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Exploring the international utility of progressing Compassionate Mind Training in School Settings: A comparison of Implementation Effectiveness of the same curricula in the UK and Portugal

Abstract

Given current retention and well-being crises within the teaching profession worldwide, this research sought to explore implementation efficacy of a Compassion Mind Training (CMT) programme in cross-cultural school-settings. A 6-module CMT curriculum was implemented in teaching staff of two primary schools in the UK ($N=76$) and one primary school in Portugal ($N=41$). Results revealed that high-quality implementation was achieved across the UK and Portuguese cohorts, with the majority of staff providing extremely positive ratings regarding all aspects of module content, delivery, and interest/relevance. Moreover, recommendation of the CMT to others was the modal response across cohorts. These findings indicate that CMT in school settings has international appeal and utility in helping educators manage educational-based stresses.

Introduction

Teaching is facing an unprecedented recruitment and retention crisis. In recent years, those working in education are increasingly reporting teaching as an unfavourable occupation with adverse health consequences. For example, in 2017, Carmichael reported that 30% of UK teachers leave the profession within the first 5 years, citing excessive workload and bureaucracy. Adding to this, the Educational Support Partnership (ESP 2018), in its review of 1076 education professionals, found that 67% of teachers described themselves as stressed by their work. Most recently, Ofsted (2019) reported that 54% of teachers state their job 'often' or 'always' impacts negatively on their mental and/or physical health (31% and 23%, respectively); with educators generally disappointed by the profession. Importantly, this teaching crisis is not limited to the UK, with similar reports of stress noted in teaching professionals world-wide (e.g. Harris et al. 2016; McCallum, et al., 2017). In Portugal, the latest education sector research has revealed that 75% of teachers

present high levels of burnout, with 25% reporting extreme burnout and 84% intending to leave the profession (Varela et al., 2018). Moreover, longitudinal studies have revealed that teachers who report higher levels of burnout early in the school year have classrooms with more behavioural problems across the year (McLean & Connor, 2015).

Recognising this growing crisis within the teaching profession, there are now a number of projects to address this and improve resilience training in teachers, with those stemming from third-wave therapies demonstrated to be particularly efficacious (see Hanh and Weare 2017 & Huang et al., 2017, for reviews). Third-wave therapies, whilst retaining some of the same components of second-wave therapies (e.g. self-monitoring), utilize new assumptions, principles, and techniques to inform interventions. This includes a focus on the awareness of cognitive and emotional processes, including reduced experiential avoidance and thought suppression in favour of acceptance (Linardon et al., 2019) as well as somatic/bodily practices. Most recently, Maratos et al. (2019) explored the applicability of compassionate-mind training (CMT) in school settings. CMT is derived from compassion-focused therapy (Gilbert, 2010) and consists of a set of practices and psychoeducation (adapted from CFT) designed to cultivate both physiological and psychological processes conducive to well-being; but those specifically that can be applied in larger group settings. Specifically, it combines education as to the evolutionary nature and workings of the brain, including the functions of emotions, alongside posture, voice tone, facial expression and breathing exercises, as well as mindfulness and compassionate imagery practices. Maratos et al., investigated the utility of a 6-module CMT program with school staff to improve well-being. Results revealed that the initiative was well received, with staff reporting positively on their experiences of the curriculum and practices. Additionally, exercise practice was associated with significant increases in self-compassion and significant decreases in self-criticism. Thematic analyses further revealed benefits of CMT for dealing with emotional difficulties. Thus, Maratos et al. concluded that utilising CMT in educational settings may hold promise as a way of helping those in education counteract the current issues faced, especially those contributing to negative changes in well-being.

One crucial aspect of any new intervention is, however, the quality of the implementation. Here, Durlak & DuPre (2008) have observed that the level 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. Nonetheless, to date, few if any, researchers have explored the *international* applicability of the trainings introduced. Considering this, and the high-level of Portuguese staff presenting with symptoms of burnout, the purpose of the present research was to explore implementation efficacy of CMT in cross-cultural school-settings, including the design of a curriculum with international appeal and utility.

