensitive to safeness















What are the qualities of the compassionate mind in action?



Brahmaviharas - Immeasurables

- Karuna (compassion)
- Metta (lovingkindness)
- Mudita (sympathetic joy)

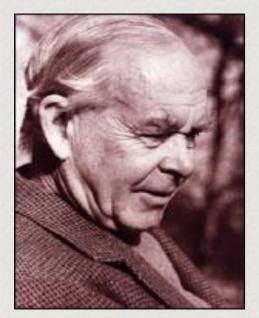


Upeekha (equanimity)

The Awakening Heart

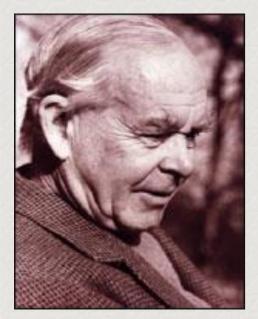
•The arising motivational imperative, known as bodhicitta (awakened heart) is a major foundation of Buddhist practice.

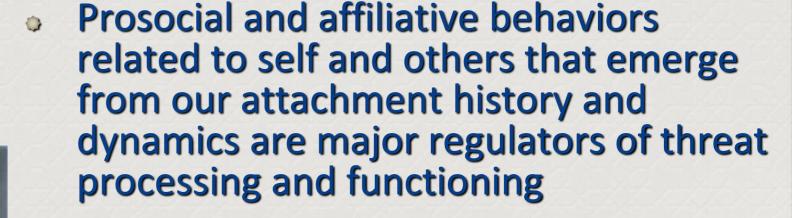




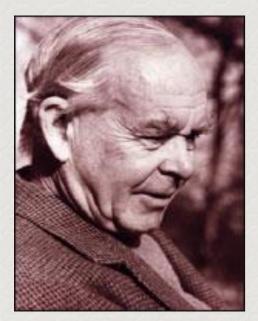
 Attachment defined as "lasting psychological connectedness between human beings."

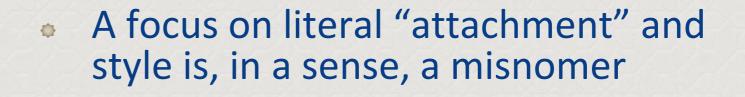






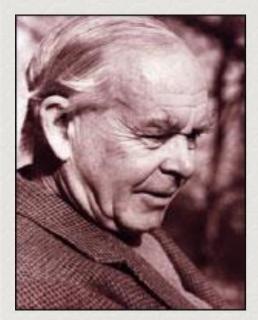






 Set of behaviours that involve the coordination and action of multiple instinctive systems.

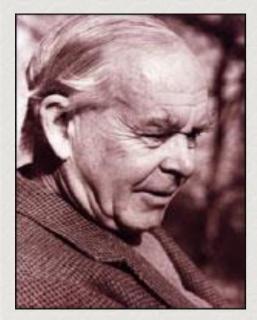








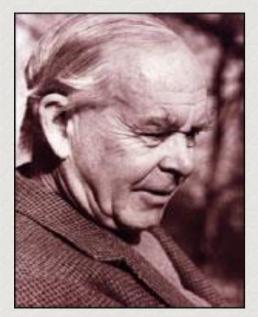
This develops into an ability to flexibly persist towards or break off from the pursuit of a goal based on homeostatic experiences that are related to survival likelihood



- Proximity seeking desire closeness, to be with
- Secure base source of security and guidance to go out, explore and develop confidence



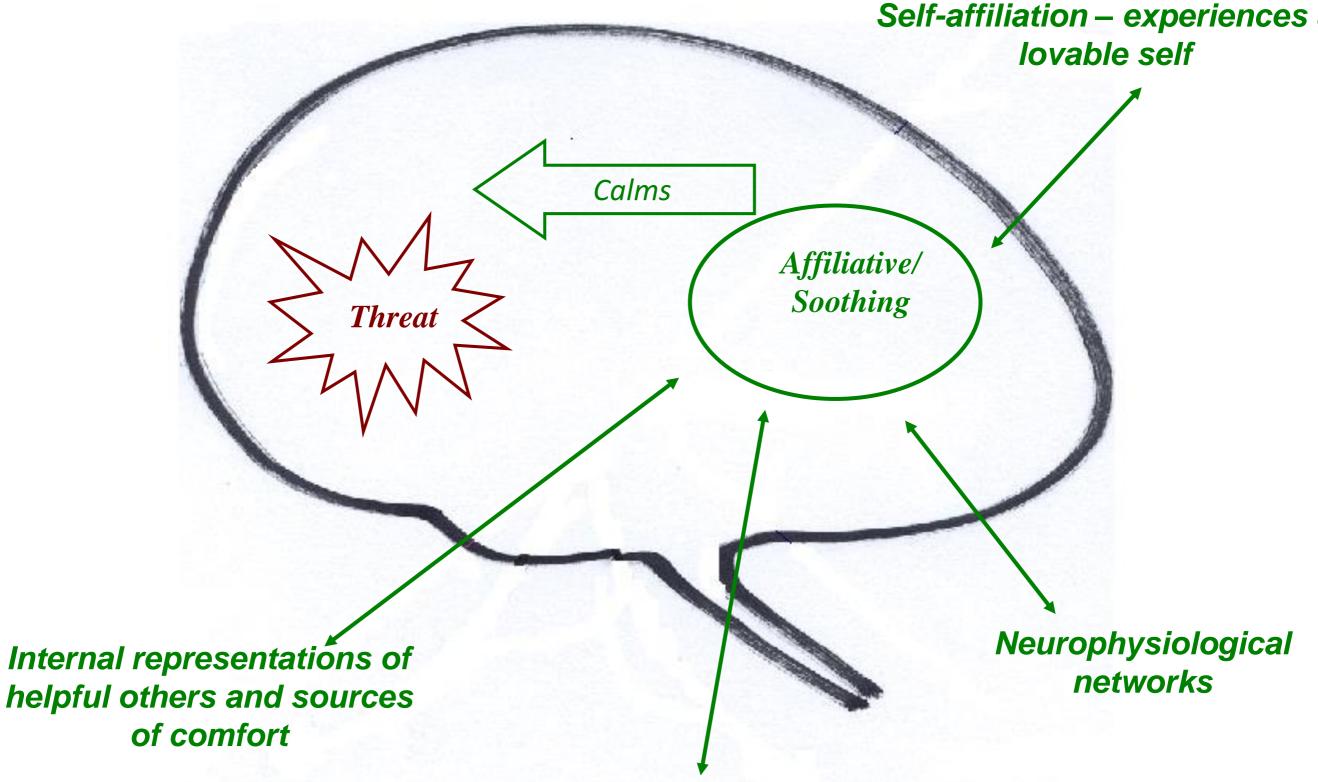
 Safe haven – source of comfort and emotion regulation





- Social signals are the drivers (social mentality)
- Lack of these in early life can seriously disrupt motivation, emotion and self regulation systems

Internal Threat and Soothing



Emotional memories of soothing

Attachment and Response Flexibility - Seigel

 "Attachment classification is not synonymous with pathology, but should be viewed as an organizational component of the mind that provides flexibility and adaptability with security."



