

Chapter 8: New Directions in Compassion Curricula and the Science of the Pedagogy

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Abstract

This chapter provides an overview of several initiatives that use compassion-based psychoeducation and practices to enhance wellbeing, emotional regulation and prosocial behaviours in educational settings, and discusses theory underlying curricula contents. Presented first is an overview of the initiatives we deliver in primary and secondary schools as well as in the HE sector, including why these are needed. These initiatives range from those for pupils and HE/FE students, to those for the individuals who teach these populations. Key theory is then introduced that supports the curricula and initiatives. This includes compassion as an evolutionary-informed, biopsychosocial approach, how emotions can affect behaviour (with a focus on drive, threat and soothing systems) and how compassion-based practices can support regulation of these emotion systems and prosocial behaviours (including kindness towards self and others). In a final section, we overview research evidence as to Compassion in Education curricula and consider issues of implementation quality. In sum, drawing on evidence-based research, this chapter demonstrates the impact that short compassion-based interventions can have for educator, student and pupil wellbeing, the main theories and research supporting the curriculums and factors that affect intervention efficacy.

1. Compassion in Education – The Programme Suite

There is considerable evidence that all is not well in the education sector for both educators and the pupils/students they teach. Although a greatly rewarding and valuable role, being a teacher or lecturer comes with high professional demands (e.g., excessive workload, bureaucracy, time pressures, behavioural issues with pupils, students and sometimes parents/guardians), which can affect the mental health, wellbeing and retention of staff in the sector. In the UK, for instance, Carmichael (2017) reported that 30% of teachers leave the profession within the first 5 years of qualifying, citing excessive workload and bureaucracy. Additionally, the Educational Support Partnership (2018) in its review of 1,076 UK education professionals working in primary, secondary or further education found that a staggering 57% considered leaving the sector within the past two years because of health pressures. Similarly, Ofsted (2019) found that 76% of teachers reported that their job had a negative impact on their physical (33%) and/or mental health (54%), with occupational wellbeing and general life satisfaction low, and educators generally disappointed by the profession. These findings are not unique to the UK, and are demonstrated globally, with a scoping review by Agyapong et al., (2022) highlighting the prevalence of burnout, stress and anxiety to range from 25% to 74%, 8% to 87%, and 38% to 41%, respectively.

At the level of pupil wellbeing, rising rates of child mental health difficulties are a major international challenge for educators and mental health professionals (Newlove-Delgado et al., 2021) and have been exacerbated by Covid-19 (Barker et al., 2022; de Miranda et al., 2020). In the UK, for instance, one in seven primary-aged children, and almost one in five secondary-aged pupils now suffer from a probable mental health disorder (NHS Digital, 2021). Thus, a current focus of many governments is access to effective mental health and wellbeing support in schools (e.g., Department for Education, UK, 2021; Ministry of Health, New Zealand, 2021; Public Health Agency of Canada, 2021). The picture is

similar in both further and higher education with adolescence and early adulthood featuring as the peak time for the onset of mental health disorders (Kessler, et al., 2007). Since 2017 mental health disorders have increased in UK young people aged 17-19 from one in ten in 2017 to one in six in 2021 (NHS Digital, 2021) and whilst the aetiology of mental health disorders is complex, when considering psychological distress in student populations, loneliness, along with assessment stress, emerge as key predictors (McIntyre et al., 2018). Additionally, evidence demonstrates that poor student mental health is also linked to poor outcomes such as recruitment, retention and progression (Stegenga et al., 2021).

It is for these reasons that we have produced the curricula Compassionate Mind Training for Teachers (CMT-Teachers), Compassionate Mind Training for Pupils (CMT-Pupils) and Compassionate Communication for Higher Education and Further Education Students (CC-HE/FE), as described below.

1.1. Compassionate Mind Training for Teachers

CMT-Teachers was the first of our Compassion in Education Curricula to be developed. It comprises a 6-Module CPD programme developed and trialled with over 600 teachers as co-collaborators, iteratively, over a period of 6-years across the UK and Europe (e.g., Portugal) (Maratos et al., 2019a; Maratos, Matos et al., 2020; Matos et al. 2022a; 2022b). The core ethos of the curriculum is to promote educator wellbeing and prosocial behaviours. Firstly, through a combination of psychoeducation as to emotion-regulation and compassion. Secondly, through the introduction of evidence-based mind-body imagery and reflective practices. Thus, CMT-Teachers aims to stimulate and promote care-focused emotions and motivational systems, as well as facilitate down-regulation of ‘threat’-focused and ‘drive’-focused systems (overviewed in Section 2). This aids the better wellbeing of educators and the knowledge/intention necessary to consciously engage in prosocial behaviours. The curriculum is designed to be delivered in twilight sessions (typically taking place at the end

of the school day) over the course of one school-term, usually fortnightly, with each of the modules of 1.5 to 2-hours duration. Fortnightly delivery enables educators the opportunity to reflect on content, embed knowledge and engage with practices and techniques in a non-time pressured fashion. Core content of each module is described in Table 1.

