Research article

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

Elaine Beaumont a,⁎, Caroline J. Hollins Martin b

a Cognitive Behavioural Psychotherapist, EMDR Europe Approved Practitioner and Lecturer in Counselling and Psychotherapy, School of Nursing, Midwifery, Social Work & Social Sciences, University of Salford, Frederick Road, Salford, Greater Manchester M6 6PU, UK
b Professor in Maternal Health, School of Nursing, Midwifery and Social Work, Edinburgh Napier University, EH11 1BN, UK

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 empathic distress fatigue, compassion fatigue, stress, burnout, and self-criticism, which in turn can alter their ability to provide compassion to both self and others, and can create persistent self-criticism and negative ruminations. 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 levels of compassion.

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.

© 2016 Elsevier Ltd. All rights reserved.

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/or 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).
and Mahoney (2005). However and surprisingly, few studies have examined the process of teaching student therapists strategies for self-care (Patsopoulos & Buchanan, 2011). Addressing this gap in student therapists training, this paper explores an intervention that has potential to enhance and enrich the lives of therapists, through teaching self-care strategies that incorporate creative methods to increase levels of compassion towards self and others.

Clinical training challenges

Student life can be stressful, due to juggling study with work commitments, financial pressures, and personal responsibilities (Leathwood & O’Connell, 2003; 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’ (Bowby, 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 science, 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 ruminative. 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 navigate 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 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 self-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 self-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 (Boellingham, Jones, Hutton, 2012; Moore & Cooper, 1996; Rønnestad & Skovholt, 2003). Surveys by Boellingham et al. (2012) and Brooks, Holtum, 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 (Boellingham 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 could be integrated into psychotherapy training programmes.

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

Part of the role of educators is to search for meaningful solutions to problems encountered. Lecturers and clinical supervisors engaged in clinical training face a distinctive number of idiosyncratic difficulties. For example, in addition to having a
role as educator, lecturers are also gatekeepers for the profession (Edwards, 2014), aiming to provide high quality of care to students at the same time as being mindful of ethical obligations to the counselling and psychotherapy profession. Students will graduate and become the therapists of tomorrow, thus treating patients that will test their limits. As such, introducing exercises into clinical training programmes that cultivate compassion for self and others could help the students of today cope with the demands of therapeutic work.

Self-compassion and self-criticism

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

Self-criticism is an important concept, because it is strongly related to lower levels of self-compassion (Gilbert, Clarke, Hemel, Miles, Irons, 2004). Student therapists who are self-critical, often feel inferior, experience inadequacy, and exhibit self-antipathy. Underpinning these negative perceptions may be a desire to correct and prevent mistakes and sustain set standards, which if disappointed can lead to self-punishment (Gilbert et al., 2004). Teaching CFT/CMT is just one solution to counteract such adversities, and may be worthwhile because individuals who report high levels of self-compassion experience improved relationship functioning (Neff & Beretvas, 2013), a willingness to embrace innovation and challenge, and lower levels of self-criticism when failing at a task (Neff, Hsieh, Dejitterat, 2007). In addition, students report enhanced empathetic concern, improved perspectives, altruism, and forgiveness (Neff & Pommier, 2013).

Developing self-compassion may function as a remedy to self-criticism (Beaumont, 2016) and is an adaptive way of self-relating when experiencing feelings of inadequacy. Individuals who have unrealistic standards (Ellis, 1962) and high expectations (Beck, 1976) are prone to self-criticism. Developing self-compassion and responding to ‘the bully within’, through ‘being kinder to oneself’ in times of difficulty may help student therapists on their journey to become successful practitioners. Beaumont, Iorns, Rayner, & Dagnall (2016) found that compassion focused therapy training was helpful in a sample (n = 28) of healthcare educators and providers (nurses, midwives, counsellors and psychotherapists), which suggests that CMT may also benefit student therapists. The researchers found a statistically significant increase in levels of self-compassion and statistically significant reduction in self-critical judgement post training. The researchers concluded that developing self-compassion and responding to the ‘inner self-critic’ with compassion may help change levels of compassion and self-critical judgement. These findings augment the results of Barnard and Curry (2011) who found that teaching compassion based experiential exercises instigated changes in levels of self-reported compassion.