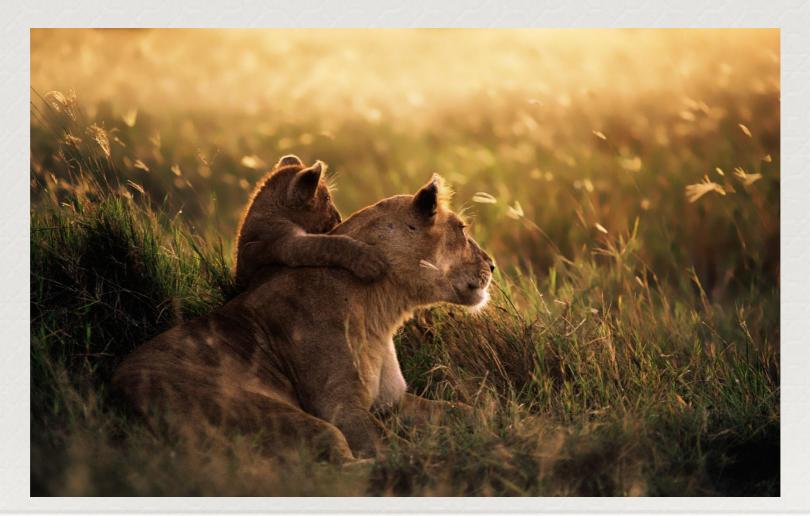
Prefrontal Cortex Involvement in Secure Attchment

 "An interface between automatic default-mode operations of the central nervous system and neural processes that allow for flexible adaptations to shifting contexts and perspectives." Nobre et. al. 1999



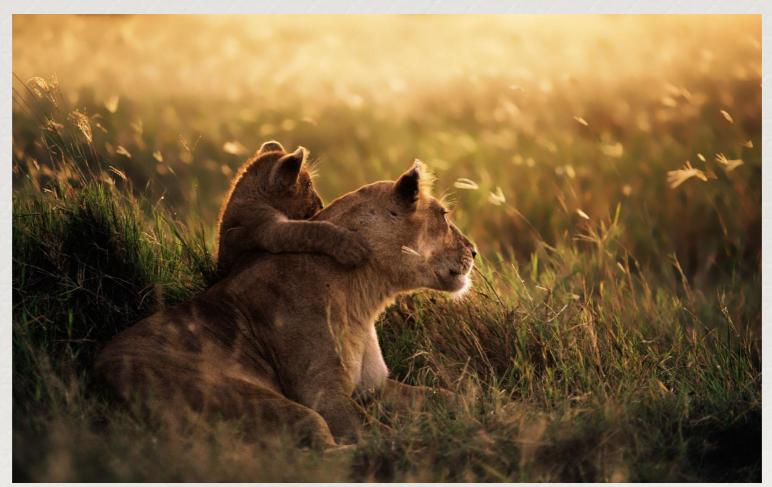
Attachment and Response Flexibility -Seigel

 The prefrontal mediation of response flexibility involved in secure attachment dynamics involves a coordinated process . . .



Attachment and Response Flexibility -Seigel

 incorporating sensory, perceptual, and appraisal mechanisms and enabling new and personally meaningful responses to be enacted.



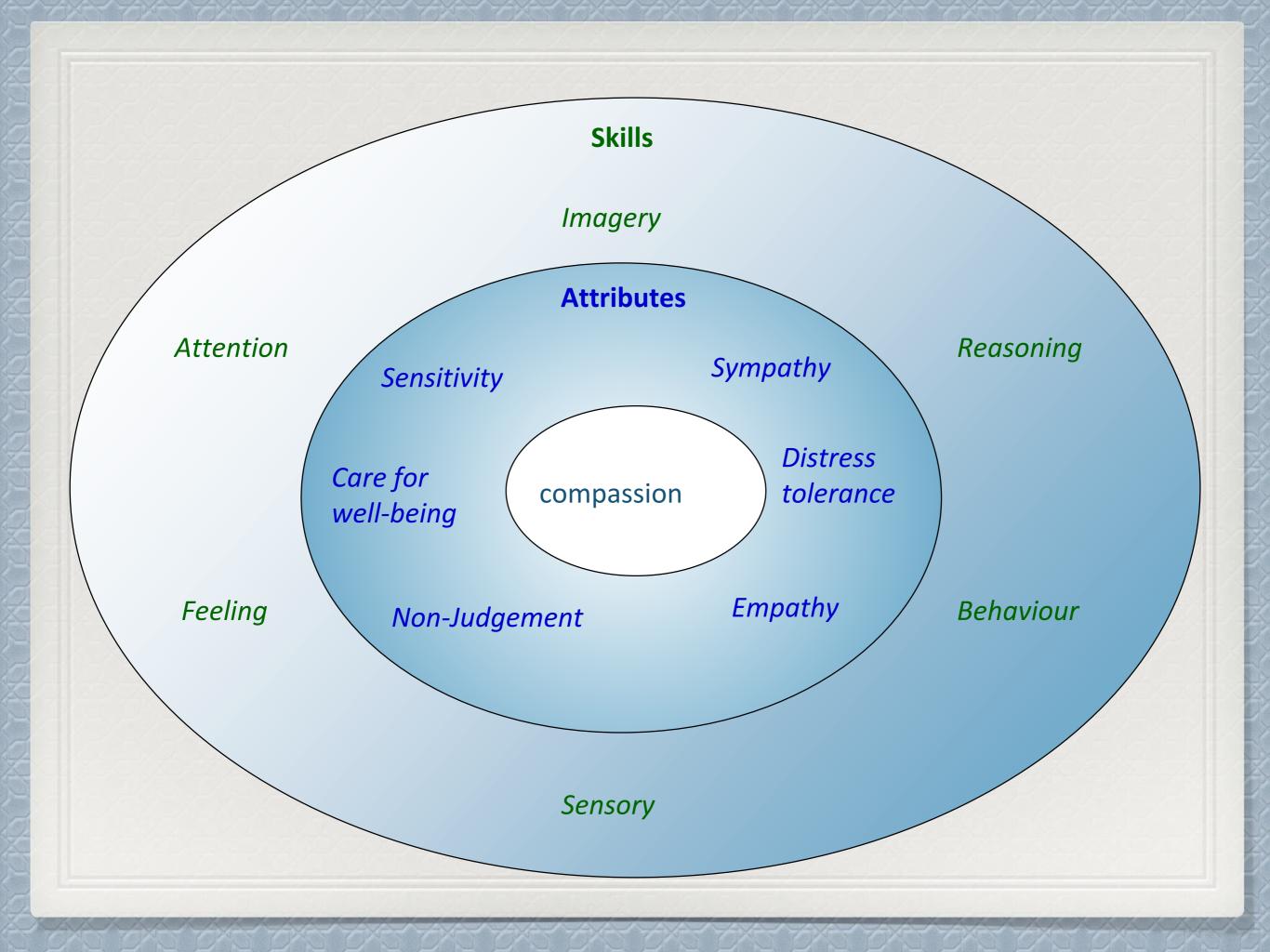
Attachment and Response Flexibility -Seigel

 May allow us to approach life decisions, relationships, and narrative responses with self-reflection and with a sense of perspective on past, present, and future contingencies.



 A radically embodied attachment dynamic influences physical homeostatis and capacity for adaptive responding without a need for a hypothesized activation of representational networks (Becks, Ljerman & Tops, 2015)





Compassion from a Contextual Behavioral Perspective

Compassion involves:

- willingly experiencing difficult emotions;
- mindfully observing our selfevaluative, distressing and shaming thoughts without allowing them to dominate our behavior or our states of mind



Compassion from a Contextual Behavioral Perspective

Compassion involves:

engaging more fully in our life's pursuits with self-kindness and self-validation flexibly shifting our perspective towards a broader, transcendent sense of self (Hayes, 2008a, Dahl, Plumb, Stewart and Lundgren, (2009)