Insert Table 1 about here

1.2 Compassionate Mind Training for Pupils

Curricula for CMT-Pupils includes two curriculums, one for children aged 10-12 who are transitioning from primary/elementary school to secondary/high-school and a modified version for children aged 9-10. The two CMT-Pupils curriculums, entitled Wellbeing: Our Brains, Our Bodies (WoBoB) and Building Brilliant Brains (BBB), respectively, have been trialled with over 400 pupils over a period of 4-years across the UK, with pupils and teachers serving as co-collaborators (Maratos et al., 2022; Maratos et al., under review). The key aim of the curricula is a proactive approach to child wellbeing (e.g., protection from mental health deterioration) and the encouragement and embedding of prosocial behaviours. As with CMT-teachers, emotion regulation, compassion and experimental practices form core content of the CMT-pupils' curricula. Both WoBoB and BBB are designed to be delivered in statutory PSHE/RSE/SEAL lessons of 35-to-50-minute duration over the course of one school-term. WoBoB is of 6-lesson duration and BBB is of 8-lesson duration. Briefly, core content of WoBoB, which is our 10-12 years curriculum (and the first/most trialled CMT-Pupils curriculum), is described in Table 2.

Insert Table 2 about here

1.3 Compassionate Communication for HE and FE (CC-HE/FE)

The CC-HE/FE curricula was inspired by the work of Theo Gilbert (Gilbert, T, 2017, see also Maratos, Gilbert & Gilbert, 2019b) and has been developed by Harvey et al. (2020; Harvey et al., in prep), through implementation with six undergraduate student cohorts with

refinements to the content and delivery schedule taking place with each iteration. The curriculum is designed to be delivered in 4 or 5 blocks of content, embedded within seminars or small class activities of around 25 students. For example, the first 20-30 minutes of a class may be spent exploring compassionate communication, before moving students on to engage with material relevant to the existing taught session. However, the curriculum delivery is flexible, and can be delivered in a smaller number of longer sessions, for example, through 2 x 2-hour sessions. This stated, embedding delivery at the start of broader classroom activities (i.e., the longer delivery time frame) allows students the opportunity to put into practice some of the compassionate communicative skills they have been exploring.

Throughout the sessions, students are encouraged to reflect on both their own behaviour and that of their peers, including both verbal and non-verbal communicative behaviours. This enables the students to reflect on how these behaviours support a more compassionate approach to members of a group, including themselves, as they are also members of that group. Students are also introduced to the concept that it is “everybody’s responsibility” to address unhelpful communicative behaviours and that it is not the responsibility of any individual person. Using video examples, students are introduced to a range of helpful and unhelpful group behaviours and explore how they might support more effective group communication by using compassionate communication skills. Students also reflect on how acting in a compassionate manner can require courage, and how the techniques introduced to the students, can help them to develop the courageous skills required to support a more compassionate approach during group settings. An overview of content of the CC-HE/FE curriculum is provided in table 3.

Insert Table 3 about here

2. Why Compassion – An Evolution-Informed Biopsychosocial Approach to Wellbeing and Prosocial Behaviours

Compassionate Mind Training (CMT) is based on an evolution-informed, biopsychosocial approach (Gilbert 2022). It focuses on how evolved motivational systems (e.g., threat, drive and soothing) are linked to key (evolved) psychophysiological systems that organise mental states and social behaviour. In essence, being motivated to be caring and compassionate to self and others has a range of psychophysiological effects that support physical and mental health, and pro-social behaviour (Di Bello et al., 2020; Kim et al., 2020; Porges, 2017). Pro-social behaviours include behavior through which other people benefit. This can include helping, cooperating, comforting, sharing, and caring for the wellbeing of others (Holmgren et al, 1998; Greener & Crick, 1999; Decety et al., 2016). Conversely, self-interest and competitive behaviours focus on the needs and prioritisation of oneself above all others. This entails that competitive behaviour and compassion-based behaviour organise the mind and, consequently, our body language and behaviours very differently. In the context of CMT our aim is to: i) help individuals understand the organising properties of the mind in relation to evolutionary informed motivational systems (i.e., the drivers of our thoughts and behaviours, including compassion), and ii) guide individual and group practices that stimulate and integrate the psychophysiological mechanisms of compassion into processes of self-identity, emotion regulation and pro-social behaviour (Gilbert 2010; 2014; 2019, 2020, Kirby; 2016; Maratos et al., 2022; Singer, & Bolz, 2012). Hence CMT includes education as to mind/body emotional systems, with insights into the nature of compassion, its impact on mind and body, and practises for stimulating the psychophysiological mechanisms of the

evolved caring motivational system (Gilbert 2020, Gilbert & Simos, 2022) to aid better wellbeing of all and promote prosocial behaviours.

