

Compassion Focused Group Psychotherapy for People with Complex Needs

*"Recovery can only take place only within the
context of relationships; it cannot occur in
isolation" (Herman 1992:133)*

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Let's settle together and
set our compassionate
intentions for the day

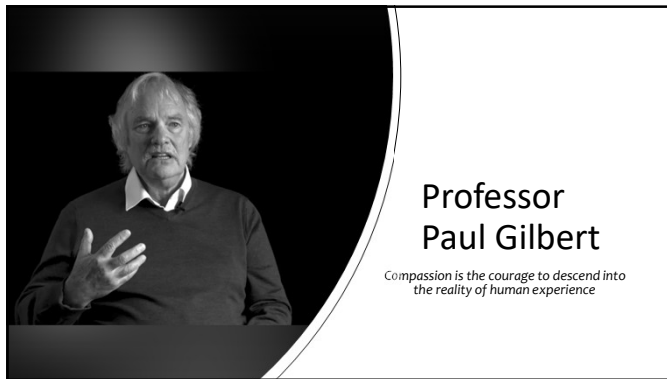
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**"Everyone wants to live
on top of the mountain,
but all the happiness
and growth occurs
while you're climbing
it."**

- We will start with an overview of those at the edge of therapeutic opportunity
- Moving on to a five phase model of group psychotherapy
- We will hear from group members about their experience
- We will complete the session with practical ways to cultivate the necessary safety for psychotherapeutic practice.



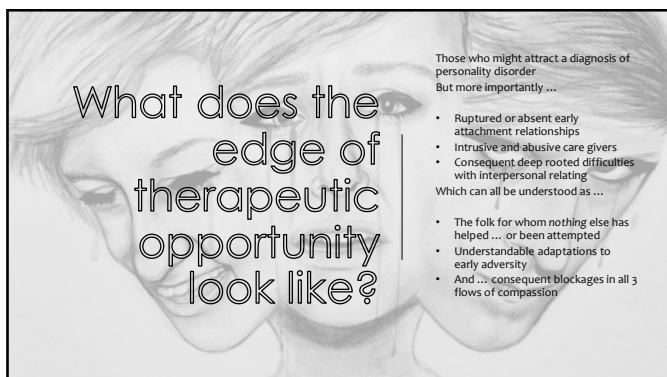
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What's wrong with the PDs...?


Labels of manipulative, attention seeking, "factitious disorder" maladaptive behaviours, dysfunctional beliefs and disordered relating used to describe behaviour

Current diagnostic system of assessing behavioural manifestation with no requirement to explore early experiences

Overemphasis in research and service provision on the diagnosis of Borderline Personality Disorder

Still... a diagnosis of exclusion with implications of blame. "a consequence of character" (Becker, 2000)

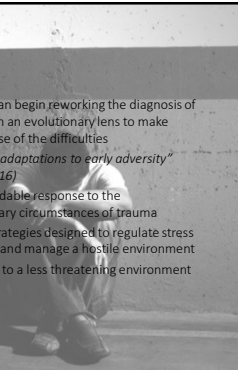
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However....

- Adverse childhood experiences synonymous with the diagnosis of PD
- Current service models medically orientated and can retraumatise
- People with this diagnosis have disproportionately high service usage
- Long term prognosis remains poor in many cases

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"Personality Disorder appears to be an enduring pejorative judgement rather than a clinical diagnosis. It is proposed that the concept be abandoned" (Lewis & Appleby, 1988, p.44)

So if we agree that....

- Then we can begin reworking the diagnosis of PD through an evolutionary lens to make better sense of the difficulties
- "Complex adaptations to early adversity" (Brüne, 2016)
- Understandable response to the extraordinary circumstances of trauma
- Survival strategies designed to regulate stress responses and manage a hostile environment
- Not suited to a less threatening environment

"Why do we stigmatise people if evolution is perfecting the work, scanning our needs and adjusting the responses?" (Ali et al., 2015, p. 4).

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The Good .. The Bad and the Ugly



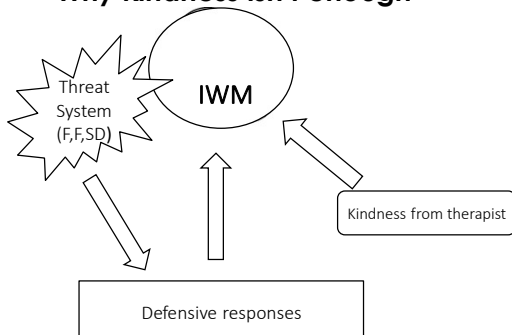
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Might end up looking more like this...




