

Compassion Focussed Therapy for Women in Rehabilitation Services: An Overview

Abstract:

An overview was conducted to look at the effectiveness of Compassion Focussed Therapy for female patients in rehabilitation services. Results showed an improvement in patients' overall compassion flow, to self from others and too others. Recommendations are to undertake a more in-depth further evaluations into the delivery of CFT long-term within rehabilitation services to see if these results are sustained.

Introduction:

The Compassion Focussed Therapy Model (Gilbert, 2009) is used to treat problems associated with shame, self-criticism, which can be features of anxiety, depression and strong associated to historical trauma. In combination with the Positive Behaviour Support Model, a widely used approach for challenging behaviours, these two models underline the foundation of psychological input which is delivered at Ballington House and Field House, both rehabilitation services for Women. This overview will look at the current progress of the CFT model being applied within practical settings at both sites and to look at assessing the effectiveness towards patients' care pathways and as part of foundation work within the services as part of Herman's phased trauma pathway.

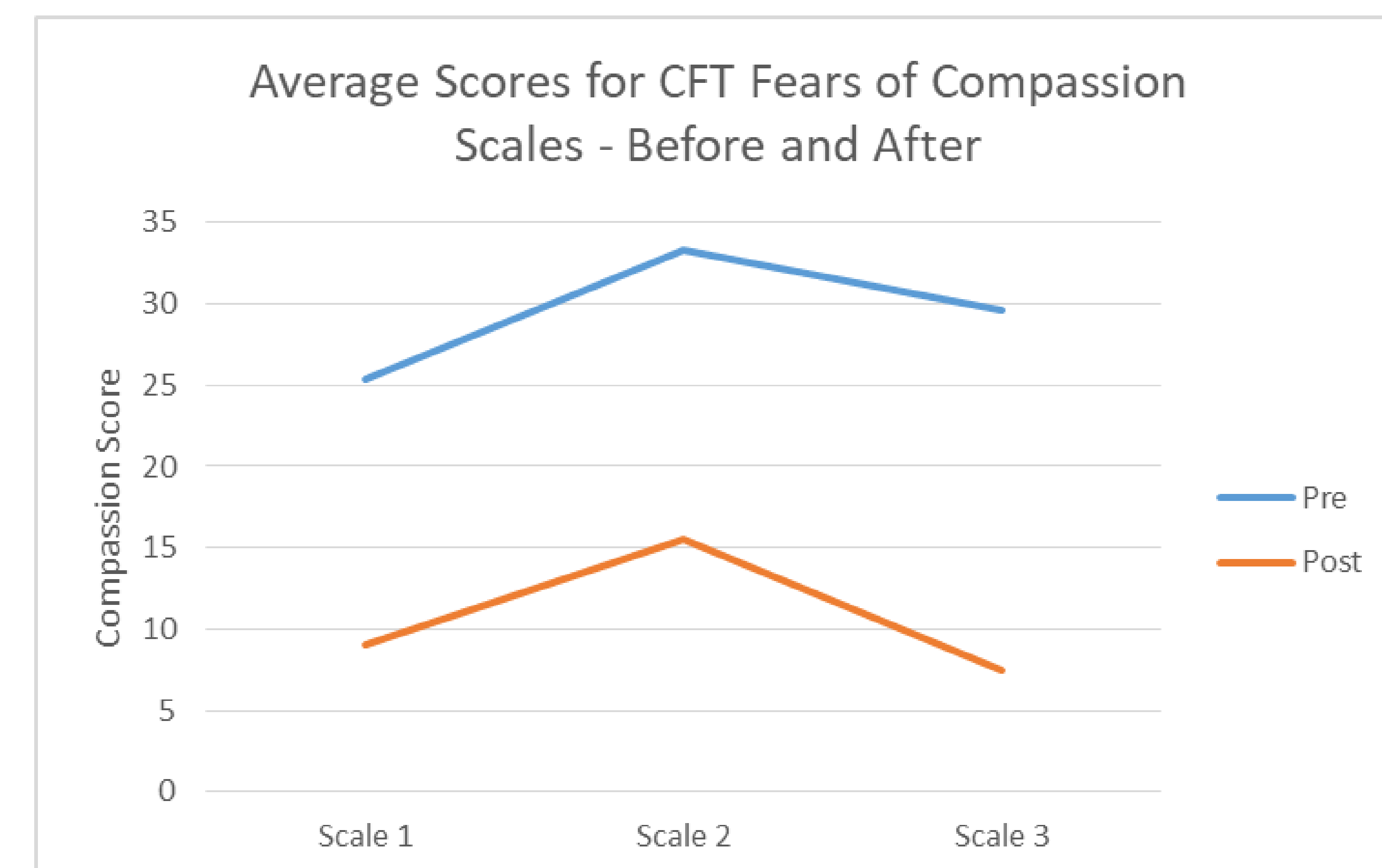
Method:

The overview was conducted with consent of four patients who are currently undertaking CFT therapy. Patients were given the fear of compassion scale (Gilbert et al., 2014) before introductory sessions were offered as a pre-measure. The fear of compassion scale looks at patients' insight in association to the three lows of compassion; to give compassion, to receive compassion and to be self-compassionate. After a period of individual sessions which include practical work around the development of a self-compassionate image, the fear of compassion scale was completed again as a post-measure. Both scores from the following assessments were compared to see if there were any improvements. Patients involved were also offered to complete a feedback questionnaire as part of the post-measure to provide qualitative data regarding their views and opinions of the delivered therapy and concept.

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Quantitative:



Qualitative:

“I focus on my drive system when going to the shops on my own and learning new skills like the self-compassionate image to develop my soothing system”.

“I’m motivated to use my drive system as it’s preventing me from going into my threat system”

“It helps to think about positive instead of negatives”

“I hate it because it’s working”

Conclusions and Recommendations:

As identified in both the qualitative and quantitative results, the patients who are currently taking part in the CFT offered at the services scored improvements in all 3 areas of compassion. Feedback from patients showed a focus shift on the idea of self-motivation and developing goals to be able to feel a sense of achievement, which influences self-confidence (drive system). Recommendations from this overview would look at increasing patients' participation into the CFT to further evaluate the effectiveness within rehabilitation services and also looking at comparisons with CFT-influence group sessions.

References:

Gilbert, P. (2009). Introducing compassion focussed therapy. *Advances in Psychiatric Treatment*, 15, 199-208.
Gilbert, P., McEwan, K., Catarino, F., & Baião, R. (2014). Fears of compassion in a depressed population: Implications for psychotherapy. *Journal of Depression and Anxiety*, <http://dx.doi.org/10.4172/2167-1044.S2-003>