To date, there is good evidence that CMT enables both. For example, recent reviews and meta-analyses of CMT interventions/curricula have revealed that CMT can reduce symptoms of depression, anxiety, and stress; increase individuals' levels of compassion, mindfulness and wellbeing, and promote prosocial behaviour (see for example Kirby & Gilbert, 2017; Kotera & Van Gordon, 2021, Kirby, Tellegen, and Steindl 2017; Leiberg, Klimecki & Singer, 2011). Thus, the evidence base for the utility of CMT is excellent. Below we provide an overview of some of the key tenets and concepts introduced in our Compassion in Education Curricula (as well as, where necessary, relevant theory). These, we argue, underlie its efficacy as a robust and impactful wellbeing and prosocial behaviour promoting intervention and why CMT 'results in results'.

2.1 Compassion as Intention and Courageous Motivation

A core component of all our Compassion in Education curricula is that compassion involves two aspects (or skills). Although the definition we use may vary slightly from population to population, it centres on: i) Noticing or anticipating the distress, suffering or disadvantaging of ourselves and/or others; and ii) Doing something to reduce or prevent this distress and suffering - so, acting in ways to be supportive to ourselves and/or others. This entails that compassion is a courageous motivation that involves: i) noticing/awareness; and ii) intention/action. Compassion is therefore very different from empathy, which is often a mainstay of many wellbeing and/or prosocial curricula.

To expand, empathy relies on felt core affect. For an in-depth overview of empathy see Cuff et al. (2016). However, in brief, as empathy relies on core affect it is unbidden and instinctive, arising from feelings. Notably, therefore, empathy can lead - not to prosocial behaviours - but empathic distress. Empathic distress is the avoidance of situations where

personal distress is felt, where in order to reduce that personal distress, escape is the easier option. For example, when walking past a homeless person each day on your way to work, you might feel sorrow for them, concern for their situation and wise understanding of the difficulties they face. However, for some people, these feelings and cognitions provoke a level of personal empathic distress so intense that they will respond by avoiding the situation, including avoiding eye contact, ignoring the person if they speak to them, or even taking an alternative route to work. Compassion is different as it involves intention to anticipate and/or notice distress in the self and/or others, and the courageous motivation to do something about this distress (or suffering) - even when this involves tolerating uncomfortable emotions. So, compassion is intentional and active – it's a motivation to act. In our schools' work with educators, we use the mnemonic 'empathy is caught, compassion can be taught'. Hence why it is called 'Compassionate Mind Training'.

2.2 Compassion as Flow

A further core component of all our curricula is that compassion involves flow. That is, compassion involves abilities and skills related to: i) compassion for self, ii) compassion for others, and iii) the ability to accept/receive compassion from others (Gilbert 2022; Gilbert et al., 2011; Kirby, Day, & Sagar, 2019). In CMT-Teachers this is introduced from Module 1. In CMT-Pupils it is introduced from Lesson 4. In CC-HE/FE it implicitly acknowledges via the ethos that it 'is everyone's responsibility' to address behaviours that may be unhelpful to group communications - and therefore addressing these behaviours may involve compassion towards others, compassion to self or accepting compassion from others.

Previously, where specific compassion-based curricula have been introduced into educational settings, the focus has been on self-compassion or mindful self-compassion per se (Bluth et al., 2015; Bluth et al. 2016; Bluth & Eisenlohr, 2017; Seekis et al., 2023), rather than the much wider perspective of the flow of compassion. Whilst these initiatives have

been effective in relation to improving self-compassion, life-satisfaction, mindfulness and/or resilience; to develop the motivation to share and care, acquire empathy skills, communicate compassionately and develop ethical values wider perspective compassion-based (vs. self-compassion based) curricula is required (see also Yeager et al., 2018; Weisz et al., 2022; Maratos et al., 2022; Maratos et al., under review). It is for these reasons we argue that our compassion in education curricula impact on prosocial behaviour, as compassion as flow (vs. self-compassion) is a key tenant of all of our curricula's.

2.3 Emotion Regulation – The Three Circles Model

A key component of both CMT-Teachers and CMT-Pupils is that motivators to behaviour can be linked to three systems, which all emotions can be encompassed within. Whilst an overview of emotion theory relating to the development of the three systems (or circles) model is presented in Richardson et al., (2016), the three systems model allows individuals to easily understand motives underlying everyday (emotional) behaviour in the context of our everyday lives. Assimilated by Gilbert (2014), this model includes as motivators to behaviour – drive, threat and soothing.

Drive can be understood as *...what motivates us to get out of the bed in the morning? ...What gets us to watch or play sport in the pouring rain? ...What incentivises us to hit that deadline or buy that product?* Drive is resource focused, wanting, pursuing, achieving and consuming. Logically, therefore, it often results in a narrowed attentional focus. The function of this system is to drive us toward resources and rewards. As such, it is associated with feelings of excitement, joy and pleasure, and an 'approach' (or fun seeking) motivation/emotion.

Then we have the threat system. The function of this system is defensive and protective, our threat system alerts us to potential threats in the environment and motivates safety seeking behaviours. Threat is often anxiety-focused and concerned with protection,

safety seeking, and activating or inhibiting feelings associated with anger, fear and sadness. Again, this system is often, logically, associated with a narrowed (or zoom like) attentional focus and prioritised processing biases (known as the ‘tricky brain problem’; see also Maratos & Pessoa, 2019). Of note, anger is an approach motivation (e.g., fight), whilst fear and sadness are ‘withdrawal’ emotions/motivations (e.g., flight or freeze).