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Why kindness isn't enough



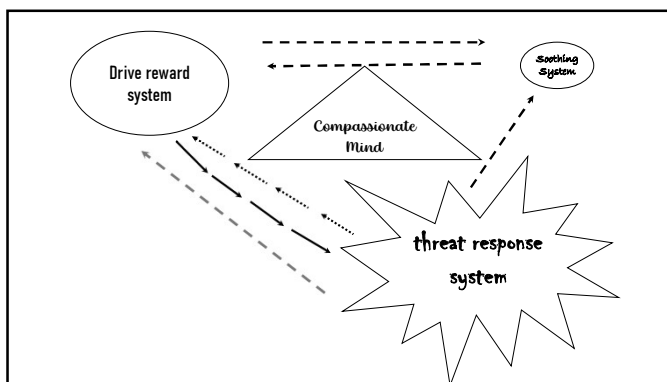
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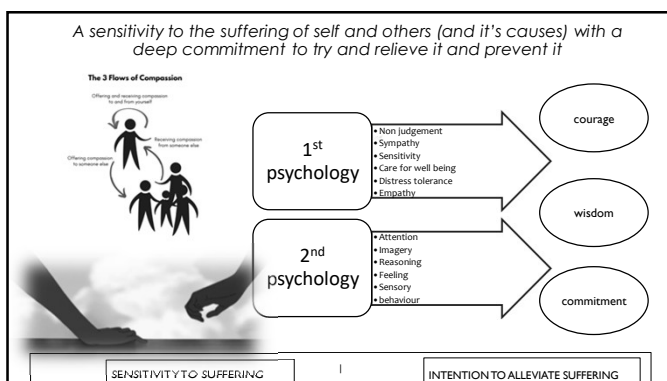
What is it that we are doing ?

- Moving from developing coping skills to building reparative attachment relationships between and within the group members
- We start by developing a capacity for affiliative relating ...
 - With the self
 - From others
 - To others
- And we do this through the explicit cultivation of compassion
- Then compassion has to go to work!
- To explore .. Understand.. Repair
- This often means exploring the different parts of us

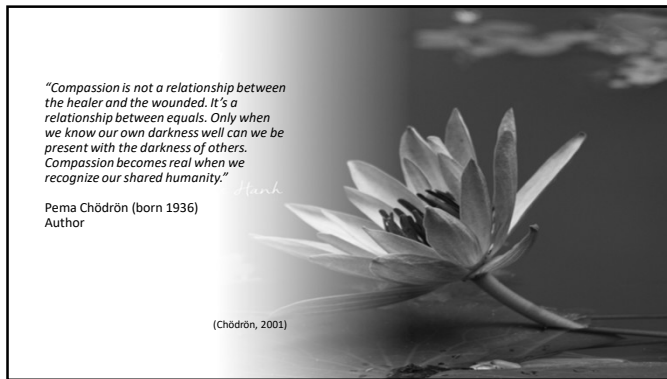
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Core Confusions....

- Compassion is not about (Western) love or even liking
- Compassion in therapy is not (usually) removing suffering but enabling people to develop and bring their own compassion, as wisdom strength, commitment and courage to issues
- Kindness is different to compassion
- Compassion and soothing (green system) are not the same thing
- Compassion often needs to be tough

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Compassion for the shadow

"Everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is"
Jung, 1938

Ours...and theirs....

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"Compassion was an alien concept .. scared the crap out of me.. but feeling compassion for everybody understanding that it was compassion for everybody and that they were feeling compassion towards me without any other motives .. it was very very strange..you were with a group you were asking for help and they're asking for help and you were helping each other.. asking for help in the beginning was hard"

Developing the Group Flow...

Self → Other



Self → Self




Other → Self



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Intention ...

- Cultivation of compassionate motivation is central to the work of CFT
- This is deepened by the group experience
- But first to settle with our intention .. Compassionate motivation and let this guide the process .
- The importance of being clear about what kind of group we are running this will inform the process .. Depth of engagement

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And so the group ...

The last chance for recovery??
 Needing a structured model for long term interventions
 Containment within a dynamic structure
 Also need a space for the group to work implicitly in the transference
 Need for a method to support patients to be in the body

Compassion Focused Group Psychotherapy

An Exploratory Programme for People who could Have a Diagnosis of Personality Disorder

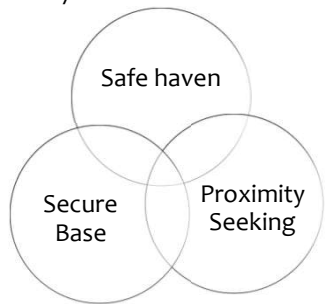
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Compassion Focused Group Psychotherapy

- Process driven
- Long and slow paced
- Trauma processing within the group
- Incorporating elements of psychodrama
- Democratic
- Rooted in the principles and practice of therapeutic communities
- Focused on cultivating safeness and compassionate capacity

