**Introduction**

Anxiety, depression, and a multitude of other psychological problems commonly plague persons suffering from a Traumatic (or Acquired) Brain Injury. Compassion Focused Therapy (CFT) developed to help patients and others manage shame and self-criticism while fostering the ability to be kind and gracious (“compassionate”) to oneself. The British researchers conducting this research describe how CFT reduces self-criticism, anxiety and depression while increasing the ability to reassure or comfort the self.

Mental health treatments are focusing less on psychological events (e.g., thoughts) by reframing the function of these events and the individual’s personal and contextual experiences. Mindfulness based cognitive therapy, acceptance and commitment therapy, and compassion focused therapy (CFT) exemplify this shift.

CFT draws on social, evolutionary (especially attachment theory) and neurophysiological ways to focus attention on the affiliative/soothing aspects of our brains while focusing less on the threat system that usually becomes the *modus operandi* of people after experiencing life changing trauma.

**Methods**

A total of 12 white, British patients (7 men and 5 women) ranging in age from 21 to 55, completed all pre-, post- and follow-up questionnaires. A mixture of qualitative and quantitative measures accompanied this 18-week neuropsychological rehabilitation program. Private, semi-structured interviews provided for the qualitative aspects of the research. Analysis revealed three key themes common to all the patients:

1. Psychological difficulties
2. Developing trust and safeness and
3. Adopting a new approach to life

A variety of survey instruments were used to measure depression and anxiety along with self-critical/self-hating and self-reassuring forms of thinking. These measures provided the quantitative aspects of the research.

The intervention provided for this study involved a ‘mood group’ and individual CFT sessions. Two CFT guiding principles were incorporated into the program’s original support group meetings. A particular definition of compassion (“to approach, engage and understand the suffering and to work to alleviate and prevent it”) and the humanity principle (“the ability to see one’s experiences as an understandable part of being human, rather than being individual and shameful”). In other words, all human beings must deal with injury and disease as a part of living.

In addition to these basic definitions, CFT education focused on a three systems approach to mood (affect) management. Those three systems were identified as:

1. A threat and protection system
2. A resource-seeking and excitement system and
3. A soothing (contentment) and safety system

After completing the ‘mood group’ the first half of the 18-week program, the individual training the last nine weeks of the program focused on development of compassionate practice and dealing with barriers to compassion.

The psychological difficulties triggered feelings of threat and protection. Developing trust and safeness corresponds to the resource-seeking/excitement feelings and finding a New Approach to life activated the soothing and safety system.

Key elements of adopting a new approach involved:

1. Developing an “It’s not my fault” perspective in life’s meaning making
2. Discovering new tools
3. Revaluing the self and
4. Creating a new way to relate to others.

**Results**

Qualitatively, patients reported that CFT helped them to develop empathy for themselves and that practicing the “it’s not my fault” attitude increased their sense of compassion toward themselves.

The quantitative results corroborate the personal expressions of the patients. Anxiety was reduced very significantly (*p* < 0.005). Depression was significantly reduced (*p* < 0.05). Self-criticism and self-hatred scores were reduced very significantly (*p* < 0.005), while the ability to self-reassure rose very significantly (*p* < 0.005).

**Conclusion**

Though the article itself is quite detailed in explaining the qualitative and quantitative aspects of the research and its statistical results, the conclusions drawn emphasize the importance of empathetic and compassionate care toward oneself in order to adjust effectively to life after an Acquired Brain Injury. While CFT presupposes an evolutionary process in human development, Interdisciplinary Team Members, especially chaplains, can apply the information presented in this article to enhance the quality of life for TBI survivors, assist them to develop helpful ways to deal with life’s challenges, thereby enabling TBI survivors to adapt, adjust, reframe and reengage in life following such a life-changing event.

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