



THE  
**Compassionate Mind**  
FOUNDATION



CASE  
DISCUSSIONS  
WORKBOOK  
2026

# CONTENTS

- 03 Welcome
- 04 Session dates
- 05 Agenda
- 06 Guidance and ground rules
- 09 Preparation
- 10 Before presenting your case
- 11 Presenting your case
- 12 Supervision Template
- 15 Therapist Evaluation Scales



# WELCOME

## Welcome to Compassionate Mind Clinical Case Discussion Sessions.

Given the growing developments in Compassion Focused Therapy (CFT) around the world, and an increasing evidence base, we are delighted to offer a series of international case discussion sessions, which will give participants an opportunity to discuss clinical practice in a supportive environment with guidance and input from Paul and Wendy.

These networks are designed for people who have some training in CFT and for whom CFT is their primary mode of therapy.

This workbook is designed to offer guidance to enable us to make the best use of our time together.



Compassionate wishes  
Prof Paul Gilbert OBE  
& Dr Wendy Wood



# SESSION DATES

10<sup>th</sup> February; 10<sup>th</sup> March

7<sup>th</sup> April ; 12<sup>th</sup> May

9<sup>th</sup> June; 20th October

10<sup>th</sup> November & 8<sup>th</sup> December

There will be two sessions each day, and one of those sessions will include an option of Portuguese translation. You are welcome to join as many as you wish. For timings, see our website.

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Booking:

[compassionatemind.co.uk/  
training](http://compassionatemind.co.uk/training)

Length: 1 hour

Platform: Zoom



# AGENDA

The purpose of these sessions is to:

- \*explore cases and key themes relevant to CFT work
- \*develop and refine our clinical skills through collaborative learning
- \*support one another in applying CFT across diverse contexts

All clinicians attending supervision will be clinically responsible for their practise and the implementation of CFT. The timings suggested below are an indicative agenda for guidance only – it will vary depending on the needs of those present.

## Welcome

5 mins (and feedback from previous supervision)

**First Case:** 5 mins presentation

**Supervision:** 15 minutes

**Summary:** 5 minutes

## Welcome

5 mins (and feedback from previous supervision)

**Second Case:** 5 mins presentation

**Supervision:** 15 minutes

**Summary:** 5 minutes

# GUIDANCE AND GROUND RULES



Presenters should be able to reflect on issues that affect their clinical practice to develop personally and professionally; ultimately contributing towards improving client/patient care.

Confidentiality of the client must be maintained consistently. All cases discussed must use anonymous pseudonym

# GUIDANCE AND GROUND RULES



Minimize distractions

Consider your environment and eliminate any possible interruptions. The best practices include

- (i) logging out of email,
- (ii) silencing your phone(s),
- (iii) go inactive in instant messaging applications
- (iv) if possible place a "do not disturb" sign on your office door

## How to contribute

- (i) Use the hand raise facility to contribute to the discussion
- (ii) Do feel free to add questions and comments in the chat facility – we will respond as soon as possible
- (iii) Keep your camera on as much as possible
- (iv) Stay on mute until invited to unmute



# GUIDANCE AND GROUND RULES FOR SUPERVISION



We ask that you agree and uphold these guidelines for engagement

- (i) Keep to time
- (ii) Remember that you can take time out should you need to
- (iii) Give others opportunity to speak
- (iv) No question is trivial
- (v) Listen to each other, be non-judgmental and respect each other's opinions
- (vi) Challenge others respectfully
- (vii) Keep confidentiality
- (viii) Be accountable
- (ix) Allow people to own their own experience

# PREPARED PRESENTERS PREPARATION FOR

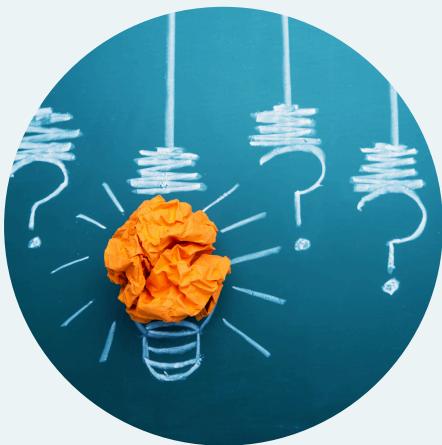
Preparing a case in this way is a useful practice for reflective practice and developing your “internal supervisor”

Remember when you present your case, we can all learn from this, so please prepare before the session. Preparing for the session will enable the reflective process to begin prior to the session, promoting the best use of time for you and everyone else

It helps the session become more powerful in relation to the outcome possibilities and depth of reflection.