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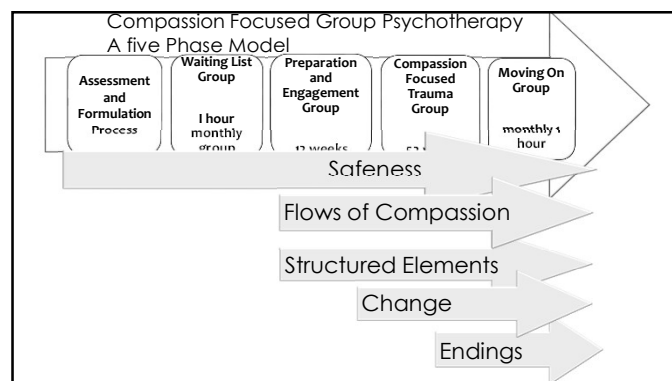
3 primary attachment functions



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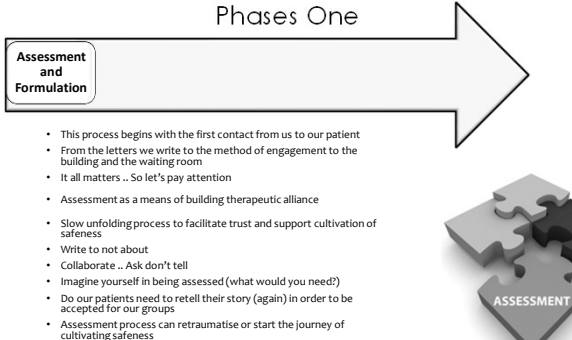
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Programme element	Format	Function
Assessment and Formulation Process	Three, individual sessions with one of the psychotherapists from group programme Opportunity for final group based assessment session	Establishing trust Safe haven function Commencement of narrative based formulating and sense making process Containment for the therapeutic work Commencement of psychoeducation phase of treatment
Waiting List Support Group	Monthly 1 hour drop-in sessions Facilitated by Lived Experience Practitioner (LEP) (Service user who has completed the CFGP) and Psychotherapist Informal setting, amplified by the offer of tea and biscuits	For patient to feel "held in mind" by group facilitators Offering information about programme Opportunity for connection with other patients, pre therapy Exposure to an experience of being in a group setting Provision of a consistent containing informal space
Compassionate Mind Training (CMT)	12 weekly sessions Two hours in duration (no break) Slow paced, experiential, play based group intervention	Continuation of psychoeducation phase Introduction of compassionate mind training practices and rationale Early exposure to CFGP model and the experience of compassion across the three flows Continuing development of safe haven function
Moving On Group	12 Monthly 1 hour drop-in sessions Facilitated by LEP and Psychotherapist Slow paced group member led	Supporting the gradual process of individuation Enabling the grieving process to be resolved Providing a platform for patients to engage in peer led support

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Phases One

Assessment and Formulation



- This process begins with the first contact from us to our patient
- From the letters we write to the method of engagement to the building and the waiting room
- It all matters ... So let's pay attention
- Assessment as a means of building therapeutic alliance
- Slow unfolding process to facilitate trust and support cultivation of safety
- Write to not about
- Collaborate ... Ask don't tell
- Imagine yourself in being assessed (what would you need?)
- Do our patients need to retell their story (again) in order to be accepted for our groups
- Assessment process can retraumatise or start the journey of cultivating safety

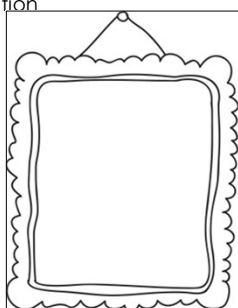
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**Getting Practical
Dynamic Administration**

- What is it and why is it important?
"transforming [a] twinkle into the reality of a group"
(Barnes et al., 1999, p. 30)

Developing and then holding the frame

- The "apparently mundane tasks" (Behr & Hearst 2005: 42)
- Set it at the beginning – collaboration – honesty
- Explain the process – transparency
- Don't be afraid to say sorry when we get it wrong
- Providing containment through maintaining our authority so don't give it up
- Combining traditional psychodynamic and cognitive behavioural principles
- Consistent ... Clear ... reliable
- Chairs!!



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Safeness Versus Safety

- Safety is running from



- Safeness is not needing to run at all ..



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"It is the first time I was upset without being angry and part of that was because I felt safe"

Cultivating the conditions for safeness

Creating safeness is a process which requires work (sometimes this is the work)

Collaboration paramount to therapeutic process

Containment

Playing and playfulness

Pacing and tone

There must always be an escape pod – extra chairs, objects.... You

Concertina hierarchy

Need to make things concrete – scarfs, pebbles, buttons and cubes

Placing an actual boundary around the work in the room Group as a space for our selves and our emotions