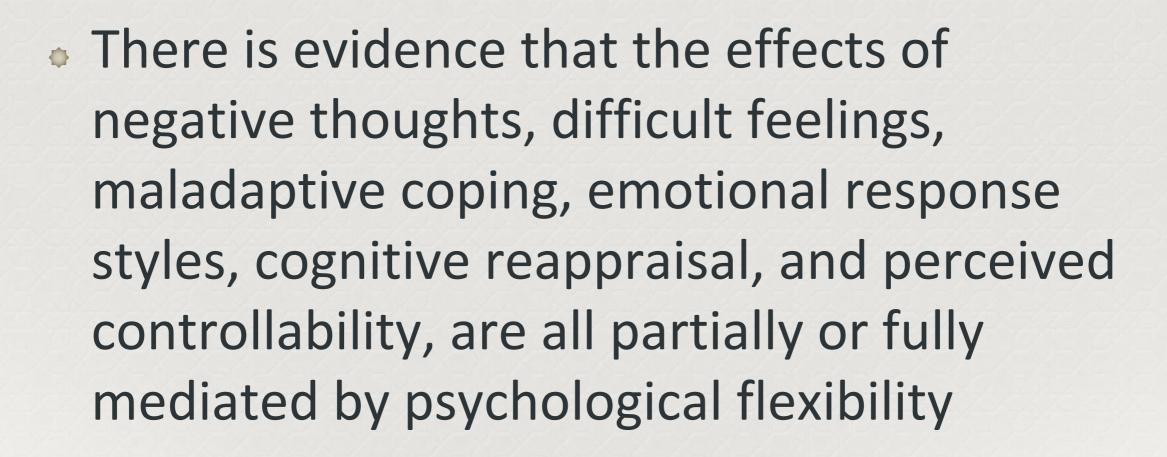


Psychological Flexibility

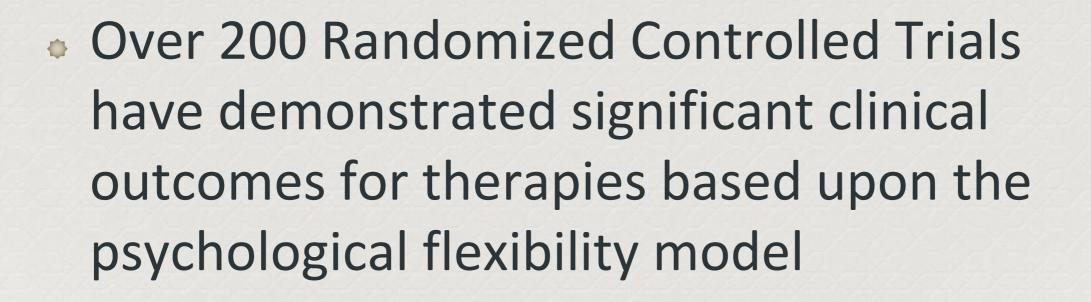


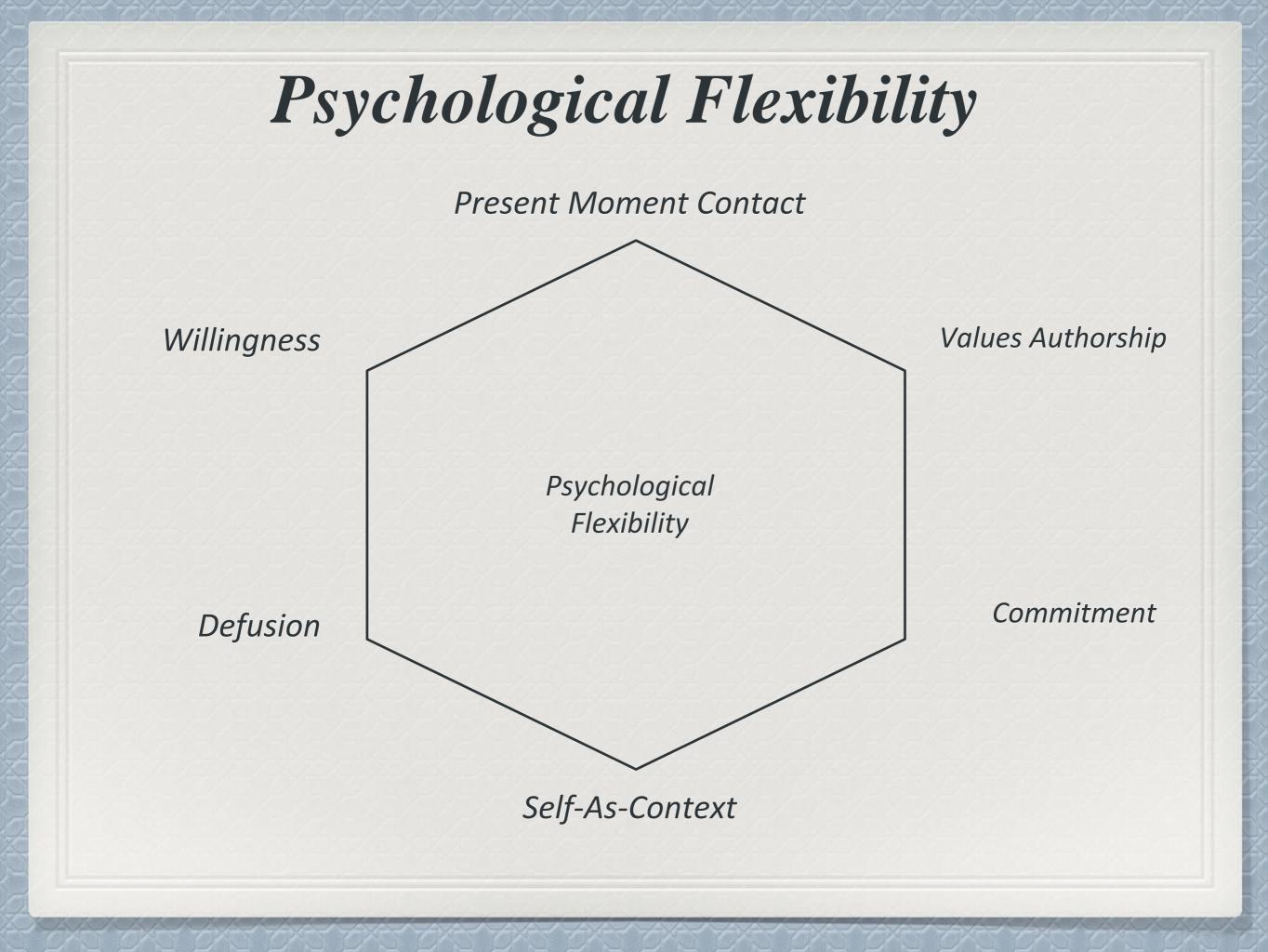
 In more than 40 studies with nearly 10,000 participants, psychological flexibility accounts for 16 to 33% of most psychological outcomes

