Compassion-Focused Therapy in Education: A Systematic Review of Literature and

Exploration of Educational Psychologists' Views

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Declaration

This thesis is submitted in partial fulfilment of the requirements for the Doctorate in Applied Educational Psychology. I certify that all work is my own. This piece of work has not previously been submitted or assessed for any other qualification.

Overarching abstract

This thesis aims to explore the use of Compassion-Focused Therapy in education. It is comprised of four chapters: a systematic literature review, a bridging document that critically considers the chosen methodology and ethics, an empirical project and a reflexive synthesis.

Chapter 1: This chapter defines compassion and provides a rationale for compassionate approaches to address the growing concerns reported in policy and research regarding the mental health and wellbeing of those in schools, including pupils and school staff. A mixed method systematic literature review was carried out to explore the effectiveness and experiences of school-based Compassion-Focused Therapy interventions in supporting the social and emotional wellbeing of pupils and school staff. Findings were conceptualised into five key themes: increased emotional literacy, relationship with self, improved relationship with others and felt impact, all operating within the school context. Conclusions suggest that Compassion-Focused Therapy interventions may positively contribute to school staff members' and pupils' social and emotional wellbeing by cultivating compassion. Further research to explore the potential mechanisms maintaining self-criticism for those in schools would be beneficial. Despite the proposed benefits of Compassion-Focused Therapy as a school-based intervention, there is a lack of research that explores this approach within the context of educational psychology practice.

Chapter 2: This chapter provides a bridging document that describes the rationale for the empirical research project, informed by the identified literature gap from the systematic literature review. A critical reflection of the philosophical assumptions underpinning the systematic literature review and empirical project is presented. The influence of epistemological and ontological assumptions is detailed and linked to the methodological decision-making processes. Finally, an exploration of the ethical considerations is provided.

Chapter 3: This chapter outlines the empirical project, which follows a World Café method, whereby the staff from two educational psychology services explored how Compassion-Focused Therapy may be applied in educational psychology practice. Participants explored ideas and shared knowledge through engaging in rounds of small group discussions. Reflective thematic analysis generated four themes: fostering compassionate communities, complementary to educational psychology practice, critical reflections and adaptions for educational psychology practice. These findings are contextualised within the existing literature and limitations of the research project are highlighted. Implications for educational psychology practice include the potential for Compassion-Focused Therapy to inform and complement existing practice. Future research could explore the implementation and evaluation of Compassion-Focused Therapy in educational psychology practice as a relational approach to fostering compassionate school communities.

Chapter 4: This chapter offers a reflexive commentary on the research project, outlining the skills and experiences that have been gained through conducting a systematic literature review and empirical research project. Personal, functional and disciplinary reflexivity are demonstrated, critically considering the influence on the research process and knowledge produced. Key areas discussed include the position as a researcher, ethical tensions raised within therapeutic practice and the evolving role of the educational psychologist. The application of research skills in practice are referenced throughout. Finally, the wider implications and dissemination of findings are discussed.

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Chapter 1: Compassion-Focused Therapy interventions in schools: a mixed methods systematic literature review

This chapter has been prepared for submission to the Journal of Educational Change.

Abstract

There are growing concerns reported in government policy and research regarding the mental health and wellbeing of pupils and staff in schools. There is a call for schools to adopt compassionate approaches to mitigate the neoliberal agenda which promotes individualism and competition. Links have been made between experiences of compassion and positive social and emotional wellbeing. Existing research suggests that Compassion-Focused Therapy, an integrative therapeutic approach, has the potential to address the growing mental health needs of pupils and school staff by fostering self-compassion and other-orientated compassion.

A mixed method systematic literature review was carried out to explore the effectiveness and experiences of Compassion-Focused Therapy interventions in supporting the social and emotional wellbeing of those within schools. A convergent segregated approach was adopted to synthesise the findings from six papers. Conclusions from the systematic literature review suggest that Compassion-Focused Therapy interventions have the potential to contribute positively to school staff members' and pupils' social and emotional wellbeing by cultivating compassion. School staff and pupils spoke about the interventions' impact in increasing their emotional literacy and improving their relationships with self and with others. The school context was acknowledged by participants when discussing the impact of the intervention. Implications highlighted from this systematic literature review include the potential enduring self-criticism for those in school settings and the need for research with diverse gender samples and younger pupils. Further research exploring the wider application of Compassion-Focused Therapy in schools would be beneficial as existing research relies on school-based interventions alone.

1.1. Introduction

1.1.1. *Background*

It is well-documented that school communities within the United Kingdom (UK) and internationally are experiencing an increased prevalence and intensity of mental health and wellbeing concerns affecting pupils (Newlove-Delgado et al., 2022; Polanczyk et al., 2015; Wright et al., 2020) and teaching staff (Cann et al., 2023; Maiese, 2022; Skinner et al., 2021), which is reflected in broader society (World Health Organization, 2022). As a result, emphasis has been placed on improving the social and emotional wellbeing (SEW) of those in schools in government guidance and policy in England (Department for Education, 2018, 2021; Department for Education & Department of Health, 2017; Ofsted, 2019).

In response to these rising concerns, there is a call for the application of compassionate approaches based on empathy, positive relationships and social responsibility (Al-Ghabban, 2018; Coles, 2013; Lavelle et al., 2017; Nguyen et al., 2021; Welford & Langmead, 2015). Compassion-Focused Therapy (CFT) is one example of a therapeutic model that aims to cultivate the understanding, capacity and experiences of compassion (Gilbert, 2009). Preliminary research has begun to explore the application and impact of CFT within schools. Therefore, this systematic literature review (SLR) aims to synthesise the effectiveness and experiences of CFT in promoting social and emotional wellbeing (SEW) within schools.

1.1.2. Mental health and wellbeing

Terms such as 'mental health' and 'wellbeing' are often used interchangeably within the literature (Weare & Gray, 2003) but can be considered as separate, interacting constructs (Patalay & Fitzsimons, 2016). Constructing and defining mental health is complex, relying on subjective experiences constructed by factors such as emotional experience, psychological wellbeing and social functioning

(Keyes, 2002), influenced by societal and cultural factors (Galderisi et al., 2015). The World Health Organization (2018) offers a more objective view of mental health, defined as a positive state of wellbeing characterised by the ability to manage stress and participate effectively in daily life.

Wellbeing has also been considered a multifaceted concept including social, emotional and psychological aspects (Bauer et al., 2014; Noble & McGrath, 2008). However, the hedonic and eudaemonic approaches to wellbeing have been described as the most prominent within research related to positive emotions and meaning making respectively (Ryan & Deci, 2001; Ryff et al., 2021). This research acknowledges the interactive and reciprocal relationship between mental health and wellbeing, which is subjective and often shaped by cultural and societal influences.

Within English government legislation, the term 'Social, Emotional and Mental Health' (Department for Education & Department of Health, 2014, p. 98) is used to identify pupils requiring additional support for their Special Educational Needs and Disabilities (SEND). However, the term SEW is currently favoured within English research literature for its positive, non-medicalised definition that can be relevant to all individuals rather than just those who present with mental health difficulties and is considered a way to foster a positive environment that benefits all pupils (Brown & Donnelly, 2022; Weare & Gray, 2003). This holistic understanding emphasises the interacting and reciprocal relationship between the facets of wellbeing and has been applied to this review to enable a broad exploration of the impact of CFT.

1.1.3. Supporting social and emotional wellbeing

Research suggests that promoting pupils' SEW has been associated with positive outcomes, including improved academic achievement (Durlak et al., 2011), increased learning engagement (Eriksen & Bru, 2023) and reduced rates of exclusion (Graham et al., 2019). While government agendas emphasise schools' role in fostering pupils' SEW (Department for Education & Department of Health, 2017) concerns have been raised that adding pupil mental health provision without adequate resources

may overburden teachers (Kidger et al., 2009; Maiese, 2022; Rothì et al., 2008). The Working Lives of Teachers and Leaders UK government survey indicates that 86% of teachers experience stress in their workplace, some of which is attributed to excessive workload and high accountability (Biesta, 2015; Lavelle et al., 2017) and 56% said their job negatively affected their mental health (Department for Education, 2022). Research suggests a reciprocal link between pupils' wellbeing and school staff members' wellbeing, forming a mutually reinforcing relationship (Harding et al., 2019; Jennings, 2015; Sisask et al., 2014; Spilt et al., 2011) within an ecological framework (Roffey, 2012).

Consequently, numerous Social-Emotional Learning (SEL) interventions in schools aim to address SEW for pupils and staff through explicit teaching of social and emotional skills (Weissberg et al., 2015), often underpinned by emotional literacy theory (Weare, 2003). Research suggests that SEL interventions can have positive outcomes for SEW (Durlak et al., 2011; Oliveira et al., 2021; Taylor et al., 2017) and have been advocated in previous government initiatives such as the Social and Emotional Aspect of Learning initiative (Department for Education and Skills, 2007; Humphrey et al., 2010). However, the amount of diverse self-report measures for SEW highlights a lack of consensus (Cann et al., 2023; Cooke et al., 2016) which raises questions of measure validity, limiting the ability to reliably compare research evaluating SEL approaches. SEL interventions have been criticised for their potential to amplify cultural biases (McCall et al., 2023; Wood, 2015), individualistic focus (Cann et al., 2022; Hanley et al., 2020) and lack of ability to foster social warmth and human relationships (McCall et al., 2023). Therefore, Weare (2015) stipulates that interventions should be holistic, evidence-based and culturally sensitive in order to mitigate these limitations.

Jazaieri (2018) argues that the specific knowledge and skills to develop compassion towards self and others are often absent from SEL interventions in schools. Recent literature has advocated the application of compassionate approaches in education, underpinned by empathy, positive relationships and social responsibility to support SEW (Al-Ghabban, 2018; Coles, 2013; Lavelle et al., 2017; Nguyen et al., 2021; Welford & Langmead, 2015). This emphasis is relevant in the current context which is marked by the disruptions, isolation and loss caused by the COVID-19 pandemic (Norwich

et al., 2022; Slavich et al., 2022) and the rising neoliberal education focus which is potentially driving schools towards individualism and competition (Ball, 2016), leaving pupils and teachers vulnerable to feelings of criticism, shame and rejection (Gilbert, 2007). This stands in contrast to the recognised need for SEW support within schools (Department for Education & Department of Health, 2017).

1.1.4. What is compassion?

The multifaceted concept of compassion has been defined as an emotional response (Goetz et al., 2010), motivation (Gilbert, 2014) and ethical responsibility in Buddhist philosophy (Lama & Thupten, 1995). While some view compassion as an innate, universal emotion (Gilbert, 2019; Goetz et al., 2010), cultural and social influences, such as community expectations (Kariyasam et al., 2022) and social desirability norms (Lopez et al., 2018), can mediate how we understand, express and engage with compassion (Chio et al., 2021; Kirby et al., 2021; Koopmann-Holm & Tsai, 2017; Lown, 2015). This complexity is reflected in the multitude of proposed definitions and measures (Strauss et al., 2016), highlighting the need for a nuanced understanding (Kirby, 2017). It is pertinent to recognise the risks associated with operationalising and measuring compassion, which may oversimplify human experiences (Dewar et al., 2011). The holistic definition proposed by Strauss et al. (2016) has been applied to this research, encompassing the recognition of suffering, empathy, distress tolerance and motivation to alleviate suffering. However, Strauss et al. (2016) identified that existing measures of compassion had psychometric limitations, such as limited content validity for their proposed definition, which led to the development of a new scale aimed at providing a more comprehensive measure (Gu et al., 2020).

Three fundamental orientations of compassion have been identified: self-compassion, compassion for others and the capacity to receive compassion from others (Gilbert, 2010; Jazaieri et al., 2013; Kirby et al., 2021). Research from experimental interventions (Mongrain et al., 2011), long-term correlational studies (Lee et al., 2021) and neuroscience (Klimecki et al., 2014) suggests that showing and receiving compassion can support SEW. Self-compassion, characterised by a non-critical,

reassuring and accepting stance towards one's suffering (Gilbert & Simos, 2022; Neff, 2003), may serve as a protective factor against mental health conditions (MacBeth & Gumley, 2012; Trompetter et al., 2017) and has been correlated in the literature using survey methods with positive affect (Neff et al., 2007), resilience (Bluth et al., 2018) and self-efficacy (Liao et al., 2021). The reliance on correlational data may not capture the complexities of this relationship (Zessin et al., 2015), which can be mediated by factors such as gender (Baker & McNulty, 2011), culture (Chio et al., 2021) and emotional regulation (Ericson et al., 2023).

The reciprocal nature of compassion can encourage prosocial behaviours and improve interpersonal connections (Lindsay & Creswell, 2014; Stellar et al., 2017). The term 'compassion satisfaction' (Stamm, 2010, p. 8) refers to the positive emotional state that occurs when helping others and feeling success which has been linked to teachers' positive attitudes towards trauma-informed practice (Christian-Brandt et al., 2020; O'Toole & Simovska, 2022). However, individuals with high levels of compassion for others with low self-compassion may be at risk of compassion fatigue (Hermanto & Zuroff, 2016; Runyan et al., 2019). As such, teachers' levels of self-compassion have been linked to greater classroom emotional support (Jennings, 2015). Sahdra et al. (2023) offer the concept of 'self-other harmony' (p. 1998) which emphasises the importance of balance between self-compassion and compassion for others, to foster and sustain wellbeing.

The growing body of evidence highlighting the positive impact that compassion can have on SEW has driven the development of clinical and community-based interventions which seek to cultivate compassion-based skills and behaviours (Craig et al., 2020; Ferrari et al., 2019; Kirby, 2017). This aligns with the movement of positive psychology away from the alleviation of psychological distress towards the promotion of wellbeing (Sommers-Spijkerman et al., 2018a). As such, several compassion-based interventions have been developed including CFT (Gilbert, 2010), Cognitively Based Compassion Training (Jazaieri et al., 2013) and Mindful Self-Compassion (Neff & Germer, 2013). Kirby (2017) provide an overview of eight compassion-based interventions which shared

elements such as psychoeducation, mindfulness and active experiential components. However, the authors differentiated CFT for its flexible psychotherapeutic delivery and theoretical underpinnings.

1.1.5. Compassion-Focused Therapy

Compassion Focused Therapy (CFT), developed by clinical psychologist Professor Paul Gilbert in 2000, is a transdiagnostic, integrative biopsychosocial approach (Gilbert, 2010), rooted in evolutionary, social and developmental psychology (Thomason & Moghaddam, 2021). Based on the assumption that high levels of shame and self-criticism may underpin various mental health concerns, CFT aims to cultivate attributes and skills for engaging with and alleviating suffering (see Figure 1) which can be directed towards oneself and others (Gilbert, 2009; Leaviss & Uttley, 2015).

Figure 1: Compassionate attributes and skills (Gilbert, 2009)
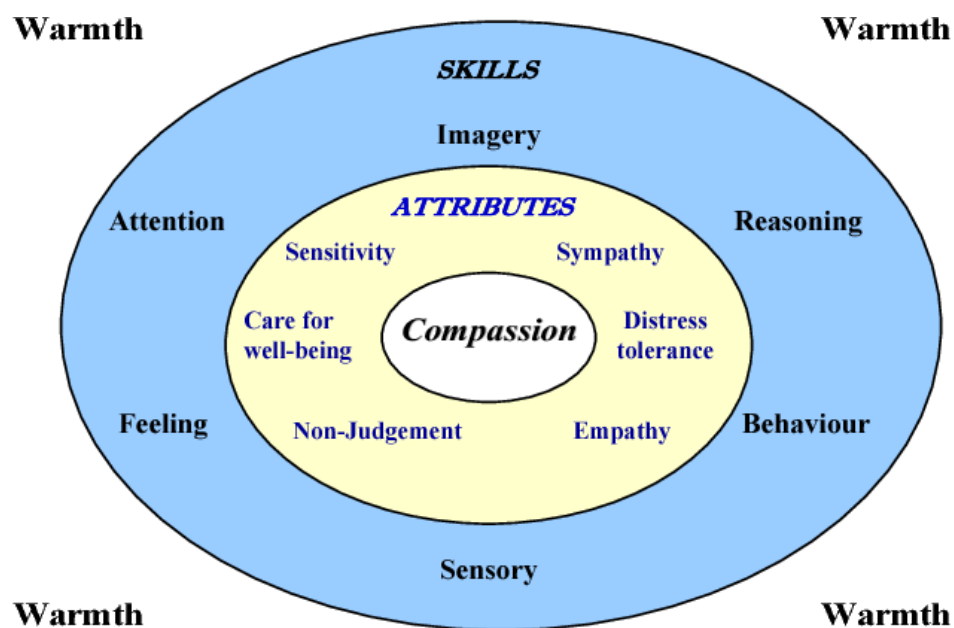
CFT is underpinned by social mentality theory (SMT), also proposed by Gilbert (2005), which suggests social contexts activate different social mentalities (such as care-seeking, caregiving and

competition) that influence our thoughts, feelings and behaviour (Gilbert, 2014). Many existing social psychology theories, such as attachment theory, emphasise how others' behaviour shapes how we relate to ourselves (Bowlby, 1979). Conversely, SMT proposes that individuals relate to themselves through the same social mentality systems that originally evolved for interacting with others (Hermanto & Zuroff, 2016). This informs CFT, which aims to cultivate compassionate mentalities towards oneself and others.

An integral aspect of CFT is providing psychoeducation on the proposed three motivation systems, shown in Figure 2, that regulate emotions: threat, drive and soothing (Gilbert, 2009). This model, often referred to as the three systems model, emphasises that high levels of self-criticism and shame may be rooted within the threat and drive systems. Comparatively, compassion can activate the soothing system, fostering feelings of safety, security and connection (Gilbert, 2010). CFT aligns with psychological needs theories (Vansteenkiste et al., 2020) suggesting a balance between systems as fundamental for wellbeing. CFT involves techniques to strengthen the soothe system which is associated with compassion and reassurance (Kirby, 2017) such as imagery and breathing techniques.

Figure 2: The three systems model of the affect regulation system (Gilbert, 2009)
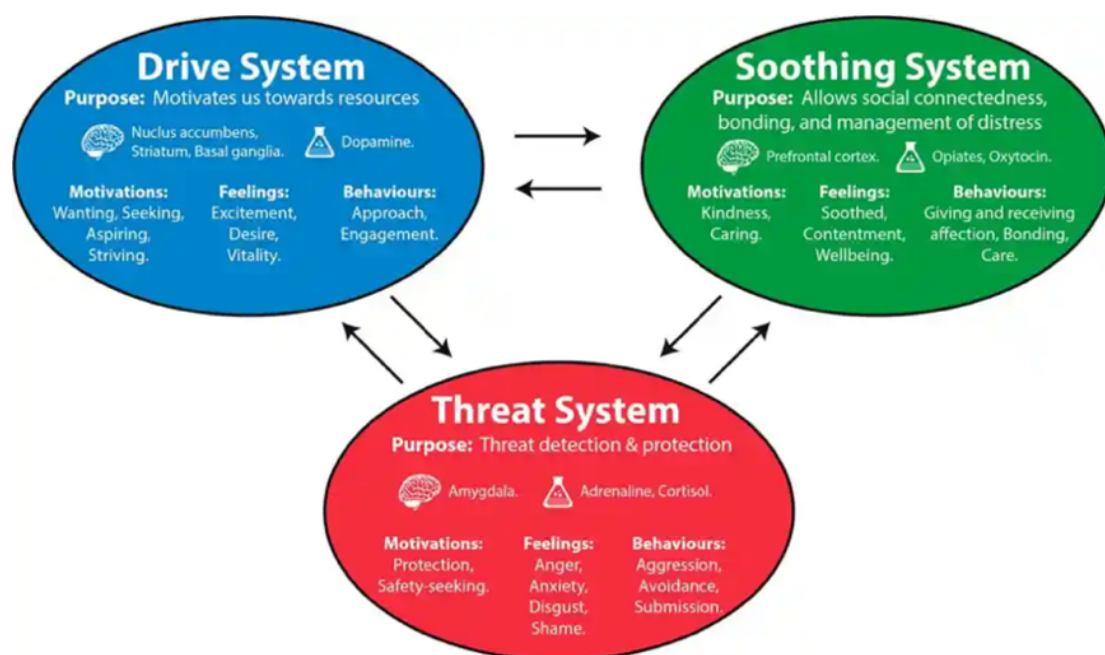
CFT was developed as a psychotherapeutic model; therefore, existing research has predominantly been carried out with populations in therapy settings which address mental health difficulties (Craig et al., 2020; Leaviss & Uttley, 2015; Millard et al., 2023). Research has evaluated individual and group CFT therapy sessions (Ashworth et al., 2015; Beaumont et al., 2012; Frostadottir & Dorjee, 2019; Gharraee et al., 2018; Irons & Lad, 2017; Laithwaite et al., 2009; Lawrence & Lee, 2014) and guided self-help modules (Kelly et al., 2017; Lucre & Corten, 2013) for those with a range of mental health needs. Through quantitative self-report measures, these studies demonstrated positive outcomes, including enhanced self-compassion, emotional regulation and interpersonal connection, along with reduced self-criticism. Qualitative research suggests positive experiences with CFT (Lawrence & Lee, 2014; Maynard et al., 2023). However, participants have noted that certain aspects of the approach were challenging, including imagery (Laithwaite et al., 2009) and managing self-criticism, especially for participants who had experienced trauma (Lawrence & Lee, 2014). Therapists have highlighted the importance of de-shaming and validating clients' fears of compassion within a safe and trusting therapeutic relationship (Steindl et al., 2023).

Further evidence is emerging from the use of CFT interventions outside of therapy settings. When utilised as a guided self-help intervention for public mental health, Sommers-Spijkerman et al. (2018a) reported sustained improvements in participants' emotional, psychological and social wellbeing assessed using the multidimensional Mental Health Continuum-Short Form (MHC-SF; Keyes, 2002). Further research using this data suggested that CFT operated through self-reassurance, emotional regulation and reducing self-criticism (Sommers-Spijkerman et al., 2018b). Parents recruited via social media reported a significant decrease in their self-criticism and in their children's emotional and peer problems after participating in a CFT parenting seminar (Kirby et al., 2023a). In addition, parents of adolescents with mental health challenges reported that CFT supported their self-compassion and confidence as a parent (Bratt et al., 2019).

Compassionate Mind Training (CMT) is an intervention derived from CFT which consists of psychoeducation and practices designed to cultivate compassion attributes and skills that support

emotional regulation (Gilbert, 2009). Maratos et al. (2019) suggest that CMT is more appropriate for larger groups, where a problem such as stress may be prevalent across the population, whereas CFT can be tailored to the individual. As such, CMT is hypothesised to be useful within high-stress work environments (McEwan et al., 2020).

1.1.6. Rationale

Jazaieri (2018) argues that the specific skills to develop self-compassion and other-compassion, which can help to support issues of shame and self-criticism across education communities, are absent from SEL interventions in schools (Welford & Langmead, 2015). As such, CFT may offer an approach to promote wellbeing in schools, focusing on cultivating compassion to enhance self-acceptance, wellbeing and relationships. The triangulation of quantitative data with qualitative research is described as essential to understand why aspects of CFT work and with whom (Beaumont & Hollins Martin, 2015), aligning with a critical realist philosophical position (see Chapter 2). Therefore, this review aims to explore the effectiveness and experiences of CFT interventions in supporting the SEW of pupils and staff in schools.