Finding a home for all kinds of messy, complicated, painful, joyous feelings

Being met as a person

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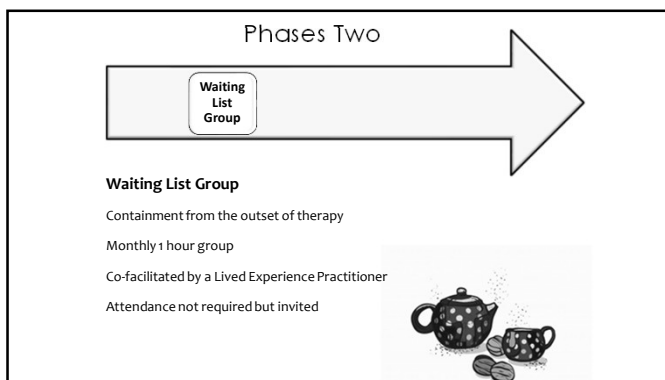
Showing your working

- Let your patient know your intention
- Don't assume they know what you are thinking
- You will need to work hard to counter balance strong and old messages
- Your authority is part of what provides containment, do don't give it up

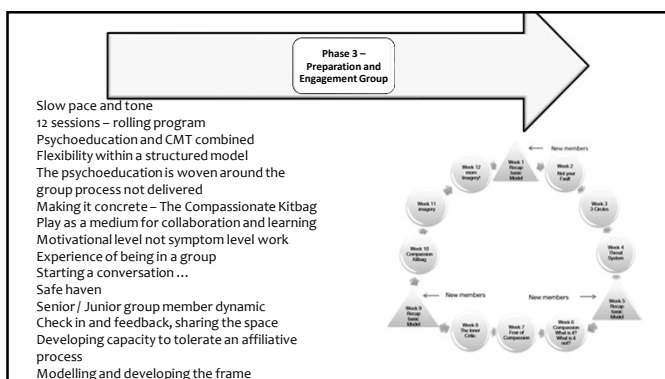
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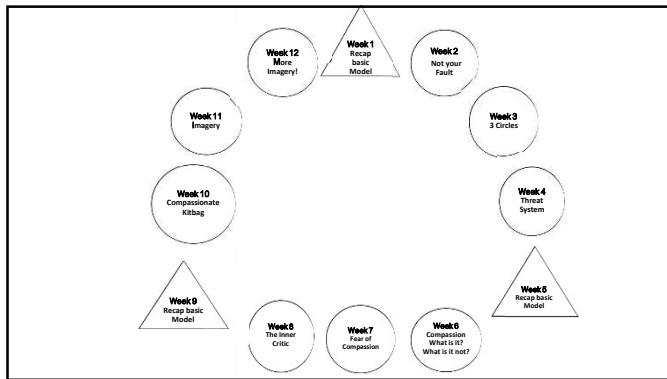
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To prep or not to prep?
That is the question

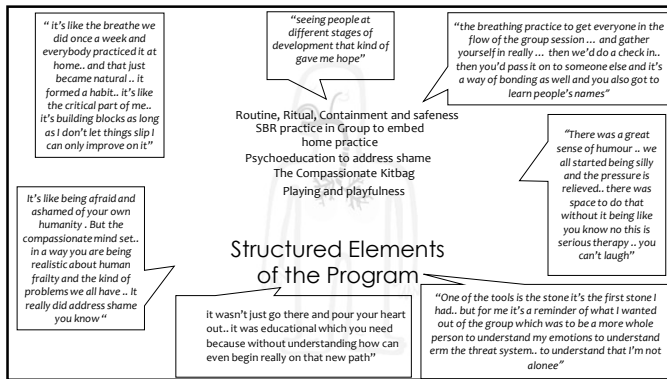
- Good evidence to support increased treatment compliance and completion
- Associated with better outcomes in therapy
- Opportunity for restart for those who are struggling
- Negotiated ending
- Indirect social learning
- Tolerating interpersonal feedback
- Developing understanding about the impact group have on each other

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Structure of a group

- 2 hoursno break
- Review of group diary, announcements, apologies
- Breathe
- Feedback
- Check in
- Psychoeducation material woven around the group check in
- Taking materials into action
- Reflection on group
- Close

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The Breathe.. Why... When ... and How

- Ingredients not a prescription, postural awareness, voice tone, facial expression, diaphragm breathing, pause
- Start session 1 and then every session
- Keep it short and gently stretch the tolerance over time
- Always feedback
- Encourage daily practice
- Sharing ideas
- Mix it up ... or don't ask your group
- Invite the group
- Setting the compassionate intention across the three flows

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Phase 4 - Compassion Focused Trauma Group
Weekly for 1 year

Differentiation.. Transformation and Integration

The folding chairs of doom!

Using auxiliaries

Role taking .. Reversing..

Strengthening affiliative connections

Warming up.. Warming down and playing games

the impact on other people in the room, it changed things for them it wasn't just the person at the front in the chairs it was everybody

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Moving up to big school... Group Cohesiveness

Fundamental to process of recovery in context of therapeutic relationship

Developing capacity in the group for secure base for each other

Amount of groupness present

Can be measured by attendance, attrition rates

Emotional experience and responses to group indicator of cohesion

Concertina of group process and structure

Capacity to tolerate being a member of the group

Supporting development of autonomy

Beginning trauma processing work

Putting compassion to work

Moving into action..