Finally, we have the Soothing/Contentment system. This system is associated with safeness, connection and affiliative focus. This system is active when we are neither striving to achieve nor safety seeking. So, it is associated with feeling soothed or contented, and is a state of positive, but low, arousal. This means when in this system we can widen our attentional set and/or turn our attention to others. That is, when in soothing, we can engage in calming, affiliative and caring attachment behaviours. A further function of this system is to ‘turn-off’ or ‘tone-down’ drive and threat systems enabling quiescence and the restoration of energy.

Importantly, the three systems model is typically accessible to all. In our compassion curricula, we further tie the systems to their physiological basis – the sympathetic nervous system for drive and threat, and the parasympathetic nervous system for soothing (see here Maratos et al. submitted a; Pugh et al., accepted). This allows individuals both enhanced psychoeducation learning and lived experiential practice of the systems (especially soothing), consequently enabling individuals to develop deeper understanding of (their) system and emotion triggers and behaviours associated with each.

2.4 Imagery – A powerful physiological stimulator

A further key component of both CMT-Teachers and CMT-Pupils is the use of imagery as a physiological stimulator of the soothing system and compassion. Indeed, it is now recognised that imagery is a powerful way to stimulate physiological and emotional systems (e.g., Duarte et al., 2015; Longe et al, 2010; Song et al., 2018). In our curriculums we

introduce calm place imagery as a practice all can use (e.g., adults and children alike) to regulate balance between threat and drive and/or activate the soothing system. We also use compassionate imagery (e.g., Compassionate Other, Compassionate Self and Compassion for Another) to enhance physiological systems associated with affiliation and wellbeing.

Consistent with the idea that compassionate imagery can impact on various physiological and psychological systems, the specific compassion focussed imagery exercises we use have been shown to increase behavioural (Kelly, Zuroff, Foa & Gilbert, 2010; Duarte et al., 2015) and physiological indices of wellbeing following their introduction (e.g., Longe et al; 2010; Rockliff, Gilbert, McEwan, Lightman & Glover, 2008; Rockliff et al., 2011; Duarte et al., 2010; Maratos and Sheffield, 2020). For example, Maratos and Sheffield (2020) have demonstrated that our specific compassionate other imagery exercise aids pain coping by curtailing sympathetic nervous system activity. Thus, imagery is a key aspect of our Compassion in Education curricula and a technique we use to stimulate nervous system activity (see here also Maratos et al., accepted); specifically, down-regulation of threat and drive when needed, but also the intention of compassion. Note that the intention of compassion can involve drive, given the courageous motivation needed to act. It is important to state this, as a common misconception is that compassion is tied only to the soothing system.

2.5 The Importance of Non-Verbal Communication

A core objective that features in both the CC-HE/FE and CMT-Teachers' curriculum is that of understanding and recognising in oneself (the power of) non-verbal communication. Being able to recognise emotions and facial expressions of others is a fundamental component of social functioning, contributing to an individual's quality of life and their ability to participate in communities and respond empathically (Maratos and Owen, 2016). In

example, and considering CC-HE/FE, Gilbert, T. (2017) outlines the role played by eye gaze both in unhelpful group behaviour collusion, and in addressing problematic behaviours such as monopolising a discussion. In CC-HE/FE, by drawing students' attention to their eye gaze and that of their peers, they become more reflective and better able to use their eye gaze to embed a more compassionate approach to group discussions and team working. Thus, part of CC-HE/FE and CMT-Teachers is greater awareness of the impact of body language and eye gaze during group communications. In CC-HE/FE, becoming aware of how body language may disadvantage others or be used in a compassionate manner is developed with the students and is based on some of the principles outlined in Yalom and Leszcz (2020).

3. Compassion in Education - The Evidence Base and Factors Affecting Efficacy

Although compassion awareness and compassion training are not currently part of educational curricula, given their impact on general wellbeing, there are increasing calls for compassionate approaches to be embraced within the education sector (Coles 2015; 2020; Kohler-Evans & Barnes, 2015; Maratos et al., 2019a; Maratos et al. 2022; Peterson, 2017). In this final section we review evidence as to their efficacy, before considering implementation quality and why fidelity may be a key metric supporting the efficacy of any compassion-based intervention.

3.1 Compassion Curricula in Pupil Learning

At the level of child wellbeing, compassion-based initiatives (CBI's) provide children with emotional coping skills; address bullying; allow for safe space creation; enable collaboration; increase resilience; support the development of ethical behaviour; and promote prosociality – all of which culminate in encouraging positive and supportive learning environments (Coles, 2015; Goleman & Davidson, 2017; Lavelle, 2017; Peterson, 2017; Roeser et al., 2018; Welford & Langmead, 2015). However, many of these earlier studies

have been anecdotal, small-scale or methodologically limited. Where larger scale and/or randomised control trial designs have been employed, the focus of these have been on self-compassion. Nonetheless, the results of such have been promising with the self-compassion curricula introduced to (early) adolescents resulting in improved mindfulness, self-compassion and life-satisfaction and/or resilience (Bluth et al., 2015, 2016, 2017; Seekis et al., 2023), as well as reduced perceived stress, depression and/or anxiety (Bluth et al., 2016; Seekis et al., 2023).