Review questions:

1. How do people in schools experience CFT interventions and their effects?
2. What is the effectiveness of CFT interventions delivered in schools on social and emotional outcomes?

1.2. Method

To provide an appropriate structure for this review, the Joanna Briggs Institute (JBI) mixed method SLR protocol was adopted (Stern et al., 2021), as shown in Figure 3.

Figure 3: Joanna Briggs Institute approach for mixed method systematic review (Stern et al., 2021)

Method		
	Review question(s)	Set of review questions that examine different aspects of a phenomenon of interests
	Search strategy and included studies	Inclusion criteria and PRISMA flowchart
	Assessment of methodological quality	The Mixed Methods Appraisal Tool (Hong et al., 2018)
	Data extraction	Characteristics of included studies

Findings		
	Data synthesis and integration (convergent segregated approach)	Qualitative evidence: thematic synthesis
		Quantitative evidence: narrative synthesis
		Integrate synthesised quantitative and qualitative findings

1.2.1. *Search and screening procedures*

Initial scoping searches of the literature, conducted between August and November 2022, were employed to find available research on CFT in educational contexts. These indicated that broad search terms were needed to capture all relevant studies (see Table 1) due to the limited empirical research in this field.

Table 1: Key search terms

	"compassion-focused therapy" OR "compassionate mind training" OR "compassionate mind model"
AND	school* OR educat* OR academ* OR college

Screening searches were conducted between December 2022 and January 2023 on the following

databases: Scopus, Web of Science, British Education Index, Education Abstracts, ERIC and

Education Database. Due to the amount of literature published in the research area, grey literature was

searched via EThOS using 'compassion-focused therapy' OR 'compassionate mind training' as the

search terms. Hand searches and reference harvesting were also conducted. Research was screened

using inclusion and exclusion criteria (see Table 2) and six studies met the inclusion criteria (see

Figure 4).

Table 2: The inclusion and exclusion criteria

	Inclusion	**Exclusion**
Population	Participants within a school community (teachers, support staff, pupils).	Clinical population recruited from the healthcare system.
Intervention	CFT as a school-based intervention. Intervention is stated as being derived from CFT. Targeted intervention for individuals, groups, or whole population.	The intervention combines CFT with one or more other therapeutic approaches.
Outcomes	Measured outcomes related to social and emotional wellbeing. Participants' experience of CFT.	Outcomes are limited to cognitive outcomes or academic performance.
Comparison	Pre- and post-data. Comparison within-subject or between-subject with control group.	
Context	School/education settings, including further education (e.g. sixth form, college)	University settings Clinical environment (hospital, outpatient, community services).
Type of studies	Quantitative, qualitative or mixed methods data if the data from quantitative and qualitative components can be clearly extracted. Published in or translated into English.	Theoretical articles, literature reviews, case studies or correlation studies.

Figure 4: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram of the screening process from Liberati et al. (2009)

Identification

Records identified through database searching
n=217

Grey literature and hand searching

EThOS *n*=113
Scholar *n*=100

Screening

Records after duplicates (*n*=52) removed
n=165

Records screened
Databases: *n*=165
EThOS: *n*=113
Scholar: *n*=100

Records excluded
Databases: *n*=150
EThOS: *n*=110
Scholar: *n*=97

Eligibility

Full text articles assessed for eligibility
Databases: *n*=15
EThOS: *n*=3
Scholar: *n*=3

Full text articles excluded with reasons

Databases *n*=10
Clinical population *n*=2
Theoretical article *n*=4
University population *n*=2
Population not in school *n*=2

EThOS *n*=2
Health care staff population *n*=1
Cannot access *n*=1

Scholar *n*=3
Clinical population *n*=1
University population *n*=1
Editorial/discussion *n*=1

Included

Studies included in synthesis
***n*=6**

1.2.2. *Data synthesis method*

A convergent segregated approach was utilised (see Figure 5), where data are synthesised separately before integrating the findings for interpretation (Stern et al., 2021). The quantitative and qualitative data were analysed to answer aspects of the research question about effectiveness and participants'

experience. The separate findings were then integrated within the discussion, guided by the recommended synthesis questions in JBI methodology and protocol (Stern et al., 2021).

Figure 5: Convergent segregated approach (Stern et al., 2021)
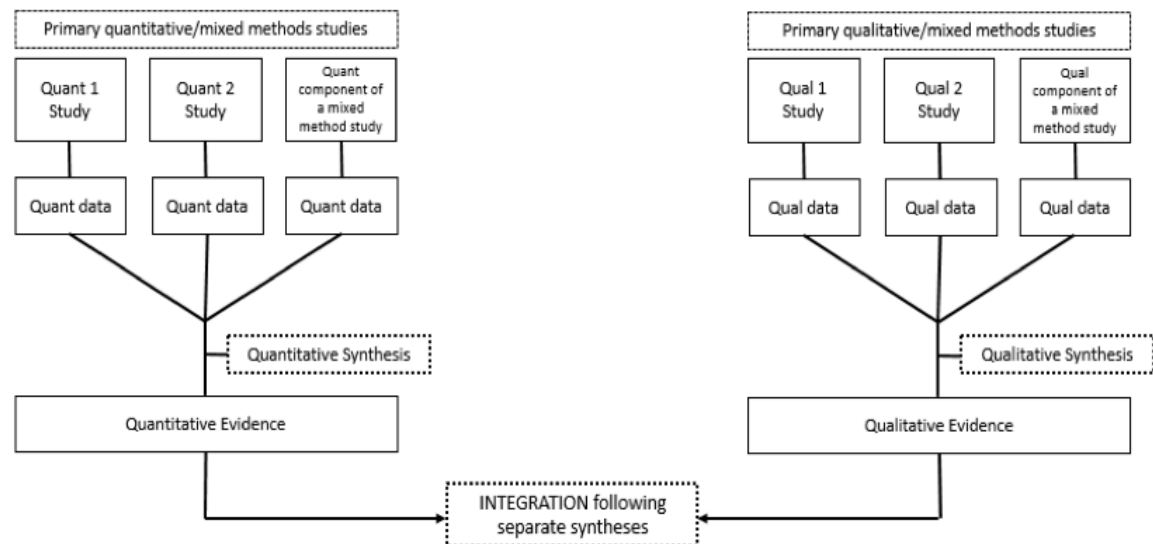
1.3. Data extraction

Data extraction should gather descriptive and analytical information to support a comprehensive understanding of the research studies (Boland et al., 2017). Therefore, relevant data were extracted and tabulated (see Table 3). The qualitative data from each finding section were transcribed and imported into NVivo software.

The studies were conducted in the UK (*n*=3), Republic of Ireland (*n*=1) and Portugal (*n*=2). Participants included school staff, teachers and adolescent pupils. Purposive sampling was used by McFarlane (2008) as female pupils who were considered by their teachers to have low self-esteem were selected to participate. The remaining studies did not explicitly state the sampling strategy.

Table 3: Tabulation of studies included in systematic literature review

Reference	Aims	Sample	Setting	Intervention	Method	Social and emotional wellbeing measures	Compassion measures
O'Driscoll and McAleese (2022)	To explore the feasibility and effectiveness of CMT as a test anxiety intervention for adolescents in school	Pupils (*n*=47) Age 16-17 years (73% female, 27% male)	1 x post-primary school (AS-level) UK (Northern Ireland)	CMT assumably led by researcher (not stated)	**Quantitative** Between-group, (intervention group, *n*=22, and control group, *n*=25) Pre- and post-self-report questionnaires	Test Anxiety Inventory (TAI; Spielberger & Gonzalez, 1980) State-Trait Anxiety Inventory (STAI-T; Spielberger et al., 1971)	Self-Compassion Scale Short Form (SCS-SF; Raes et al., 2011) CMT Practice scale (Matos et al., 2018)
Mahon and Hevey (2022)	To evaluate the feasibility, acceptability and effectiveness of Digital Social Media Adolescent Resilience Training (SMART) on main outcomes of body dissatisfaction, self-criticism, self-compassion, body appreciation and secondary outcomes of social media appearance comparisons and	Pupils (*n*=80) Age 15-17 years (53% female, 47% male)	4 x secondary schools Republic of Ireland	Digital SMART (based on CMT) led by researcher certified in CMT	**Mixed methods** *Quantitative* Within-group, pre- and post-self-report questionnaires with 3 month follow up *Qualitative* Focus groups (6 groups of 6-8 participants) and reflective booklets (43% of participants)	Appearance Evaluation Subscale of the Multidimensional Body Self Relations (AESMBSR; Cash, 2000) Body Appreciation Scale-2 (BAS; Tylka & Wood-Barcalow, 2015) Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4; Schaefer et al., 2017) Appearance Comparison on the Social Media Scale	Self-Compassion Scale Short Form (SCS-SF; Raes et al., 2011) Forms of Self-criticism and Self-Reassuring Scale Short Form (FSCRS-SF; Sommers-Spijkerman et al., 2018a)

Reference	Aims	Sample	Setting	Intervention	Method	Social and emotional wellbeing measures	Compassion measures
	body ideal internalisation					(ACSMS; Mahon & Hevey, 2022) Visual analogue scales (VAS; Heinberg & Thompson, 1995)	
McFarlane (2008)	To investigate whether CMT could be adapted for adolescents and whether a group-based intervention can alleviate symptoms of depression	Pupils (*n*=35) Age 14-15 years (all female)	1 x female secondary school UK (North London)	CMT led by Trainee Clinical Psychologist	**Mixed methods** *Quantitative* Within-group, pre- and post-self-report questionnaires with 3 month follow up *Qualitative* Semi-structured interviews (*n*=9)	Children's Depression Inventory (CDI; Kovacs, 1985) 5 Scale Test Self-Esteem (SET; Pope, 1988) Adolescent Social Comparison Scale Revised (ASCS; Irons & Gilbert, 2005) Adolescent Submissive Behaviour Scale (ASBS; Irons & Gilbert, 2005)	Forms of Self-criticism and Self-Reassuring Scale Short Form (FSCRS-SF; Sommers-Spijkerman et al., 2018a)
Matos et al. (2022b)	To assess the feasibility and preliminary effectiveness of CMT-Teacher (CMT-T) on teachers'	Teachers (*n*=31) Age 40-62 years (74% female, 27% male)	1 x public school Portugal	CMT-T led by Clinical Psychologists and Teacher (PHD and PGCert in CFT)	**Quantitative** Within-group, pre- and post-self-report questionnaires	Feasibility questionnaire Satisfaction of Teachers' Professional Life (STPL; Diener et al., 1985)	Compassionate Engagement and Action Scales (CEAS; Gilbert et al., 2017) Compassion Motivation and Action Scales (CMAS; Steindl et al., 2021)

Reference	Aims	Sample	Setting	Intervention	Method	Social and emotional wellbeing measures	Compassion measures
	psychological distress, burnout, wellbeing, compassion and self-criticism				**Qualitative data not reported**	Psychological Wellbeing Scales (PWBS-24; Ryff & Essex, 1992) Shirom-Melamed Burnout Measure (SMBM; Armon et al., 2012) Depression, Anxiety and Stress scale (DASS-21; Lovibond & Lovibond, 1995)	Fears of Compassion Scale (FoC; Gilbert et al., 2011) Forms of Self-Criticism and Self-Reassurance Scale (FSCRS; Gilbert et al., 2004).
Matos et al. (2022a)	To further explore the feasibility and effectiveness of CMT-T on teachers' psychological distress, wellbeing and compassion to self and others To explore how self-criticism might influence the effects of the CMT-T intervention	Teachers (*n*=155) Age 25-63 (93% female, 7% male)	4 x schools Portugal	CMT-Teacher (CMT-T) led by Clinical Psychologists and Teacher (PGCert in CFT)	**Quantitative** Between-group (intervention group and waiting list control group) Pre- and post-self-report questionnaires	Types of Positive Affect Scale (TPAS; Gilbert et al., 2008) Satisfaction of Teachers' Professional Life (STPL; Diener et al., 1985) Depression, Anxiety and Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995) Shirom-Melamed Burnout Measure (SMBM; Armon et al., 2012)	Compassionate Engagement and Action Scales (CEAS; Gilbert et al., 2017) Compassion Motivation and Action Scales (CMAS; Steindl et al., 2021) Fears of Compassion Scale (FoC; Gilbert et al., 2011) Forms of Self-Criticism and Self-Reassurance Scale (FSCRS; Gilbert et al., 2004).

Reference	Aims	Sample	Setting	Intervention	Method	Social and emotional wellbeing measures	Compassion measures
	To explore whether the flows of compassion would change following CMT-T					Heart Rate Variability (HRV)	Emotional Climate in Organisations Scales (ECOS; Albuquerque et al., 2021)
Maratos et al. (2019)	To develop a short 6-week CMT-T and evaluate implementation effectiveness with respect to feasibility, quality, acceptability and reach	All staff in school (*n*=78 attended CMT-T, *n*=29 completed quantitative measures)	1 x private school specialised for CYP excluded (secondary)	CMT led by Clinical Psychologists researcher who held PGCert in CFT	**Mixed methods** *Quantitative* Within-group, pre- and post-self-report questionnaires	The Maslach Burnout Inventory (MBI; Maslach et al., 1997) Depression, Anxiety and Stress scale (DASS-21; Lovibond & Lovibond, 1995)	Self-Compassion Scale Short Form (SCS-SF; Raes et al., 2011) Forms of Self-Criticism and Self-Reassurance Scale (FSCRS; Gilbert et al., 2004).
	To evaluate effectiveness via quantitative and qualitative indices of wellbeing	Demographic information unknown	UK		*Qualitative* Open-ended questions (*n*=34) and focus group (*n*=6)		CMT Practice Scale (Matos et al., 2018)

All included studies used interventions based on CMT, derived from CFT (Gilbert, 2009). Three studies labelled their intervention CMT (Maratos et al., 2019; McFarlane, 2008; O'Driscoll & McAleese, 2022) and three studies adapted CMT for their target audience (Mahon & Hevey, 2022; Matos et al., 2022a; Matos et al., 2022b). See Appendix A for details of intervention contents and exercises.

The primary form of quantitative data collection were pre- and post-intervention within-subject measures. Two studies also used between-subjects designs, comparing the intervention group to a control group (Matos et al., 2022a; O'Driscoll & McAleese, 2022). Qualitative data were gathered using focus groups (Mahon & Hevey, 2022; Maratos et al., 2019), semi-structured interviews (McFarlane, 2008) and written responses (Mahon & Hevey, 2022; Maratos et al., 2019).

Table 4: Intervention structures

	Intervention	Number of sessions	Session length	Session frequency	Follow-up	Group size
O'Driscoll and McAleese (2022)	CMT	8	35 minutes	Weekly	No	CMT (n=10-12) Control group (n=25)
Mahon and Hevey (2022)	Digital SMART	5	40 minutes	Weekly	3 months	Subgroups (n=6-8)
McFarlane (2008)	CMT	10	1 hour	Weekly	3 months	Subgroups (n=6-10)
Matos et al. (2022b)	CMT-T	6	2 hours	Weekly	No	All participants (n=31)
Matos et al. (2022a)	CMT-T	8	2.5 hours	Weekly	3 months	CMT-T (n=80) Waiting list control (n=75)
Maratos et al. (2019)	CMT	6	2.5 hours	Varied frequency across 12 weeks	No	All participants (n=76)

1.4. Quality assessment

The included studies were evaluated using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) to appraise the methodological quality and rigour of qualitative, quantitative and mixed methods empirical studies (see Table 5 for detailed record of MMAT). Quantitative quality scores were not derived based on the author's recommendation and the results of the appraisal will be discussed qualitatively.

Two mixed method studies integrated and interpreted their qualitative and quantitative data adequately (Maratos et al., 2019; McFarlane, 2008), whereas Mahon and Hevey (2022) presented them separately. Although Matos et al. (2022b) is described as a mixed method study, it has been classified as a quantitative study in this review as the qualitative data were not presented. The MMAT indicated that studies employing qualitative methodologies generally met the methodological quality criterion, which provided reasonable confidence in the methodological quality of the qualitative data (Mahon & Hevey, 2022; Maratos et al., 2019; McFarlane, 2008). However, the qualitative theme named 'barriers to engaging with CMT' (p. 2250) was not reported in Maratos et al. (2019). As such, the qualitative data may be subject to bias towards positive experiences. This limitation has been acknowledged when synthesising the qualitative data and drawing conclusions from the data.

Quantitative randomised control trials had comparable groups but potential risks of selection bias (Matos et al., 2022a; O'Driscoll & McAleese, 2022). Non-randomised quantitative data had varying quality. Matos et al. (2022b) and Maratos et al. (2019) met most of the methodological quality criteria. Methodological limitations identified in the remaining studies included vulnerability to confounding variables (Maratos et al., 2019; McFarlane, 2008), limited sample representativeness (McFarlane, 2008) and deviation from planned intervention delivery (Mahon & Hevey, 2022; McFarlane, 2008). Therefore, these limitations have impacted upon the generalisability claims made in this review.

Table 5: Critical appraisal using mixed method appraisal tool (MMAT)

Author (Year)	Methodological Quality Criteria (Hong et al., 2018)				
Quantitative Randomised Controlled Trial (RCT)					
	Is randomisation appropriately performed?	Are the groups comparable at baseline?	Are there complete outcome data?	Are outcome assessors blinded to the intervention provided?	Did the participants adhere to the assigned intervention?
O'Driscoll and McAleese (2022)	X	✓	✓	X	✓
Matos et al. (2022a)	✓	✓	✓	X	✓
Quantitative Non-randomised Studies					
	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Are there complete outcome data?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered (or has exposure occurred) as intended?
Mahon and Hevey (2022)	✓	✓	X	✓	X
McFarlane (2008)	X	X	✓	X	X
Matos et al. (2022b)	✓	✓	✓	✓	✓
Maratos et al. (2019)	✓	✓	✓	X	✓
Qualitative Studies					
	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?

Mahon and Hevey (2022)	✓	✓	✓	✓	✓
McFarlane (2008)	✓	✓	✓	✓	✓
Maratos et al. (2019)	✓	✓	✓	✓	X
Mixed Method Studies					
	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Mahon and Hevey (2022)	✓	X	X	X	X
McFarlane (2008)	✓	✓	✓	✓	X
Maratos et al. (2019)	✓	✓	✓	X	X

1.5. Data synthesis

1.5.1. Thematic synthesis of qualitative data

Research question 1: How do people in schools experience CFT interventions and their effects?

A thematic synthesis approach (Thomas & Harden, 2008) was used to synthesise the qualitative data as it shares both integrative and interpretative features, which supports the synthesis of multiple heterogeneous studies (Boland et al., 2017). The qualitative data from each finding section were transcribed and imported into NVivo software. The thematic synthesis process involved coding the data line by line within NVivo software, translating concepts from one study to another by creating sixteen descriptive themes which contributed towards five analytical themes to answer the review question (see Appendix B for analytical themes, descriptive themes and contributing codes). The five themes identified are increased emotional literacy, improved relationships with others, relationship with self, felt impact and school context.

Theme one: Increased emotional literacy

This theme was characterised by participants' increased ability to recognise and manage their emotions, attributed to the psychoeducation and strategies provided in the CFT interventions. Participants said that learning about the emotion regulation systems created a shared language to recognise and label their emotions.

> *Pupil: 'It was useful to understand why sometimes you might feel a certain way, like oh that's just a part of my brain that does that kind of thing that was needed thousands of years ago and it's still with us today.' (Mahon & Hevey, 2022, p. 316).*

Both staff and pupils felt more able to express their emotions rather than '*block[ing] it ou*t' (McFarlane, 2008, p. 96). As well as an increased ability to recognise their emotions, participants felt more able to regulate their emotions by creating a '*balance between the three systems*' (Mahon & Hevey, 2022, p. 316). Participants reported that the CFT strategies were helpful tools to regulate their emotions; tools included compassionate letter writing, breathing practices, compassionate imagery and mindfulness as soothing techniques.

> *Pupil: 'Like say if you are stressed or you are angry, you just calm yourself down, sit down, give yourself two minutes, think over what's just happened and just relax, let it go kind of thing.' (McFarlane, 2008, p. 99).*

Theme two: Improved relationships with others

The intervention supported staff members' and pupils' feelings of compassion towards others. Pupils described being able to stand up for themselves better (McFarlane, 2008) and staff reported an increased sense of resilience (Maratos et al., 2019). These skills were said to help them manage conflict with others in the school environment. Participants referenced a sense of reciprocal support where they felt more able to offer support to and receive support from others. Pupils commented on their increased understanding of others' problems that were shared in the group. Staff explained that they felt more able to listen to and support both pupils and colleagues effectively, which was attributed to understanding the reasons behind behaviours.

> *Staff member: 'Remembering that most of our pupils' communication, verbal and non-verbal, are rooted in the threat system allows for compassion more readily.' (Maratos et al., 2019, p. 2253).*

Some pupils did not feel comfortable sharing their difficulties in the group due to concerns about confidentiality. In contrast, other pupils explained that sharing difficulties within the group setting helped them feel less alone with their problems.

>Pupil: '…could relate to other people's problems … even people from different friend groups.' (Mahon & Hevey, 2022, p. 316).

Theme three: Relationship with self

Participants felt that CFT helped them to recognise the importance of self-compassion and the wider impact it can have on their emotional wellbeing, self-efficacy and relationships with others. Self-compassion helped staff and pupils manage their self-criticism when they felt they had made a mistake through acceptance and forgiveness. Staff recognised that their ability to support others effectively often relied on their own emotional wellbeing (Maratos et al., 2019). Participants shared that becoming more self-compassionate positively changed the way they felt about themselves.

>Pupil: 'I realise that I don't hate myself actually. I like to be who I am.' (McFarlane, 2008, p. 94).

Through an increased awareness of self-criticism, participants shared that they felt more able to recognise and challenge their self-critical thoughts. However, some participants felt a need to blame themselves rather than other people. Some pupils commented that the programme had not made an impact on their feelings towards themselves (Mahon & Hevey, 2022).

>Staff: 'My approach has always been man up, get on with it, don't spend time on yourself, stop whinging, you know when something is wrong, get on with it and I wouldn't have engaged with it.' (Maratos et al., 2019, p. 2253).

Theme four: Felt impact

Participants spoke about the wider impact of the CFT intervention on their emotions and behaviour that warranted an individual theme. The CFT interventions supported both staff and pupils in feeling calmer, more confident, less worried, more focused and happier overall. Pupils explained that they were in trouble less in school and felt more able to concentrate on their work as they were more relaxed (McFarlane, 2008).

> *Pupil: 'Yeah, I would [recommend it], because in the end everyone wants to be happy, so I found my joy, why can't I help someone else to find theirs?' (McFarlane, 2008, p. 97).*

Although most commented positively about the intervention, some pupils felt it had little impact. Specifically, male pupils commented that the intervention was boring and not helpful as they did not relate to the issues being discussed, such as body image, social media or self-criticism (Mahon & Hevey, 2022).

Theme five: School context

This theme captured both staff members' and pupils' experiences of their current school environment and the acceptability of CFT within this. The workload was highlighted by staff and pupils as a contributing factor towards their stress in the context of coursework and exams for pupils (McFarlane, 2008) and the emotional demands of their job for staff (Maratos et al., 2019). Staff explained that they found it difficult to disengage from work and their emotional distress was infiltrating their personal lives.