Moving into a conductor role - following the group

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they'd be like well [participant name] you've never done that before and I'd be like you're right actually.. you're right because I wouldn't see that but others do and the group can help you see what you can't or don't want to

things come up which I wasn't expecting it wasn't like I could think about it cognitively.. like I am gonna talk about this when I am sitting there ..it's just things really emotional came from a different part of me.. quite challenging and important aswell..

Work in action changed meaning of early trauma

Group members as enablers of change

Resolution of Conflict

Emotional distancing and softening the inner critic

A Moment of Change

There was a big who ha... doors were slammed...then she came back and said I felt like and you made me feel like this and you know people apologised and actually she became quite a part of the group.. I guess again it's a testimony to the effectiveness if you know for those people who kept at it... it bears fruit

you know that kind of negative dialogue.. I'd sit there and compare and think they definitely don't like me.. I can actually now challenge those negative thoughts.. before they were just automatic and take you off into a tail spin now I can challenge more often

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Winnicott's Holding

"at other times the group members may provide a shield and insulate each other from stress, offering through encouragement, positive regard and a titration of the challenges."



"At times we will need to just listen, absorb the projections from the group, digest them and likely at a later stage offer back to the group something more processed and manageable. This is of course Bion's ideas of the need for containment in groups and we are also modelling to the group that difficult material can be tolerated and not ejected back into the room or ignored"

Bion's Containment

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A holding container for the holding container!

The fundamental capacity required to provide care

We have to survive our groups if we are to help them

Compassion begins at home

Who provides the holding container for you?

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Therapy group is a social microcosm and a reenactment of the primary family (Yalom, 1991).



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Corrective recapitulation of the primary family group

- Group members enact family group dynamics
- Resolution of shame within the group
- Corrective reliving of early family dynamics
- Working implicitly in the transference
- Using the chairs ... movement... mobilising the group
- Group enables a possibility or new familial relationships to be developed – *a new tribe*



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Warming up.. Warming down .. Games and when to play them

Drive System Activation

- Let's walk like
- Count to 10 without eye contact
- Swapping chairs
- Zip Zap Boing
- Word associations
- Introducing your compassionate other
- Compassionate postcards
- Role taking

Soothing System Activation

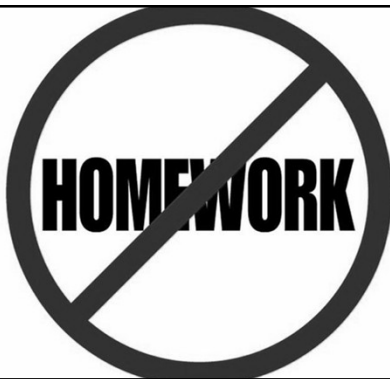
- Circle of strength
- Mapping connections with wool
- Imagery exercises
- Compassionate mind training
- Breathing and embodiment
- The Compassion Shop Game
- Compassionate postcards

Compassionate Kitbag work will sit in both

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Compassion challenges

- Let's not infantilise or provoke our group
- They are NOT at school and this is NOT a course
- Instead invite experimentation
- Spontaneously generated experiments are likely to stimulate pride and compassionate courage
- Let the group set compassionate challenges
- for each other and YOU (if you dare!)




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Working with Fears Blocks and Resistance and Contempt

- It will make me weak
- It is indulgence
- I don't need it
- It's a waste of time ...
- This won't me on the estate
- Just tell me what to do ... don't ask me how I feel
- I'm saying nothing
- Yikes
- Yeah but



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- Is a process and fluid – ebbs and flows through the group
- Varied in appearance from hardly present at all to “engulfing!”
- It occurs at different levels, sometimes is located in the individual and other times whole group
- Mostly manifests as aggression towards the group
- Can be developmental and lead to increase in cohesion if made visible and worked with
- linked with the creative and transformative potential of the group process
- Antigroup processes mirror the organisational and social economic culture where the group takes place

“creativity and growth [in the group] come from the recognition and transformation of destructive impulses ” (Nitsun, 2015)

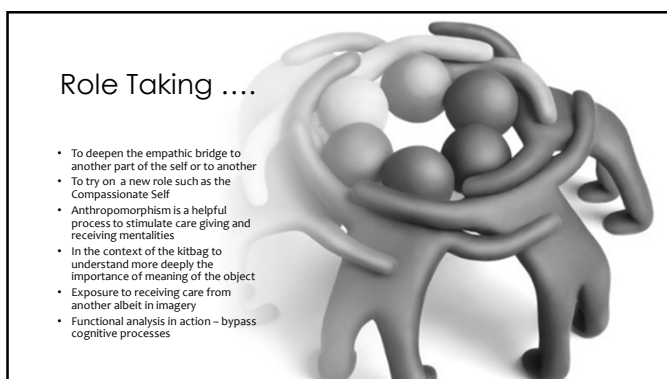
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Your turn ...