Recently, Kappelmayer et al., (2023) have demonstrated that an elementary-aged intervention focused on promoting empathy, compassion and loving-kindness, improved compassion, empathy and both individual and collective wellbeing of those (Argentinean) children who took part. Similarly, we have found our CMT-Pupils WOBoB PSHE lessons (Maratos et al, under review) to allow for development of inter-connectedness, realised in kinder behaviours and a more positive classroom environment, where pupils felt better accepted. Results further revealed the curriculum to enable pupils' greater awareness of their emotions and, leading on from this, better emotion regulation (e.g., from pupils using the practices/techniques introduced in the lessons in their lives generally). This first controlled trial of WoBoB also revealed the curricula to impact on trait anxiety and socially prescribed perfectionism, both which portend poorer mental health in youth. Our ongoing work incorporating larger scale trials of WoBoB and BBB across different age groups and demographics appears to be yielding similar results, although these projects are still ongoing.

3.2 Compassion Curricula as Teacher CPD

Now trialled with over 600 teachers, educators and school staff, the effects of our CMT-Teachers CPD are well-documented. Our original UK study (Maratos et al., 2019a) found that CMT-Teachers was feasible and well-received by school staff, who found the curriculum and the practices helpful for dealing with emotional difficulties and work-life balance.

Analyses additionally revealed the 6-Module CPD to result in significant increases in self-compassion and significant reductions in self-criticism after the intervention. Further trials of the curriculum in Portugal found CMT-Teachers to be feasible and well-received by Portuguese teachers (Maratos et al., 2020) and result in significant increases in self-compassion, compassion for others and satisfaction with professional life, as well as reductions in fears of compassion to others and symptoms of depression, stress, and burnout (Matos et al., 2022a). Using a waitlist control design, Matos et al., (2022b) demonstrated that CMT-Teachers improved self-compassion, compassion to others, positive affect, and heart-rate variability, as well as decreased fears of compassion, anxiety, and depression, as compared to those who were assigned to a waitlist control condition (WLC). Using a stepped-wedge design, this study further revealed that teachers in the WLC group who received CMT-T exhibited additional increases in compassion for others and compassion received from others, and satisfaction with professional life, along with reductions in stress and burnout. These changes were maintained at a 3-month follow-up. A final study by Maratos et al. (submitted b) using a WLC trial design has revealed that teachers and school staff whom received CMT-T showed improved cardiovascular function post the 6-module CPD as compared to the waitlist control group. Thus, results to date suggest that CMT-Teachers is a feasible, well-accepted CPD that can be used in the education sector not only to improve the psychological and physiological health of teachers and educators, but also allow those working in education a better work-life balance. The latter no doubt contributing to the former.

3.3 Compassionate Communication as an HE/FE Pedagogic Approach

There are several reasons why Compassionate Communication can be of benefit in Higher and Further Education. Whilst improving group working and prosocial behaviours are key objectives, we have found our curricula to also impact upon loneliness. In brief, recent data

from the Office for National Statistics (ONS, 2021) indicates that UK students experience higher levels of loneliness compared with the general adult population, with 26% of students reporting feeling lonely often or always as compared with 8% of the adult population following the Coronavirus pandemic. Given evidence that loneliness exacerbates poor mental health in students (Richardson et al., 2017) interventions that may help to reduce loneliness may be beneficial. Below we overview the effects our CC-HE/FE curriculum is having on student group working, prosocial behaviours and loneliness.

To date, the CC-HE/FE curriculum has been delivered to over 500 undergraduate students, across various programmes including psychology, marketing, counselling and psychotherapy, and social work. Resources have been shared more widely across diverse programmes including engineering, drama and film production, and with colleagues working with students in further education. To assess the impact of the curriculum, a mixed methods approach has been adopted (Harvey et al., in preparation). Initial analysis indicates that the CC-HE/FE curriculum results in increased compassion – to self, to others and from others, and also results in increased confidence to engage in group discussions, to draw other students into group discussions and to address unhelpful behaviours such as monopolisers. Preliminary findings also indicate a reduction in loneliness. Focus groups have been conducted with both staff and students, which provide evidence in support of a further number of positive benefits. Both staff and students note the impact of the CC-HE/FE curriculum in several ways including: i) enhancing inclusivity (particularly through the “group shuffle” activity) and benefits for shy or anxious students; ii) supporting students to address unhelpful behaviours i.e. monopolisers; iii) enabling students to become more aware of their own behaviours in group discussions; and iv) for students to feel more confident and competent in their ability to draw other people into a conversation. In all cases, the benefits of using and understanding non-verbal communications and eye gaze were highlighted, with

staff noting that students seemed better able to work with their peers who equally might be more dominant or less confident. (See Harvey et al. 2020). Taken together, these research findings indicate good initial support for implementation of the approach. Through the use of techniques taught in class, students experience increased confidence in communicating compassionately in group settings. This empowers them to address unhelpful group behaviours as well as enables them to be more reflective in relation to the impact of their own communicative behaviour.