> *Staff member: 'I am looking at [colleagues'] body language and it's screaming. I see a lot of very wired, depleted people, who have given everything that they can and what they need at that point is a big hug.' (Maratos et al., 2019, p. 2254).*

Staff and pupils spoke about peer judgement, underpinned by a fear of making mistakes and being judged for it, which impacted their self-confidence. Pupils felt that there could be stigma attached to attending a group marketed to help with self-esteem (McFarlane, 2008). School staff commented on the impact of conflict with colleagues which reduced staff's capacity to be supportive and compassionate to others (Maratos et al., 2019). One staff member labelled the school environment as having a '*blame culture*' (Maratos et al., 2019, p. 2251) in which they feared being punished or publicly exposed for their mistakes. Staff spoke about ways to implement their knowledge and skills from CFT more widely within their school system: for example, by using an exercise at the beginning of team meetings. While some pupils expressed concerns about missed lessons and unfavourable group dynamics, others appreciated the content's relevance, especially as they said it was not covered in the curriculum.

Summary of thematic synthesis

The thematic synthesis analysis is presented visually to acknowledge the interactional nature of the analytical themes (see Figure 6). The school context was acknowledged whilst participants discussed the impact of the intervention, which included an increase in their emotional literacy knowledge and skills, improved relationships with self and with others. The intervention effects contributed towards an overall felt impact which encompassed changes in their emotions and behaviour.

Figure 6: Visual representation of analytical themes
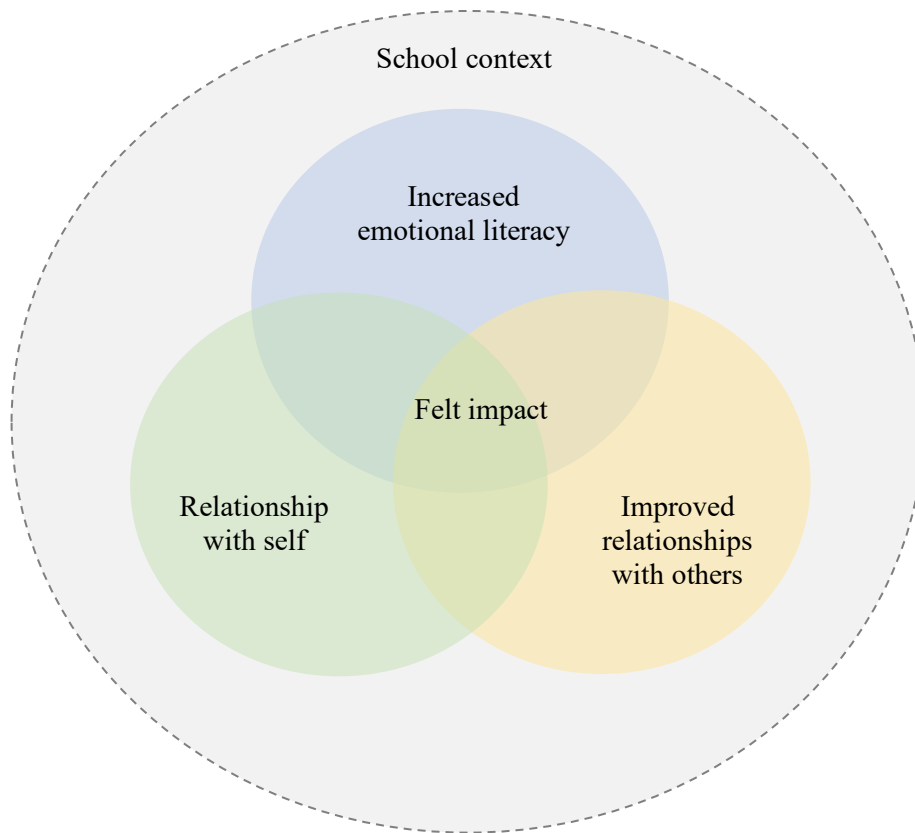
1.5.2. Narrative synthesis of quantitative data

Research question 2: What is the effectiveness of CFT interventions delivered in schools on social and emotional wellbeing outcomes?

A narrative synthesis approach (Popay et al., 2006) has been used to synthesise the quantitative data in order to describe the reported feasibility and effectiveness of the interventions. A meta-analysis was not performed as the included studies did not satisfy the assumption of homogeneity proposed by Boland et al. (2017) due to the variety in participant demographics and measures of wellbeing outcomes.

The feasibility of CFT was indexed using attendance and retention data in four of the included studies. McFarlane (2008) did not report feasibility, but this was calculated for this review. Participants in

Maratos et al's (2019) study were required to attend as part of their Continuous Professional

Development (CPD) allocation; therefore, their attendance and retention rates were not valid measures

and have not been included. In line with previous compassion-based intervention criteria (Bluth et al.,

2016), all the included studies were deemed feasible as their attendance and retention rates were

above 75%.

All the included studies measured the effectiveness of the CFT intervention through pre- and post-

intervention self-report measures. Therefore, this review has categorised and synthesised the reported

within-group data based on compassion outcomes (see Table 7) and broader SEW outcomes (see

Table 8). To enable tentative comparisons between studies and heterogenous measures, Cohen's *d*

effect sizes (Cohen et al., 1983) have been reported or calculated using the data provided in the

studies. Through this process, the Cohen's *d* calculation did not match the reported effect size for the

quantitative data reported by Maratos et al. (2019) which was therefore omitted. To interpret the effect

sizes, the guidelines proposed by Thalheimer and Cook (2002) were followed (see Table 6).

Table 6: Interpretation guidelines for comparing effect sizes (Thalheimer & Cook, 2002)

Description	Cohen's d effect size
Negligible	≥ -0.15 and <0.15
Small	≥ 0.15 and <0.40
Medium	≥ 0.40 and <0.75
Large	≥ 0.75 and <1.10
Very large	≥ 1.10 and <1.45
Huge	≥ 1.45

Compassion outcomes

Staff reported a significant increase in self-compassion (Matos et al., 2022a; Matos et al., 2022b;

O'Driscoll & McAleese, 2022), with largest effect sizes observed on the CMAS measure.

Comparatively small effect sizes were observed on the CEAS measure of staff members' engagement

with self-compassion and reduction in fears about self-compassion (Matos et al., 2022a). Through

their additional mediation analysis, Matos et al. (2022b) reported that improvements in staff members' wellbeing occurred through their increase in self-compassion. O'Driscoll and McAleese (2022) reported that pupils' self-compassion significantly improved, with a medium effect size. However, Mahon and Hevey (2022) and McFarlane (2008) did not report significant improvements in pupils' self-compassion.

Staff and pupils did not report a significant decrease in their experience of self-criticism (Mahon & Hevey, 2022; Matos et al., 2022a; Matos et al., 2022b). However, when McFarlane (2008) analysed a subgroup of pupils with higher depression baseline scores, their reduction in self-criticism reached statistical significance with a medium effect size (d=0.42). In addition, Mahon and Hevey (2022) analysed subgroups based on gender identity, which highlighted females' significant reduction in self-criticism with a very large effect size (d=1.40).

Two studies controlled for self-criticism as a covariable (Matos et al., 2022a; Matos et al., 2022b) and noted that when self-criticism was lower at baseline, participants reported significant decreases in burnout and stress symptoms and increases in satisfaction with professional life, self-compassion and compassion to others with effect sizes between low and medium (Matos et al., 2022b). Staff who were high in self-criticism at baseline reported significant decrease in their self-criticism post-intervention (Matos et al., 2022a).

Staff members reported a significant decrease in their fear of compassion towards others and a significant increase in their compassion towards others, with medium to very large effect sizes observed (Matos et al., 2022a; Matos et al., 2022b). Additional analyses conducted by Matos et al. (2022b) indicated that staff members' fear of compassion towards others mediated their reported reduction in burnout measures. Staff members' reported fears of compassion from others significantly decreased, with a small effect size, yet their engagement with compassion from others did not significantly improve (Matos et al., 2022a; Matos et al., 2022b).

Table 7: Outcome data related to compassion outcomes

Outcome category	Specific area (Measure*)	Effect size (Cohen's *d*)	Range description	Significant at *p*<0.05	Author(s) and date
Self-compassion	Motivation and action towards self-compassion (CMAS)	1.10	Very Large	Y	Matos et al. (2022b)
		1.30	Very Large	Y	Matos et al. (2022a)
	Engagement and action towards self-compassion (CEAS)	0.29	Small	N	Matos et al. (2022b)
		0.37	Small	Y	Matos et al. (2022a)
	Fears of self-compassion (FCS)	0.19	Small	N	Matos et al. (2022b)
		0.37	Small	Y	Matos et al. (2022a)
	Self-compassion (SCS-SF)	0.67	Medium	Y	O'Driscoll and McAleese (2022)
		0.05	Negligible	N	Mahon and Hevey (2022)
	Self-reassurance (FSCRS-SF)	0.09	Negligible	N	McFarlane (2008)
Compassion towards others	Motivation and action towards compassion for others (CMAS)	1.16	Very Large	Y	Matos et al. (2022b)
		1.07	Large	Y	Matos et al. (2022a)
	Engagement and action towards compassion for others (CEAS)	0.49	Medium	Y	Matos et al. (2022b)
		0.17	Small	N	Matos et al. (2022a)
	Fears of compassion for others (FCS)	0.56	Medium	Y	Matos et al. (2022b)
		0.77	Large	Y	Matos et al. (2022a)
Compassion from others	Engagement and action towards compassion from others (CEAS)	0.21	Small	N	Matos et al. (2022b)
		0.05	Negligible	N	Matos et al. (2022a)
	Fears of compassion from others (FCS)	0.17	Small	N	Matos et al. (2022b)
		0.24	Small	Y	Matos et al. (2022a)
Self-criticism	Self-criticism (FSCRS-SF)	0.09	Negligible	N	Mahon and Hevey (2022)
		0.18	Small	N	McFarlane (2008)
		0.02	Negligible	N	Matos et al. (2022b)
		0.18	Small	N	Matos et al. (2022a)

*See Table 3 for details of measure with references

Social and emotional wellbeing outcomes

Significant decreases were reported by pupils and staff on measures of anxiety following the CFT interventions, with pupils reporting the largest effect size on test anxiety (O'Driscoll & McAleese, 2022). Staff members' reported stress (Matos et al., 2022b) and depression (Matos et al., 2022a) significantly decreased and their positive emotions linked to drive significantly increased (Matos et al., 2022a), with effect sizes between small and medium. Staff members' positive emotions linked to the soothing system significantly increased, with a small effect size (Matos et al., 2022a). Pupils' reported social comparison and submissive behaviour significantly decreased (McFarlane, 2008) and their body appreciation significantly increased (Mahon & Hevey, 2022). Although pupils' body satisfaction significantly increased, the observed effect size was negligible (Mahon & Hevey, 2022).

Non-significant results included measures of teachers' professional life satisfaction, burnout, emotions linked to threat and psychological wellbeing (Matos et al., 2022a; Matos et al., 2022b). In addition, pupils' reported non-significant results on measures of depression, self-esteem (McFarlane, 2008) and body image (Mahon & Hevey, 2022). However, when McFarlane (2008) analysed a subgroup of pupils with higher depression baseline scores, their reported improvements in depression reached statistical significance (d=0.39).

Follow up data

Three studies measured the maintenance of post-intervention outcomes at three months following the intervention (Mahon & Hevey, 2022; Matos et al., 2022a; McFarlane, 2008). A reduction in submissive behaviour (McFarlane, 2008) and an increase in body satisfaction was maintained for pupils (Mahon & Hevey, 2022). Staff maintained their reported therapeutic gains for all considered variables except motivations and actions for self-compassion and compassion to others which diminished (Matos et al., 2022a). Follow-up data should be interpreted cautiously due to small sample sizes.

Table 8: Outcome data related to social and emotional wellbeing

Outcome category	Specific outcome (Measure*)	Effect size (Cohen's *d*)	Range Description	Significant at p<0.05	Reference
Anxiety	Anxiety (STAI-T)	0.63	Medium	Y	O'Driscoll and McAleese (2022)
	Test anxiety (TAI)	0.83	Large	Y	
	Anxiety (DASS-21)	0.27	Small	Y	Matos et al. (2022a)
Stress	Work-related burnout (SMBM)	1.10	Very Large	N	Matos et al. (2022b)
		0.09	Negligible	N	Matos et al. (2022a)
	Stress (DASS-21)	0.43	Medium	Y	Matos et al. (2022b)
		0.22	Small	N	Matos et al. (2022a)
Depression	Depression (CDI)	0.17	Small	N	McFarlane (2008)
	Depression (DASS-21)	0.35	Small	Y	Matos et al. (2022b)
		0.45	Medium	Y	Matos et al. (2022a)
Positive Affect	Safe positive affect (TPAS)	0.62	Medium	Y	Matos et al. (2022a)
	Relaxed positive affect (TPAS)	0.57	Medium	Y	Matos et al. (2022a)
	Activated positive affect (TPAS)	0.48	Medium	Y	Matos et al. (2022a)
	Satisfaction with professional life (STPL)	0.21	Small	N	Matos et al. (2022b)
		0.11	Negligible	N	Matos et al. (2022a)
	Psychological wellbeing (PWBS)	0.11	Negligible	N	Matos et al. (2022b)
Self-esteem	Self-esteem (SET)	0.03	Negligible	N	McFarlane (2008)
	Social Comparison (ASCS)	0.30	Small	Y	
	Submissive Behaviour (ASBS)	0.19	Small	Y	
Body image	Body dissatisfaction (AE-MBSRQ)	0.09	Negligible	N	Mahon and Hevey (2022)
	Body ideal internalisation (SATAQ-4)	0.07	Negligible	N	
	Appearance comparison on social media (ACSMS)	0.09	Negligible	N	
	Appearance comparison (VAS)	0.09	Negligible	N	
	Body appreciation (BAS)	0.21	Small	Y	
	Body satisfaction (VAS)	0.12	Negligible	Y	
Emotional climate	Emotional climate - threat (ECOS)	0.19	Small	N	Matos et al. (2022a)
	Emotional climate - soothe (ECOS)	0.29	Small	Y	
	Emotional climate - drive (ECOS)	0.40	Medium	Y	

*See Table 3 for details of measure with references

Summary of narrative synthesis

The effectiveness of school-based CFT interventions has been explored using a narrative synthesis approach. The pre- and post-outcome measures indicate that significant improvements across pupils, staff or both groups were reported on measures of self-compassion and compassion towards others, whilst receiving compassion from others and self-criticism did not reach statistical significance. Self-criticism and fear of compassion from others was noted to moderate the effects of the intervention for staff. In addition, significant improvements were highlighted on measures of anxiety, test anxiety, stress, depression, social comparison, submissive behaviour and body appreciation.

1.6. Discussion

This SLR sought to explore the effectiveness and experience of CFT interventions in supporting SEW in schools. This section will discuss and integrate the qualitative and quantitative syntheses based on the recommended JBI methodology and protocol which is presented in Appendix C (Stern et al., 2021). The findings will be discussed and contextualised within existing literature. Potential limitations and implications of the review will also be presented.

All reviewed studies utilised interventions based on CMT, underpinned by CFT (Gilbert, 2010). Intervention sessions ranged from 35 minutes to 2.5 hours in duration, with most delivered weekly for between 5 and 10 weeks. Participants included in the review were adolescent pupils, teachers and staff in schools. After the searches were conducted, Maratos et al. (2024) have contributed to the growing amount of literature on the use of CFT as a school intervention with pupils aged 11–12 years . However, a gap in the literature remains for primary school-aged pupils as this review synthesised research only with adolescent participants.

This review suggests that CFT interventions delivered in schools can increase self-compassion and compassion towards others, which may influence overall improvements in wellbeing and reduce psychological distress (Craig et al., 2020; Irons & Heriot-Maitland, 2021; Leaviss & Uttley, 2015; Sahdra et al., 2023). Following the intervention, staff and pupils explained that they were able to accept themselves and talk to themselves in a compassionate way, reflecting the concept of self-reassurance which has been identified as a potential mechanism in CFT (Sommers-Spijkerman et al., 2018b). However, aspects of the qualitative findings in this review may be subject to bias as Maratos et al. (2019) did not report the theme related to barriers of the intervention in the included study.

Two studies accounted for self-criticism as a covariable and suggested that self-criticism mediated the impact of the intervention (Matos et al., 2022a; Matos et al., 2022b), which aligns with previous compassion-based intervention research (Duarte et al., 2015; Leaviss & Uttley, 2015; Longe et al., 2010). Participants did not report significant improvements on measures of their self-criticism, which is partially supported by qualitative findings. Although pupils and staff members recognised the impact of their self-criticism, some participants explained that it remains difficult to reduce it, potentially reflecting a fear of compassion (Gilbert et al., 2011). This is in contrast to research within community samples (Irons & Heriot-Maitland, 2021; Matos et al., 2017; Sommers-Spijkerman et al., 2018b) and other professional groups (Beaumont et al., 2021; Beaumont et al., 2017) who reported changes in self-criticism following CFT interventions. Matos et al. (2022a) question whether this resistance to change in self-criticism is attributable to their target population of teachers within schools and recommend that further research should investigate this phenomenon.

The negative impact of the school environment as highlighted by participants in this review may partially explain the enduring self-criticism reported. Cultural frameworks that emphasise self-improvement through a self-critical mindset and shaming in response to failure may be associated with higher levels of negative self-referent emotions (Neff et al., 2008). The increasing emphasis on comparison and competition in schools (Ball, 2016) reflects the ego-system paradigm that Crocker et al. (2008) describe, which emphasises individual gain and self-preservation. Accountability cultures

may foster self-criticism, which can have a detrimental effect on the SEW of staff and pupils in schools (Page, 2015; Roffey, 2012). Therefore, the CFT interventions included in this review may neglect the role of social and environmental factors on wellbeing (Simpson & Atkinson, 2021), particularly self-criticism (Hanley et al., 2020; Jessiman et al., 2022), which should be given due consideration to promote positive change.

The quantitative and qualitative syntheses indicate that CFT interventions may support the SEW of those in schools. Quantitatively, significant improvements were reported on measures of anxiety, test anxiety, stress, depression, social comparison, submissive behaviour and body appreciation. Staff and pupils commented on their overall felt impact, noting that the intervention helped them to feel calmer, more confident, less worried, more focused and happier overall, which may have been beyond the scope of quantitative measures. However, it is not possible to attribute the effectiveness exclusively to the intervention without acknowledging the presence of inherent group processes, as pupils said they found the process of sharing and listening to problems within the group supportive. In addition, it is not possible to attribute the observed effectiveness specifically to CFT, rather than general therapeutic processes, as none of the included studies compared CFT to other interventions (Craig et al., 2020).

Staff and pupils felt that they were able to adopt a compassionate approach when relating to themselves and others through an increased awareness and understanding of emotions, conceptualised in this review as increased emotional literacy. Emotional literacy is defined as the skills to identify, understand and regulate emotions appropriately (Sharp, 2014). Participants attributed their increased knowledge and skills to the psychoeducation and exercises taught within CFT interventions. This is supported by the recent research by Maratos et al. (2024) which reported that pupils' greater awareness of their emotions led to increased emotional regulation. Emotional literacy is considered important for positive mental health and wellbeing (Liau et al., 2003; Sharp, 2014) and this is represented in government agendas for schools (Department for Education, 2021) and targeted interventions in schools (Burton, 2008; Weissberg et al., 2015). It could be hypothesised that

increased emotional literacy knowledge and skills contributed towards the overall felt impact reported by participants, including an increased ability to focus and manage conflict with others.

There are many proposed definitions of emotional literacy, some of which have been criticised for their focus on the individuals' knowledge and skills (Weare & Gray, 2003). Roffey (2008) offers an alternative perspective that acknowledges emotional literacy as an approach to whole-school community wellbeing, underpinned by connectedness, trust and quality relationships. This review aligns with this perspective, as staff attributed their improved relationships to an increased understanding of the emotions that may underpin their own and others' behaviour. This reflects the capacity for emotional literacy knowledge and skills to operate dynamically within and between relationships (Videira & Neto, 2022). This may reflect the wider shift towards the focus on relational practice in schools to foster supportive school environments (Billington et al., 2022; Graham et al., 2016; Spilt et al., 2011).

Studies with pupils that emphasised minimal disruption to learning and voluntary participation in their methodology reported larger effect sizes (O'Driscoll & McAleese, 2022) compared to studies where participants were selected based on teachers' judgement (McFarlane, 2008). Some pupils felt that the purpose of the intervention was ambiguous (Mahon & Hevey, 2022) and feared potential judgement for attending an intervention marketed to help with self-esteem (McFarlane, 2008). This qualitative finding may help to explain reasons why pupils did not report significant differences across multiple measures in the Mahon and Hevey (2022) and McFarlane (2008) studies. Pupils' informed consent for school-based research has been questioned due to the inherent ethical power imbalances present in schooling (David et al., 2001). Therefore, this review emphasises the requirement for informed and voluntary participation that reflects 'educated consent' (David et al., 2001), particularly when considering interventions for SEW within schools.

Existing SLRs have highlighted a gender gap within self-compassion interventions (Wakelin et al., 2022) and specifically within CFT interventions (Millard et al., 2023). This review highlights a

similar issue as four out of the six included studies had a predominantly female cohort (Matos et al., 2022a; Matos et al., 2022b; McFarlane, 2008; O'Driscoll & McAleese, 2022). Mahon and Hevey (2022) reported that pupils' quantitative outcomes differed by gender, potentially due to differences in body image and self-compassion experiences (Bluth et al., 2017). It has been recognised that there may be gender differences in the experience of self-compassion (Bluth et al., 2017; Yarnell et al., 2015). Within Western society, individuals are often socialised along a gender binary, which can influence development and subsequent wellbeing (Stavropoulou, 2019). Therefore, future research should prioritise recruiting participants with diverse gender identities, considering the influence of contextual factors on individuals' experience of compassion.

1.6.1. Limitations

The scoping searches indicated that there was limited research focusing on CFT in schools. There were also barriers to accessing studies due to limited permissions and lack of accessibility (published in an alternative language to English). This discounted potentially relevant and valuable literature that could have contributed towards the research question. In addition, it is recognised that the limited number of papers included in this review feature repeated authors and there is an unclear risk of bias, particularly as some authors are linked to The Compassionate Mind Foundation charity.

All the studies included in this review were conducted in countries that share characteristics associated with Western culture. Therefore, caution should be used when applying the findings to other cultures which may have diverse views and experiences of compassion within diverse education systems. The included studies' methodologies had heterogenous participant demographics, intervention characteristics and measured outcomes, which limited the ability to integrate findings and draw conclusions in this review. The quality assessment identified potential biases in participant selection and the presence of confounding variables, which limit the generalisability of the findings. Although the mixed method design allowed for triangulated findings, the quantitative synthesis relied on self-report measures which can be susceptible to socially desirable responses (Caputo, 2017) and

risk oversimplifying human experiences (Dewar et al., 2011). In addition, the psychometric limitations of compassion measures identified by Strauss et al. (2016), such as poor content validity of their proposed definition, may apply to this review.