- In pairs inviting the other to take the role of the representation or actual kitbag object
- Take in turns to take the role of....
- Conduct an interview with the object, playfully
- Make sure you keep your interviewee in the first person
- Take some time to really explore and understand the other perspective
- Don't forget to de-role!
- At the end of the process spend a few moments sharing your thoughts



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Role taking suggested Questions

How long have you been in ... life?
What is your role / what do you do for..... / when do they turn to you?
When are you needed... under what circumstances?
What do you mean to? (activating Caring giving / receiving mentalities)
How do you feel about? (Motivational Systems)
What is the message to?


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Role taking and FBRs Spontaneous chairwork

- Once role taking has been established you can invite your patient to take the role of anything animate or inanimate
- Always start with the kitbag
- Role Taking and spontaneous embodiment
- Some ideas :
 - Inner critic
 - Other person (mentallising)
 - A blocked aspect of self
 - A pain.. Part of body
 - Compassionate other
 - Calm place
 - And the list goes on....



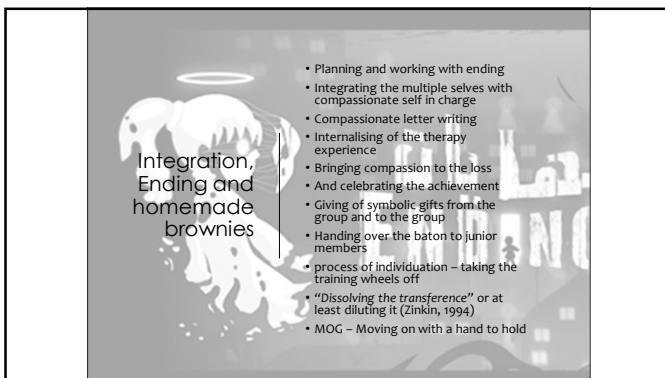
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Role taking suggested Questions

- How long have you been in ... life?
- What happened to bring you to life ?
- What is your role / what do you do for..... / when do you show up
- What triggers you in the present?
- What do you think you do to ...?(Mentalising)
- Is it working ?
- What do you need?

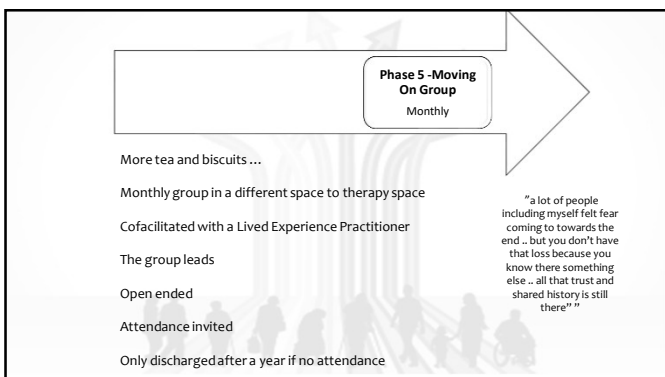
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Integration, Ending and homemade brownies

- Planning and working with ending
- Integrating the multiple selves with compassionate self in charge
- Compassionate letter writing
- Internalising of the therapy experience
- Bringing compassion to the loss
- And celebrating the achievement
- Giving of symbolic gifts from the group and to the group
- Handing over the baton to junior members
- process of individuation – taking the training wheels off
- “Dissolving the transference” or at least diluting it (Zinkin, 1994)
- MOG – Moving on with a hand to hold

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Phase 5 - Moving On Group

Monthly

More tea and biscuits ...

Monthly group in a different space to therapy space

Cofacilitated with a Lived Experience Practitioner

The group leads

Open ended

Attendance invited

Only discharged after a year if no attendance

“a lot of people including myself felt fear coming to towards the end .. but you don't have that loss because you know there something else .. all that trust and shared history is still there”

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The good news about ...

Change continues throughout the life cycle so that changes for better or for worse are always possible. It is this continuing potential for change that means that at no time of life is a person invulnerable to every possible adversity and also at no time of life is a person impermeable to favourable influence. It is this persisting potential for change that gives opportunity for effective therapy."

John Bowlby (p. 154, 1988)

CHANGE

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the message

- Let's ditch personality disorder for a more ordered view of understandable survival strategies
- Safeness is all
- Collaboration imperative to the early work
- Attention to pacing and tone
- Creating a compassionate self to enable motivational switching
- Using compassion to turn back to and resolve early trauma
- Games to Warm up.. Warm down
- Chat has it's place
- Playing and playfulness
- Self Disclosure - Who is this in the service of...?
- Consistency, containment and authenticity
- Show your working
- Closing the group and integrating the experience
- Supporting follow up and moving on groups

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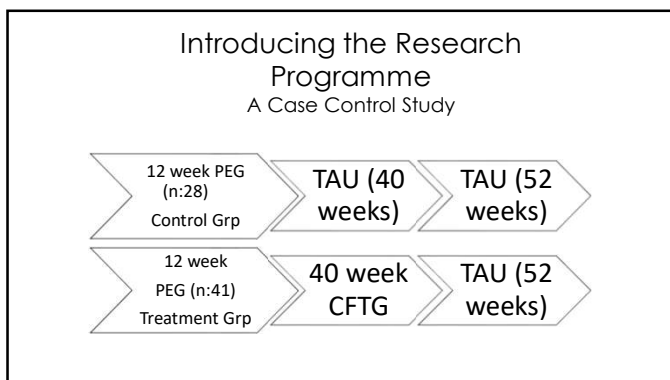
Maybe the journey isn't about becoming anything.

