Compassion Focused Therapy

Is compassion an antidote to shame and an effective phase in the treatment of complex PTSD?

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Thanks To Colleagues

Compassionate Mind Foundation
www.compassionatemind.co.uk

Berkshire Traumatic Stress Service
www.BHFT.nhs.uk

Berkshire Healthcare NHS Foundation Trust
Inspired and Informed By Work Of

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<tr>
<th>Marylene Cloitre</th>
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<td>Bessel van der Kolk</td>
<td>John Kabat-Zinn</td>
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<td>Judith Herman</td>
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<td>Anke Elhers &amp; David Clark</td>
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Shame & Self Attack maintains PTSD
What threatens us

Shame

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Being traumatised at the hands of others

- Higher rates of PTSD
- Shame and self-loathing is high
- Traumatised attachments
- Fragmented minds
- Interpersonal issues
- Lack of safeness
- Memory disorganisation
- Sense of self shaped by trauma intra and interpersonal functioning
Evidence based Practice with PTSD

Working directly with trauma memories
Don’t go to where it hurts with people unless they have a way out of their pain
PTSD has repeatedly been shown to have strong physiologic components, especially of hyperarousal, as demonstrated by peripheral physiologic and central parameters such as:

- Tachycardia
- Increased blood pressure
- Tachypnea
- Tremor
- Excessive sweating
- HPA/cortisol changes
- Changes in frontal cortex and amygdala functioning
- Poor heart rate variability

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Window of tolerance

HYPER-AROUSAL

HYPO-AROUSAL

A wide window of tolerance means we can cope with a lot of situations

PTSD

Narrows the window of tolerance

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Internal Threat and more threat

No self-affiliation – experiences an unlovable self shamed self

No emotional memories of soothing

Others are threats or alarming

Neurophysiological networks threat primed

Flashback

maintains

Self blame
shame
Internal Threat and Soothing

Affiliative/Soothing

Calms

Flashback

Self-affiliation – experiences a lovable self

Neurophysiological networks

Emotional memories of soothing

Internal representations of helpful others and sources of comfort

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Treating Complex Presentations of PTSD

Expert Consensus

Phase 1
Develops stabilisation,

Phase 2
Attends to trauma story

Phase 3
Builds life after trauma

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Preparing The Mind To Work With Trauma Memories

Compassionate resilience  TFCBT/NET/EMDR  Reclaiming life

Window of tolerance

Recovery

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Does Compassion-Focused Therapy have a role in all three phases?
Social Mentality Theory

Highly Social Organisms

Evolutionary Functional

Social processing

Regulating threat

Stimulate affiliative motivation

Stimulate affiliative intention

Developed by Professor Paul Gilbert
The Two Psychologies of Compassion

1. To recognise and engage with the suffering

2. To be motivated to alleviate the suffering

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Courage Is At The Heart Of Compassion

Compassion is not a weakness, indulgence or a luxury.

To build the good in humanity

To look into, move towards and address the difficult and painful and their causes

Compassion is a basis for the development of moral courage

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Emotional Balancing within Minds

3 functionally distinct types of emotional regulation systems

- Emotions for dealing with threats
- Emotions to stimulate us to go out, achieve, acquire
- Emotions that give rise to contentment, safeness, peacefulness, slowing down

Cultivating the capacity to slow down and experience safeness

Creating competencies and strengths to engage with feared material
Regulating Affect

- Drive
- Soothing
- Threat

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Regulating Affect
Regulating Affect
Complex PTSD and Emotion regulation

Avoidance and despair
- Can't look forward
- Feeling of inner deadness
- Dissociation
- Despair
- Extreme avoidance

Disconnection and disengagement
- Problems forming relationships
- Self blaming beliefs
- Self criticism
- Self loathing
- Mistrust of others

Trapped, Dread
- Dissociation
- Angry
- Anxious
- Disgust
- Shame

Hyperarousal and negative changes in mood

Self harm
Can you imagine:
- Parents don’t love you
- Parents don’t want you
- No parents
- Not protected
- Deliberately harmed
- Not nurtured
- No joy
- No safeness in your world
The relational context of the traumatised person

- scared
- powerless
- unsafe
- alone
- neglected
- abandoned
- done
Disconnected, dissociated, denigrated, dangerous

- Fragmented altered states of consciousness
- Aggressive behaviours, substance abuse, affective lability, numbing self harm
- Self attacking statements, lack of self care,
- Difficulty with self soothing, expression of profound isolation, experience of self as oddly different, hiding self from others
Creating Conditions For Safeness, Care and Connectedness

In our own minds
In the mind of others
Being able to flourish
Psychological Flourishing