1.6.2. Implications

This review has highlighted CFT as an encouraging intervention to support the SEW of pupils and staff in schools, which can be applied flexibly due to the transdiagnostic approach (Gilbert, 2010). This is pertinent as public services associated with the delivery of therapeutic interventions continue to experience shortfalls in resources and availability (Ellins et al., 2021; England & Mughal, 2019). The review has highlighted areas of research that may benefit from further exploration, including the enduring self-criticism reported by participants in schools and the use of CFT with primary school-aged pupils and potential gender bias within existing compassion research.

The interventions incorporated core CFT components including psychoeducation about compassion, self-criticism and the three systems model with activities to activate soothing system such as soothing rhythm breathing and compassionate self-imagery. This aligns with CFT theoretical underpinnings, focusing on shifting the balance from threat-based systems towards the soothing system affiliative system to support emotional wellbeing. However, comparisons between the interventions remain tentative due to the variation in intervention content and implementation procedures.

The focus of the application of CFT in schools has relied on group interventions for adolescent pupils and staff in school. Further research exploring the wider application of CFT in schools would be beneficial as a whole-school systemic and universal approach to wellbeing that encompasses school communities including pupils, staff and parents/carers (Welford & Langmead, 2015). Feasibly, Educational Psychologists (EPs) could be well placed to utilise CFT in education settings as the combination of psychological knowledge and skills with their understanding of school systems

(Beaver, 2011; Cameron, 2006) may enable effective implementation and evaluation across individual, group and system levels (Scottish Executive, 2002).

1.7. Conclusion

This mixed method SLR sought to explore the effectiveness and experiences of school-based CFT interventions in supporting the SEW of pupils and staff. The qualitative and quantitative data from six included studies have been synthesised and integrated using a convergent synthesis approach. Self-reported quantitative data were triangulated with participants' experiences captured by qualitative methods. Findings suggest that school-based interventions derived from CFT can positively contribute towards participants' SEW through cultivating compassion. The school context was acknowledged whilst participants discussed the impact of the intervention, including an increase in their emotional literacy and compassion for self and others. Participants did not report significant improvements on measures of their self-criticism, which has been tentatively linked to the current context in schools, characterised by comparison and competition. Conclusions from this SLR should be considered alongside the noted limitations which include heterogenous intervention characteristics and potential cultural bias. Further research exploring the feasibility and potential for EPs to utilise CFT within their practice has been suggested to consider the wider application of CFT in education.

Chapter 2: Critical considerations of research methodology and ethics

2.1. Introduction

This chapter provides a critical commentary on the decisions made as part of this research project including a critical reflection on the initial motivation to research the topic area and a presentation of the link between the systematic literature review (SLR) and the empirical research project. I will then critically discuss the philosophical underpinnings and rationale for the chosen methodology, methods and analysis. Finally, ethical considerations will be addressed, with a particular focus on the position of myself as a researcher and power dynamics.

2.2. Identifying an area of research: personal experience and motivation

As a researcher, I recognise that my assumptions, values and beliefs influence the research process and knowledge produced (Willig, 2013). Reflexivity plays a fundamental role in ethical practice and research, aiming for transparency in potential biases and assumptions (Reid et al., 2018). Therefore, this section will detail my experiences and motivations for conducting this research project.

Axiology addresses the nature of ethical behaviour, referring to the values and beliefs that one holds and what is deemed to be ethical (Killam, 2013). I have entered the educational psychology profession with the belief that experiences of compassion can foster empathetic relationships, positive wellbeing and facilitate change. My experiences working as an assistant clinical psychologist in an adult community mental health team influenced this. I worked in a therapeutic service with young people and adults who were experiencing mental health difficulties, offering short-term psychological interventions. I was introduced to Compassion-Focused Therapy (CFT) by my clinical supervisor as an approach to support individuals' understanding and experience of compassion. I was drawn to the model's ability to make psychological knowledge readily accessible for individuals, promoting shared

understanding. Those I worked with commented on how powerful they found the compassionate approach.

I experienced values-based tension when working within a service bound by short-term individual therapeutic interventions. Inherently, the work focused on the individual's internal processes and resources, supporting their understanding, experience and ability to receive and show compassion to themselves and others. I often felt inclined to work systemically as holistic formulations highlighted contextual factors contributing to the challenges faced by the individual. This was fundamental in my desire to train as an Educational Psychologist (EP) to promote compassionate and supportive learning environments underpinned by positive relationships and emotional wellbeing.

The current context within education has influenced the focus of my research project. CFT aligns with the growing emphasis on social and emotional wellbeing (SEW) for pupils, school staff and school communities (Department for Education & Department of Health, 2017). However, this stands in contrast to the dominant educational policy and practice characterised by measurement and comparison of educational outcomes (Biesta, 2015) which may lead to individualistic and competitive school communities (Ball, 2016), increasing the vulnerability of pupils and staff to feelings of criticism, shame and rejection (Gilbert, 2007). The focus on cultivating compassion within CFT may mitigate the adverse effects of shame and self-criticism (Gilbert, 2010) which are prevalent in high-pressured environments such as education settings (McEwan et al., 2020).

2.3. Offering a bridge to the empirical research project

The SLR synthesis highlighted that CFT can support the SEW of those in education settings, captured by participants' views and self-report measures. In Table 9, I have documented how the conclusions and points of interest from the SLR have influenced my decisions regarding my empirical project.

Table 9: Influence of systematic literature review conclusions on empirical project

Conclusion from SLR	Influence on empirical project
CFT-based interventions in schools can positively impact compassion for self and others and emotional literacy for staff and adolescent pupils.	This provides a rationale to explore how CFT may inform educational psychology practice as there is encouraging evidence emerging in the literature.
The application of CFT in schools was only through group interventions.	The current research presents a limited view of how psychologists currently draw upon therapeutic models in their work. EPs draw upon therapeutic approaches as frameworks for practice across various levels of work.
Much of the literature has been led by repeated authors who may be linked to the Compassionate Mind Charity.	Further research will support a more thorough and critical view of the approach and the application to school settings.
Clinical psychologists or researchers who were trained in CFT conducted most studies identified in the SLR. A Trainee EP conducted one study.	EPs are required to show competence in planning, delivering and evaluating therapeutic interventions. This provides a rationale for exploring the application of this approach in educational psychology.
None of the included studies explored the role of the EP in using CFT to support educational settings.	This empirical project aims to contribute towards the understanding of CFT in the context of educational psychology and how EPs may (or may not) use CFT in practice.

The use of CFT aligns with EPs' role as scientist-practitioners who apply psychological theory and skills (Beaver, 2011; Cameron, 2006). In a large UK survey (*n*=455), Atkinson et al. (2011a) reported that most EPs used therapeutic interventions in their practice. Although EPs have been acknowledged as utilising therapeutic approaches and psychological theories (Dunsmuir & Hardy, 2016), CFT has not been cited as a therapeutic approach currently used by EPs (Atkinson et al., 2011a; Hoyne & Cunningham, 2019; Simpson & Atkinson, 2021). Robson (2011) recommends using exploratory studies when there is little available research on an area of interest. Therefore, the empirical project aims to explore how EPs might use CFT in their practice to provide further research into the potential

benefits of compassion in the education system, as recommended by Kirby (2017) and Welford and Langmead (2015).

2.4. Philosophical assumptions

Research is informed and influenced by a researcher's philosophical paradigm which describes a set of belief systems or worldviews (Killam, 2013). A research paradigm outlines four fundamental categories of interrelated views that influence conceptions and approaches to understanding and creating knowledge. The categories are ontology, epistemology, methodology, and axiology which explore, respectively, beliefs about the nature of reality, how knowledge of reality is acquired, methods for constructing knowledge and the role of values in knowledge (Killam, 2013). Through this research endeavour, I adopt two main assumptions: (a) that compassion exists and (b) that individuals may experience and report compassion differently. These assumptions align with the philosophical position Critical Realism (CR) which assumes reality exists independently of our perceptions (ontological realism), but knowledge of reality is fallible and reliant on perceptions and interpretations (epistemic relativism) (Willig, 2013).

CFT contributes towards the continuous theories, concepts and perceptions that can moderate our knowledge of the world (Fletcher, 2017), aligning with the CR view that social reality is theory-laden but not theory-determined (Bhaskar, 2013). Through adopting a CR approach, the proposed underlying psychological mechanisms within CFT and understanding of compassion can be considered as part of reality that exists independently of our perceptions but can be understood through experiences and interpretations. In the context of this research, adopting a CR stance allowed the mixed method SLR to review quantitative and qualitative research, exploring the mechanisms of school-based CFT interventions through triangulating measured outcomes and subjective experiences.

A CR position is recommended to explore areas with limited previous research (Robson, 2011). The SLR highlighted that there is an emerging evidence base for the application of school based CFT interventions. However, there remains limited knowledge and understanding of how EPs might utilise this approach in practice. Epistemologically, CR emphasises that knowledge is based on perceptions and shaped by experiences (Fletcher, 2017). Therefore, it was important that the empirical project methodology aligns with this approach to contribute to the identified research gap.

2.5. Methodology

It is argued that a researcher's ontological and epistemological assumptions, including methodological decisions, should be made transparent to acknowledge the influence on the research (Grix, 2002). Methodology describes the approach taken to explore a research area, reflecting the researcher's epistemological and ontological stance (Scott, 2005; Willig, 2013). Having identified a gap in the literature, I adopted a qualitative methodology in my pursuit to explore perspectives of how CFT can be applied in educational psychology practice. As it cannot be assumed that a particular truth can be revealed, CR depends on gathering data that help identify various alternative interpretations and explanations, which is crucial to understanding phenomena (Easton, 2010). Therefore, the chosen method must reflect this and embrace the variation in EPs' views, perceptions and experiences to guide the inquiry and authentically develop their CFT interpretations.

2.5.1. World Café

The World Café (WC) (Brown & Isaacs, 2005) is defined as a 'conversational process that helps people engage in constructive dialogue, build personal relationships, foster collaborative learning, and discover new possibilities for action' (Tan & Brown, 2005, p. 83). Aligning with the exploratory nature of this research project, the WC method emphasises collective inquiry and understanding rather than problem-solving and action plans (Prewitt, 2011; Schiele et al., 2022). Participants were invited

to gather in a setting that mimics a café, moving between tables to engage in small group discussions centred on a specific question. Although this research may have an inherent transformative element, it is not included in the project's aims.

The WC method relies on participants having existing knowledge and a shared understanding of the chosen topic (Löhr et al., 2020; Schiele et al., 2022). For example, Ritch and Brennan (2010) asked their participants to watch a drama performance based on background literature before the WC. For this research project, I led a session on CFT with each educational psychology service (EPS) (see Appendix D for contents of sessions) which contributed towards their Continuous Professional Development (CPD).

The commitment to purposeful and collaborative engagement is deemed an inherent strength of the WC method (MacFarlane et al., 2017), achieved through the principles shown in Table 10 (Brown & Isaacs, 2005). The evolution of dialogue is supported through the cross-pollination of ideas which are built upon in each round of discussion (Fouche & Light, 2011). Schiele et al. (2022) suggest that the frequent changes to small group composition allow for opposing views to be explored, should they occur.

Table 10: How World Café principles aligned with the research project (Brown & Isaacs, 2005)

World Café Principles	Implementation in this research project
Set the context	CPD sessions were held at each EPS to provide participants with information about CFT before each WC.
Create hospitable space	The room was decorated with plants and tablecloths with refreshments available to create a welcoming and inviting environment.
Explore questions that matter	Carefully thought-out, open-ended questions that encouraged exploration and critical dialogue were used.

Encourage everyone's contributions	An inclusive environment was fostered through the hosts' encouragement for all participants to contribute and all participants holding the responsibility to scribe.
Cross-pollinate and connect diverse perspectives	Participants moved tables and changed groups.
Listen together for patterns, insights and more profound questions	Hosts provided summaries of the previous discussions when participants changed groups, which provided participants with the opportunity for collective reflection and synthesis of themes.
Harvest and share collective discoveries	Participants were encouraged to scribe their key discussion points throughout.

The emphasis placed on open conversation and idea cross-pollinating in the WC aligns with the CR philosophical position which seeks to cautiously and fallibly understand the complex and diverse nature of social reality through dialogue that fosters diversity and criticality. This synergy made it my preferred data collection method, compared to alternative qualitative methods such as focus groups and interviews. While interviewing EPs who had existing experience of CFT was considered, potential selection bias may have led to an overly positive appraisal of the approach with a limited number of participants available. This method was deemed as incoherent to the research question which aimed to gather a broad, diverse and critical understanding of the potential integration of CFT into educational psychology practice.

To explore questions that matter (Brown & Isaacs, 2005), it is pertinent that questions are carefully considered to align with the purpose of the research, provoke thought and encourage criticality. I ensured that all three questions were neutral and did not assume that EPs should use CFT in practice. Table 11 outlines the rationale for each key question and the prompts provided.

Table 11: Rationale for questions and prompts used in the World Café

Table Question	Prompts	Rationale
In what ways might Educational Psychologists use Compassion-Focused Therapy in practice?	• Currie Matrix (Scottish Executive, 2002) areas of EP role including consultation, assessment, intervention, training and research. • Individual, group and systemic level. • Examples in practice. • Past, current and future practice.	'In what ways' encourages multiple perspectives and considerations.
What are the potential benefits and challenges of applying Compassion-Focused Therapy to educational psychology practice?	• For those we work with and ourselves. • Consider equality, diversity and inclusion.	Asking for both benefits and challenges encourages critical discussion and debate.
Why might Educational Psychologists use or not use Compassion-Focused Therapy?	• Context of educational psychology practice. • Context of the education system. • Values-based practice.	The 'why' question was used to encourage participants to consider the underlying reasons for using or not using CFT. This aligns with the philosophical assumptions associated with CR to explore the potential mechanisms, accounting for the contextual factors.

2.5.2. Data collection

All participants were encouraged to scribe key discussion points on large graphic paper on each table. The nature of participants' self-recorded responses inherently lacked the detail that is afforded through alternative qualitative methods, such as focus groups or interviews. To mitigate this, Löhr et al. (2020) suggest that recording the WC conversations can support the data's richness and the method's rigour.

However, this has been considered as incoherent with the intended atmosphere and ethos of the WC (Segeren, 2019), as the recording device would need to be passed between participants to ensure the audio is captured accurately. For this research project, it was decided that the hosts' summaries of previous discussions would be recorded and transcribed to help the researcher understand the concepts documented without hindering the process (Löhr et al., 2020).

2.6. Data analysis

The qualitative data from the empirical study were analysed using reflexive thematic analysis (RTA), first described by Braun and Clarke (2006) and further developed and refined in their more recent work (Braun et al., 2023). After considering various qualitative analysis approaches, RTA was deemed as most suitable to the research question, aims and philosophical stance. RTA seeks to identify and interpret patterns of meaning within qualitative data (Braun et al., 2023) and is considered a theoretically flexible approach to analysing data (Sundler et al., 2019). This approach enabled patterns of meaning, commonalities and shared themes to be identified within and across participant groups.

An inductive approach was employed when coding the data to ensure the themes were derived directly from participants' perspectives on CFT, rather than deductively to pre-determined categories or theory. However, Braun et al. (2023) acknowledge the influence of existing knowledge, experiences and values held by the researcher. Reflexivity encourages researchers to critically examine their own values, experiences, interests, beliefs and social identities to understand how these factors might influence the interpretation of the data (Willig, 2013). As such, reflexivity was evidenced through a reflective journal for ongoing self-review and engagement in critical discussions within research supervision to challenge my assumptions and consider alternative perspectives to enhance the validity and robustness of identified themes.

2.7. Ethical considerations

Newcastle University's Ethics Committee granted ethical approval for this research project in May 2023. Health and Care Professions Council (2016) and British Psychological Society (2018, 2021) ethical guidelines were followed. Guillemin and Gillam (2004) differentiate between the formal ethical procedures for gaining approval (see Table 12) and the ongoing consideration of ethical issues throughout the research processes. The fluidity of human interaction in qualitative research requires ethical reflexivity beyond initial approval (Reid et al., 2018). The following discussion engages with the reflexive considerations given to the position of myself as a researcher and power dynamics.

Table 12: Considerations of procedural ethics principles

Principle	Consideration
Informed consent	Participants were provided with an information sheet detailing what their involvement would entail (Appendix E), and written consent was gained (Appendix F) before data collection took place.
	Participants' attendance at the CPD event was not contingent on agreement to the WC event. I ensured that the Principal EP agreed that there would be no negative consequences to non-attendance at the WC event.
No deception	No deception took place, and the project's full intentions were communicated in all paperwork and throughout every discussion.
Right to withdraw	Participants were informed that due to the co-constructed nature of the data, they would only be able to withdraw their data until the end of the WC session. They were provided with the opportunity to add further detail and context to discussion points for one week after the WC session.
Debriefing	Participants were given my contact details and those of my supervisor to use if they had any further questions regarding the process or their involvement.
Confidentiality	No identifiable information was collected from participants. Any identifiable information within the data (written and audio) was redacted during transcription. The audio recordings were destroyed once the anonymised transcription was completed.

The nature of group discussions meant that there was a risk of limited internal confidentiality. To mitigate this risk, participants were invited to create a 'group contract' at the beginning of the WC session, collaboratively highlighting ground rules and clear boundaries for the session, including an agreement to confidentiality between participants.

2.7.1. Researcher position

As the researcher, I designed, planned and prepared the WC, which included delivering a CPD session, crafting questions and preparing materials for the WC. My presence during the WC may have influenced participants' discussions and data collection. To mitigate this potential influence, my role as a facilitator during the WC was removed from the emerging dialogue (Löhr et al., 2020) and I maintained a neutral stance during the discussion to avoid influencing the participants' dialogue and responses.

Professionally, I was known to both EPSs that participated, either as an Assistant EP or Trainee EP. Therefore, it was essential to be transparent about my researcher role, emphasise participants' anonymity and maintain professional boundaries by contacting services through the university email. As the relational dynamics were subject to change during the course of the WC, I ensured that informed consent was considered ongoing (Moriña, 2021).

2.7.2. Power

Participants were recruited through gatekeepers (Principal EPs). The gatekeepers may have had undue influence on participants' consent as they may have felt obliged to participate. This power imbalance was reflected on throughout the project and mitigated as much as possible. The Principal EPs agreed that there would be no negative consequences for EPs' non-attendance at the WC event, as their attendance at the CPD session was not contingent on their agreement to participate. This was

communicated with EPs on the research information provided and at the CPD session to ensure that participation was not enforced by perceived gatekeepers.

As discussed in this chapter, the WC as an approach emphasises open dialogue and diverse perspectives. However, I recognised that there may be inherent issues of power. For example, the WC process may result in certain voices dominating the discussion based on perceived power, expertise or sociocultural factors. Hosts were provided with verbal and visual prompts to support open dialogue and encourage all participants' contributions (see Appendix G). All participants were responsible for scribing their discussions; this aimed to contribute towards equal power balance as all voices can be captured and presented.

2.8. Conclusion

This chapter has provided an account of the decision-making process that informed the initial research interest, the SLR and the empirical research project. My ontological and epistemological assumptions have been described, critically considering the influence of my underpinning values on the research project. Methodological and ethical considerations have also been explored in relation to the empirical research project.

Chapter 3: How might Compassion-Focused Therapy inform educational psychology practice?

This chapter has been prepared for submission to the Educational Psychology in Practice Research Journal.

Abstract

Research indicates that Compassion-Focused Therapy, an integrative therapeutic approach, has the potential to address the growing mental health and wellbeing needs of children and young people and school staff by fostering self-compassion and other-orientated compassion. Despite the proposed benefits of Compassion-Focused Therapy, there is limited research that explores this therapeutic approach within educational psychology practice. In response to this literature gap, this qualitative empirical research project sought to explore how Compassion-Focused Therapy might inform educational psychology practice through educational psychologists' perspectives.

Two educational psychology services in England took part in separate World Cafés where staff engaged in rounds of dialogue to explore ideas and share knowledge around the central research question. Using reflexive thematic analysis, four themes were generated: fostering compassionate communities, complementary to educational psychology practice, critical reflections and adaptations for educational psychology practice. The findings of this research contribute towards the existing literature on educational psychologists' use of therapeutic approaches, whilst offering novel findings about the ways in which educational psychologists could draw upon Compassion-Focused Therapy to foster compassionate communities.

3.1. Introduction

3.1.1. Background

There is growing national and international emphasis on promoting the mental health and wellbeing of those in education settings, including children and young people (CYP) (Newlove-Delgado et al., 2022; Polanczyk et al., 2015; Wright et al., 2020) and school staff (Cann et al., 2023; Ferguson, 2022; Skinner et al., 2021), which has been exacerbated by the COVID-19 pandemic which caused disruption, loss and isolation (Norwich et al., 2022; Slavich et al., 2022). Schools have been considered crucial in supporting the mental health and wellbeing of CYP (Department for Education & Department of Health, 2017), whilst public services associated with therapeutic interventions have limited availability and resources, such as Child and Adolescent Mental Health Service (CAMHS; England & Mughal, 2019) and Mental Health Support Teams (Ellins et al., 2021).

This increased responsibility can place additional pressure on school staff (Hanley et al., 2020; Maiese, 2022), particularly within the current context of austerity and neoliberal agendas (Ball, 2016; Biesta, 2015) which has been reported as detrimental to the mental health of staff (Ofsted, 2019). Research suggests an association between staff wellbeing and pupil wellbeing (Roffey, 2012; Spilt et al., 2011), emphasising the need for a holistic approach that prioritises the mental health and wellbeing of all within the school community. It has been argued that EPs may be well placed to utilise therapeutic practice and interventions to support the social and emotional wellbeing (SEW) of pupils and school staff (Atkinson et al., 2011a; Hoyne & Cunningham, 2019; Squires, 2010). Therefore, this introduction will contextualise therapeutic practice in educational psychology, followed by an exploration of Compassion-Focused Therapy (CFT) in education, providing a rationale for the current research project exploring CFT in educational psychology.

3.1.2. *Therapeutic practice in educational psychology*

Although educational psychology has historical roots in designing and delivering therapeutic interventions, discussions of therapy within practice were uncommon in the mid-1990s (Indoe, 1995; MacKay, 2007). This 'fall of therapy' (MacKay, 2007, p. 9) may have been linked to the broader professional shift away from an individual deficit model towards systemic practices (Gillham, 1978). More recently, there has been a 'revival' in therapeutic approaches within educational psychology (Pugh, 2010, p. 391), which aligns with the recent increased focus on mental health and wellbeing for those in education settings as stipulated in government guidance and policy (Department for Education, 2018; Department for Education & Department of Health, 2017).

Research suggests that educational psychologists (EPs) are currently engaging with a variety of therapeutic approaches, underpinned by numerous theoretical frameworks (Atkinson et al., 2011b; Atkinson et al., 2013; Hoyne & Cunningham, 2019; Simpson & Atkinson, 2021). Hammond and Palmer (2021) suggest a continuum of therapeutic educational psychology practice (see Figure 7) where the terms therapy and therapeutic are considered as distinct, overlapping constructs. Within this research, the term 'therapeutic practice' reflects the use of established approaches grounded in specific psychological theory with recognisable techniques which help to provide insight, change or repaired wellbeing (Hammond & Palmer, 2021).