Methodology

CMT Translation & Curriculum Content

Following on from its original development and published trial in the UK (Maratos et al. 2019), a revised six-module curriculum was designed by the UK and Portuguese teams and translated/adapted into Portuguese. This coincided with the second running of CMT in UK Schools (the first being reported in Maratos et al., 2019) but preceded, by three months, the running of the CMT in Portugal (which was scheduled for the following school term). Importantly, the two teams were in close contact during the running of these two CMT curriculums. Briefly, content of the modules was as below, with each module delivered within the school by two experienced CMT trainers. In the UK this comprised of FM, WW and/or PG, and in Portugal this comprised of MM, IA, MC, MPL and LP.

Module 1 focused on what compassion is, including sensitivity to distress/stress in the self and others and the motivation to alleviate/prevent this. It also introduced staff to the ideas of our ‘Tricky Brain’, mind awareness and imagery. Practices introduced included regal walking, soothing rhythm breathing and generating direct friendly emotional tones and textures in internal monologues.

Module 2 introduced staff to the ‘three circles’ model of emotion, which includes the threat, drive and soothing systems. It also included an overview of physiological and

brain stress and non-stress responses, and how these are linked to different emotions. Practices introduced included mindfulness awareness to one's own motivations, emotional states and emotion triggers, and an introduction to imagery e.g. imagining a eudemonic place.

Module 3 focused on building the compassionate mind with a range of imagery practices introduced as the key focus of this session. Using imagery, staff were asked to envisage the three core aspects of compassion: 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. This was through imagining 'compassionate other', 'compassionate self' and 'compassion for another'. Staff were asked to have a play with these different types of imagery and practice those they felt most comfortable using.

Module 4 invited participants to explore the nature of complex and multiple emotions that can be part of our ongoing experiences through the idea of multiple selves. For example, when we argue with somebody we care about, we may have feelings of anger, anxiety and sadness. Practices introduced included exploring how a combination of emotions can arise to a single event. In this module, staff were also introduced to the practice of 'compassionate best' which involves processes of compassionate and empathic listening to the self and others.

Module 5 focused on exploring the triggers, nature, frequency and intensity of self-criticism and how rather than listening, challenging or arguing with one's inner critic how, through guided discovery, generating compassionate self-correction when things go wrong can be a better strategy. As such, practices introduced included functional analysis of self-criticism and how to switch into compassionate self-correction and encouragement.

Module 6 encouraged staff to explore how to build compassionate ways of living into everyday life; the flows of compassion and how staff could take compassion forward as part of their school ethos. Practices introduced included making conscious efforts to notice things/people that are helpful using appreciation and gratitude techniques, as well as reflecting on compassionate behaviour for self and others. Finally, staff

were asked to write compassionate letters to themselves, with respect to what they would like to remember and take forward from the CMT initiative (with these posted back to the staff circa three months later).

Additionally, after each Module, participants were asked to practice the breathing, soothing or imagery techniques introduced, and to implement and embody the competencies/skills learned in their daily personal and professional lives. At the beginning of the subsequent module, informal experiential feedback on how staff engaged in the home practices and the difficulties encountered was shared and discussed.

CMT Implementation

In the UK, the CMT was conducted as compulsory continued professional development (CPD) with all teaching staff of two inner city schools (school 1 n=39; school 2 n=37). In Portugal, the pilot study of the CMT was conducted as opt-in CPD with teaching staff of a single inner-city public school. From the initial 41 participants approached, 32 teaching staff (i.e. 78%) opted into the Portuguese CMT initiative. Translation of the material from English to Portuguese, including the CMT evaluation questions, was progressed by the Portuguese team under the supervision of MM, a bilingual academic with extensive expertise in CFT/CMT and in the development and translation/adaptation of CMT materials and measures (e.g., Matos et al., 2015, 2017, 2018; Gilbert et al., 2017). For the evaluation measure, back translations were checked by FM to ensure meaning comparability. In addition to the two teams remaining in close contact during the running of the CMT curriculums, the same slides were used across the UK and Portugal iterations and (online) pre and/or post-module implementation meetings held between FM and MM to discuss implementation of content and practices to ensure equivalent content across the two Countries.