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

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

1 Self-kindness is associated with a tolerance and understanding of the apparent negative characteristics of self.
2 Common humanity recognises that mistakes are an integral part of the human experience.
3 Mindfulness involves being in the moment, without judgement when suffering is experienced.

Gilbert (2009) proposes that compassion “aims to nurture, look after, teach, guide, mentor, soothe, protect, offer feelings of acceptance and belonging – in order to help another person” (p. 193). Higher levels of self-compassion have been linked to lower levels of self-criticism and lower risk of experiencing symptoms of anxiety and depression (Luyten et al., 2007; Neff et al., 2007; Neff, 2003a). Self-compassionate people are better equipped to face painful thoughts, without avoidance or exaggeration (Neff, Hsieh, Dejitterat, 2005; Neely et al., 2009). One strategy for reducing self-criticism is presented by Breines and Chen (2012) who found that participants who wrote about their experiences of providing support to a friend following a negative event, demonstrated an increase in self-compassion. In addition, participants who recalled events where they provided support to a stranger, reported higher levels of self-compassion compared with participants who did not.

Rationale

Some students who embark on a counselling career are self-critical, expressing thoughts akin to: ‘I am not good enough’, ‘other people are better than me’, ‘what if I don’t meet my targets and fail in pursuit of my dreams’, and/or ‘I have to be perfect and not flawed’. It is the job of educators to help student therapists reach their potential, which involves helping them to respond to self-criticism with kindness and self-compassion. Self-compassion may be the remedy to self-criticism, is necessary for self-care and is a quality needed for students entering the demanding world of therapeutic work. Student therapists may benefit from using creative methods, which aim to improve levels of compassion. This idea is echoed by Orkibi (2012) who suggests that self-care can be enhanced through use of creative interventions, and that such strategies may help students cultivate their professional identity. Therefore considering a training programme which incorporates interventions including compassionate letter writing, imagery techniques, acting skills, and art could be of value, because it may help students cope with some of the difficulties experienced in training. Other benefits of cultivating compassion include boosting immune system efficiency (Klimecki et al., 2013; Lutz, Brefczynski-Lewis, Johnstone, Davidson, 2008) and improving psychological well-being (Beaumont & Hollins Martin, 2015; Neff & Germer, 2012). Acknowledging such advantages, justifies the act of introducing CMT into a training programme, with follow-up evaluation examining the effectiveness of increasing levels of compassion.
Cultivating a compassionate mind

Professor Paul Gilbert developed CFT and CMT (Gilbert & Procter, 2006; Gilbert, 2009) to help individuals suffering from low mood and high levels of shame and self-criticism, move towards healing. CFT describes the process and theory of the model, while CMT is just one element of CFT. Gilbert's (2009) CFT model incorporates fundamentals from evolution, attachment theory, neuroscience, social and developmental theory. The CFT approach examines how the development of affiliative emotions help regulate the threat-processing and social motivational systems, for example, how we have evolved to help other people, to care for one's family and to search for partners. The model is often referred to as the 'three circles model' (see Gilbert, 2014) and proposes that humans possess 3 emotion regulation systems:

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

Threat and protection system

The Threat Protection System (TPS) directs attention to situations that a person perceives as threatening. As a result the body is called into action and the individual will respond to the perceived threat with a variety of emotions, including, anger, anxiety and disgust. It works to generate 'better safe than sorry' scenarios (Gilbert, 2009). For example, a student therapist may perceive that they are an inadequate therapist and imagine themselves failing the course, which in turn ignites the TPS.