The ability to design and implement therapeutic interventions remains a key competency within educational psychology (British Psychological Society, 2021), emphasised by the Division of Educational and Child Psychology which produced guidelines for therapeutic interventions (Dunsmuir & Hardy, 2016). A recent systematic literature review (SLR) indicates that Cognitive Behavioural Therapy (CBT) is the most cited therapeutic intervention used by EPs with CYP (Simpson & Atkinson, 2021), followed by Solution Focused Brief Therapy (SFBT) and Personal-Construct Psychology (Atkinson et al., 2011a; Hoyne & Cunningham, 2019). This SLR highlighted

EPs' contrasting views on delivery effectiveness, as individual interventions were juxtaposed to wider

systemic impact (Simpson & Atkinson, 2021).

Figure 7: Continuum of therapeutic practice in educational psychology practice (Hammond &

Palmer, 2021)

Manualised Therapy	Heterogenous Therapy	Therapeutic Practice
•Interventions with clear set of protocols and procedures •Pre-defined manual •An example of manualised therapy is Cognitive behavioural Therapy (CBT)	•Designed and delivered therapeutic intervention with the intention to reach a 'therapeutic end' •Intervention will involve various therapeutic techniques and approaches, tailored to specific needs of individual or group	•EPs are considered therapeutic practitioners by virtue of their professional endeavours which are psychologically informed •The potential, but not the intention, to create therapeutic outcomes such as empowering consultees

Although the therapeutic role of the EP has been considered similar to professionals from a health

background (Sharpe et al., 2016), one distinction lies in EPs' ability to identify systemic changes

(Cryer & Atkinson, 2015) underpinned by their foundational knowledge of school functions and

systems (Atkinson et al., 2011b; Zafeiriou & Gulliford, 2020). Research indicates that EPs often draw

upon therapeutic approaches in an integrative, flexible and holistic way (Hoyne & Cunningham, 2019;

Simpson & Atkinson, 2021; Squires, 2010). For example, Rutter and Atkinson (2022) interviewed a

small sample of EPs who described applying CBT across a continuum encompassing consultation,

assessment, interventions with CYP, staff training, supervision and research. EPs have reported

similar practice when utilising other therapeutic modalities including Narrative Therapy (Bradbury,

2023; Hobbs et al., 2012) and Acceptance and Commitment Therapy (Gillard et al., 2018). As

research indicates that EPs are currently engaging with various therapeutic practice, one relatively

new therapeutic approach that EPs could consider is CFT.

3.1.3. Compassion-Focused Therapy in education

CFT, developed by clinical psychologist Professor Paul Gilbert in 2000, is a psychotherapy focused on cultivating compassion, underpinned by evolutionary, social and developmental psychology (Gilbert, 2010). CFT aims to increase the awareness, recognition and understanding of the proposed affect systems (see Figure 8), cultivating attributes and skills of compassion which are positioned within the soothing system (Gilbert, 2010). Compassion involves recognising and responding to suffering (Gilbert, 2014; Strauss et al., 2016) and has been proposed to foster positive and supportive learning environments underpinned by empathy, positive relationships and connection with oneself, others and the community (Al-Ghabban, 2018; Coles, 2013; Nguyen et al., 2021). Although existing research has predominantly applied CFT to address mental health difficulties (Craig et al., 2020; Leaviss & Uttley, 2015), the approach has been utilised and promoted in contexts beyond health, including higher education (Hamilton & Petty, 2023), professional supervision (Lundgren & Osika, 2021) and social care (Barlow et al., 2023; Lau-Zhu & Vella, 2023).

Figure 8: Three systems model of affect regulation (Gilbert, 2009)
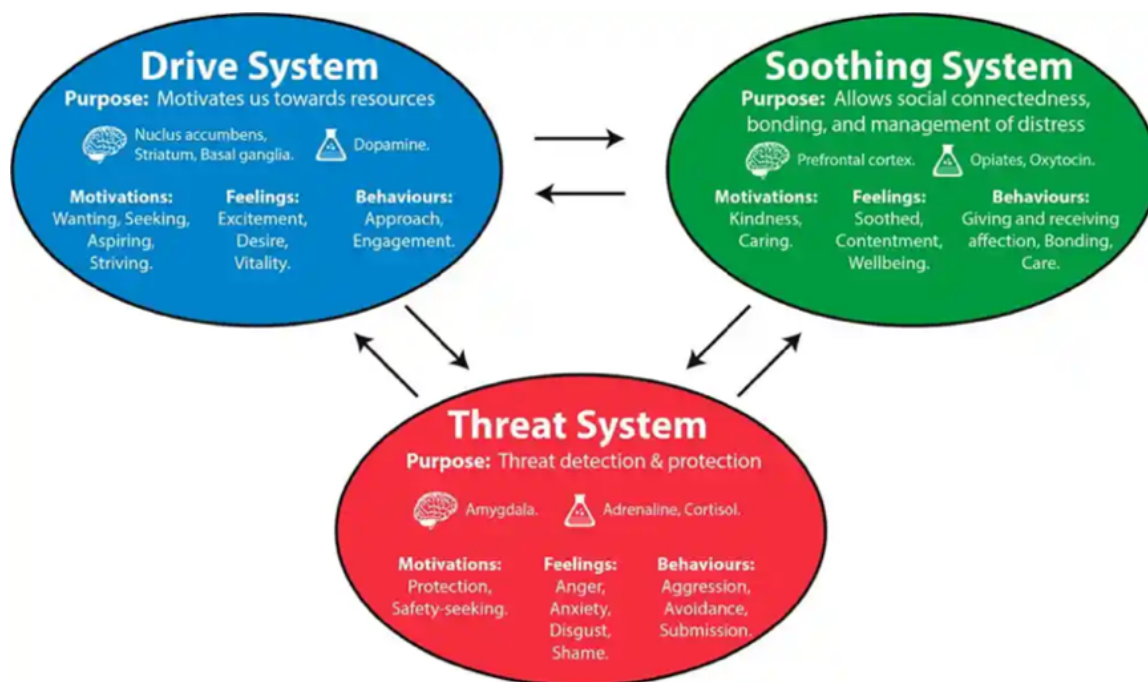
Emerging research suggests that CFT-based interventions within schools can support SEW for CYP (Mahon & Hevey, 2022; Maratos et al., 2024; McFarlane, 2008; O'Driscoll & McAleese, 2022) and staff (Maratos et al., 2019; Matos et al., 2022a; Matos et al., 2022b). However, the existing research is situated only within the UK, Republic of Ireland and Portugal, which limits the application of findings to other countries, cultures and education systems. Along with CFT as a school-based intervention, discussion papers have advocated 'compassion-focused pedagogy' (Culshaw & Bodfield, 2024, p. 3) which applies CFT as an ecological, systemic framework within schools (Kirby et al., 2023b; Welford & Langmead, 2015) and within higher education to complement inclusive practice (Hamilton & Petty, 2023).

3.1.4. *Rationale and aim of the project*

While research evaluating school-based CFT interventions suggests positive outcomes and experiences of CYP and staff, some argue that compassion-focused frameworks should adopt an ecological, systems-based view of education (Kirby, 2017; Lavelle et al., 2017; Welford & Langmead, 2015). It is recognised that EPs can be involved in prevention and early intervention, utilising therapeutic approaches flexibly at various levels across the education system (Greig et al., 2019; Hoyne & Cunningham, 2019; Rutter & Atkinson, 2022).

Fundamental elements of compassion are present in existing EP practice, such as Video Interaction Guidance (Silhánová et al., 2011) and Emotion Coaching (Gottman & DeClaire, 1998; Gus et al., 2015). However, CFT may offer a distinct and comprehensive approach to understanding and addressing emotional regulation by drawing upon evolutionary, social and developmental psychology to foster compassion for oneself and others (Gilbert, 2010). Despite this, CFT has not been cited by EPs in research as a therapeutic approach they have used (Atkinson et al., 2011a; Hoyne & Cunningham, 2019; Simpson & Atkinson, 2021) and the SLR indicates that research is currently limited to school-based interventions (see Chapter 1).

Therefore, the SLR highlights a gap in the literature for EPs' views on CFT and its applicability within the current context of therapeutic educational psychology practice. In response to the identified literature gap, this qualitative empirical research aims to answer the following research question:

How might Compassion-Focused Therapy inform educational psychology practice?

3.2. Methodology

3.2.1. Design

This research utilised a World Café (WC) approach (Brown & Isaacs, 2005) as a qualitative, exploratory research method. A WC is a facilitated conversation method which values and encourages diverse perspectives through rounds of small-table discussions, fostering collective knowledge sharing around a central question (Löhr et al., 2020). To prepare participants for the WC, a 90-minute Continuing Professional Development (CPD) session was held within each educational psychology service (EPS) in September 2023 to introduce CFT before their own WC event.

The commitment to purposeful and collaborative engagement is deemed an inherent strength of the WC method (MacFarlane et al., 2017), achieved by setting a welcoming space, exploring important questions and encouraging diverse perspectives (Brown & Isaacs, 2005). Each meeting room was transformed into a café-like setting with three large tables, refreshments and music to create a comfortable and welcoming atmosphere. As the researcher, I orchestrated and facilitated the WC session whilst remaining absent from the discussions between participants to minimise the risk of bias.

Each table held between four and six participants who discussed their designated question (Figure 9). After each 20-minute round of discussion, participants redistributed themselves into new groups to

cross-pollinate ideas (Prewitt, 2011). Each table had a volunteer host who remained on the same table for the duration of the WC. The hosts were asked to facilitate discussions and summarise the key discussion points from previous groups before each new round (see Appendix G for host prompt sheet).

All participants were encouraged to scribe discussion points directly on the provided flipchart paper (see Appendix H for an example). At the end of the WC event, participants were given the opportunity to circulate each table to check, amend or add to the written summaries. The data recorded and transcribed were participants' hand-written notes and audio-recorded host summaries.

Figure 9: Visual representation of the World Café
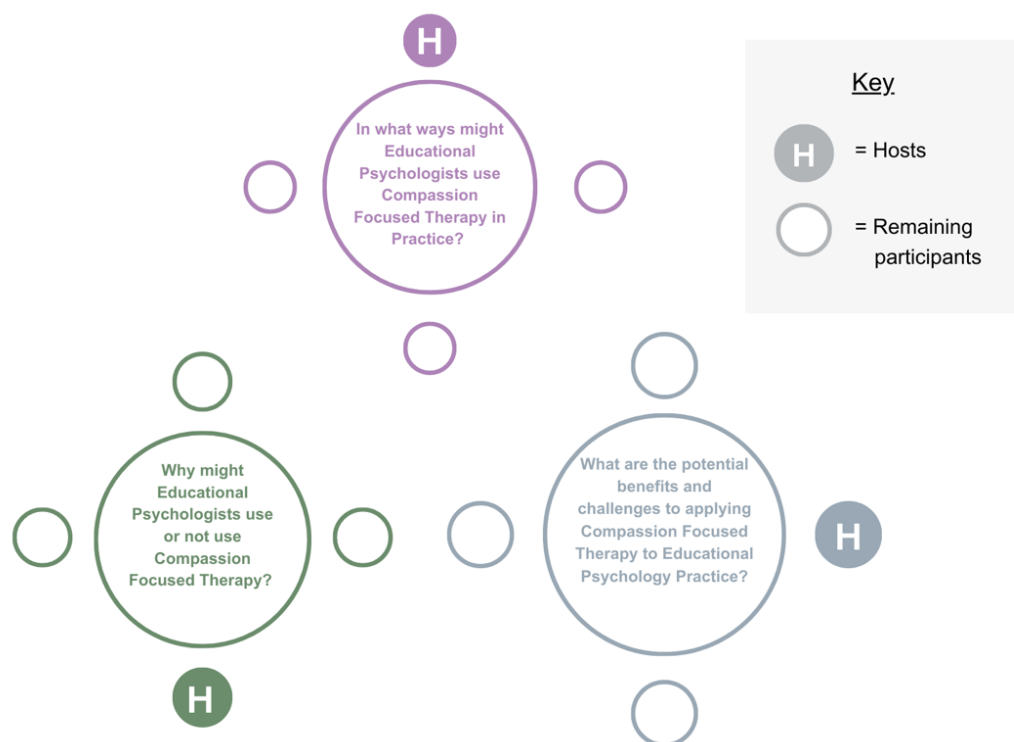
3.2.2. *Recruitment and participants*

Two local authority EPSs were recruited through purposive sampling. Principal EPs were invited to participate and provided with an information sheet explaining the aims of the study (see Appendix E). A total of 29 participants took part in the research project, including EPs, Assistant EPs, Trainee EPs, Specialist Senior EPs and Principal EPs. For brevity, the term 'EP' has been used to describe all participants whilst recognising the diversity within this group.

3.2.3. *Ethics*

Ethical approval for this research was granted by the Newcastle University Faculty of Humanities and Social Sciences Ethics Committee in May 2023. This research complies with the Health and Care Professions Council (2016) and British Psychological Society (2018, 2021) ethical standards. Written consent was gained from EPs before the WC (Appendix F).

3.2.4. *Data analysis*

The hand-written notes and audio-recorded host summaries were transcribed into text format, including descriptions of any visuals depicted in the hand-written notes, and imported into NVivo software. Data were analysed using Braun, Clarke, Hayfield, Davey and Jenkinson (2023) six-step reflexive thematic analysis (RTA). RTA offers a theoretically flexible framework to identify patterns of meaning across the data, which was achieved through iterative cycles of familiarisation with data, line by line coding, theme construction and refinement within NVivo software. Both semantic and latent meanings were coded, offering description and interpretation of data (Byrne, 2022). Codes were derived inductively from the data, whilst acknowledging the influence of prior experiences and knowledge (Braun & Clarke, 2021). See Appendix I and J for evidence of the data analysis process with examples of reflexive comments.

3.3. Findings

Subthemes were grouped into four themes: fostering compassionate communities, complementary to educational psychology practice, critical reflections and adaptations for educational psychology practice. Thematic maps for each theme are provided to guide the reader through the analysis. To conclude this section, a summary and visual interpretation of the findings are presented.

3.3.1. *Theme one: Fostering compassionate communities*

This overarching theme reflects how CFT could be used to inform EPs' multifaceted approach to foster compassionate communities (see Figure 10). EPs discussed how CFT could be used flexibly to support a variety of groups within the school community, including CYP, school staff, parents/carers and EPs within their own service.

Figure 10: Thematic map for fostering compassionate communities.
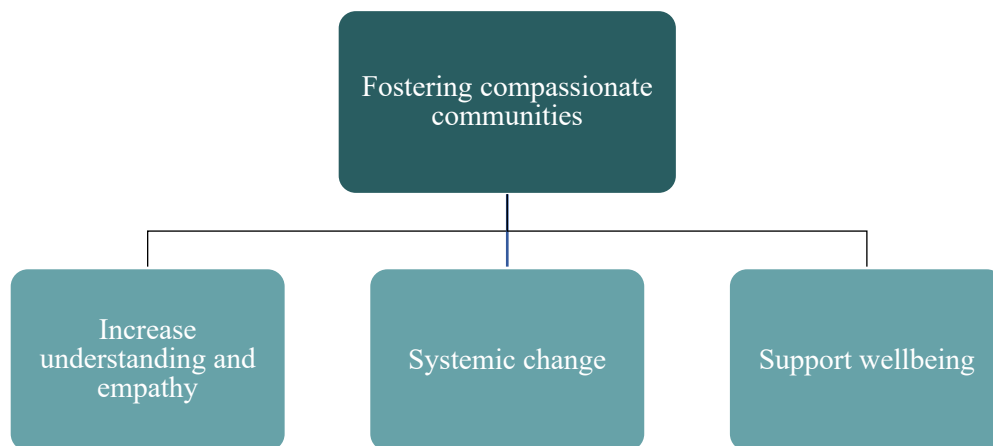
Increase understanding and empathy

EPs described CFT as an empathetic approach which validates and normalises human experiences, acknowledging suffering as part of this. Participants commented on their perception that CFT may

foster understanding and acceptance towards their own and others' emotions and experiences, encouraging kindness and empathy towards one another to support a sense of belonging.

> *EPS B (graphic): 'Better understanding of oneself as part of a community – belonging.'*

By increasing understanding and empathy, participants felt that relationships within the school community could be strengthened, including teacher-pupil, pupil-pupil and parent-teacher relationships.

> *EPS B (host): 'We filtered [compassion] out into communities so thinking about the home-school communication and is there a way that we could support with school staff having compassion for families but families having compassion for school.'*

Participants discussed how CFT could help promote equality, diversity and inclusion in education. For example, EPs viewed the conceptualisation of the drive system as a helpful way to understand motivations and values which they said are influenced by cultural, societal and familial factors. EPs explained that exploring the three systems model may help our understanding of the reason behind behaviours. In addition, EPs discussed how the model encourages the understanding of individuals' lived experiences.

> *EPS A (graphic): 'Compassion – key in shaping attributions to support inclusion.'*

Systemic change

EPs felt that CFT could be applied within education to develop compassionate systems (see Figure 11). Participants reflected on the current context of the education system with '*competing pressures, priorities and expectations*' (EPS A, graphic) and felt that CFT could support relational and compassionate approaches, moving away from punitive policies. One group discussed applying CFT

to the education system itself where threats may be high pressure and workload for staff who are driven by expectations and measurement by Office for Standards in Education, Children's Services and Skills (OFSTED).

Figure 11: Section of graphic to demonstrate systemic level (EPS A)
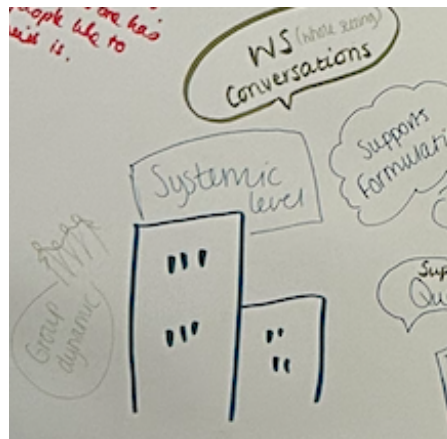
EPs acknowledged that systemic changes could happen through a *'ripple effect'* (EPS B, host) as smaller changes can have wider effects within systems (see Figure 12). For example, participants spoke of CFT supporting a shift in language and perspectives, particularly about CYP, which may occur through supervision, consultation or training. EPs reflected that they might be well placed to model a compassionate, relational approach within their practice.

> *EPS B (host): 'Even if maybe it's just that we were encouraging individuals to be compassionate and non-judgmental, maybe that would filter through to the language that is used.'*

Figure 12: Section of graphic to demonstrate systemic change (EPS A)
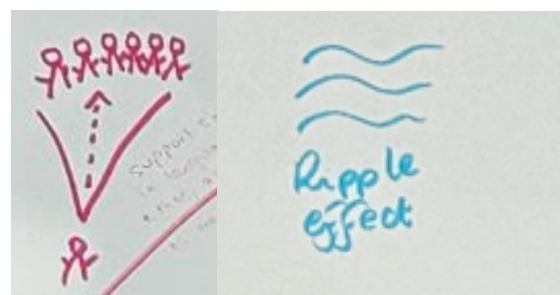
EPs linked the motivation to alleviate suffering within the definition of compassion to their role in facilitating change, which could promote social justice. EPs felt that the three systems model could be used to support action planning, considering ways to increase experiences of the soothe and drive systems as opportunities for change.

> *EPS A (host): '[EPs] said they were conceptualising some of the work they were doing as making the soothe circle bigger, so how can we do more in the soothe circle to expand that, around strategies and things like that?'*

Support wellbeing

EPs recognised that CFT aligns with the increasing commitment to support SEW for CYP and staff in schools. EPs discussed how CFT could be embedded within systems in schools and in EPSs to support wellbeing through supervision and CPD training. Participants linked school staff wellbeing with the ability to offer support to CYP, referring to the metaphor 'you can't pour from an empty cup' (see Figure 13).

> *EPS B (host): 'It could be used to support staff wellbeing; it could be utilised through supervision with staff but also as a whole school approach to staff wellbeing.'*

Figure 13: Section of graphic to demonstrate relationship between staff wellbeing and student support (EPS A)
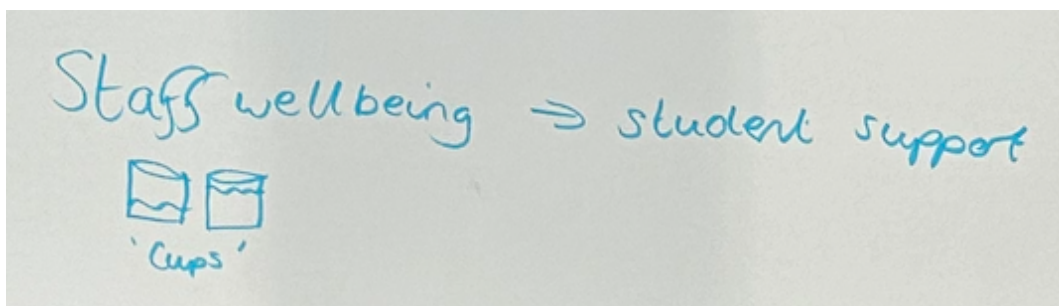
3.3.2. *Theme two: Complementary to educational psychology practice*

Subthemes within 'complementary to educational psychology practice' were derived from codes which identified the ways in which EPs viewed CFT as complementary within their own practice, reflecting the flexible and accessible nature of the approach (see Figure 14).

Figure 14: Thematic map for complementary to educational psychology practice

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                    ┌──────────────────────┐
                    │  Complementary to    │
                    │  educational         │
                    │  psychology practice │
                    └──────────────────────┘
        ┌───────────────┬──────────┴──────────┬───────────────┐
┌───────────────┐ ┌──────────────┐ ┌──────────────────┐ ┌──────────────┐
│ Framework for │ │  Capacity    │ │  Integrate into  │ │ Aligns with  │
│   practice    │ │  building    │ │    existing      │ │   values     │
│               │ │              │ │  psychological   │ │              │
│               │ │              │ │  theory and      │ │              │
│               │ │              │ │  models          │ │              │
└───────────────┘ └──────────────┘ └──────────────────┘ └──────────────┘
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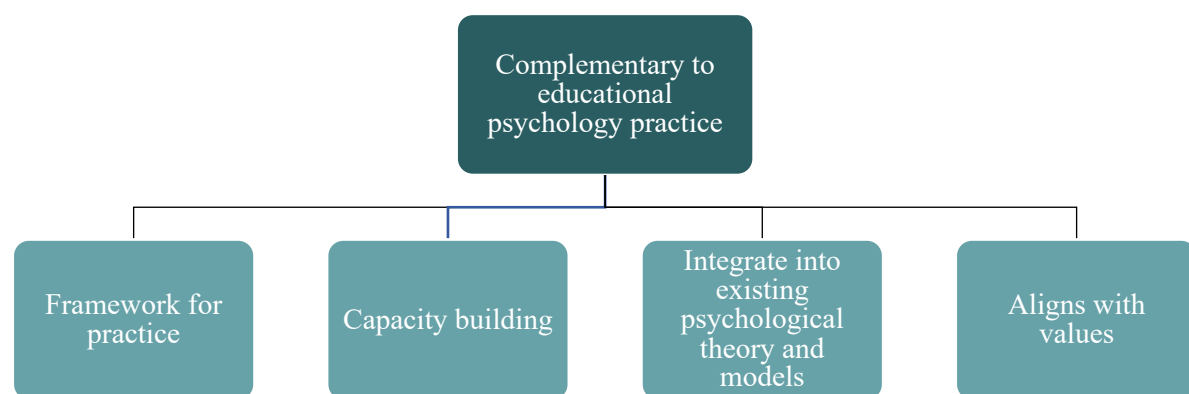
Framework for practice

The three systems model was identified as a helpful, simple and clear framework of emotional regulation that EPs could use flexibly within many areas of their work. EPs considered using and sharing the model as a framework for consultation, informing their questions and psychological formulation (Figure 15). EPs explained that using this model could establish a shared understanding and empathy for CYP to inform ways in which adults could support the soothe system, such as those experiencing Emotionally School Based Non-Attendance or at risk of permanent exclusion. EPs also recognised their role in facilitating a holistic understanding by asking about the broader influences within a CYP's life.