Importantly, there were three additional main differences between the UK and Portuguese implementation of the CMT. Firstly, to fit with the requirements of Portuguese CCdFCdP accreditation, in Portugal the sessions were of 2-hour duration, whereas in the UK they were of 1.5-hour duration to enable progression in

mainstream schooling (i.e. in Twilight sessions). In Portugal, this additional time allowed for a greater focus on the experiential practices, including group sharing, reflection of benefits and any associated fears, blocks and resistances. Secondly, in the UK, school 1 additionally opened the CMT to all school staff. This included those 50% of full-time and part-time staff who made up the school business management team, play leaders, catering/premises staff and midday supervisors; although, for these non-teaching staff, the CPD was not compulsory. In Portugal the CMT was implemented solely to teaching staff. Thirdly, in the UK, the modules were conducted on a bi-weekly basis (i.e. over a period of approximately 12 weeks), whilst in Portugal, the modules were conducted on a weekly basis (i.e. over a period of 6 weeks). In both cases, however, this design allowed the CMT to be progressed over a single school term.

CMT Evaluation

In order to explore cross-cultural implementation effectiveness, after each CMT session, all individuals in attendance were provided with a single-sided form to enable evaluation of the session. The single-sided form included six questions relating to pace of delivery, material presented, exercises introduced, interaction, interest, and motivation. For each question, three anchor points were utilized (e.g., too much, acceptable, too little; somewhat motivated, motivated, unmotivated; see Table 1 column A) and staff were asked to “please circle the response that best reflects your evaluation of the session provided today.”. Staff were also asked to rate whether they would recommend the training to others (maybe, yes, not really).

Results

In the UK, completion of the forms was optional (consistent with the BPS Code of Ethics and Conduct). Here, 220 evaluation forms were completed across the six CMT sessions, ranging from 25 to 53 forms completed per any one session. In Portugal, completion of the forms was part of the Portuguese CCdFCdP accreditation requirements. Here, 162 evaluation forms were completed across the six CMT sessions, ranging from 22 to 30 completed per one session, and reflecting attendance at each session. Quantitative data pertaining to staff evaluation of the

CMT sessions, as a function of UK or Portuguese implementation, are presented in Table 1. In summary, this demonstrates that across both countries, a large majority of staff reported module content and delivery. This includes 88%, 91%, 86% and 72% of staff reporting that pace, material covered, interactivity and practices covered, respectively, were 'just right'. In addition, whilst the UK staff were less motivated to attend the CMT as compared to the Portuguese staff (31% vs. 66%, respectively), data pertaining to interest, relevance and recommendation of training across both cohorts was, generally, very positive and the mode response. That is, across cohorts, 66% of participants reported their interest was always held; 63% reported the modules were very relevant, and 73% would recommend the training to others. This stated, Portuguese staff did report the training as more helpful than UK staff (43% vs. 77%), whereas for the UK participants the majority of staff (49%) reported it was 'somewhat helpful'.

Table 1 About Here

Conclusion

The purpose of the present research was to explore implementation efficacy of CMT in cross-cultural school-settings, with the objective of designing a curriculum with international appeal and utility. To meet this aim, teaching and support staff were recruited in an international trial of the curriculum across three inner city schools (two in the UK, one in Portugal). Results reveal this objective was met. Indeed, the data demonstrate that across the UK and Portuguese cohorts high-quality implementation was achieved, with the majority of staff providing extremely positive ratings regarding all aspects of module content, delivery, and interest/relevance. Additionally, across cohorts recommendation of this compassion training to others was the modal response. These findings are extremely important given that high-quality implementation is an essential condition of effective social and emotional learning programs, and can affect well-being outcomes obtained (Durlak & DuPre, 2008; Wilde et al., 2019). Moreover, whilst not directly investigated, we also believe implementation fidelity was met, as the intervention leads (PG, WW, FM & MM) have over 50 years' experience in leading

compassion-based initiatives between them, with WW, FM and MM all having undertaken training sessions with PG, who is the originator of CMT and compassion-focused therapy (see for example, Gilbert, 2014).

However, despite the promising findings reported, three important differences were observed. Firstly, the Portuguese population generally rated all aspects of the implementation as more favourable than the UK population. Secondly, Portuguese staff generally reported the CMT as more helpful than the UK staff. Finally, there was a clear difference in motivation to attend the CMT, with the UK staff being 'somewhat motivated' as compared to 'very motivated' for the Portuguese staff. These differences could reflect the difference in session length between the two cohorts (1.5 hours in the UK, 2 hours in Portugal). Indeed, in the original trial of CMT in school-settings by Maratos et al. (2019) motivation to attend and helpfulness of the CMT was comparable to the Portuguese school results. Notably, in this original trial session length was 2.5 hours. Thus, what might be important is the additional time participants had to engage in, and reflect upon, the experiential practices.