Drive system

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

The content, soothing/affiliative system

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

When faced with distressing events, being in receipt of compassion creates feelings of security. Utilising exercises that activate the soothing/affiliative system increases the partakers' self-compassion and regulates their threat responses. This in turn enables the person to feel safe and less distressed, with reduced associated negative thoughts helping them cultivate self-kindness and reduce self-judgement (Neff & Vonk, 2009).

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

It has been reported that therapists who provide compassion for others in the absence of self-compassion can experience increased stress in practice (Gilbert & Choden, 2013). This amplifies the need to teach student therapists skills of internal and external compassion via programmes designed to enhance and support the development of these capacities. Such programmes are based on supportive approaches that have proven valuable in helping clinical populations (Beaumont, Galpin, Jenkins, 2012; Beaumont & Hollins Martin, 2013, 2015; Gilbert & Proctor, 2005; Mayhew & Gilbert, 2006). Compassion flows in 3 ways (Gilbert, 2014):

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

Clinical training programmes that incorporate CMT may have potential to help student therapists regulate the emotions activated by the TPS and help students to balance academic, client, placement, organisational, supervision, and personal demands (see Fig. 1). In particular, CMT uses a variety of breathing, postural and imaginal interventions which help balance the three systems. Recalling times when participants have experienced giving and receiving compassion are also examined.

Cultivating compassion in student therapists

Key principles of CFT/CMT include motivating participants to,

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

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

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

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

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

Step 2: psycho-education about Gilbert’s (2009, 2014) key elements of CFI/CMT

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

Step 3: formulation (Gilbert, 2014)

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

Step 4: compassionate capacities (Gilbert, 2009)

Breathing exercises and imagery techniques that create a sense of safeness and calm will be introduced and practiced. Exercises which can be helpful in times of stress such as ‘safe-place’ will be explored by students.

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

Incorporating exercises that foster wisdom and courage to counter situations, and assertiveness to challenge unhelpful behaviours (e.g., work evasion with particular clients, inhibiting challenging discussion during supervision for fear of error or being judged) will be incorporated into training. Creative interventions such as, compassionate letter writing, art, acting techniques and imagery will be used to portray self-compassion. This in turn may help student therapists reflect on their own needs in the ‘here and now’, understand their self-critical self and develop an understanding of their own suffering.

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

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

Data collection

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

Learning objectives

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

1. Critically explain how empathic distress fatigue, compassion fatigue, burnout, self-critical judgement, the supervisee/supervisor relationship, clinical training, and organizational pressures impact on self, colleagues, relationships and clients.
2. Demonstrate understanding of how the compassionate mind model works.
3. Consider how cultivating compassion can help diminish self-critical dialogue.
4. Discuss the 3 flows of compassion.
5. Explain how emotions, such as shame and self-critical thinking, impact upon well-being.
6. Consider how creative interventions could be used within clinical settings to help clients develop self-compassion and reduce self-criticism.

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

Conclusion

Given that CFT/CMT has proven effective in clinical populations for treating individuals who are self-critical and report feelings of shame (Beaumont & Hollins Martin, 2013, 2015; Gilbert & Irons, 2004; Gilbert & Procter, 2006; Harman & Lee, 2010; Mayhew & Gilbert, 2008), teaching the method to student therapists could develop their ability to ‘be kinder to self’ in times of stress. Additionally, it could help students to build resilience and help students face a variety of idiosyncratic demands (e.g., academic, client, placement, organisational, supervision and personal demands). Providing compassionate care is considered vital for clients, and also plays a significant role in the therapists’ self-care (Raab, 2014). This evidence makes the idea of cultivating compassion within student therapists important, because those capable of self-compassion may be better equipped to demonstrate compassion to clients (Beaumont et al., 2015; Heffernan, Quinn Griffin, McNulty, & Fitzpatrick, 2010). Educators are the gatekeepers of the profession and have first-hand knowledge of the stressors faced by students entering the world of clinical care. It is therefore essential that these issues are examined and meaningful solutions searched for. Creating compassionate environments may provide a ‘secure base’ for students which long-term could improve the quality of care student therapists give to both themselves and others.