Maybe it is about unbecoming everything that isn't you so you can be who you were meant to be in the first place.

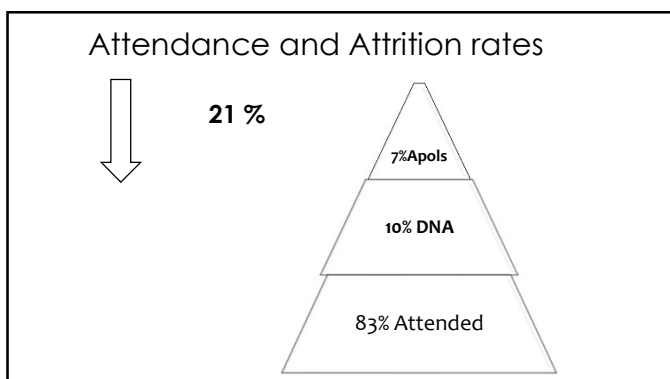
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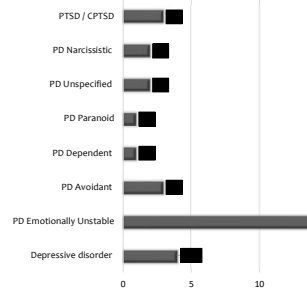


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Diagnostic Categories of treatment Group

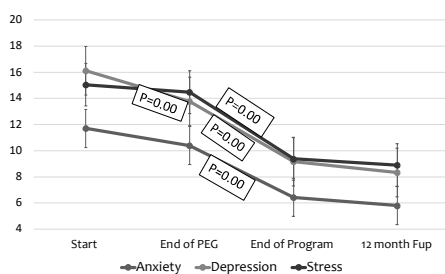


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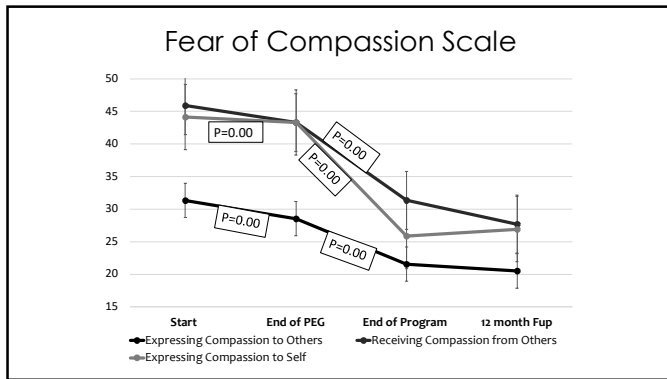
Age category	Diagnostic category	HONOS cluster**	Gender	Ethnicity	% of sessions attended (of 52)
56+	PD* Avoidant	7	Female	White	74%
46-55	PD Unspecified	7	Male	White	88%
56+	PD Avoidant	7	Male	White	96%
46-55	PD Unspecified	8	Male	Mixed race	79%
25-35	Emotionally Unstable PD	4	Female	White	93%
36-45	Emotionally Unstable PD	8	Female	Mixed race	72%
36-45	Emotionally Unstable PD	8	Male	White	70%
46-55	Emotionally Unstable PD	8	Male	Mixed race	70%
36-45	Depressive Disorder	4	Female	White	88%

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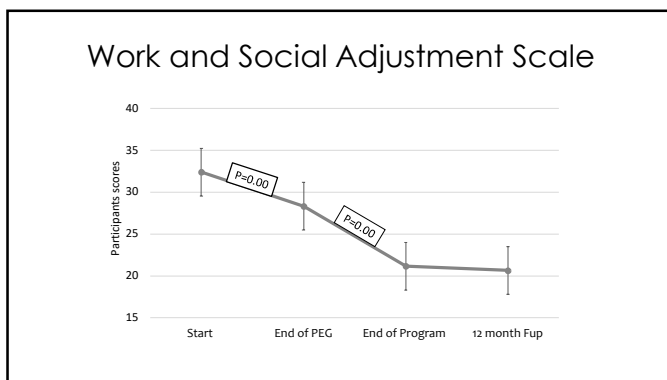
Depression, Anxiety and Stress Scale