It could also be that the differences in results reflects the enforced vs. opt-in nature of the CMT CPD in the UK and Portugal, respectively. To expand, in teacher education, Burchell and Woolhouse (1995) argue that promoting autonomy in learning/training is desirable as it empowers the individual. In the UK cohort, enforcing the training across all staff may have inadvertently made the training less desirable. This could also reflect the variability in the number of module evaluation forms received on a module by module basis in the UK, despite each session being well-attended as expected. Although, equally, the variability in the number of UK module evaluations returned could have reflected the 1.5-hour time pressures, which were especially prevalent in the running of module 3. Finally, it could be that the approach to CPD in Portugal compared to the UK, is quite different. Indeed, enrolling on CCdFCdP accredited courses (and the existence of such 'opt-in' accredited teaching courses) aids progression in the Portuguese teaching profession. Therefore, it is the 'norm' that Portuguese educators undertaken such courses and are hence autonomously motivated to do so, especially as the difficulty's teachers

face in Portugal are also leading to burn-out and resignation from the profession (Varela et al., 2018).

To sum, considering the current teacher retention and stress epidemic, our results reveal CMT in school settings has potential international utility in helping educators manage such stresses. Exactly how CMT is helpful with this is the subject of our on-going research (i.e. exploration of the psychological and physiological indicators of CMT on teacher well-being). Additionally, and going forward, as CFT and CMT in clinical and nonclinical populations is becoming increasingly well established (for review see Kirby et al., 2017), exploration of implementation effectiveness across further sectors is advisable to better inform intervention efficacy.

Ethical Approval

All research procedures received approval from the Human Sciences Research Ethics Committee at the University of Derby, as well as the Faculty of Psychology and Educational Sciences of the University of Coimbra. All UK research procedures were further in accord with the BPS code of conduct and ethics (2018). The data presented herein is a part of a bigger on-going project to establish efficacy of CMT in school settings across both the UK and Portugal.

References

Burchell, H., & Woolhouse, M. (1995). Learner Autonomy in Competence-based Post-compulsory Teacher Education. *Journal of In-Service Education*, 21(2), 137-148.

Carmichael (2017). Recruitment and retention of teachers. Retrieved from: <https://publications.parliament.uk/pa/cm201617/cmselect/cmeduc/199/199.pdf>

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41(3-4), 327-350.

ESP (2018) Teacher Well-being Index. Retrieved from:
https://www.educationsupportpartnership.org.uk/sites/default/files/resources/teacher_wellbeing_index_2018.pdf

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. London: Routledge.

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6-41.

Gilbert, P., Catarino, F., Duarte, C., Matos, M., Kolts, R., Stubbs, J., ... & Basran, J. (2017). The development of compassionate engagement and action scales for self and others. *Journal of Compassionate Health Care*, 4(1), 4.

Hanh, & Weare, K. (2017). *Happy Teachers Change the World*. London: Parallax Press.

Harris, A. R., Jennings, P. A., Katz, D. A., Abenavoli, R. M., & Greenberg, M. T. (2016). Promoting stress management and wellbeing in educators: feasibility and efficacy of a school-based yoga and mindfulness intervention. *Mindfulness*, 7(1), 143–154.

Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy*, 48(6), 778-792.

Linardon, J., Gleeson, J., Yap, K., Murphy, K., & Brennan, L. (2019). Meta-analysis of the effects of third-wave behavioural interventions on disordered eating and body image concerns: Implications for eating disorder prevention. *Cognitive behaviour therapy*, 48(1), 15-38.

Maratos, F. A., Montague, J., Ashra, H., Welford, M., Wood, W., Barnes, C., ... & Gilbert, P. (2019). Evaluation of a compassionate mind training intervention with school teachers and support staff. *Mindfulness*, 10(11), 2245-2258.

Matos, M., Duarte, C., Duarte, J. & Gilbert, & P. Pinto-Gouveia, J. (2018). How one experiences and embodies compassionate mind training influences its effectiveness. *Mindfulness*, 9(4), 1224-1235.

Matos, M., Duarte, J., & Pinto-Gouveia, J. (2017). The origins of fears of compassion: Shame and lack of safeness memories, fears of compassion and psychopathology. *The Journal of Psychology: Interdisciplinary and Applied*, 151(8), 804-819.

Matos, M., Pinto-Gouveia, J., Gilbert, P. Duarte, C., & Figueiredo, C. (2015). The Other as Shamer scale - 2: Development and validation of a short version of a measure of external shame. *Personality and Individual Differences*, 74, 6-11.