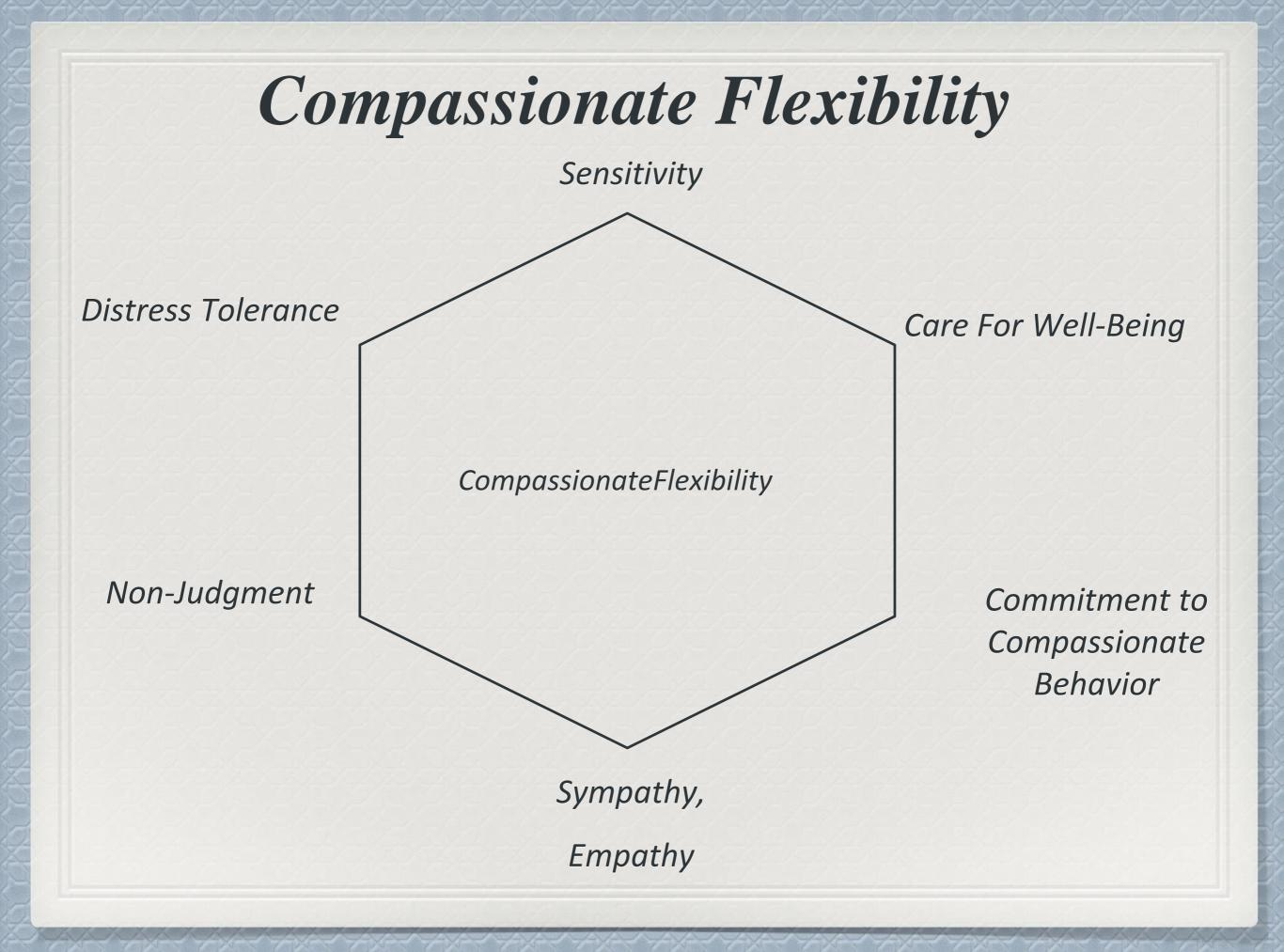
Psychological Flexibility

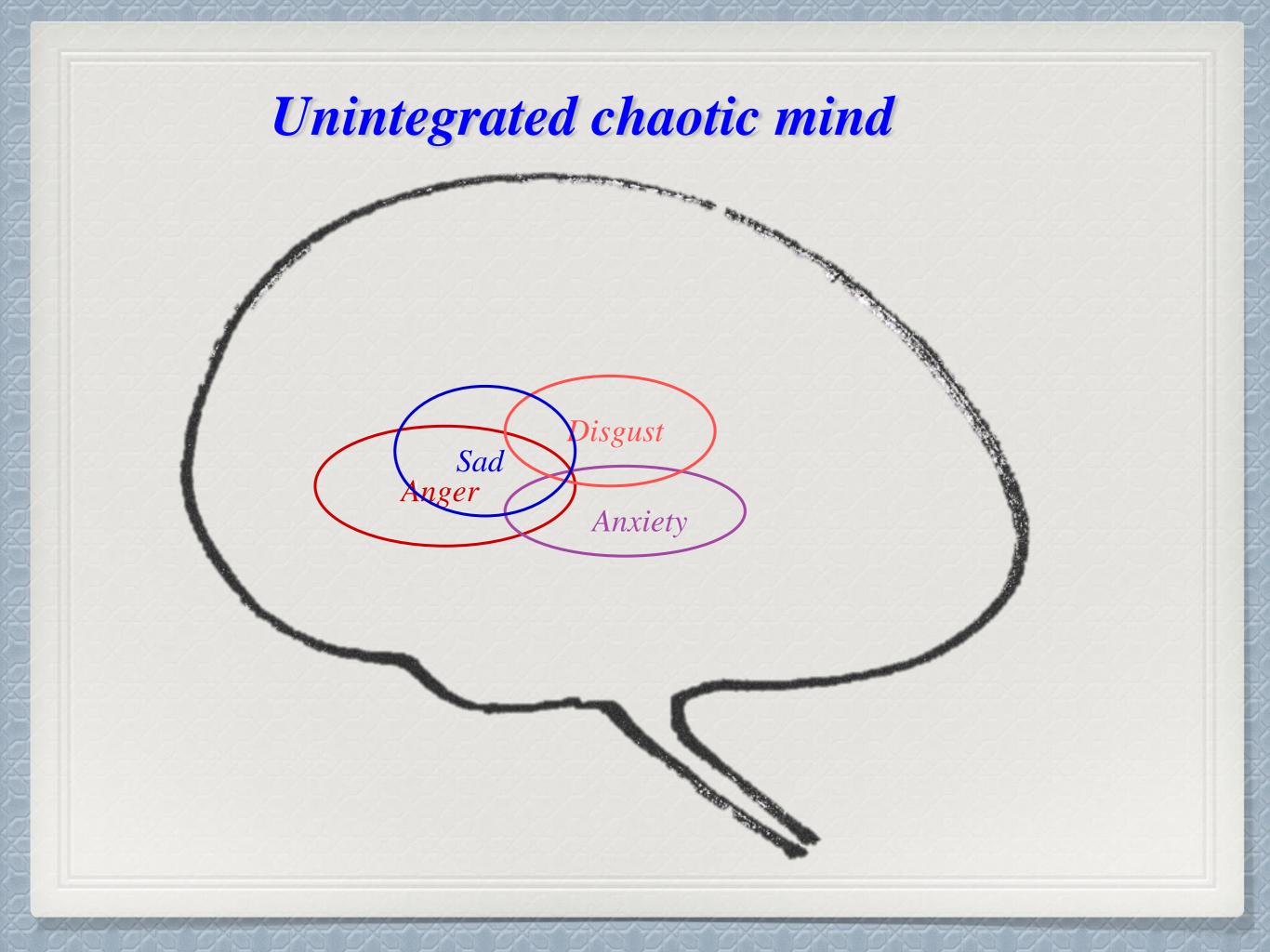


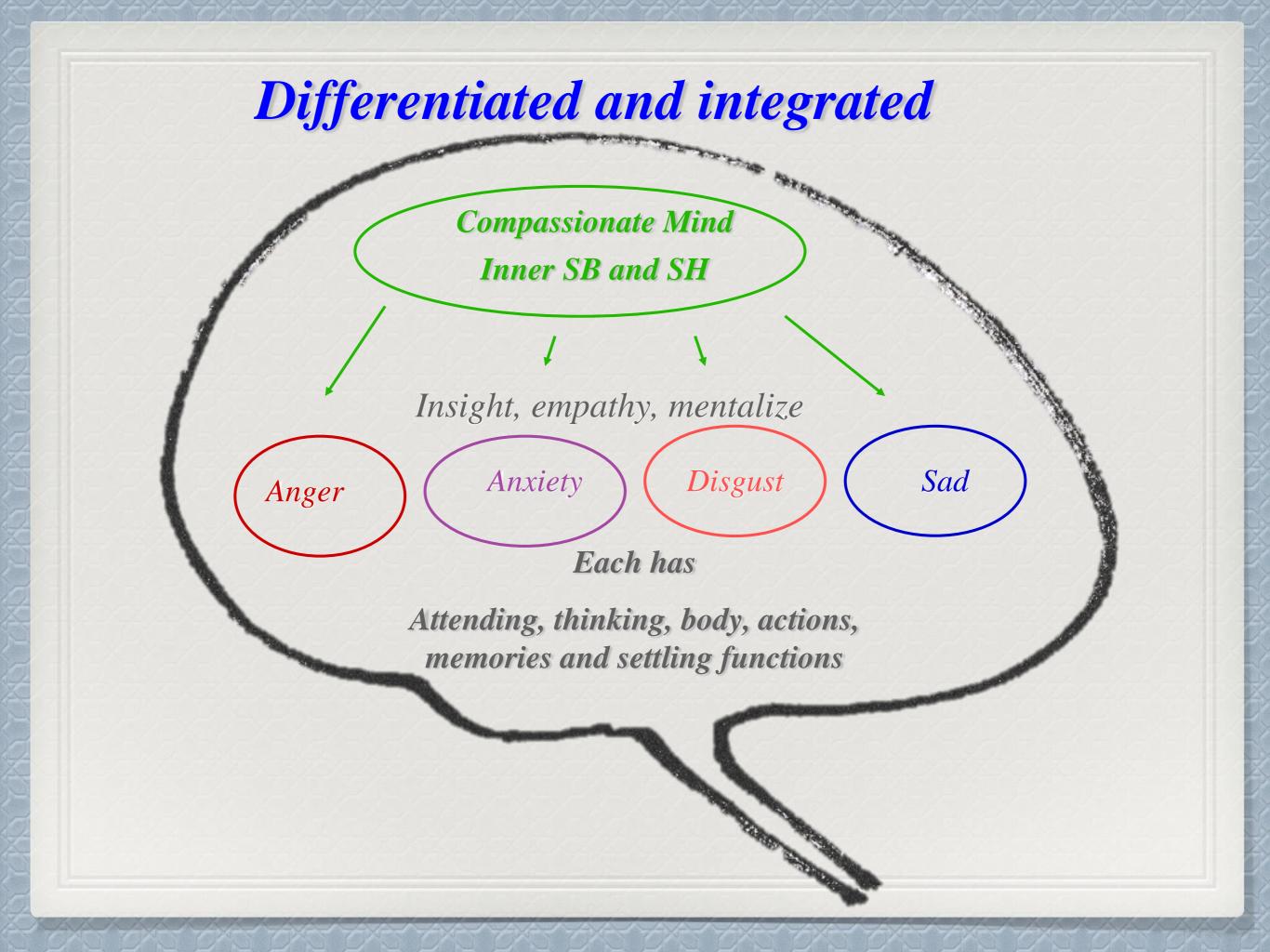
Psychological Flexibility



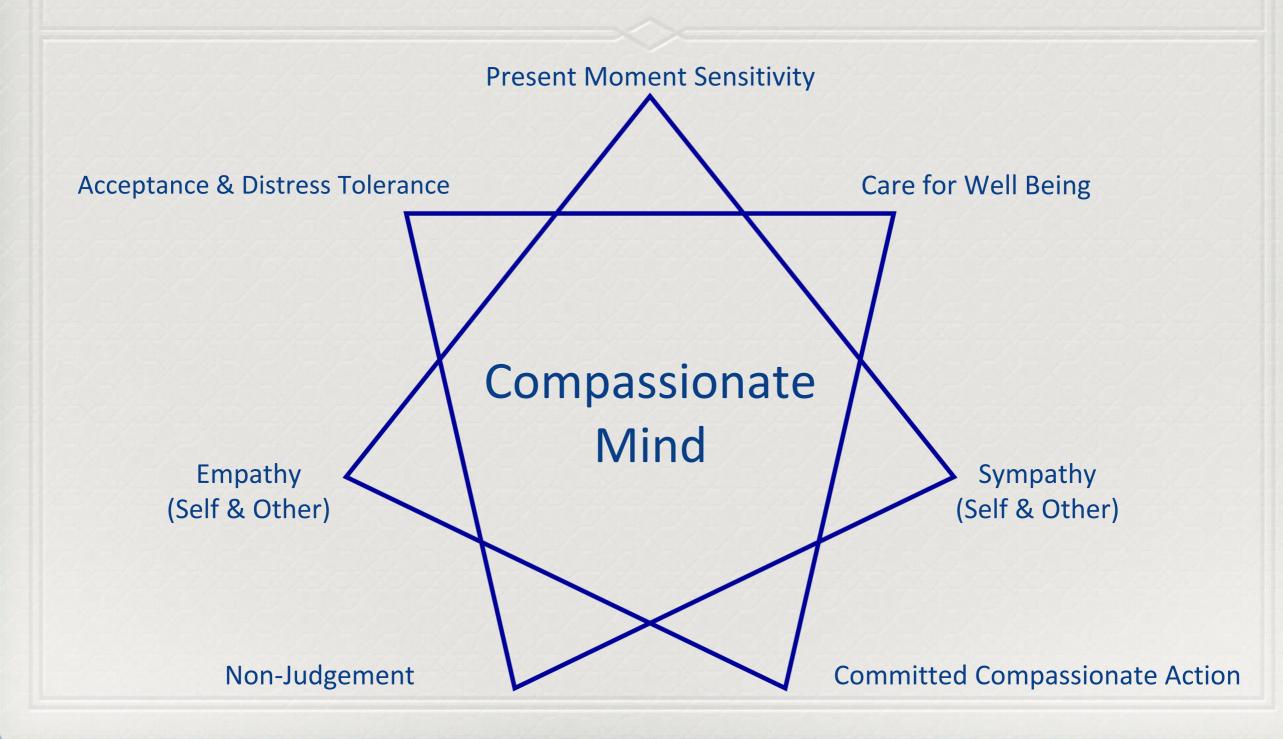


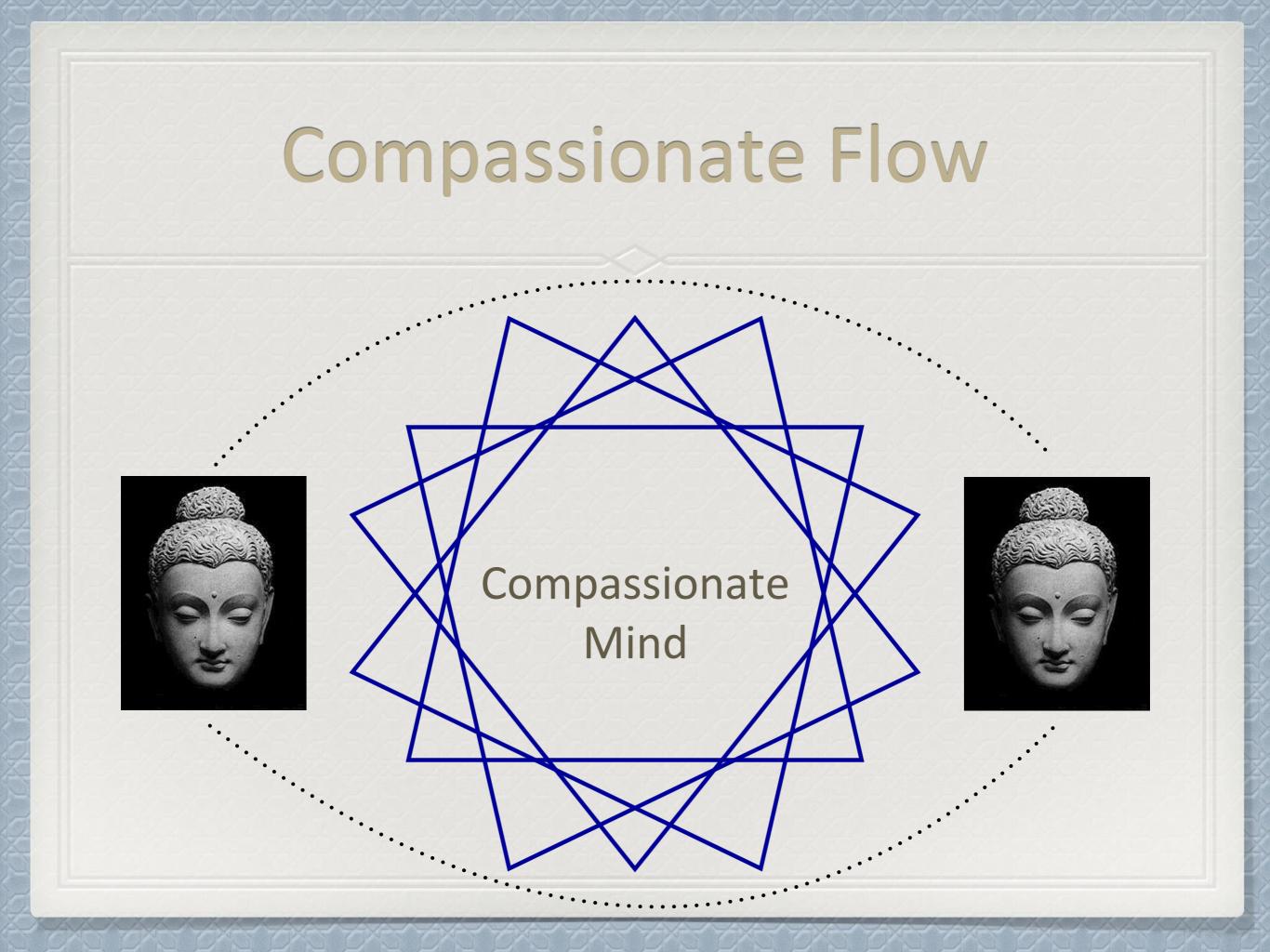




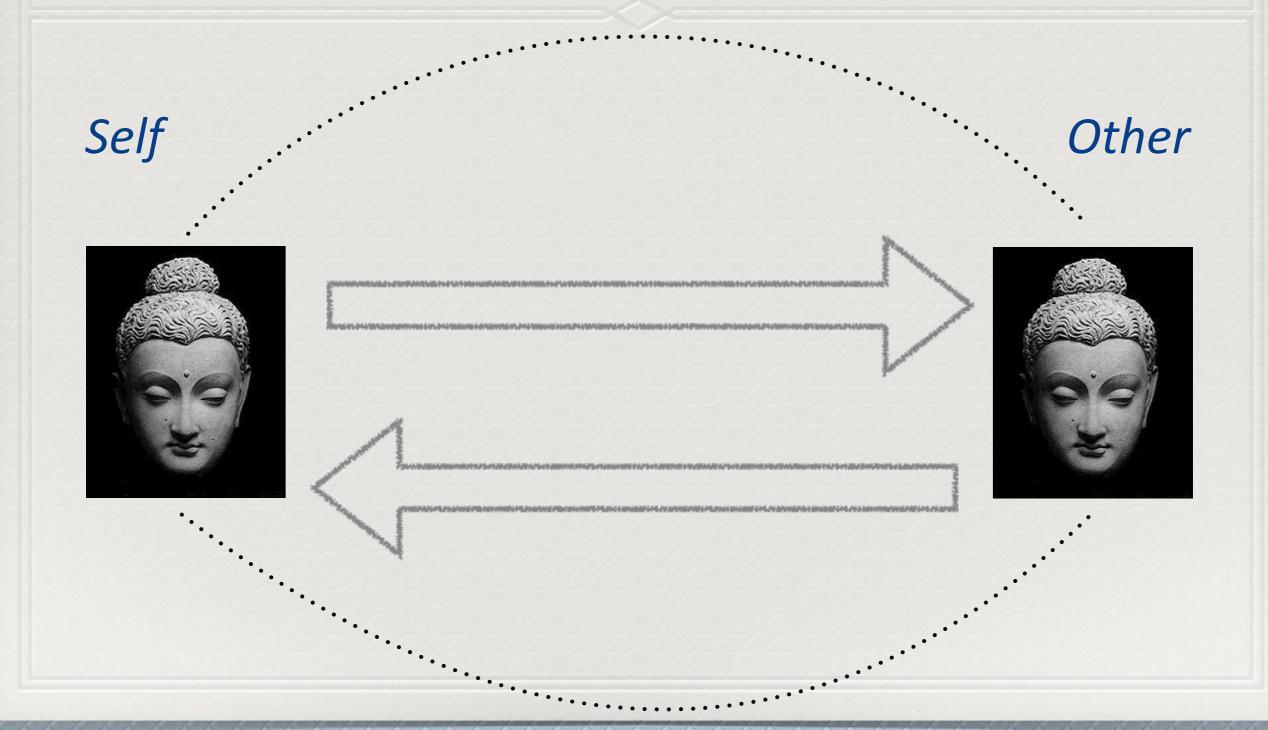


Compassionate Flexibility

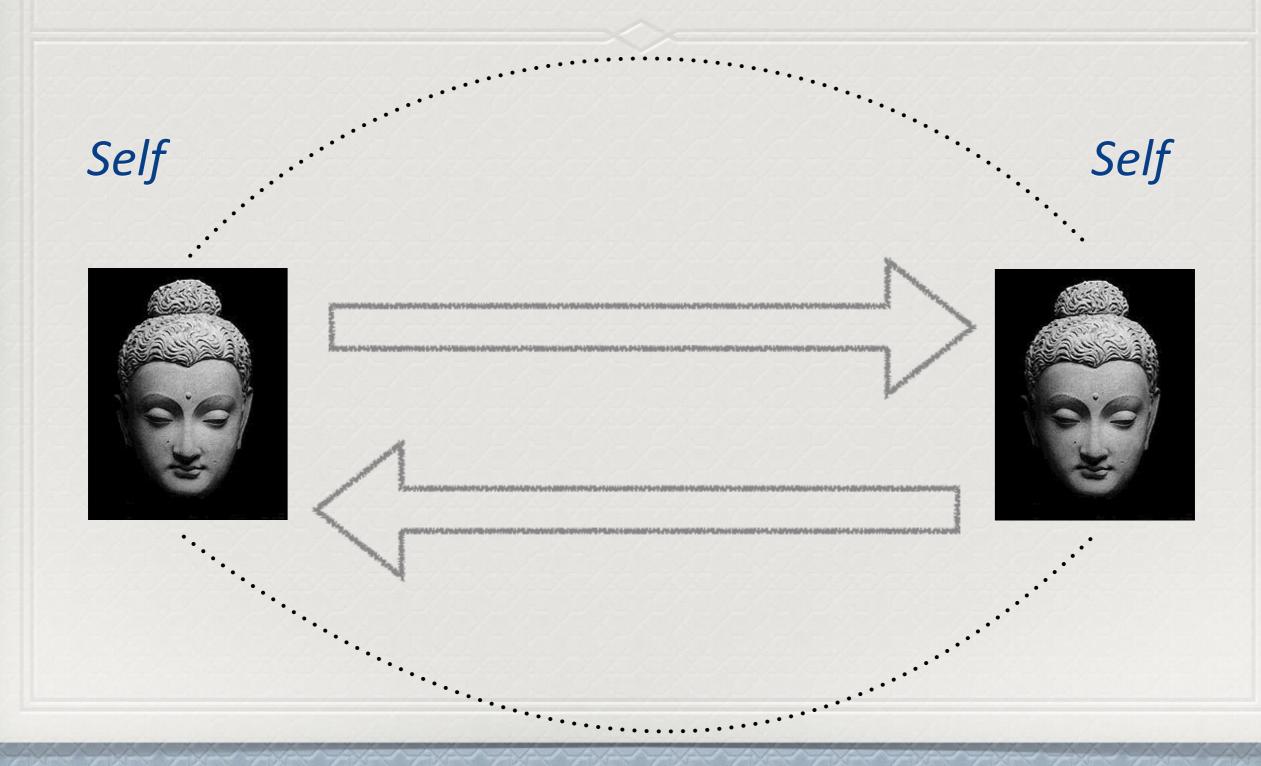




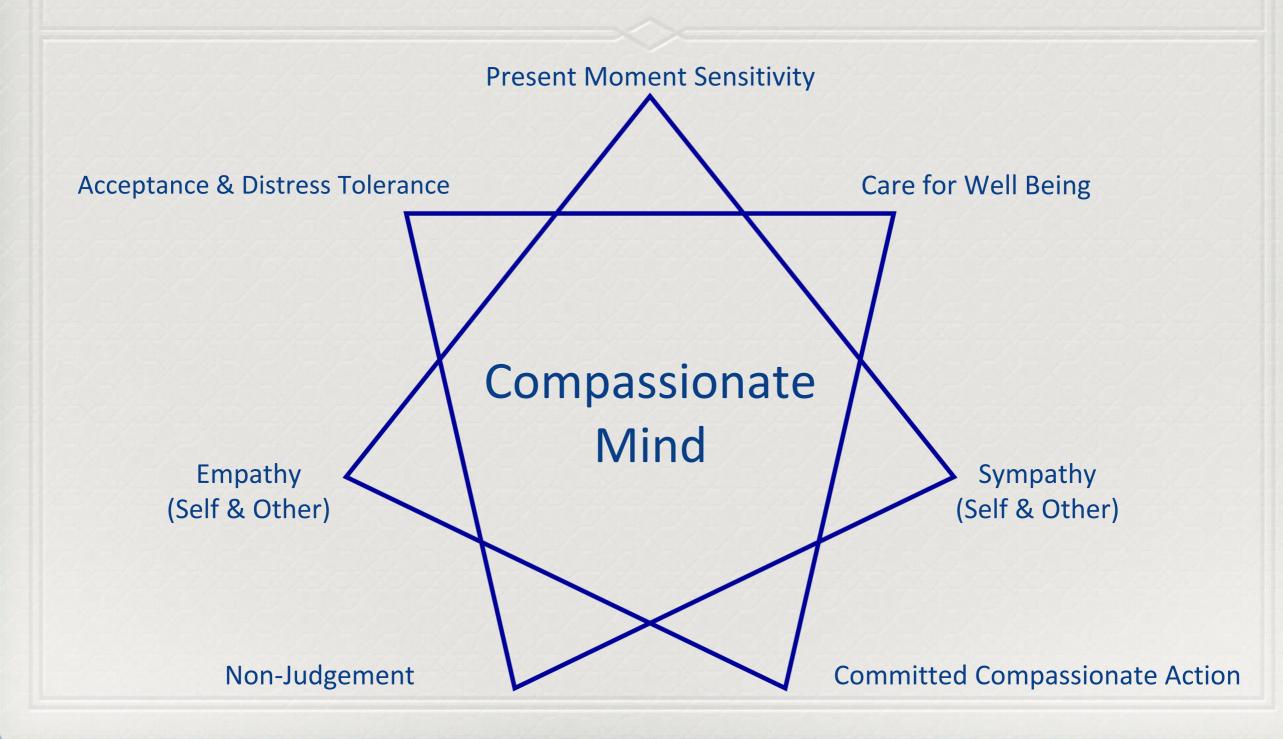
Compassionate Flow



Compassionate Flow



Compassionate Flexibility



Training the Interacting Processes of The Compassionate Mind

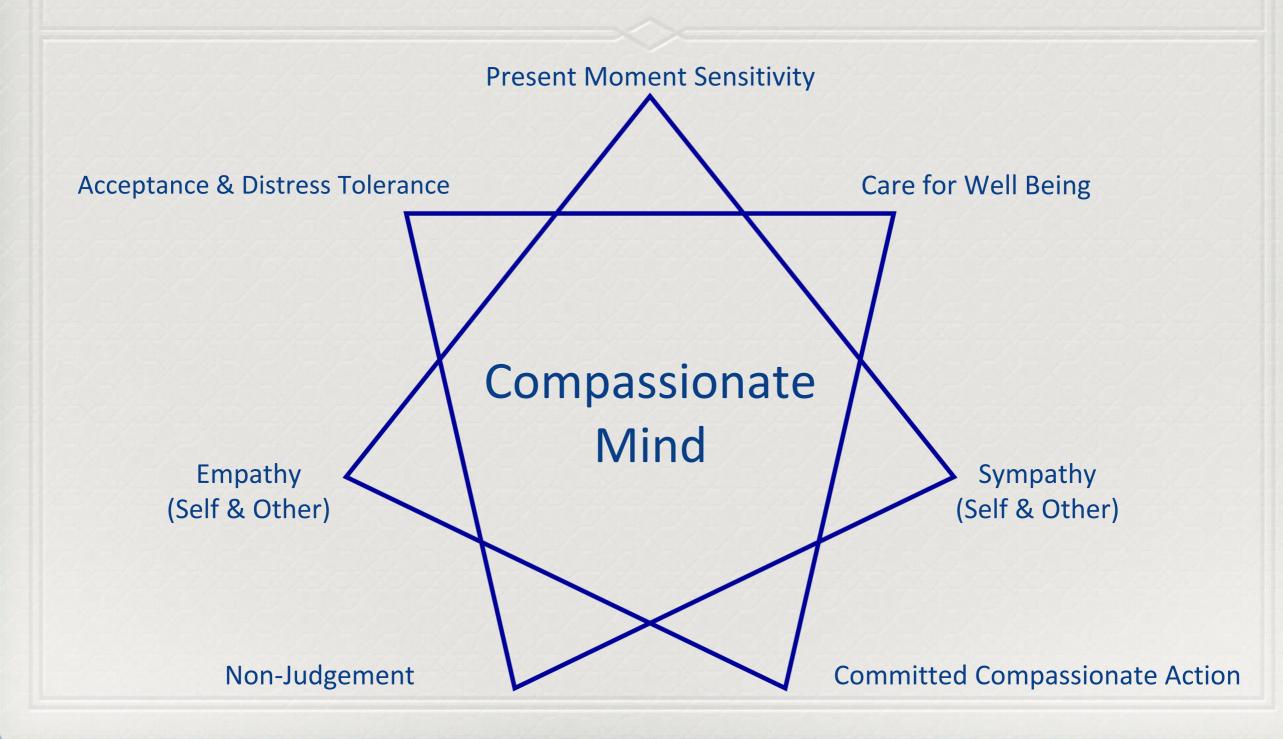


- Training Compassion in The Therapeutic Relationship
 - Therapist as social reinforcer
- Compassionate Mind Training
- Specific Techniques of The Psychology of Alleviation
- Self Therapy Practices

Playing The Octave



Compassionate Flexibility



Compassionate Flexibility	Signals or Indicators	Guided Discovery or Transitions
