Division of Neuropsychology Annual Conference 2014: The Added Value of Clinical Neuropsychology

Compassion Focused Therapy

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The added value of compassion focused therapy following brain injury

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What is Compassion?

“Is a deep sensitivity to the suffering of the self and others with a deep wish and commitment to relieve that suffering”

The Dalai Lama
Compassion Focused Therapy

- Paul Gilbert’s observation individuals high in self-criticism find it difficult to generate kind and self-supporting inner voices
- CFT developed to help highly self-critical clients develop a more compassionate inner voice
- Research highlights the role of shame and self-criticism across many psychological disorders and distress
- Compassion can buffer against psychological psychological disorders & distress
CFT specifically targets the underlying processes of self-criticism associated with shame

Not well explored or treated after acquired brain injury…

..but emerging evidence indicates that self-criticism and shame can be part of the emotional experience after brain injury

This can make it harder to adjust

I felt so disgusting…I couldn’t control my own body, let alone wipe s**t of my own arse….I realised then I was no good for anyone……

I felt so ashamed of myself…I couldn’t do the job I had done for 20 years.. What a f***ing retard
Self-criticism and shame following brain injury

Clinical examples - shame can be associated with:

- Inability to return to previous roles
- Inability to fulfill previous roles
- How the injury occurred
- Shame inducing events post injury e.g. early hospital experiences, sexual difficulties, difficulties regulating emotions, failure experiences due to consequences
- Shame inducing events prior to injury (then exacerbated by the injury and it’s consequences)
Underpinnings of Compassion Focused Therapy: Psycho-education

- CFT based upon neuroscientific evidence that affiliative (e.g. kindness, compassion, caring) emotions and motives can have a positive impact on self and regulation

- Research proposes and explores the interaction between 3 affect regulator systems which forms part of the psycho-education and formulation process in CFT
Types of affect regulator systems

Incentive/Resource Focused
- Wanting, pursuing, achieving, consuming
- Activating

Non-wanting/Affiliative Focused
- Safeness, kindness
- Soothing

Threat-focused
- Protection and safety seeking
- Anger, anxiety, disgust, fear
- Activating/inhibiting

the three circles model
Why a Compassion Focus?

- People with chronic problems often come from neglectful or abusive backgrounds, have high levels of shame, and are often self-critical, self-disliking, or self-hating which activates the threat system.

- Live in a world of constant internal and external threat.

- Have few experiences of feeling safe or soothed and are not able to do this for themselves.

- Soothing system poorly developed and will often say “I get it but I don’t feel it”. This makes sense if that system is not working or well developed.
The 3 circles model offers an intuitive and neuroscience based understanding of psychological distress after brain injury.

Loss of meaningful roles (e.g. job, hobbies) means the drive system is not stimulated.

Psychological problems stimulate the threat system.

It’s harder to feel secure, safe, soothed.

Not being able to go back to work was awful – it was one of the things that made me feel worthwhile, I was ambitious, I still am, but I can’t do it anymore, it is so heartbreaking.

I felt so overwhelmed, I didn’t know what to do, I just couldn’t cope – whatever I tried I couldn’t feel okay.
The 3 circles model following brain injury

- **Incentive/Resource Focused**
  - Wanting, pursuing, achieving, consuming
  - Activating

- **Non-wanting/Affiliative Focused**
  - Safeness, kindness
  - Soothing

- **Threat-focused**
  - Protection and safety seeking
  - Activating/inhibiting

Anger, anxiety, disgust, fear

Gilbert, 2009
Client perspectives on the three circles

The 3 circles model immediately clicked, I can just stop now and say ‘What system am I in?’

My memory isn’t great, but three things – threat, drive, soothe – I can remember that.

It made so much sense to me, I felt a lot of relief to be able to understand what was going on and what I needed to do about it.
Psycho-education on ‘our tricky brains’ in Compassion Focused Therapy

A key part of the process of CFT is to help the individual understand that much of what goes in our minds is built in biological processes constructed by genetics and environment and this \textit{is not their fault}

- Difficulties coordinating ‘old brain’ motives & emotions with ‘new brain’ abilities, so our brains are difficult to understand and regulate
- This notion of the ‘tricky brain’ draws on empirical studies regarding threat processing
- \textit{This is not our fault}

\textit{This process helps the client understand their difficulties, in a validating way, which is de-shaming}
After all we did not choose our tricky brains....it’s not our fault
Compassion Focused Therapy

- CFT aims to redress imbalances within these 3 affect regulation systems
- Seeking to help individuals who have difficulty accessing the soothing system in response to threat
- Difficulty may have a biological and/or environmental basis
- CFT aims to help such people respond to high self-criticism with self-kindness and compassion
- The goal of treatment is to improve psychological wellbeing
- CFT encourages individuals to develop compassion motivation and practice compassionate behaviors to access the soothing system
Compassionate Mind Training

• Compassionate mind training (CMT) is the process of training a person to train themselves to develop compassion within the context of CFT
• Described as physiotherapy for the brain
• Many techniques are used which utilizes ideas from other therapies including CBT, MI, mindfulness etc
• Imagery, breathing, compassionate thinking and writing exercises
• Key is the to CFT is the tone of the intervention i.e. compassionate tone
Compassionate Mind Training can be used to optimize rehabilitation following brain injury

- Basic CMT exercises do not put significant cognitive load on the patient e.g. soothing rhythm breathing
- Basic CMT exercise can help clients to feel more secure and calm and enable them to engage with rehabilitation
- Further CMT exercises in the context of CFT that require more cognitive and emotional demand can be used where appropriate to enable the client to develop a more compassionate relationship with themselves and address challenges e.g. loss of identity, grief
Client’s perspective on Compassionate Mind Training

Adrian’s perspective
What is the evidence?


Conclude that CFT is useful specifically for those with heightened self-criticism, but more rigorous controlled trials are required as the therapy is still in its infancy.

A number of case studies and a group exploration of CFT following acquired brain injury (Ashworth, Gracey & Gilbert, 2011; Shields & Ownsworth, 2013; Ashworth, 2014)
- All highlights the benefit to the client, with significant reliable change indices

Group exploration provides a rich qualitative account of client’s experiences of CFT and what was useful for them (Ashworth et al., 2014)
- Neuropsychology of the formulation
- Validation of experience and recognising it is not their fault
- The usefulness of the CMT tools in improving wellbeing and managing day to day challenges after brain injury

WE NEED MORE STUDIES!!!
Thank you!