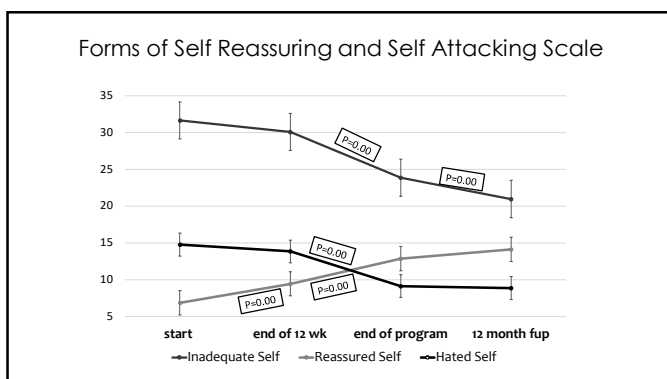
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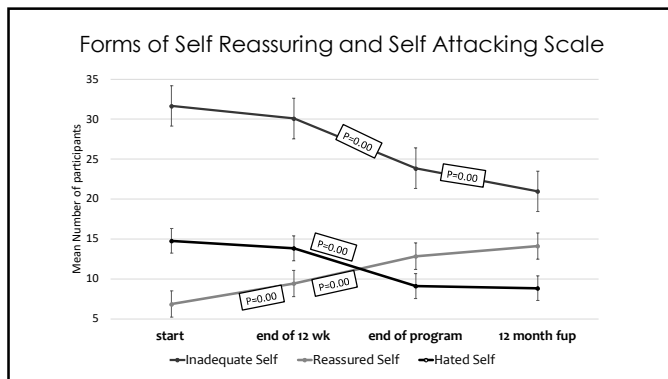
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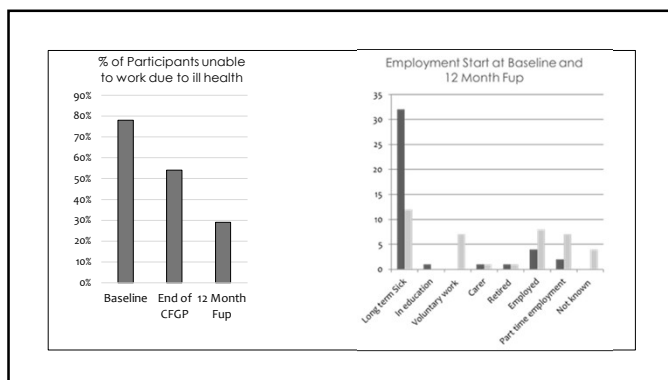
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Highlights

- All treatment scores sig improved at end of 12 month treatment program, not altered by ITT analysis
- Within the treatment condition all process and symptom measures demonstrated a continued improvement during the 1 year TAU fup
- CORE – all subscales reduced to below clinical cut off by 12 month fup
- Attendance rates have remained over 83% for the duration of the study with attrition rates at 21%
- % of people unable to work due to sickness reduced significantly during treatment
- reduction continued at the same rate during the 1 year TAU follow up
- 50% of the cohort had been discharged by MH services at 12 month Fup

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The next steps 7 year follow up study

- **Developing compassion**
 - Initial epiphanies
 - Practice and integration
- **Compassion beyond therapy**
 - Compassion becomes embedded
 - Relationships have been shaped by compassion
 - Compassion impacts life choices
- **Compassion can be transformative**
 - Transformation of how I see and understand myself
 - Compassion is a work in progress

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Compassionate postcards

Initial attention and recognition of something that has been difficult for you recently, but with acknowledgement for attempts made to cope

Empathy and understanding of the struggles you're having may be thinking about in future. This may include aspects of your struggles being understandable and not your fault, and in understanding the unintended consequences that your efforts to cope may have led to

Move on to try and focus on an understanding of what you might need to help you cope with the threat/current difficulty. This may include ideas about what helped you in the past with similar struggles, or what might help you cope now

Finish with trying to develop compassionate coping thoughts, feelings and actions that may help you to deal with your struggles differently, and maybe try to picture a compassionate future, and what that might look like



Compassion

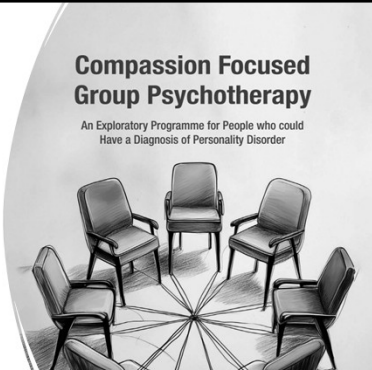
A sensitivity to the suffering of self and others with a deep commitment to try to relieve and prevent it

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Compassion Focused Group Psychotherapy

An Exploratory Programme for People who could Have a Diagnosis of Personality Disorder

Compassion Focused Group Psychotherapy: An Exploratory Programme for People who Could Have a Diagnosis of 'Personality Disorder': Amazon.co.uk: Kate Lucre: 9781803883281: Books



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Good Endings

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