> *EPS A (host): 'You know we thought that the drive and the threat systems were good at helping us understand what is happening, so maybe a bit of that psychoeducation, and then they could inform how we might want to do something in the soothe section.'*

Figure 15: Sections of graphic to demonstrate Compassion-Focused Therapy as model to inform questions and understanding (EPS B)
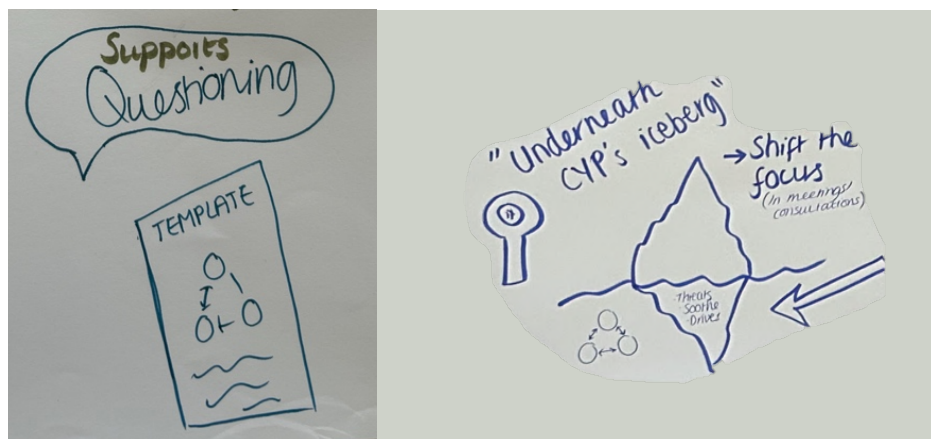
The EPs supervisory role with staff in school and other EPs was identified as another area in which CFT could be used. In addition, EPs felt it could be used for their own development in supervision, either within peer supervision or as a self-reflection tool as a supervisee. This was discussed within the context of the stresses within the current education system.

> *EPS B (host): 'We thought a little bit more about the educational context at the moment and how it's very stressful, and there are lots of demands on people and we thought about linking to the staff supervision and how in teaching there is this culture of not being compassionate and people being quite self-critical, so the importance of this kind of approach with staff and schools.'*

Participants recognised the need for compassionate supervision to encompass empathy together with action. The process of supervision was considered a way of building compassion within systems, as EPs could offer compassionate supervision to headteachers, which may filter down the school system.

> EPS B (host): 'So actually, if we can have compassion at the heart of that… it's not just someone going, 'that sounds tough,' there is then a 'But what?', what are we going to do about that?'

Capacity building

Participants discussed sharing CFT with adults who support CYP, reflecting the idea of building capacity through psychoeducation and training. EPs said that they could provide training to staff and recognised that upskilling staff may positively impact CYP, parents/carers and other staff members through indirect intervention. EPs linked CFT to their existing training offer with Emotional Literacy Support Assistants (ELSAs).

> EPS B (host): 'If we're upskilling staff in this approach, how might that feed out into parents, to young people and staff with each other?'

Integrate into existing psychological theory and models

Participants felt that CFT could complement psychological theories and models that they already use. Specifically, relational practices such as Emotion Coaching (Gottman & DeClaire, 1998), Person-Centred Practice (Holburn, 2002) , Solution-Focused Practice (Stobie et al., 2005) and Power Threat Meaning Framework (Johnstone et al., 2018) were mentioned.

> *EPS B (host): 'Compassion feels that it really lends itself to those relational approaches, and it's about treating the young people as individuals, not just blanket kind of policies that don't flex for any kind of situation.'*

EPs felt that CFT aligns with empathy-building tools they use, such as the group consultation model Circle of Adults (Wilson & Newton, 2006). In addition, they linked the drive system to the Planning Alternative Tomorrows with Hope (PATH; Pearpoint et al., 1993) process.

> *EPS A (host): 'A PATH would be something that could address the drive system, you know with the North Star and the idea that it's about our aspirations and where we want to go to, bringing some of those elements of the drive system might help.'*

Aligns with values

CFT resonated with many of the participants' values, including strengths-based practice, collaboration, non-judgement, compassion, empowerment and social justice. For example, EPs linked the idea of supporting the soothe system with their strengths-based approaches in practice.

> *EPS A (host): 'There was a really nice image of the soothe system that someone said they'd heard this saying that "'you can't pull out all the weeds, but you can water the sunflower, so it grows bigger than the weeds".'*

3.3.3.   Theme three: Critical reflections

Subthemes within 'critical reflections' were derived from codes which reflected critiques and potential tensions when considering CFT in educational psychology practice (see Figure 16).

Figure 16: Thematic map for critical reflection

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                    ┌──────────────────┐
                    │     Critical     │
                    │   reflections    │
                    └──────────────────┘
        ┌───────────────┬──────┴──────┬───────────────┐
┌───────────────┐ ┌───────────────┐ ┌───────────────┐ ┌───────────────┐
│ Therapy within│ │ Risk of within│ │  Fidelity of  │ │   Sensitive   │
│  the EP Role  │ │ child narrative│ │   approach    │ │  application  │
└───────────────┘ └───────────────┘ └───────────────┘ └───────────────┘
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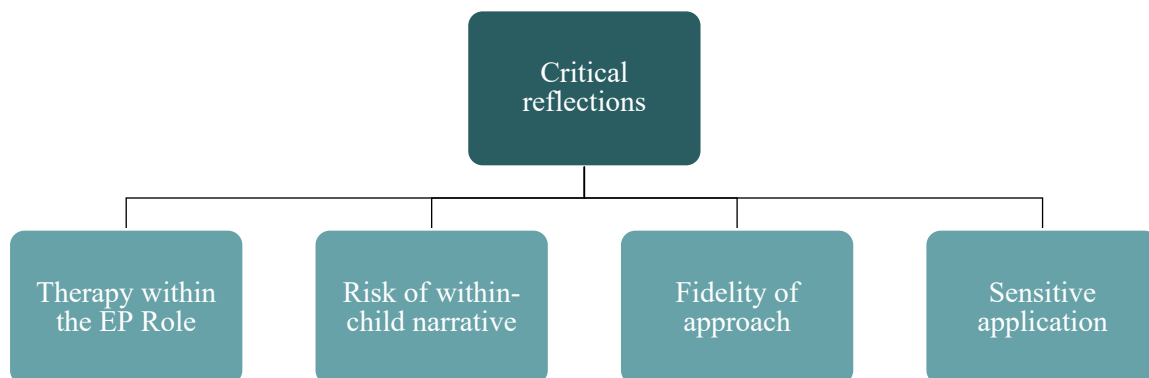
Therapy within the EP role

EPs shared their discomfort with the title 'therapy' and discussed the debate within educational psychology practice between using the terms 'therapy' and 'therapeutic' to describe their work. Participants emphasised the need to establish a shared understanding with stakeholders to manage their expectations as the term 'therapy' may imply longer-term individual work.

> EPS B (host): *'We need to be mindful that we're therapeutically trained, but we're not therapists, so always remember to have a safe boundary around what we are and aren't doing.'*

Therapy within the EP role was also discussed in relation to the current context of EP practice. EPs reflected on the potential barriers to engaging in work informed by CFT, including the priorities of schools within a traded model of service delivery and increasing levels of statutory work. EPs commented that the three systems model could inform their statutory work by '*link[ing] needs and provision'* (EPS A – graphic).

Risk of within-child narrative

The risk of reinforcing a within-child narrative was highlighted as a concern. EPs spoke about the need to remain mindful of this when using the approach, ensuring that attention is paid to the wider systems in a CYP's life. The ecological theory of Bronfenbrenner (1979) was referenced.

> *EPS A (host): 'There is a risk of it becoming within-child if we're not careful, all the threats might be all the things the child is doing, rather than the things that are happening to them in their life.'*

Fidelity of approach

EPs recognised that they would need to continue to develop their understanding of CFT to feel confident and competent in applying it to practice. Participants questioned whether they should integrate elements of CFT into their practice as they acknowledged that this may reduce the fidelity and integrity of CFT as it was originally designed and evaluated.

> *EPS B (host): '[An EP] brought around that balance of the integrity of CFT approach and not diluting it too much but also about us being able to use it flexibly that fits with educational psychology practice.'*

Sensitive application

The need for emotional and cultural sensitivity when applying CFT was noted by participants. EPs recognised that the construct 'compassion' holds various meanings, often influenced by cultural and societal factors. EPs acknowledged the potentially emotive conversations that may occur, particularly when discussing threats within someone's life. EPs said they would need to have established safe and trusting relationships to use CFT in practice, particularly in supervision, ensuring informed consent had been gained.

EPS A (host): 'Someone might not be ready to talk about their threat system and where they are at and it's about being mindful of that.'

3.3.4. *Theme four: Adaptations for educational psychology practice*

Subthemes within 'adaptations for educational psychology practice' were derived from codes that identified the ways in which EPs might adapt and tailor CFT to align with their practice (see Figure 17).

Figure 17: Thematic map for adaptations for educational psychology practice

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            ┌─────────────────────────┐
            │   Adaptations for       │
            │ educational psychology  │
            │      practice           │
            └─────────────────────────┘
                 │              │
    ┌────────────────────┐  ┌────────────────────┐
    │ 'Compassion-Focused│  │   Language use     │
    │     Approach'      │  │                    │
    └────────────────────┘  └────────────────────┘
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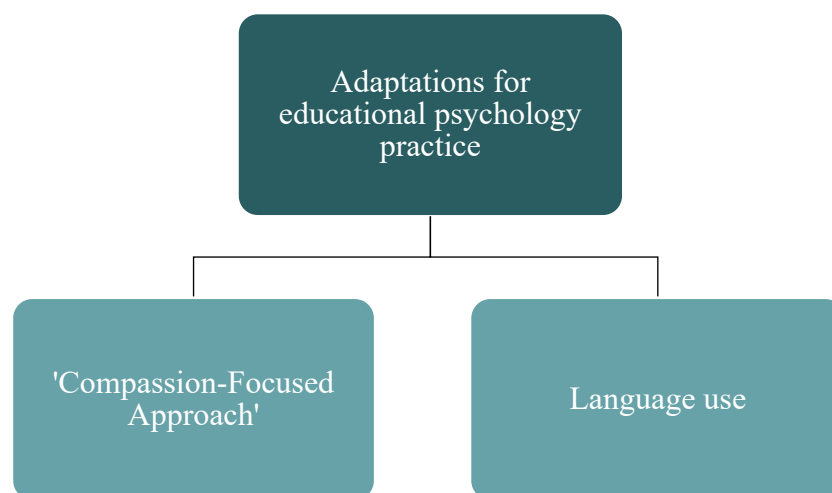
'Compassion-Focused Approach'

In response to the tension raised in using the word 'therapy', EPs considered defining the work differently. EPs spoke about using elements of the approach and suggested numerous names to reflect this. 'Compassion-Focused Approach' was the term proposed within both EPSs.

EPS B (host): 'We wondered about re-naming it for us, in terms of the word therapy, so whether it's compassion-focused approaches or practice, or principles or consultation or supervision'

Language use

EPs thought that the three systems model would be appropriate for secondary school-aged CYP. However, they thought that the model could be adapted to primary school-aged CYP by changing the language and creating characters for 'soothe', 'drive' and 'threat'. In addition, EPs were aware that they may need to modify some of the language within the approach to reflect their values. For example, some EPs wondered if they'd prefer to ask the question 'What's getting in the way?' rather than labelling the threat system or asking about values that underpin drive. Some EPs felt that it was important to remain solution-focused whilst drawing upon CFT.

EPS A (Graphic): 'Drive – reductionist? What about "values"?'

3.3.5. Summary of findings

The visual interpretation of the findings acknowledges the interactional nature of the analytical themes (Figure 18). By incorporating critical reflections and adaptations, CFT could complement educational psychology practice and contribute towards the overarching aim of fostering compassionate communities.

Figure 18: Visual representation of EPs' perspectives on Compassion-Focused Therapy in educational psychology practice

3.4.   **Discussion**

The present study aimed to explore how CFT might inform educational psychology practice from the perspectives of EPs. The findings will be discussed and contextualised within the wider literature in this section. The implications for practice and limitations will also be discussed.

Overall, the findings suggest that participants felt they could apply CFT in a flexible, integrative and adaptive way, labelled as 'Compassion-Focused Approaches' to align with their practice and values. Whilst CFT was considered as complementary to the various levels of existing practice, EPs carefully and critically considered their therapeutic role, highlighting the risks associated with role ambiguity and within-child narratives. By fostering understanding, empathy and action to alleviate suffering,

EPs felt that CFT has the potential to promote supportive, inclusive and compassionate educational environments. This is pertinent in the current educational context in England (Ball, 2016; Biesta, 2015), as competitive environments may inhibit compassionate action (Kirby et al., 2023b). EPs recognised the cultural influence on their understanding of compassion and highlighted the need to remain culturally sensitive in their practice. It is pertinent to acknowledge that this research project may present a culturally biased view towards compassion as a universally positive experience which is often based on Western psychological perspectives in the research (Chio et al., 2021; Kirby et al., 2021; Koopmann-Holm & Tsai, 2017).

3.4.1. *Fostering compassionate communities*

The findings illustrate the ways in which EPs perceive the potential for CFT to foster compassionate communities. This theme encompasses the perceived benefits of the approach which included increasing understanding and empathy, facilitating change and supporting wellbeing across the community that EPs work with. O'Toole and Simovska (2022) suggest that nurturing compassion in the education system can 'ensure all members of the school community feel seen, heard, valued, and cared for' (p. 131), emphasising the principle of inclusion within community psychology (Hick et al., 2009). CFT was considered as validating by EPs due to the focus on normalising human suffering and the emotions associated with this. EPs felt that the approach could foster a sense of belonging through its capacity to increase understanding and empathy for oneself and others (Cliffe & Solvason, 2023). Existing research supports this view, as CYP and school staff reported improved relationships with themselves and others following CFT interventions due to their increased understanding of their own and others' emotions (Mahon & Hevey, 2022; Maratos et al., 2019; Maratos et al., 2024; McFarlane, 2008).

The motivation and action to alleviate suffering, which is considered a distinct component of compassion (Strauss et al., 2016), was linked by EPs to their role as facilitators of change (Roffey,

2015). CFT was viewed by participants as an approach that could facilitate change on the individual level through increased understanding and action planning for CYP, but also systemically through supporting staff wellbeing and professional development. The systemic change was described by participants as a 'ripple effect' which could occur through a shift in language and perspectives derived from CFT. Similarly, the concept of change occurring through ripple effects is a core tenet of solution-focused practice (De Shazer, 1991). EPs recognised this could occur through various channels of their practice, such as consultation with education staff and parents/carers, supervision and training.

3.4.2. *Complementary to practice*

The findings suggest that CFT could complement existing practice, psychological theories and values within educational psychology, ultimately fostering compassionate communities. Participants felt that CFT aligned with relational, person-centred and strengths-based practices, which may imply that these are common underpinning values. Similarly, healthcare professionals' understanding of compassion was rooted in relationships and interactions, underpinned by their values (Marshman et al., 2024). Embedding relational approaches has been proposed to support SEW across the school community (Billington et al., 2022; Graham et al., 2016; Spilt et al., 2011). Despite this, it has been argued that relationships are overlooked in educative discourse and policy (Cliffe & Solvason, 2023). CFT offers an approach to understanding compassion in relation to individuals, schools and communities (Welford & Langmead, 2015), exploring the presence of threats and considering ways to cultivate soothe through compassion, connection and belonging.

EPs considered the three systems model a helpful and accessible framework that could be utilised within their consultations with CYP, staff and families to support a shared, collaborative and holistic understanding. Within educational psychology, frameworks have been conceptualised as a set of parts that sit or work together within a structure (MacKay et al., 2016) which can scaffold EPs' collaborative problem solving (Woolfson, 2016). EPs believed the model could strengthen adults' understanding and empathy for CYP, aligning with findings reported by Maratos et al. (2019) which

suggested that a CFT-based intervention helped staff to understand pupil behaviour through a lens of emotional regulation and compassion. Therefore, the three systems model could be used as a practice framework within educational psychology (Kelly, 2017), underpinned by CFT's theoretical framework which provides a structure to understand emotions and plan for interventions.

Training for staff, parental support and supervision were considered as ways to build capacity within school communities. EPs appeared to focus on supporting schools systemically, rather than delivering 1:1 or group therapeutic interventions based on CFT. Research suggests EPs are working in similar ways with other therapeutic approaches (Atkinson & Kenneally, 2021), such as CBT (Rutter & Atkinson, 2022) and Narrative Therapy (Bradbury, 2023), which may reflect the wider professional shift towards systemic practice (Farrell et al., 2006). As an example, EPs considered adding elements of CFT into training that they already deliver to Emotional Literacy Support Assistants (ELSAs). The ELSA programme was designed to support the SEW of CYP through combining psychological theory with practical guidance (Burton, 2008) and research has suggested a positive impact on both CYP and the ELSAs who deliver the intervention (Krause et al., 2020; Purcell & Kelly, 2023). Therefore, CFT may offer an additional framework for EPs to utilise in their work supporting emotional literacy knowledge and skills in education.

EPs discussed how CFT could inform supervision for school staff and EP colleagues to support supervisees' professional development and emotional wellbeing, ensuring action is accompanied with empathy. This aligns with the supportive and educative aspects of the core functions of supervision proposed by Hawkins and Shohet (2012). Although research exploring CFT in supervision is limited, a compassionate approach to supervision could foster a safe space for learning (Lundgren & Osika, 2021) to manage potential feelings of shame (Bell et al., 2017). Supervision may provide opportunities to develop self-compassion to mitigate emotional burnout (Beaumont et al., 2016; Vance, 2020), which can be prevalent in helping professions such as teaching (Ferguson, 2022; Jennings & Min, 2023) and educational psychology (Watson, 2023). However, literature indicates that school staff's access to supervision can be limited (Dunsmuir et al., 2015) and equal consideration

must be given to systems that contribute towards stress (Ferguson, 2022). As such, EPs suggested providing supervision underpinned by CFT to headteachers to support compassionate leadership in schools (Harris & Jones, 2023; Jimerson et al., 2024; Riley, 2022).

3.4.3. *Critical reflection and adaptations for practice*

Several ethical implications were raised concerning the use of therapeutic approaches in educational psychology practice, which can be connected to the British Psychological Society (2021) Code of Ethics and Conduct. To demonstrate the ethical principle of respect, participants highlighted the risk that CFT could reinforce a within-child narrative. Similarly, the shift towards therapeutic ethos in schools has been criticised for expecting solutions to occur at the individual level, obscuring the impact of systemic factors such as socioeconomic status, discrimination and academic pressure (Billington et al., 2022; Foulkes & Stringaris, 2023). EPs approached CFT with caution and criticality, positioning their therapeutic practice within an ecological perspective that accounts for the systemic factors which often underpin and cause distress (Dunsmuir & Hardy, 2016; Foulkes & Stringaris, 2023).

Participants shared their apprehension about describing their work as therapy which may imply longer-term individual work. As such, EPs questioned whether it was appropriate to draw upon elements of CFT to inform their practice without ensuring fidelity to the approach as a distinct therapy. EPs suggested using the term 'Compassion-Focused Approaches' to describe this integrative and flexible application of CFT. Similarly, the terms 'cognitive behavioural psychology' (Squires, 2010, p. 280) and 'narrative practice' (Bradbury, 2023, p. 120) have been used to encapsulate the translation of therapy models into applied educational psychology practice. This would ensure the EP therapeutic role is communicated clearly, whilst working within the limits of competence (British Psychological Society, 2021; Dunsmuir & Hardy, 2016; Hammond & Palmer, 2021).

3.4.4. *Strengths and limitations*

Participation in this research project offered potential developmental benefits to each EPS through both CPD and WC sessions to explore CFT and its implications for Educational Psychology practice. The research exposed participating EPs to a relatively new therapeutic approach which may inform their practice in the future. In addition, the WC approach facilitated dialogue and mutual learning, providing opportunities for participants to engage with and benefit from collective knowledge production (Löhr et al., 2020). In contrast to alternative methods which adopt question-and-answer format, such as focus groups, the WC encouraged the cross-pollination of diverse perspectives and experiences within multiple group discussions.

The data were derived from participants working within two local authority EPSs within a single geographical region in England. As such, the findings may not adequately reflect EP perspectives more widely, within different services and contexts. In addition, the WC events were held separately due to time constraints and pragmatics of conducting WC events in two services. Participants may have shared common values and professional norms with their services, which is likely to have influenced the current findings. Therefore, the diversity of perspectives and rich dialogue may have been enhanced if the WC events could have been held together with the two participating EPSs.

The 90-minute CPD sessions aimed to provide an overview of CFT, ensuring participants had foundational knowledge to engage with the questions in the WC. Due to time constraints, the CPD session was an introduction to CFT, highlighting key concepts, theoretical underpinnings, research and potential relevance to educational psychology practice. Participants relied on the information presented in the CPD session to inform their discussions, which must be acknowledged as a potential limitation. In addition, the data generated from the WC relied on self-recorded responses and host summaries which inherently lacked the detail and conversational data afforded by alternative qualitative methods. For example, it was not possible to ask follow-up questions for further clarity or detail which may have potentially enhanced the knowledge produced and depth of understanding.

3.4.5. *Implications for educational psychology*

This research project contributes towards the overall understanding of therapeutic approaches in educational psychology practice, providing new insights into how CFT might be applied. The findings suggest that EPs can apply their psychological knowledge and skills to utilise therapeutic approaches within an ethical and values base. As EPs discussed their role in facilitating systemic change, this research suggests that EPs aim to work preventatively to support the mental health and wellbeing of school communities. This is pertinent in the current context, with the increased focus on supporting mental health and wellbeing in schools (Department for Education & Department of Health, 2017) and lack of availability and funding within public services (Ellins et al., 2021; England & Mughal, 2019). However, participants recognised the potential tensions within the current context of EP practice, including schools' priorities when services are traded (Lee & Woods, 2017) and increased statutory demands (Atfield et al., 2023).

While this research proposes that EPs could utilise CFT in practice across various areas of their work, EPs should feel competent in their knowledge and skills to apply CFT to ensure ethical practice, seeking further CPD or training if appropriate (Dunsmuir & Hardy, 2016). Further research into the implementation and evaluation of CFT in educational psychology practice would be beneficial, drawing upon suggested strategies proposed in this research project, such as consultation, supervision or training. For example, research could compare experiences of supervision underpinned by a CFT approach with other models of supervision. Building on EPs insights, future research should prioritise the views of various stakeholders within school communities to contribute towards a holistic understanding and the potential impact of CFT.