3.4 Factors Affecting Intervention Success – The Uncomfortable Truth?

One question that remains, however, and requires considered thought is who can deliver the Compassion in Education programmes and pedagogy? Previously, Durlak and DuPre (2008) have observed that the quality of implementation affects outcomes obtained, and Wilde et al. (2019) that high-quality implementation is an essential condition of effective social and emotional learning programs. In respect to CMT-Teachers, on-going research trials suggest that given the depth and breadth of knowledge required to support the leading of this CPD and associated practices, a high degree of prior experience in running compassion-based interventions, as well as a background in psychology and/or counselling is necessary. To expand, in ongoing small trial of a ‘CMT-Teachers - train the trainers’ course, only 50% (i.e., 3 of 6) of those trained to deliver the CMT-Teachers CPD have gone onto the actual CMT-Teachers delivery phase, despite having participated in CMT-Teachers themselves as delegates. The rationale for this approach is that it is important that trainers fully understand the theory behind the training, and use the practices and techniques themselves, before sharing with others. However, despite this requisite for individuals to participate in CMT-Teachers before training to deliver the CPD, preliminary data analyses reveal that the poor delivery rates of those in this trial reflect concerns about trainer authenticity, potential delegate responses to the curricula and time-commitments to ensure smooth delivery of the

Modules (e.g., the volume of content and knowledge necessary for competent module delivery). Data as to implementation quality and wellbeing related to the delivery phase of those three trainers who have now delivered CMT-teachers (or are still delivering CMT0Teachers) is yet to be analysed.

More promising is on-going trial and data pertaining to delivery of CMT-Pupils. In this small-scale trial, 6 teachers who have previously undertaken the CMT-Teachers CPD for themselves have received training to deliver the CMT-Pupils WoBoB PSHE. Again, the rationale for this approach is that it is important that teachers fully understand the theory behind the training, and use the practices and techniques themselves, before sharing them with their pupils. This allows for better implementation efficacy when sharing the knowledge and practices with pupils. Additionally, high-quality implementation can only be progressed when teachers themselves have psychological capacity (e.g., good mental health, self-efficacy, low stress); with effective management of classroom behaviour shown to be difficult when staff are burned-out or suffering with stress/mental health issues (Spilt et al, 2011). Thus, the requirement that teachers first undertake CMT-Teachers before training in CMT-Pupils enables them to develop good wellbeing and mental health ‘hygiene’, whilst also allowing them to ‘practice what they preach’. It further enables teachers to elaborate on the theory/knowledge supporting the 6 lesson CMT-pupil curriculum as and when needed. This approach appears to be efficacious. Early data analyses reveal that undergoing CMT-teachers prior to training in CMT-Pupils delivery provides teachers with the confidence to deliver the pupil curricula and keeps their own CMT knowledge and practices ‘alive’. Moreover, preliminary analyses of the implementation data reveal high-quality implementation has been maintained. This stated, wellbeing related data collection is still ongoing, as not all teachers in the trial have, as yet, completed delivery of CMT-Pupils WoBoB.

[However, all training trial data for both CMT-Teachers and CMT-Pupils will be written-up for publication in due course.]

When considering the CC HE/FE curriculum, which is arguably the most light-touch of all of our Compassion in Education curricula, an important factor to be aware of is the role of staff support for the approach. Whilst no formal prerequisite for the completion of CMT-Teachers prior to delivery of CC-HE/FE is required, staff members do require a certain level of ‘acumen’. To expand, staff delivering CC-HE/FE must be confident in delivery of the activities and curricula and in discussing non-verbal communication, along with sharing observations with the students about what they might become aware of during group discussions. For example, when initially implementing the “group shuffle” there may be some resistance from students who are reluctant to engage in the approach. It is for the staff member to provide reassurance and support student engagement with the activity.

Supporting students to navigate through this process, so that they may experience the benefits it can bring, requires a level of confidence from the tutor, who is essentially asking the students to trust their expertise in embedding this approach. Staff delivering the approach at our own university have received informal training from ourselves, as it is important that they have a thorough understanding of the pedagogy and embody the ethos of compassionate communication themselves. That said, we have recently developed training in CC-FE/HE as a short CPD programme and trial of this approach for external delivery is underway. As stated above, as CC-FE/HE is a somewhat light touch approach compared with CMT-Teachers and CMT-Pupils, a range of educators would be able to deliver this approach with 5 hours CPD training.