Sensitivity	Narrow or inflexible attention	Where or how does that feel in your body? Where is your attention pulled?
Distress Tolerance	Avoidance Rumination	What part of this are you least willing to feel?
Non Judgment	Literality of private events "word prisons"	If that were true, what would be your biggest fear? If I could take that away what would you be afraid of happening? How old is that? What would your compassionate self say about this?

Compassionate	Signals or	Guided Discovery or
Flexibility	Indicators	Transitions
Flexible	Lack of presence	If I were you and you were me,
perspectives	or verbalizations	what would your be
(Sympathy	re: perspective	thinking/feeling about this?
Empathy)	taking	Imagining child self.
Care for well being	Reduced or lack of caring behaviors, lack of motivation to care	What would you have to stop caring about for this not to bother you? How would you treat someone you loved in this situation? Values authorship
Committed behavior to prevent or alleviate suffering	Impulsivity or stagnation, behavioral constriction	What is it that we are not doing that would move us in that direction?Could we come up with a practice that will help you embody and act on this? One small thing

 Psychological Flexibility is negatively correlated with attachment anxiety and attachment avoidance

(Salande, & Hawkins, 2016)



 Attachment anxiety and attachment avoidance are negatively correlated with mindfulness (Caldwell & Shaver, 2013)



The evolution of mammalian caregiving involving hormones, such as oxytocin, vasopressin, and the myelinated vagal nerve as part of the ventral parasympathetic system, enables humans to connect, coregulate each other's emotions and create prosociality. (Kirby, Doty, Petrocchi & Gilbert, 2017)

Compassion and Psychological Flexibility

 In a sample of 144 undergraduate students, psychological flexibility and self-compassion were significantly correlated with self-compassion demonstrating unique variance in predicting well-being beyond psychological flexibility (Marshall & Brockman, 2016)



Compassion and Psychological Flexibility

 Psychological Flexibility and Self-Compassion in Gay and Heterosexual Men: How They Relate to Childhood Memories, Shame, and Depressive Symptoms (Matos et.al., 2017)



Compassion and Psychological Flexibility

 Results confirmed the mediating role of psychological flexibility and self-compassion. These findings suggest the appropriateness of promoting acceptance and self-compassion towards difficult memories in a therapeutic setting.



- Yadavaia, J. E., Hayes, S. C., & Vilardaga, R. (2014).
- Using acceptance and commitment therapy to increase self-compassion: A randomized controlled trial.



 This randomized trial therefore compared a 6-hour ACT-based workshop targeting self-compassion to a wait list control. From pretreatment to 2-month follow-up, ACT was significantly superior to the control condition in self-compassion, general psychological distress, and anxiety.