McCallum, F., Price, D., Graham, A., & Morrison, A. (2017). *Teacher Wellbeing: A review of the literature*. Sydney: The Association of Independent Schools of New South Wales Limited.

McLean, L., & Connor, C. M. (2015). Depressive symptoms in third-grade teachers: Relations to classroom quality and student achievement. *Child Development*, 86(3), 945–954. doi:10.1111/cdev.12344

Ofsted (2019) Teacher well-being at work in schools and further education providers. Retrieved from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819314/Teacher_well-being_report_110719F.pdf 06.01.2020.

Varela, R. C., della Santa, R., Silveira, H., Coimbra de Matos, A., Rolo, D., Areosa, J., & Leher, R. (2018). Inquérito Nacional sobre as Condições de Vida e Trabalho na Educação em Portugal (INCVTE). *Jornal da FENPROF*. Lisboa. Retrieved from <https://www.fenprof.pt/?aba=39&cat=667>

Wilde, S., Sonley, A., Crane, C., Ford, T., Raja, A., Robson, J., et al. (2019). Mindfulness training in UK secondary schools: a multiple case study approach to identification of cornerstones of implementation. *Mindfulness*, 10(2), 376–389.

	Module 1		Module 2		Module 3		Module 4		Module 5		Module 6		Mean (%)	
	UK (53)	Port. (30)	UK (39)	Port. (24)	UK (25)	Port. (28)	UK (38)	Port. (28)	UK (28)	Port. (22)	UK (36)	Port (30)	UK	Port.
Pace of Delivery														
Too Fast	4	0	0	0	0	0	3	0	0	0	0	3	1	1
Too Slow	8	0	26	8	24	0	21	7	29	4	5	0	18	2
Just Right	89	100	74	92	76	100	76	93	71	96	90	97	79	96
Material Covered														
Too Much	13	0	18	0	4	4	0	0	18	0	3	0	9	1
Too Little	0	0	3	4	8	0	3	4	7	0	3	0	4	1
Just Right	87	100	79	96	84	96	93	96	75	100	91	100	85	97
Interaction														
Too Much	0	0	0	0	4	0	3	0	7	0	0	0	2	0
Too Little	20	0	33	0	28	0	16	4	29	9	8	7	22	2
Just Right	80	100	62	100	68	100	82	96	64	91	86	93	74	97
Practice Sessions														
Poor	0	0	3	0	0	0	5	0	11	0	3	0	4	0
Fair	25	17	31	12	48	7	29	29	29	45	30	10	32	20
Just Right	75	83	59	88	48	93	66	71	61	55	68	90	63	80
Interest Held														
Not Really	4	0	10	0	12	0	18	0	14	0	3	0	1	0
Sometimes	26	10	36	21	48	11	32	36	29	45	43	17	36	23
Yes	70	90	54	79	40	89	50	64	68	55	54	83	56	77
Motivate to Attend														
Not Motivated	2	0	5	0	16	0	16	0	21	0	3	0	11	0
Somewhat Motivated	47	40	49	29	60	18	68	50	61	45	60	20	58	37
Very Motivated	51	60	46	71	24	82	16	50	18	55	32	80	31	66
Relevant														
Not Relevant	4	0	5	0	4	0	5	0	18	0	3	0	7	0
Somewhat Relevant	34	27	38	42	60	21	26	18	29	27	54	33	40	28
Very Relevant	62	73	56	58	36	79	68	82	54	73	43	67	53	72
Helpful														
Not Helpful	6	0	5	0	12	0	3	0	18	0	3	0	8	0
Somewhat Helpful	32	30	41	46	68	36	53	18	43	4	57	3	49	23
Very Helpful	62	70	51	54	20	64	45	82	39	96	41	97	43	77
Recommend Training														
Not Really	6	0	0	0	0	0	11	0	14	0	8	0	7	0
Maybe	23	13	33	17	48	4	42	7	36	0	51	0	39	7
Yes	72	87	67	83	44	96	45	93	50	100	41	100	53	93

Table 1. Staff evaluation (in percentage) of the CMT initiative on a module-by-module basis, and as a whole, as a function of UK or Portuguese Iteration.

Table Caption: Numeric in **Bold** represent responses with a clear modal response (i.e. modal response equal or greater than 10% to next closest response)