4. General Conclusions

In this chapter we have provided an overview of our compassion in education suite of programmes. These are CMT-Teachers, CMT-Pupils and CMT-HE/FE. Our reasoning for

producing these programmes and introducing them into educational sectors locally, nationally and internationally reflects crises observed in education world-wide. To expand, this includes the poor mental health and retention rates of teachers/lecturers, and the exacerbation of mental health problems, loneliness and self-interest (vs. prosocial) behaviours in pupil and student populations. Additionally, our focus on compassion as the ethos of our approach reflects the rapidly growing evidence base that compassionate mind training and compassion-based interventions aid the better wellbeing of all, as well as promote prosocial behaviours. Reasons for why our curriculums specifically might ‘result in results’ have been offered in consideration of some of the core components of our curricula. These include, but are not limited to, compassion as courageous intention and motivation, compassion as flow, the three circles model of emotion/motivation, the power of imagery, and the importance of non-verbal communication. The results we speak of are now well-documented for CMT-Teachers and, as presented above, include enhancement of wellbeing and mental health (demonstrated across several parameters), better emotional regulation and work-life balance and, additionally, improved physiological health and cardiovascular function. For CMT-Pupils, controlled trial of our curriculums reveal stability or enhancement of wellbeing (again across several parameters), improved emotional regulation and the demonstrate of prosocial behaviours. The latter resulting in enhanced feelings of inclusivity and acceptance, and a better classroom environment generally. Finally, trial of CC-HE/FE has revealed it to empower students to address unhelpful group behaviours and engage in more helpful group communicative behaviours for the benefit of all. Consequently, CC-HE/FE is resulting in more tolerant and kinder group – and life – behaviours, and the reduction of loneliness, in those students introduced to the approach. As a thinking point, in this chapter we further contemplated who can lead these curricula, as our work in compassion in education is making a positive difference to all whom work in, or are participants of, education sectors world-wide.

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Table 1: CMT-Teachers, Educators and Staff module content

Module 1 focuses on what compassion is, including sensitivity to distress/stress in the self and others and the motivation to alleviate/prevent this. It also introduces staff to the ideas of our ‘Tricky Brain’, mind awareness and imagery. Practices introduced include regal walking, generating friendly emotional tones and facial expressions in internal monologues, and soothing rhythm breathing. The module ends with the introduction of the golden baton to introduce the flows of compassion. Following module 1 all further modules commence with soothing rhythm breathing, to not only embed the practice, but to enable delegates to be in a state of calm acquiescence from which to start that module (a kind of brain and body ‘reset’ if you like).
Module 2 introduces delegates to the ‘three circles’ model of emotion/motivation - the threat, drive and soothing systems. Related to this, the individuals explore worry and anxiety, anger, joy and calm/soothing to become aware of their emotional states, triggers and physiology linked to these different emotional states. This module also includes an overview of physiological body and brain stress/non-stress responses, and how these are linked to different emotions. Practices introduced include an introduction to imagery e.g., imagining a calming place (to support soothing system exploration) and then mindfulness awareness as a tool to enable delegates to pay attention in the present moment to their emotional states and triggers.
Module 3 focuses on building the compassionate mind with a range of imagery practices introduced as the key focus of this session. However, firstly, a further mindfulness practice is introduced to illustrate that our thoughts, and their associated emotions/feelings, come about whether we want them to or not but, that if we choose to train in compassion, we can change the experience of what emerges in the mind. Then three different imagery practices are introduced to enable delegates to envisage the three core aspects of compassion.

These are: 1. wisdom, particularly about the nature of the mind; 2. strength and courage; and 3. commitment/motivation to be helpful to the self and others. These are progressed through imagining ‘compassionate other’, ‘compassionate self’ and ‘compassion for another’. Delegates are asked to have a play with these different types of imagery and, between future sessions, practice those they felt most comfortable using.

Module 4 invites participants to explore the nature of complex and multiple emotions with content focused on how our emotions: i) are informed by our motivations and contexts; and ii) can be part of our ongoing experiences through the idea of multiple selves. Exercises are centred on a brief exercise to incept differences between emotions and motivations, and a longer exercise to explore our multiple selves. The practice of compassionate self is then progressed to demonstrate how compassionate motivation and intention can help us to tune into different aspects of ourselves and enable us to act with discernment.

Module 5 is focused on understanding self-criticism and applying a compassionate mind. The module is divided into two parts. In the first part, self-critical versus self-compassionate responding is explored, including what self-criticism is, how and why it develops, and its pervasiveness throughout human nature and history. Delegates are then introduced to the potential for compassionate reframing when - or instead of - being self-critical. In the second part of the session delegates are invited on a journey of guided self-discovery to explore their inner critic, including its appearance, thoughts, motives, what it wants and how it makes us feel. Then, through guided discovery, participants are taken through compassionate best and how rather than listening, challenging or arguing with one’s inner critic, how generating compassionate self-correction when things go wrong can be a better strategy.

Module 6 introduces compassionate communication skills and encourages staff to explore how to build compassionate ways of living into everyday life. In the compassionate communication skills aspect, individuals are taken through a Compassionate best listening and talking exercise and practice. Following this, how we communicate in group settings is explored, including the effects of alpha pairs, monopolisers and body language. Strategies for how such behaviours can be addressed to enable more effective team and/or group working are reflected upon. In consideration of building compassionate ways of living, the flows of compassion, and how delegates can take compassion forward as part of their school ethos, are explored.