• Safe and secure attachments
• Ability to regulate your own mind
• Insight and empathy
• Experience self as integrated
• Experience others' minds as safe
• Form connectedness and affiliation with others
What if you don’t know what you don’t know and you cant feel what you have never felt?
The Compassionate Resilience Group

1 - 5
Compassionate insights
- Evolution
- Human suffering
- Tricky brain
- Affect regulation
- Compassionate self

6 - 8
Motivation to care
- Shame and self-criticism
- Addressing fears of compassion

9 - 12
Compassion in action
- Problems solving and daily living with a compassionate mind
- Values based living

Discussion
- Physiology and brain training

Exercises
- Mindful attention
- Soothing rhythm breathing
- ‘You at your best’

- Safe place
- Compassionate flow
  - self → others
  - others → self
  - Perfect nurturer

- Compassionate dialogue
- Method acting
- Mental rehearsal
- Compassionate problem solving
- Compassionate action
Building “a Compassionate Armour”: The Journey to Develop Strength and Self-Compassion in Group Treatment for Complex PTSD
Emily Ashfield, supervised by Dr Carmen Chan

**Background**

- Phase-based treatment is recommended in Complex PTSD as difficulties in emotional regulation and shame impact detrimentally on exposure treatment.
- Compassion-Focused Therapy (CFT) aims to reduce shame and self-criticism—but it is not yet clear how CFT brings about change for individuals with Complex PTSD.

**Method**

- Constructivist Grounded Theory - to understand the process of change for 11 women with a diagnosis of Complex PTSD.
- All participants had attended a 12-week group treatment based on CFT, within a Specialist Trauma Service.

**Results – The Journey of Change Model**

**GROUP**

**Understanding:**
Self and Difficulties

**Experiencing:**
Engaging with Emotions
Compassion for others → Compassion from others

**“IT’S NOT MY FAULT”**
Self-worth
Empowerment
Relationships

**Conclusion**

- Support was provided for a phase-based approach.
- Being in a group was crucial for the change process.
- Psychoeducation alone was not sufficient for change – experiencing compassion and accessing emotions were also key.
Self blame

• I deserved all that happened to me, so everything that’s happened I absolutely deserved it, that I’m pathetic, I’m a failure, that I’m weak…and everything that’s happened is pretty much my fault…it was the bottom line, you know it was, I deserved it, everything” P8
Quotes

• The validation and the warmth from everybody is so soothing...but also gave me such courage that...even though I was struggling, I was able to keep coming, I guess, because I knew when I got there that I would be understood, that I wouldn’t be judged”

• You kind of watch each week as everyone progresses and it encouraged you to progress...you kind of went, if they can do it, I can do it and then, when you did something, everyone was supporting you back and it was going, well done and you felt like you’d done something, so that helped” P10

• “I’ve always prided myself on not showing emotion and keeping it buttoned down and now I realise that’s something really quite negative to do to yourself, and I remember...I just burst out crying and couldn’t stop and she [other group member] gave me a really big hug and it made me cry more but that was what was important and going back in to tackle the rest of that week...meant that I was emotionally raw and receptive and I think that’s why I got such a strong epiphany as, ‘cause I was already kind of open and I wouldn’t have necessarily had that if I’d dissociated and shut everything down” P7

• “I really liked the sort of clinical psychology aspect of it...explaining to us how our brain works because then you don’t feel like it’s such a personal problem, it’s like, well all humans have the same brains and this is why my brain’s done that and you don’t feel alone you think oh I’m part of the human race then and this is how we all work” P9

• When I’m being negative towards myself...I do my breathing and I imagine me at my best and then through doing that...I’m just able to talk myself down from it...where I’m going, oh you know you’re really crap and you, I don’t like you and it just becomes do you know what, you’re not crap and you do like yourself, you’re just having a really tough moment but that’s fine, we can get through it and it’s just handling myself better”
Our Human Rights

THE HUMAN RIGHTS ACT

WHAT’S NOT TO LOVE?

RIGHT TO LIFE. RIGHT TO PRIVATE LIFE.
RIGHT TO RESPECT FOR THE PROHIBITION OF TORTURE OR DEGRADING TREATMENT. PROTECTION AGAINST SLAVERY. RIGHT TO LIBERTY AND FREEDOM. RIGHT TO A FAIR TRIAL.
FREEDOM OF THOUGHT, RELIGION AND BELIEF. FREEDOM OF ASSEMBLY. FREE SPEECH. RIGHT TO MARRY. NO DISCRIMINATION. PROTECTION OF PROPERTY. RIGHT TO FREE ELECTIONS. RIGHT TO AN EDUCATION. NO PUNISHMENT WITHOUT LAW.
Theory Of Mind

When you've been married a long time, you get to know what the other person thinks.