 Process analyses revealed psychological flexibility to be a significant mediator of changes in selfcompassion, general psychological distress, depression, anxiety, and stress

- HIV-related stigma and psychological distress decreased following combined ACT and Compassion-Focused Therapy intervention
- Skinta MD, Lezama M, Wells G, Dilley (2016)



 In 34 new-to-care HIV patients. ABBT attendance was high and patient feedback was positive. Relative to TAU, ABBT had significant positive effects on retention, as well as putative mechanisms of action, including experiential avoidance of HIV, willingness to make and actual disclosures of HIV status, and perceived social support.

- Investigating the effects of an ACT consistent compassionate imagery intervention for young women with body image concerns
- Hooper, Lee, Holley, and Tirch
- (in submission)



Compassion and ACT

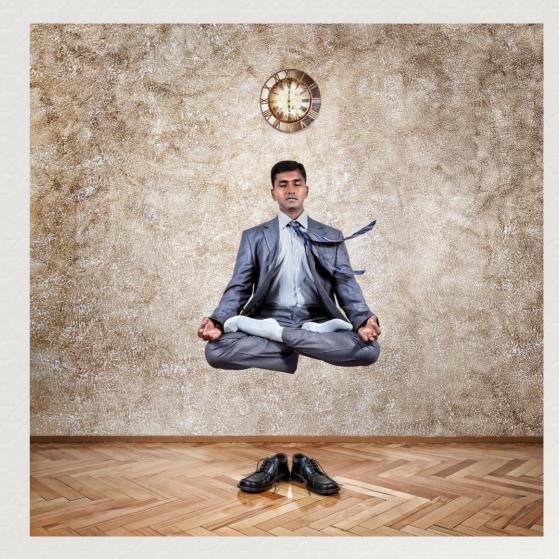
- 48 undergraduate females in control group
- 31 undergraduate females in intervention group
- Randomly assigned

• 17 in intervention group failed adherence check

Compassion and ACT

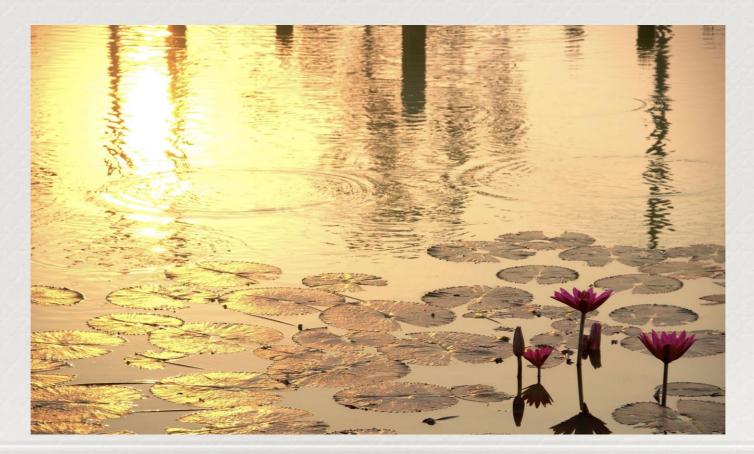
 Results suggested that compared to the control group, intervention participants experienced significantly greater gains in self-compassion, body appreciation and interestingly body shame, significantly greater reductions in body dissatisfaction, and non-significant reductions in contingent self-worth based on appearance. The Relationships Between Psychological Flexibility, Self-Compassion, and Emotional Well-Being

 Self-compassion significantlly correlated with psychological flexibility in a sample of 144 undergaduates
 (Marshall & Brockman, 2016)



The power of loving kindness meditation

 Loving kindness meditation (compassion directed to self, then others, then strangers) increases positive emotions, mindfulness, feelings of purpose in life and social support and decreases illness symptoms (Frederickson et al, 2008, JPSP)



Neuroendocrine Responses to Stress

 Compassion meditation (6 weeks) improves immune function, and neuroendocrine and behavioural responses to stress (Pace, 2008, PNE)



Shame and Self-Criticism

 Compassion training reduces shame and selfcriticism in chronic depressed patients (Gilbert & Proctor, 2006, CPP)



Social Connectedness

 Hutcherson, Seppala and Gross (2008) found that a brief loving-kindness meditation increased feelings of social connectedness and affiliation towards strangers.



Personality Difficulties

Schanche and colleagues (2011) found that self-compassion was an important mediator of reduction in negative emotions associated with personality disorders and recommended selfcompassion as a target for therapeutic intervention.



Supercharging Therapy

 A review of research concerning both clinical and nonclinical settings, compassion-focused interventions have been found to be significantly effective (Hofmann, Grossman, & Hinton, 2011).



Compassionate Thinking & Negative Emotions

 In a sample of 207 undergraduate students, participants who engaged in compassionate thinking and "cognitive reappraisal" (taking a family member's perspective) reported significantly lower levels of negative emotions compared to those in the responsibility reattribution and control conditions. (Arimitsu & Hofmann, 2015).



CFT Outcomes

 CFT has been found to be significantly effective for the treatment of personality disorders (Lucre & Corten, 2012), eating disorders (Gale et. al., 2012) and heterogeneous mental health problems in people presenting to community mental health teams (Judge & et.al., 2012).

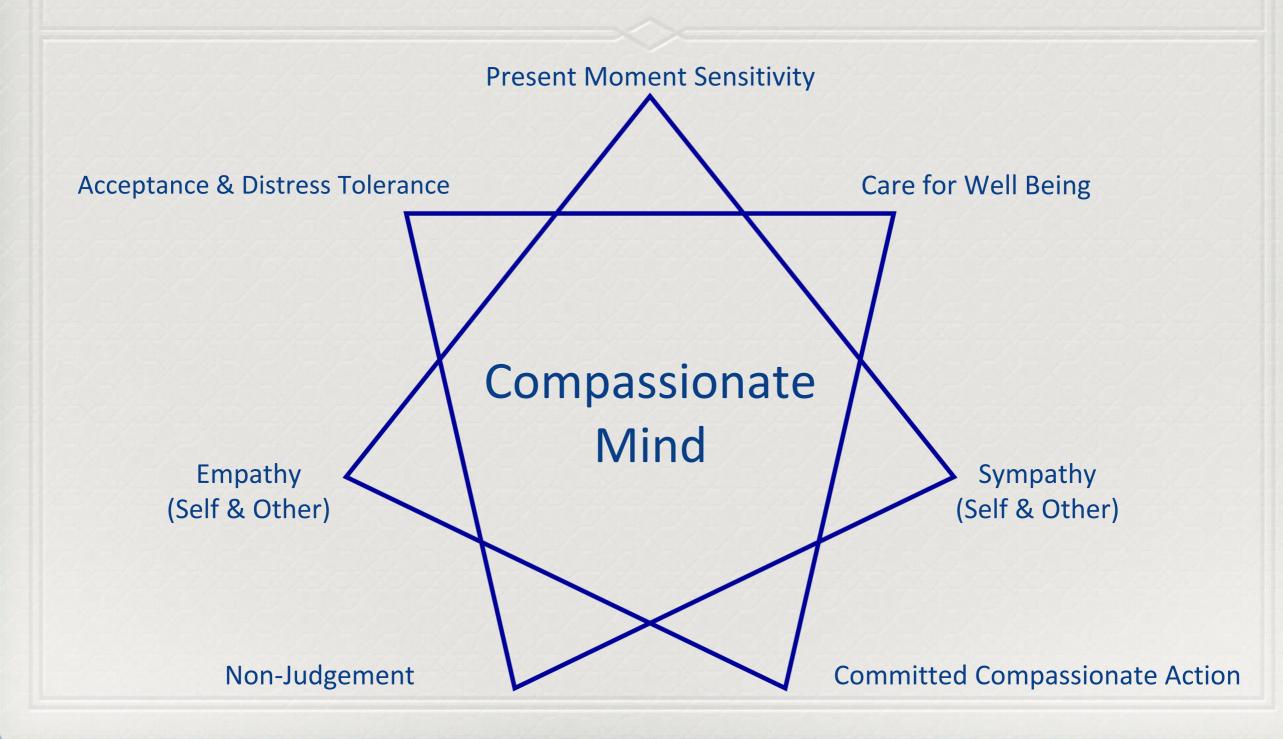


"I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear."

Nelson Mandela



Compassionate Flexibility



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