Table 2: CMT-Pupils WoBoB Lesson content

Lesson 1 focuses on ground-rules for the lesson series and then an overview of the three emotion systems of the mind/body. Thus, the pupil objectives for this lesson include establishing ground rules for the 6 lessons, being able to name the three systems of the mind, being able to give examples of situations or things that can be tied to each system and, between now and the next lesson, identifying which systems they (i.e., each child/pupil) has been in.
Lesson 2 is focussed on the drive system. From Lesson 2 onwards, each Lesson begins with the ‘check-in’ activity. This is a reflection on the three emotions systems model and discussions as to which system/s each pupil has been in since the last lesson. Thus, the pupil objectives for lesson 2 include: Pupils being able to give examples of when they have been in threat, drive or soothing. Pupils gaining a deeper understanding of drive, including what is going on in both the brain and body when we are in drive. For pupils to be able to recognise when they need to regulate drive and, finally, understand practices (and coping techniques) they can engage with to lower drive emotions. Accordingly, in lesson 2, regal walking and calm imagery are introduced as relevant practices.
Lesson 3 concentrates on the threat system. Following the check-in activity, core objectives include allowing pupils a deeper understanding of threat, including what is happening in both the brain and the body when we are in threat. For the pupils to learn to recognise when threat is useful and when it is not, as well as understand its associated triggers. For the pupils to understand practices and coping techniques they can engage with to move away from threat (and drive) emotions. Accordingly, in Lesson 3, several different breathing techniques are introduced, adding to the children’s growing toolkit of emotion-regulation techniques.

Lesson 4 introduces children to the concept of compassion, compassion-based practices/imagery and the three flows of compassion. Following the check-in activity, main objectives for pupils during this lesson are for pupils to develop a compassionate image, engage in a compassionate imagery practice using this image, and for pupils to gain an understanding of compassion and its three flows. To begin engendering development of the three flows, encouraging compassion towards others is this week's weekly challenge (i.e., homework).

Lesson 5 enables continued consolidation of the three systems model and continued exploration of compassion, by exploring soothing in more depth. Following the check-in activity, main objectives include enabling pupils deeper understanding of soothing including its triggers, thoughts and bodily responses. Enabling pupils to understand the physiology of compassion as compared to threat and drive. Enabling pupils' experiential practice of soothing through further exploration of compassionate imagery.

The purpose of lesson 6 is continued exploration of compassion, its three flows, and to provide pupils with the skills/practices they need for good emotional regulation and good interpersonal relationships. Following one last check-in activity, objectives include: allowing pupils self-reflection of their emerging emotion regulation skills (via the weekly 'check-in' and 'systems balanced' activities). Enabling continued exploration of compassion and its flows by introduction of a further compassionate practice. Allowing pupils to develop their flows of compassion skills set by an experiential compassionate compliments' activity and, finally, enabling children to recognise that they are becoming wise compassionate individuals, both for themselves and others.

Table 3: Summary of the Compassionate Communication HE/FE curriculum

Session 1 content introduces students to the definition of compassion and how they might relate this to what happens in class. During this lesson students get to know one another through a rapid speed meeting activity before moving on to develop an understanding of the impact of cliques and how these might be avoided. Students are also introduced to the concept of the “group shuffle” where a deck of cards is used as part of an activity to mix students up and enhance their social networks. This approach is used at the start of lessons 1-4 and ensures that students sit and work with different students in each lesson.
Session 2 content begins with a “group shuffle” where the students within the class cannot sit with the same students as in the previous week or session. This process ensures that students get to work with at least 1 or 2 other students they have not worked with previously, thus encouraging them to develop a wider social support network. Following this mixing within the group, students go on to consider their experience of helpful and unhelpful group behaviours. For example, helpful behaviours might include active listening, or feeling opinions are valued by the group. Unhelpful behaviours might include having someone dominate a group discussion or being ignored. The impact of helpful and unhelpful behaviours on fellow students and group performance is discussed and students are encouraged to start to develop skills of self-reflection in relation to their own communication style.
Session 3 content again starts with the “group shuffle” before students explore the reasons for lack of participation in group activities. Using video examples (e.g., https://derby.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=a4ba8671-e6f3-4912-b982-abe200c43ef3), students reflect on why some students might not engage with the group. How this can be considered in relation to the definition of compassion (see section X on

Compassion as intention and courageous motivation) is then explored. Self-reflection is used to enhance understanding of group engagement behaviours, and techniques to support group participation are considered.

Following the “group shuffle” exercise, and through the use of video examples, Session 4 content considers specific examples of unhelpful behaviours. This includes, but is not limited to, the impact of a monopoliser (a person who dominates conversation) and the impact of alpha pairs (where two people dominate group discussions by talking solely to each other). Students are encouraged to explore and discuss the impact of these behaviours on other students within a group, seminar, lecture and/or meeting. Students are then encouraged to explore and develop understanding of techniques, including the use of body language, verbal communication and self-reflection, which can be used to help address these behaviours, noting also that it can require courage to enact many of these behaviours. Once again following this content, students are encouraged to reflect on their own communication style and their burgeoning compassionate communication practice.