No you don't.
If the mind of the other did not exist you would not have been hurt and harmed in this way.
Egocentric thinking


“It’s OK, being completely egocentric is perfectly normal for someone your age.”
Suggestibility

You have had too much caffeine....
You will now run amuck.

The awful suggestibility of fortune cookies.
Traumatised choices
Human nature

You are not the first and sadly you will not be the last to experience

You are not alone in your suffering
The Two Psychologies of Compassion

1. To recognise and engage with the suffering

2. To be motivated to alleviate the suffering
You can train your brain to be compassionate

I hated every minute of training, but I said, ‘Don’t quit. Suffer now and live the rest of your life as a champion.’

MUHAMMAD ALI

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Calm Minds Think Differently

1. Mindful Attention
2. Soothing Rhythm Breathing
3. Compassionate Flow
4. Problem Solving with KUWS

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Mindfulness
THE POWER OF BREATHE
Alan’s acronym

Breathe rhythmically evenly and through the heart every day

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Sympathetic nerves to heart
Increases HR

Parasympathetic nerves to heart
Slows HR
Regulating our emotional state by breathing gets us to the mid point.
Experiencing Emotional Care

Mindful attention
Soothing Rhythm
Breathing

Compassion flow
You to others
Other to you
You to yourself

You at your best
The best version of you

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Calm Minds Think Differently

1. Mindful Attention
2. Soothing Rhythm Breathing
3. Compassionate Flow
4. Problem Solving with KUWS
Problem Solving with our KUWS

Compassionate minds

Mentalise

Empathise

Care for wellbeing

Tolerate distress

Meta perceive

Notice distress

Regulate emotions

Wise
Using Compassionate Minds To Work With Trauma Narratives and Memories
Unmade Road
Potholes

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Life Stops You In Your Tracks
Preparing The Mind To Work With Trauma Memories

Compassionate resilience  TFCBT/NET/EMDR  Reclaiming life

Window of tolerance

Recovery

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Trauma memories

- Flashbacks
- Nightmares
- Intrusive thoughts
- All felt senses
Compassionate Rescripting

Shame and self blame
Rescripting shame memories

- *Therapist*: How do you want to feel?
- *Gemma*: Powerful, disdainful and control.
- *Therapist*: What needs to happen for you to feel like that?
- *Gemma*: I need to see him shrinking, being exterminated, looking very terrified and alone, begging – looking pathetic
- *Therapist*: Can you hold that in your mind’s eye?
- *Gemma*: Yes, he’s gone – the pathetic, disgusting little man.
- *Therapist*: And knowing that, how do you feel?
- *Gemma*: Good, I feel strong and powerful.
Regulating Affect

- Drive
- Soothing
- Threat

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Compassionate Rescript

• **Therapist:** How do you want to feel?
• **Gemma:** Safe, that it’s not my fault, that I am not dirty.
• **Therapist:** What needs to happen for you to feel like that?
• **Gemma:** I need to focus of the feelings of warmth, care and kindness I have for myself, I need to focus on the sadness of this memory and to understand how hard this was for me to endure.
• **Therapist:** Can you hold that feeling in your mind and body?
• **Gemma:** Yes, I am feeling stronger, he is going and he can’t harm me now.
• **Therapist:** And knowing that, how do you feel?
• **Gemma:** Good, I feel strong and soothed.
65% treatment completers no longer meeting caseness for PTSD
Completers of treatment

Mean scores at 3 time points

- PCL5 pre
- PCL5 end of tx
- PCL5 follow up
- PHQ pre
- PHQ end of tx
- PHQ follow up
- GAD pre
- GAD end of tx
- GAD follow up

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Evaluation of a phase-based treatment for Complex PTSD

Jenny Readings
Supervised by Dr Jo Billings (Berkshire Traumatic Stress Service) and Dr Gary Brown (Royal Holloway)
28/07/2016
CRG pre/post mean outcomes - all measures

n = 22

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Compassionate resilience enhances:

- Integration
- Motivation to care
- Development of compassionate self
- Affect regulation,
- Interpersonal functioning,
- Problem solving
- The ability to hold trauma memories with a caring compassionate mind.
- Enhances feelings of self-soothing and safeness in these memories
- Reduces self-critical maintenance cycles in shame by developing compassionate self-talk.
Compassionate people are geniuses in the art of living, more necessary to the dignity, security, and joy of humanity than the discoverers of knowledge.

— Albert Einstein —
If you’d like to read more....