The conclusions in this research project imply that CFT could foster compassionate communities based on increased understanding, empathy and compassion to nurture connection and belonging, which can be considered as relational practice (Billington et al., 2022). Along with research for

clinical-based interventions (Beaumont et al., 2012; Irons & Lad, 2017; Lawrence & Lee, 2014), emerging literature has provided conceptual links between CFT and trauma-informed practice in schools (Culshaw & Bodfield, 2024; Jennings & Min, 2023; O'Toole & Simovska, 2022), underpinned by positive relationships, safety and belonging. Culshaw and Bodfield (2024) suggest the potential for CFT to shift school staff from empathy-based stress to skilled compassion to support trauma-informed practice (Jennings & Min, 2023; Rauvola et al., 2019). Based on this, CFT could contribute towards trauma-informed work by EPs, which would also benefit from further research.

3.5. Conclusion

This research explored EPs' perspectives on the potential use of Compassion-Focused Therapy in educational psychology practice. The project utilised a WC approach to foster rich, diverse and collaborative dialogue among participants. The findings suggest that participants considered CFT complementary to their practice, aligning with various existing psychological theories and values that they hold. Although EPs recognised that CFT could be used directly with CYP, they discussed the application of this approach systemically to foster compassionate communities built on empathy, understanding and action to alleviate suffering. Participants positioned their therapeutic role within an ethical and values base, considering the potential risks of reinforcing within-child discourses. The term 'Compassion-Focused Approach' was proposed by participants to describe the potential integrative and flexible application of CFT, aligning with their values. These findings contribute towards the literature of CFT in education, specifically focusing on educational psychology practice and intend to provide the foundation for further exploration in research and practice.

Chapter 4: Reflexive synthesis

4.1 Introduction

This chapter will provide a reflexive account of the professional and academic research journey, exploring how this experience has shaped me as a practitioner and a researcher. Personal, functional and disciplinary reflexivity have been demonstrated (Attia & Edge, 2017; Whitaker & Atkinson, 2019; Wilkinson, 1988), highlighting the potential influence on the research decisions and knowledge produced. Reflections on the research process and acquired research skills are presented throughout. To conclude, the plan for dissemination is provided.

4.2 Reflexivity

Reflexivity is considered a process of continual internal dialogue and critical self-evaluation of the researcher's positionality (Berger, 2015; Braun et al., 2023), recognising how the researcher shapes and is shaped by the research (Attia & Edge, 2017). Whitaker and Atkinson (2019) argue that the act of research inevitably shapes and influences the phenomenon being explored and reflexivity should go beyond the personal reflections of the researcher. Therefore, this section will explore the personal, functional and disciplinary forms of reflexivity, acknowledging the role of the researcher, the discipline influence and methodological implications (Attia & Edge, 2017; Whitaker & Atkinson, 2019; Wilkinson, 1988).

4.2.1   Personal reflexivity

Personal reflexivity refers to the researcher's existing knowledge, values, experiences and assumptions, all of which may influence the research process (Braun et al., 2023; Dwyer & Buckle, 2009; Wilkinson, 1988). I have entered the educational psychology profession with the belief that

compassionate attributes, skills and experiences can support positive change based on my personal and professional experiences. Prior to commencing this research project, I had positive experiences drawing upon Compassion-Focused Therapy (CFT) within professional therapeutic practice and to support my own wellbeing. While this familiarity offered valuable insights, I acknowledged the potential influence this could have on the research direction and interpretation of findings. Discussions with my supervisor maintained critical thinking by actively challenging my assumptions, promoting a balanced approach to the research. Similarly, engagement with professional supervision as a Trainee EP has provided the frequent opportunity for reflection and challenge in decision-making processes, which is something hugely valuable in my practice as an EP.

Within this research I considered myself a partial insider (Chavez, 2008), occupying the space in between insider and outsider position (Dwyer & Buckle, 2009). As a Trainee Educational Psychologist (TEP), I occupied the same professional field as the participants with potential shared characteristics and values. However, the World Café (WC) method positions the researcher as a discrete observer (Löhr et al., 2020) which created a sense of detachment from the conversations. The position of a partial insider has ethical complexities (Dwyer & Buckle, 2009).

To ensure transparency, I outlined my role as the facilitator at the start of each WC, which involved setting up the environment, managing the timing of discussions and facilitating table rotation. I explained that I would not be participating in any of the discussions, but that I was available to answer any questions participants had on the focus topic (CFT) or on the process (the WC). An aspect of my role as facilitator was to carefully design questions for each table to discuss. This guided participants' discussions, reflecting the inherent influence of the methodology on the research process and knowledge produced, also known as functional reflexivity (Wilkinson, 1988).

4.2.2   *Functional reflexivity*

Functional reflexivity considers how the methods used in research influence the knowledge produced (Wilkinson, 1988). As detailed reflections and considerations of the methodology have been provided in Chapter 2, this section will focus on my retrospective reflections on the systematic literature review (SLR) and empirical project methodology. The ability for a mixed method SLR to explore effectiveness and experiences has been suggested to enhance the meaningfulness of findings, reflecting the 'how' and 'why' behind the 'what' (Lizarondo et al., 2022). However, the process of conducting a mixed method SLR remains complex, particularly the integration of quantitative and qualitative data. I found this an iterative process, which involved skills in critical appraisal and synthesis. As a novice researcher, I found the article by Lizarondo et al. (2022) helpful in ensuring I had warranted and had justification for key decisions as it outlines the common difficulties when conducting mixed method SLR, for example, ensuring the data integration process was transparent (Lizarondo et al., 2022). Understanding the potential issues surrounding mixed method SLRs has supported my ability to critically evaluate research and apply it in practice.

The WC method was chosen as it aligned with the empirical research aim to foster rich and collaborative dialogue among participants (Brown & Isaacs, 2005), promoting diverse perspectives and critical reflection (Löhr et al., 2020). The data collected in this research project relied on self-recorded responses and host summaries which inherently lacked the detail afforded by alternative qualitative methods. For example, it was not possible to ask follow-up questions for further clarity or detail which may have potentially enhanced the knowledge produced and depth of understanding. While recording the WC conversations could have supported the data's richness (Löhr et al., 2020) and the method's rigour (Schiele et al., 2022), I thought this might conflict with the nature and aims of the method. For example, to record and transcribe all conversations accurately, participants would have been required to hold the dictaphone while speaking and the environment would need to afford highly dispersed seating. Monforte et al. (2023) argue that it is important to remain authentic to the

WC approach by prioritising genuine conversations over strict procedures and protocol. Engaging in this research has prompted me to consider the tension between balancing rigour and authenticity in research, which may mirror the balance between practice-based evidence and evidence-based practice (Fox, 2011).

The WC approach relies on the table hosts to guide the conversation, encourage participation and summarise discussions. In previous research that employed a WC method, hosts were provided with training prior to the session to support their role (Kitzie et al., 2020). As the participants were EPs, I considered their existing knowledge and skills in discursive strategies (Nolan & Moreland, 2014) to be sufficient without pre-session training. Reflecting on this decision, I felt that EPs were well equipped to utilise their consultation skills to facilitate discussions. However, a short introductory session with volunteer hosts may have been helpful to provide them with an overview of the process and outline of their role to prepare them and put them at ease.

Facilitating a WC has been transformative for my professional development. The process has highlighted my ability to tolerate uncertainty, which is often mirrored in EP practice. While the overall framework and discussion prompts for the WC were pre-planned, the dialogue among participants emerged organically, allowing for unexpected insights and connections. I was inspired by the creative ways EPs considered using CFT in practice and critical reflections that I had not previously considered. I am reminded of experiences in consultation where a level of uncertainty can foster the space for co-constructed and collaborative discussions to occur.

As a researcher, the joy of facilitating the WC came from the focus on participant wellbeing and I believe this aspect should not be understated in its contribution to the research endeavour and knowledge produced. This has direct implications for educational psychology practice and has reaffirmed the importance of prioritising the wellbeing and comfort of those we work with. By fostering safe spaces for rich and meaningful dialogue to occur, it is hoped that individuals feel empowered to share their experiences and perspectives freely. The WC reflects an approach that is

participant-centred and participatory in nature; this aligns with my values of collaboration, empowerment and respect as a TEP. This experience has solidified my commitment to values-based practice and actively seeking opportunities to replicate spaces that hold the principles of the WC. In addition, I plan to incorporate WCs in future projects where appropriate, furthering my commitment to participant-centred research and practice.

4.2.3   Disciplinary reflexivity

Disciplines set the possibilities for research: considering what is worth studying and how to identify it (Whitaker & Atkinson, 2019). As this research is grounded within the discipline of educational psychology, it is pertinent to consider how the profession's evolving and multifaceted role identity has shaped the research project and researcher. Therapeutic approaches appear to have re-emerged in EP practice (Atkinson & Kenneally, 2021; Bradbury, 2023; Gillard et al., 2018; Rutter & Atkinson, 2022; Simpson & Atkinson, 2021), aligning with the increased focus on mental health and wellbeing in schools. This, along with my previous experience, led me to undertake this research project which explores the use of CFT in education. Although I have warranted the rationale for the research project, I have been challenged to reflect on the dominant discourses surrounding mental health and the implications for both research and the future of educational psychology practice.

The individualistic nature of therapy has been criticised for locating mental health issues solely within the individual, neglecting wider contextual factors (Billington et al., 2022; Foulkes & Stringaris, 2023). The tension I felt between this individualistic approach and the wider contextual factors became prominent during the SLR (see Chapter 1). Many of the identified interventions aimed to cultivate compassion, often termed 'Compassionate Mind Training' (Gilbert & Procter, 2006), implying that individuals' compassion skills can be trained. I wondered if this conflicted with the professional shift in educational psychology towards holistic, systemic and ecological frameworks (Farrell et al., 2006), which was highlighted in the empirical project findings. On reflection, I was

reminded of the theoretical underpinnings of CFT, proposing compassion as a multi-directional process (Jazaieri et al., 2013; Kirby et al., 2021) where suffering is recognised within oneself, others and the system itself (Gilbert, 2010). This aligns with an ecological view of education (Kirby, 2017; Lavelle et al., 2017; Welford & Langmead, 2015) and community psychology (Hick et al., 2009), which acknowledges the interconnectedness of pupils, school staff, learning environment and contextual factors.

The empirical research project is rooted within the current disciplinary context of educational psychology practice. The most recent government workforce review for EPs (Atfield et al., 2023) and emerging research from a doctoral thesis recognises the occupational stress EPs are currently facing (Watson, 2023). An aspect of the empirical research findings suggests that EPs considered CFT a supportive framework to nurture their own wellbeing within supervision. This finding has resonated with me as a TEP approaching the start of my career as an EP. Given these pressures, I will actively seek to implement strategies to support my own wellbeing within professional and peer supervision throughout my career.

4.3 Implications for wider educational psychology practice

This exploratory study can act as a springboard for conversations in educational psychology practice and initiate further research to gain a richer understanding of CFT as an approach to foster compassionate school communities. Moving forward, I encourage EPs to consider utilising CFT in practice with careful planning, implementation and evaluation, whilst giving consideration to the issues raised in this research project. Exploring the use of CFT in educational psychology practice could have wider implications for school communities: supporting the wellbeing of CYP, school staff, parents/carers and other professionals.

While the empirical research focused on EPs' perceptions of CFT, it has broader implications for the understanding and conceptualisation of the EP therapeutic role. The empirical findings align with previous research which suggests that EPs integrate therapeutic approaches flexibly within their practice through consultations, training and supervision. A recent SLR has provided valuable insight into the use of therapeutic interventions in EP practice (Simpson & Atkinson, 2021). Therefore, it may be helpful for future research to synthesise the understanding and conceptualisation of the wider EP therapeutic role and practice across various therapeutic domains.

4.4 Final reflections

This chapter has explored the presence of reflexivity throughout the research process and considered the influence of undertaking this research on my practice. Whilst this process has been challenging, it has also been highly rewarding and has shaped how I understand myself personally and professionally. To sustain the research skills acquired, I will maintain engagement with current research and seek opportunities to contribute to the research base. I intend to publish the SLR and empirical research in academic research journals and offer presentations to the EP services that participated, sharing the findings and implications for practice. It is hoped that this dissemination will support awareness and understanding of the potential of CFT to inform educational psychology practice.

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Appendices

Appendix A: Included studies intervention content and exercises

Author(s) (year)	Psycho-education	Soothing Rhythm Breathing	Mindfulness	Compassionate self	Compassion imagery	Compassionate facial expressions and listening	Fears, blocks and barriers	Self-criticism	Compassionate letter writing	Compassionate behaviour
O'Driscoll and McAleese (2022)	✓	✓	X	✓	✓	✓	✓	✓	X	X
Mahon and Hevey (2022)	✓	✓	✓	✓	✓	X	X	✓	X	X
McFarlane (2008)	✓	?	✓	✓	✓	X	X	✓	✓	?
Matos et al. (2022b)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matos et al. (2022a)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maratos et al. (2019)	✓	✓	X	✓	✓	X	✓	✓	X	X

Appendix B: Analytical themes, descriptive themes and codes from thematic synthesis

Analytical theme	Descriptive themes	Codes	Author(s) (date)		
			Mahon and Hevey (2022)	McFarlane (2008)	Maratos et al. (2019)
Increased Emotional Literacy	Insight and labelling emotions	Identify comparison with body ideal = threat Insight into feelings Knowing self better (what you feel/what you need) Soothe Acknowledge emotion Allow us to look inwardly Paying attention to our emotional state Framework to look after emotions Understanding emotional responses (neuroscience/brain) Use of CFT language More able to label emotional experience Reflecting on past	✓	✓	✓
	Balance/ regulation of emotions	Calmer at home Effort required to rebalance emotions Balance three systems Practice soothe to cancel out threat/drive Increase knowledge about how to move from emotional states Easier to think about emotions rather than blocking them out 'I just seem in the middle' Necessity of looking after emotions Managing emotions through learnt strategies Managing emotions through learnt knowledge Managing anger (CYP) More control (by expressing emotions) Sharing emotions with others (link to connection)	✓	✓	✓
	Strategies to manage emotions	Breathing practices Compassionate letter writing Compassionate other Imagery Mindfulness	✓	✓	✓

Relationship with self	Self-acceptance	Mistakes 'not my fault' Body acceptance 'Don't beat myself up' Forgive self for mistakes Less pressure to be perfect	✓	✓	✓
	Noticing and challenging self-criticism	Blame self for mistakes Impact of self-criticism Putting self down Not the truth Felt that no one liked me Externalise bully Reducing self-criticism	✓	✓	X
	Difficulty challenging self-criticism	Want to blame self for mistakes, not other people 'Can't change my point of view' Guilty for looking after own needs 'Man up'	X	✓	✓
	Compassionate self-talk	Change way talk to self Talk to self as you would a friend Nurturing Think more about self Understand how to relate to self compassionately Importance of self-compassion Self-efficacy Compassion fatigue Self-compassion as protection from threat Change in the way they feel about self Use of 'compassionate other' to think of strengths 'Don't hate myself' Liking self more Help self feel better	✓	✓	✓
Improved relationship with others	Compassion for others	Compassion to others Listen to others Respond to others distress Understanding others emotions/behaviour	X	✓	✓

	Managing conflict	CFT techniques help manage conflict Managing conflict Resilience Responding to comments from others Stand up for self	X	✓	✓
	Improved relationships	Less frustrated at others Positive relationships with colleagues and pupils Family relationships improved Let other people help Respond to support from colleagues Seek support from others Support others	X	✓	✓
	Being part of a group	Change from the group due to connection Positive group atmosphere Hearing other people's difficulties Not alone/sharing same problem/relating to others Hearing other people's perspectives	✓	✓	X
Felt impact	Emotional and behavioural	Increase focus on work Easier to do things Less trouble in school Reduce sadness Less worried Problems 'less of a big deal' Reduction in self-harm Calmer Increased confidence Feeling different Happier Focus on own wellbeing Freer Feeling good about self Feeling better overall	X	✓	✓
	Impact of change	Significance of change Impact on future Longer term impact	✓	✓	✓

		No impact Difficult to pinpoint change			
School context	Acceptability	Ambiguity of group purpose Stigma of being part of a group Not covered in school curriculum Missing lessons Content helpful/useful/interesting Content boring/not interesting	✓	✓	✓
	Workload	Overwhelmed Work-related stress Coursework	X	✓	✓
	"Blame culture"	Afraid to make mistakes Judgement from others Lack of trust Conflict with others	✓	✓	✓

Appendix C: Integration of quantitative and qualitative findings

Joanna Briggs Institute questions to integrate mixed-method SLR (Stern et al., 2021).	Notes made by researcher to inform discussion

Are the results/findings from individual syntheses supportive or contradictory?	• Both syntheses indicate that staff and pupils' self-compassion increased following the CFT interventions.
	• Participants did not report significant improvements on measures of their self-criticism, which is partially supported by qualitative findings.
	• Quantitative findings indicated that staff were more likely to show compassion towards others but were less likely to accept compassion shown to them from others.
	• Contradictory to the quantitative findings, both staff and pupils said they were more likely to accept support from others, which contributed towards their perceived improved relationships.
	• Both syntheses suggest CFT interventions may support emotional wellbeing
	   ○ Qualitatively, participants commented on the overall impact upon their emotions and behaviour, increased emotional literacy and improved relationship with self.
	   ○ Quantitatively, significant findings were reported on measures of anxiety, test anxiety, stress, low mood, social comparison, submissive behaviour and body appreciation.
	• Staff and pupils commented on the negative impact of their school environment on their wellbeing, which was supported by a quantitative measure of staff's satisfaction with professional life. Furthermore, staff reported no difference in their perception of 'threat' in the school environment, but the presence of soothe and drive significantly increased following the intervention.

Does the qualitative evidence explain why the intervention is or is not effective?	• Qualitative findings highlight areas of the intervention that participants found helpful, including psychoeducation and skills to managing their emotions. • Pupils attributed their increased sense of compassion towards themselves and others to the process of sharing and listening to problems within the group. Comparatively, staff attributed their improved relationships with colleagues and pupils to their increased knowledge and understanding of the potential reasons for others behaviour which is underpinned by emotions. • Pupils commented on their positive experience of sharing their problems within the group and being reassured that other people felt the same – this may contribute towards the reported effectiveness of the interventions
Does the qualitative evidence help explain differences in the direction and size of effect across the included	• O'Driscoll and McAleese (2022) suggested that their significant findings could be attributed to the voluntary nature of the intervention which was marketed to help with test anxiety. • Some pupils commented that they were not clear on the purpose of the intervention (Mahon & Hevey, 2022) and they were concerned about peer judgement, particularly about attending a group marketed to help with 'self-esteem' (McFarlane, 2008) • Some pupils said they felt that the intervention had no impact upon their wellbeing.

quantitative studies?	• These factors may help explain the quantitative evidence in some of the studies with pupils (Mahon & Hevey, 2022; McFarlane, 2008)
Which aspects of the quantitative evidence are or are not explored in the qualitative studies (and vice versa)?	• Although aspects of the school context, including emotional climate and satisfaction with professional life, were measured quantitatively with staff, this was not measured with pupils. • Pupils also commented on their increased understanding and compassion towards others and from others, reduction of self-harm behaviours, increase ability to focus, reduction in anger and getting into trouble in school less, all of which were not captured by quantitative measures

Appendix D: Content of continuous professional development sessions

Appendix E: Information sheets provided to participants (redacted for anonymity)

Newcastle University

How might Compassion Focused Therapy inform EP practice?

You are invited to take part in a research study: 'How might Compassion Focused Therapy inform Educational Psychology practice?'

Purpose of Research

The purpose of this study is to explore how Compassion Focused Therapy may inform Educational Psychology practice.

Compassion Focused Therapy (CFT) was developed by Professor Paul Gilbert, a Clinical Psychologist. CFT is a therapeutic approach that aims to help people to work with experiences of inner warmth, safeness and soothing via compassion and self-compassion.

Why have you been contacted?

You have been invited to take part in this study because you are a practicing Educational Psychologist, working in an Educational Psychology Service (EPS) in the UK.

As part of your CPD time within the Educational Psychology Service, the researcher will be providing a 90 minute session on Compassion Focused Therapy. This will mimic a training session, which includes a presentation on the theory and applications of CFT, small group discussions and activities from CFT (see Appendix for CFT activity information)

What does participation involve?

You have the choice whether you would like to attend the World Cafe session, where the data collection will take place. If you attend the CPD session, it does not mean you have to attend the World Cafe session.

If you consent to participate, you will be asked to attend a 'World Cafe' session which involves multiple small group discussions about how Compassion Focused Therapy might inform Educational Psychology practice (see World Cafe information sheet).

Dates Agreed with your EPS

CPD session: Tuesday 19th September 2023 13:00-14:30 during the Whole Service Day

World Cafe session: Tuesday 3rd October 10.30-12:00 during

Contact Details

The study is being conducted by Laura Kimber, a Trainee Educational Psychologist within the School of Education, Communication & Language Sciences at Newcastle University (email: l.m.kimber2@newcastle.ac.uk)

The research is being supervised by Dr Fiona Boyd, Academic and Professional Tutor (email: fiona.boyd@newcastle.ac.uk)

Consent

You are free to decide whether or not to participate. Your attendance at the CPD event is not contingent on agreement to the World Café event.

Right to Withdraw

You are free to withdraw at any time without any negative consequences. Due to the co-constructed nature of the data, you will only have the right to withdraw your data until the end of the World Café session. You will have 1 week to add additional information to the data to provide further clarity.

Newcastle University

World Cafe Participatory Research

You are invited to take part in a research study: 'How might Compassion Focused Therapy inform Educational Psychology practice?'

Description

The World Cafe is a conversational process, intended to facilitate open and exploitative conversations.

The word 'World' is used to signify the movement around tables, so that all participants 'visit' each table to engage in discussion.

The 'Cafe' element is to represent the informal nature of the format and setting.

How long will it last?

The World Cafe process is 90 minutes, which includes time for the researcher to introduce the session.

Setting

The format of a World Cafe aims to feel inviting and mimics a cafe atmosphere, including:
- small tables covered with table cloth
- snacks and drinks available
- background music

Structure

1. Introduction from Researcher
2. Whole group discussion to create 'group contract'
3. Volunteers for 'hosts' are assigned to each table
4. Multiple rounds of discussions (lasting approximately 20 minutes per table)
5. Final reflection of key points from each host

What will I be asked to do?

There will be multiple tables to host small group discussions (between 4-6 people). Each table will have a focus question to prompt your conversation. Once the discussion has reached the time limit (approximately 20 minutes), you will be asked to move to another table.

All participants hold responsibility to record key points from their discussions on a large piece of paper on the table. This can be done through words or drawings.

Due to the nature of group discussions, there is limited internal confidentiality. To mitigate this, the whole group will be invited to collaboratively create a 'group contract' at the beginning of the session, where group expectations and clear boundaries are set.

Roles

The 'Hosts'
One participant per table will be asked to volunteer to be the 'host', who will remain on the same table throughout the session. The 'host' will welcome participants who join the table and summarise the previous conversation for them.

As a host, you will be asked to record your verbal summaries on a University approved dictaphone. These recordings will be transcribed, along with the written notes from the session.

The 'Ambassadors'
The rest of the participants are 'ambassadors', who carry ideas, themes and questions from previous table conversations into their new table.

Data Analysis

The written notes and voice recordings of the hosts summaries will be used in the data analysis.

Annoymity

Data from the World Café session will be collected anonymously, and no records of contact will be linked to you as an individual or to the EPS you are employed in. Any identifiable information will be redacted during transcription and pseudonyms used when necessary.

Data Storage

All identifying and non-identifying information will be stored on the university OneDrive which is password and 2-step verification secured. Additional back-ups will be made on a password protected hard drive to ensure data is not lost.

Appendix F: Participant consent sheet

Newcastle University, School of Education, Communication & Language Sciences

Participant Consent Sheet

You are invited to take part in a research study entitled: *'How might Compassion-Focused Therapy inform Educational Psychology practice?'*

The study is conducted by Laura Kimber, a Trainee Educational Psychologist within the School of Education, Communication & Language Sciences. The research is being supervised by Dr Fiona Boyd (Academic and Professional Tutor). This study has been reviewed and approved by the School of Education, Communication & Language Sciences Ethics Committee at Newcastle University.
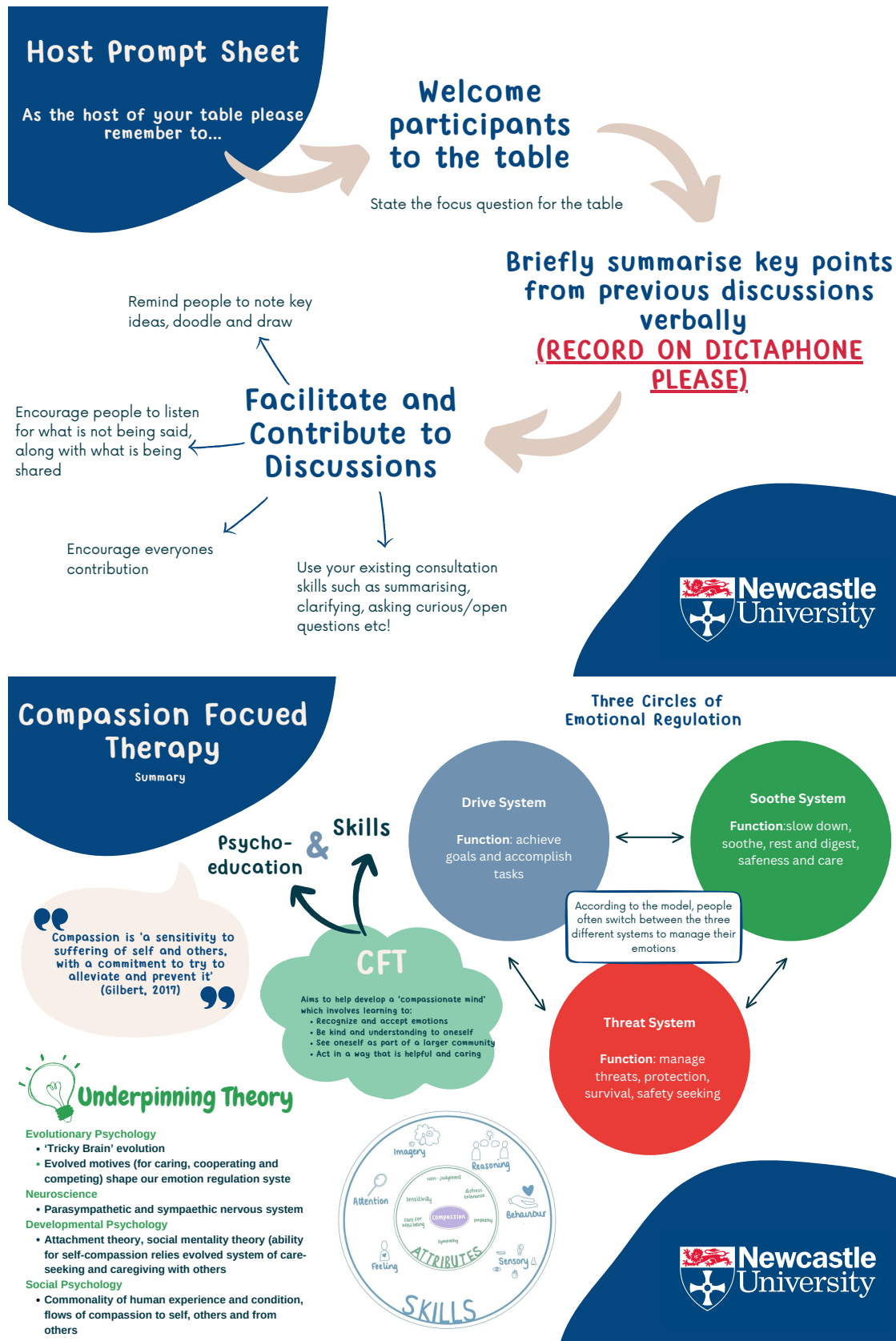
Please read the supporting information documents carefully and ask any questions you may have before agreeing to take part in the study.

Once research has been completed, you will also be given a full copy of the research paper that I will produce. If you have any questions, requests or concerns regarding this research, please contact me via email at l.m.kimber2@newcastle.ac.uk or my research supervisor at fiona.boyd@newcastle.ac.uk

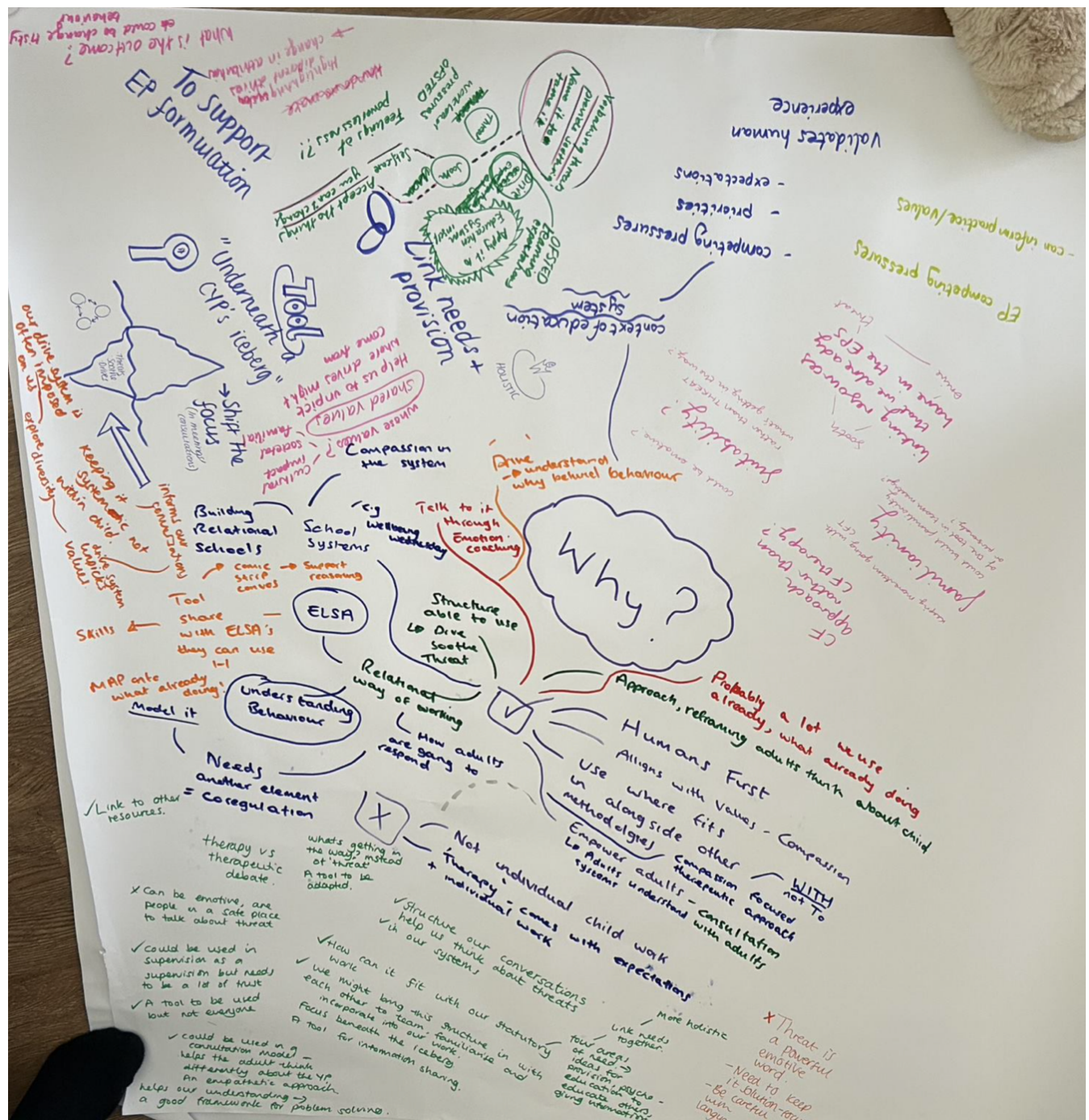|	*Please tick the boxes to confirm consent*
I confirm that I have read the information sheet for the above study, I have had the opportunity to consider the information, ask questions and I have had any questions answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I understand that due to the co-constructed nature of the data, I can withdraw my data up until the end of the World Café session and that I have 1 week to add additional clarifying information to the data.	
I understand that written notes and audio recordings will be used in the data analysis. I consent to being audio recorded and understand that the recordings will be used for research purposes only, destroyed immediately after transcription and transcriptions will be stored on the University OneDrive, which is protected by a password and 2-step verification.	
I understand that the research data may be published	
I agree to take part in this research project.	

Participant Name:	Signature:	Date:
Any additional needs that may impact on your ability to engage in the research:		
There will be drinks and food available at the World Café session. Please state any dietary requirements (including allergies):		

Appendix G: Prompt sheets provided during the World Café

Host Prompt Sheet

As the host of your table please remember to...

Welcome participants to the table

State the focus question for the table

Briefly summarise key points from previous discussions verbally (RECORD ON DICTAPHONE PLEASE)

Remind people to note key ideas, doodle and draw

Facilitate and Contribute to Discussions

Encourage people to listen for what is not being said, along with what is being shared

Encourage everyones contribution

Use your existing consultation skills such as summarising, clarifying, asking curious/open questions etc!

Newcastle University

Compassion Focused Therapy

Summary

Psycho-education & Skills

Compassion is 'a sensitivity to suffering of self and others, with a commitment to try to alleviate and prevent it' (Gilbert, 2017)

CFT
Aims to help develop a 'compassionate mind' which involves learning to:
• Recognize and accept emotions
• Be kind and understanding to oneself
• See oneself as part of a larger community
• Act in a way that is helpful and caring

Three Circles of Emotional Regulation

Drive System
Function: achieve goals and accomplish tasks

Soothe System
Function: slow down, soothe, rest and digest, safeness and care

According to the model, people often switch between the three different systems to manage their emotions

Threat System
Function: manage threats, protection, survival, safety seeking

Underpinning Theory

Evolutionary Psychology
• 'Tricky Brain' evolution
• Evolved motives (for caring, cooperating and competing) shape our emotion regulation syste

Neuroscience
• Parasympathetic and sympaethic nervous system

Developmental Psychology
• Attachment theory, social mentality theory (ability for self-compassion relies evolved system of care-seeking and caregiving with others

Social Psychology
• Commonality of human experience and condition, flows of compassion to self, others and from others

Imagery Reasoning
Attention non-judgement distress tolerance Behaviour
sensitivity care for wellbeing compassion empathy
Feeling sympathy Sensory
ATTRIBUTES
SKILLS

Newcastle University

Appendix H: Example of participants record of discussion during the World Café

(Handwritten mind-map poster, photographed)

Key legible handwritten notes include:

- What is the outcome? of come to change history
- To support EP formulation
- "Underneath a CYP's iceberg" → Shift the focus (in meaning/articulation)
- Feelings of powerlessness?
- Link needs + provision
- HOLISTIC
- context of education system
- Compassion in the system
- Drive → understand why behind behaviour
- Why?
- Building Relational Schools
- School Systems
- Talk to it through Emotion Coaching
- ELSA — Tool share with ELSA's they can use 1-1
- Structure able to use to Dive Soothe Threat
- Understanding Behaviour
- Relational way of working
- How adults are going to respond
- Needs = Coregulation — another element
- Link to other resources
- Model it
- MAP onto what already doing
- Skills
- Humans First
- Aligns with Values — Compassion
- Use where fits in alongside other method(ologies)
- Empower adults to Adults understand with adults
- therapeutic approach — Consultation with adults
- WITH not To
- Probably a lot we use already, what already doing
- Approach, reframing adults think about child
- Validates human experience
- competing pressures – expectations – priorities
- Can inform practice/values
- EP competing pressures
- Threat is a powerful emotive word. – Need to keep it button-focus – Be careful with language
- therapy vs therapeutic debate
- X Can be emotive, are people in a safe place to talk about threat
- ✓ could be used in supervision as a supervision but needs to be a lot of trust
- ✓ A tool to be used but not everyone
- ✓ could be used in a consultation model – helps the adult think differently about the YP. An empathetic approach helps our understanding → a good framework for problem solving.
- whats getting in the way? instead of 'threat'. A tool to be adapted.
- ✓ Structure our conversations help us think about threats
- ✓ How can it fit with our statutory work we might bring this structure in with each other to team familiarise in with incorporate into our work and Focus beneath the iceberg A tool for information sharing.
- Not Therapy individual child work ↔ individual work with expectations
- More holistic
- Link needs together
- Four areas of need? ideas for provision, psycho- education, educate others giving information

Appendix I: Themes, subthemes and codes from the reflexive thematic analysis

Theme	Subtheme	Codes	Examples of reflexive comments
Fostering compassionate communities	Increase understanding and empathy	• Acceptance • Compassion definition – empathy with motivation to alleviate suffering • Normalising and validating • Equality, diversity and inclusion through increased understanding and empathy, with motivation to alleviate suffering • Increased understanding of behaviour • Explore function of behaviour • Iceberg metaphor to understand behaviour • Understand emotions - feelings of safety • Understand others threat and help soothe • Support empathy to all perspectives • Adult-CYP relationships - increase understanding of and empathy for CYP • Support inclusion through compassion • Home-school relationships • Peer-peer relationships • Explore values through drive – conflicting	These codes and subsequent subthemes were similar to the findings from the systematic literature review (SLR) – commonalities around increased empathy, understanding and compassion with a view to support the wellbeing of school communities. I considered this an example of mixed inductive and deductive approach to analysis, as I already had examples of this from the SLR which fit with EP participants. However, I was aware that I had to remain mindful of the potential for my bias towards finding similar themes from the SLR and ensured that I went back to the data during iterations of coding to remain true to what participants had said.
	Support wellbeing through compassion	• Support CYP wellbeing • Support staff wellbeing • Support EPs' wellbeing (self-compassion and compassion for colleagues)	

	Systemic change	• Apply systemically
		• Flexible to systemic approach
		• Whole school approach
		• School ethos
		• Sense of belonging
		• Ripple effect
		• Shift perspectives
		• Change in language use
		• Modelled by EPs
		• Support action planning (increase soothe system)
		• Current context of education system
		   ○ away from punitive
		   ○ secondary school need for compassion
		   ○ self-compassion when systems are tricky
			When developing initial subthemes, I had two separate subthemes called 'facilitating change' and 'apply systemically', but when I reviewed and refined these subthemes, I decided to join them together to reflect the idea shared by EPs that the purpose of systemic working was to facilitate change e.g., shifting language, perspectives and school ethos towards compassion. I was supported in this process by going back to the codes and data from participants.

Complementary to educational psychology practice	Framework for practice	• Consultation
		   ○ Three-systems
		   ○ Tool to inform questions
		   ○ Support formulation
		   ○ Problem-solving model
		   ○ Holistic view of CYP
		   ○ EBSNA and at risk of exclusion
		• Supervision
		   ○ School staff supervision
		   ○ Peer supervision
		   ○ EP supervision
		   ○ Self-reflection
		   ○ Action in supervision to be compassionate
			I found these themes hard to conceptualise as there was a lot of overlap with codes and ideas such as consultation, supervision and training. I had created an initial subtheme of 'core elements of the EP role' which included consultation, supervision and training. However, I was worried this was too cyclical to my questions on the WC tables as I had asked the question of 'in what ways might CFT apply in EP practice' with the prompt of the Currie matrix. Therefore, I felt it was important for a level of interpretation to occur whereby I went 'beyond' the codes. I remained mindful during this process to keep my interpretations authentic to the views of participants. I decided to conceptualise this theme based on my understanding of frameworks in educational psychology, which was considered distinct from capacity building in schools.

	Capacity building	• Training
		   ○ ELSA
		   ○ Training for staff – upskill to disseminate	

		• Sharing psychoeducation
		   o Visual framework
		   o Psychoeducation and skills of CFT
		• Work with parents/carers	

	Integrate into existing psychological theory and models	• Aligns with EP practice
		• Aligns with psychology theory and models
		   o Power-threat meaning
		   o Solution-focused
		   o Evolutionary psychology
		   o Emotion coaching
		• Person-centred
		• Empathy generating tools e.g. Circle of Adults
		• Relational approaches
		• Integrate drive into PATH
			This theme recognised the variety of approaches EPs mentioned as complementary to CFT . As I was coding these, I felt like it would have been helpful to explore these in more detail with EPs if an alternative method was utilised e.g. focus groups or interviews. An example of a question I had was what, if anything, is different or unique about CFT compared to these other approaches? Is there a reason why CFT may be particularly useful to use alongside these approaches? Engaging in this reflexive diary has allowed the space to consider the limits of knowledge produced within the WC methodology.

	Align with values	• Strengths-based • Collaborative • Non-judgemental • Compassion • Empowerment • Social justice	I decided to have two distinct themes, 'align with values' and 'integrate into existing psychological theories and models', whilst recognising that there is an overlap between EPs' values and psychological theories in practice, and the two ultimately can't exist in siloes.

Critical reflections	Therapy within the EP role	• Tension with the word 'therapy'
		• Boundaries and managing expectations
		• Expert model
		• Time-limited involvement as EPs
		• Current context of EP work
		   o Traded services
		   o Statutory demands
			I initially had a theme titled 'adaptations for practice' which encompassed the adaptations and critical reflections from EPs. However, after consulting the guidance for RTA, I was reminded that there shouldn't be contradictory subthemes within an overarching theme. I discussed this in supervision and wondered if I was influencing the interpretation to focus on the positive and so ensured that the two themes of 'critical reflections' and 'adaptations for

	Within-child discourse	• Risk of becoming 'within-child' • Tension with collaborative values	

	Fidelity to approach	• Using and applying elements of the approach • Balance the integrity of approach • Feeling secure in own knowledge to apply	practice' were distinct, to recognise and value the criticality offered by EPs in the write up.
	Sensitive application	• Requires trusting relationships • Suitability - can be emotive • Consent for approach • Constructs of compassion – culturally sensitive	
Adaptations for practice	Compassion-Focused 'approaches'	• Re-naming • Use elements of it	
	Language use	• Careful of language use • Coherent with values • 'threat' → 'what's getting in the way?' • 'drive' → 'values'	
	Age of pupils	• Secondary most appropriate • Adapt for primary pupils o Characters for 'soothe', 'drive' and 'threat'	

Appendix J: Evidence of reflexive thematic analysis

Screenshot from NVIVO showing phase 2 of thematic analysis – systematic data coding

Initial codes generated in stage 2

References for 'apply systemically' code across EPS A and B host audio summary and visual transcripts

Screenshot from NVIVO showing "fidelity of approach" subtheme in EPS B visual transcript

Home · Edit · Import · Create · Explore · Share · Modules · Log In · Search

World Cafe.nvpx (Saved)

Clipboard · Item · Organize · Visualize · Code · Autocode · Uncode · Code In Vivo · Spread Coding · Case Classification · File Classification · Workspace

IMPORT
Data
  Files
  File Classifications
  Externals

ORGANIZE
Coding
  Codes
Cases
  Cases
  Case Classifications
Notes
  Memos
  Annotations
  Memo Links
Sets
  Static Sets

EXPLORE
Queries
  Query Criteria
  Query Results
  Coding Matrices
Visualizations
  Maps

Name
> ◯ Adaptations for practice
> ◯ Complementary to practice
> ◯ Critical Reflections
> ◯ Fostering compassionate communities

Audio - EPS A · Audio - EPS B · Visual Transc... · Visual Transc...

Visual Transcription EPS B

Coding Stripes · Highlight · Code · Annotations · Code Panel · Edit

Challenges
With 'therapy' ensure careful introduction as therapy can be constructed as 1:1 work with a child
Knowing when it's appropriate to use and when it isn't
Need to be grounded in safe relationships – implications for supervision/work with schools
Traded context – school time – does it need more?
How to embed as part of service
Statutory barrier to 1:1 work – service context
EP role – variation of practice, perception of ourselves and others views
'Therapeutically trained' but EPs aren't therapists – CF 'approaches'
Our capacity to be compassionate is based on our stress levels
What would feasible actions be?
    - Systemic vs individual
    - Tangible outcome of the approach?
Risk of reinforcing 'within child' narrative
Balance of retaining it in its purest form vs using approach of CFT
    - Own understanding of CFT -> training for the team, when would we feel confident?
    - Experience it ourselves
    - Fit with the EP role?
Definition of compassion – own connotations of the word? For us?
    - Alleviate and prevent -> EDI
    - Compassion and therapy – contradictory? Acknowledge the difficulty and move on?
How to use this approach systemically as a whole school approach to enable a school to become more compassionate
Measurable outcomes – how do we know that it's an effective approach for us?
Need for 'consent' to use the approach -label it

Why might Educational Psychologist's use or not use Compassion Focused Therapy?
✓ We already use elements →borrowing and calling it 'approaches'
Use it in training?
Consultation – use models to inform questions and unpick behaviour -> use directly with CYP? (but train staff?) e.g. EBSA
Principles are applicable to our work → emotion regulation -> clear model to explain and accessible model? Evidence-based
    - Fits with a lot of our work
    - Emotion coaching
Staff wellbeing
Current context of EP and education is STRESSFUL – more need for it
[X]
Lack of knowledge/experience of it
    - Need for specific, intensive training if 'therapy'
Time issue – traded offer → not a priority for schools
    - EP practice? Does it link to traded offer? With individual or not – currently don't have that luxury – could use train staff
    - Can elements be used or does it have to be a pure session
    - Not systemic focus → within person? → what are you going to do differently? *image of Bronfenbrenner type circle with person in middle*
    - How can we affect change for pupils in school?
        o Support shift in language etc *image of 1 person with wide arrows to group*
        o Arrow to 'model to staff to be compassionate to themselves'
Who to use it with?
    - Pupils? Secondary most appropriate?
        o Too advanced for primary age pupils? → Could we put models into more child-friendly language? → characters for 'soothe', 'drive' and 'threat'
        o Can more easily link to behaviour
        o BUT → more accessible that CBT approach 'thought' is hard for CYP
    - Adults → SENDCo → are they receptive?

CODE STRIPE
Coding Density
• to support EP wellbeing in service
• fidelity of approach
• Apply systemically
• Facilitate change
• Aligns with EP v

0 item selected

Data > Files > Visual Transcription EPS B

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