It increases the likelihood of the session feeling useful and worthwhile and so improves motivation. It models and communicates a high level of commitment enable the supervisor and colleagues to support you.





## Before Presenting Your Case

Presenters should be familiar with the basic model of CFT and present their case within that framework prepared to role play their clients prepared to dialogue with other participants

Long descriptions of history are dissuaded because of the time they take and presenters should focus in on how the history relates to the therapeutic question.



# Presenting Your Case

The following are guidelines for how to present your case:

Use the Supervisors Template to present your case

Be succinct and clear

Aim to provide the overview in no more than 5 minutes

At the end of the interaction, give a brief summary of what you have taken away from the session.

The template on Pages 12-14, which presenters are encouraged to use, provides a suggested way of preparing for the session. This can be kept with your notes to remind you of what is discussed.



## Supervision Template

This is a suggested tool for you to use to plan your supervision

**What is/are my supervision question (s)?**

**What are the client's presenting issues?**



**What are the goals for therapy you have agreed with the client?**

**What is your working formulation? Write or draw it here**

**What is going well?**



**What are the difficulties you/your client are experiencing?**

**What are you taking away from supervision?**

**What actions do you need to do post supervision? (e.g. reading, contacting someone)**

You can use the Therapist Evaluation Scale included in this booklet as an additional tool for you to use for reflecting on your practice, to evaluate your competence, plan CPD, etc.

## THERAPIST EVALUATION SCALE

Gilbert, P., Wood, W. and Gale, C. (2014 [updated 2024]) *Therapist Evaluation Scale* (unpublished)

### Bonds and the Therapeutic Relationship

The relationship between the therapist and the client is built as a dynamic reciprocal interaction but where the therapist is mindful and aware of their non-verbal communication and presentation and can engage the client in a collaborative relationship.

**Building the secure base and safe haven:** is the therapist familiar with the concepts of a secure base and safe haven and do they recognise that their skills are orientating them to create it.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Non-Verbal Communication 1:** consider the therapist's appearance of openness, friendliness of posture and facial expressions in contrast to defensive postures and 'frozen fish' expressions.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Non-Verbal Communication 2:** consider the therapist's voice tone.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Pacing:** consider the therapist's abilities to provide space for the client, but also help the client to stay focused rather than topic hop and wander away from central issues.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

## Comments

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## Micro Skills

Consider the therapist's understanding and ability to promote guided discovery.

**Open and Socratic Dialogues:** use open questions that invite exploration. Should include both process and client inner wisdoms and strengths.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Dialogue:** create a 'guided conversation' that enables sharing and guided discovery (i.e., avoiding just questioning), inference chaining and mind mapping

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Listening and Attentiveness:** be attentive, listen and respond to the client rather than their own agenda.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Empathy 1:** be sensitive and empathic to the dialogue, e.g. use of reflection.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Empathy 2:** able to convey empathic understanding via validation and mentalizing.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Conceptualising:** use summaries, paraphrasing, empathic reflection, with abilities to identify key themes in the client's narrative.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

### Comments

### Formulation

Consider therapist's ability to develop a collaborative and curious relationship with the client to elicit the following:

**Background life experiences:** Able to help the client contextualise the current issues and why they're coming to therapy and how this may arise from their personal history e.g. their key early emotional experiences.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Core threats:** elicit threats and concerns arising from background experiences and influencing current experience.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Internal and external threat:** able to distinguish internal from external threats and help the client recognise differences - or overlaps.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Safety strategies:** able to help the client consider the function of the safety strategies and distinguish between those directed towards external threats and internal regulation of threat (usually emotion or intrusive images).

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Unintended consequences:** able to help the client through the unintended consequences of their safety strategies in a non-judgmental reflective way.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Reflection:** enable the clients to reflect on formulation and understand the appropriate and inappropriate concept of “not your fault.”

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

### Comments

## Psychoeducation 1: Explaining the model

Consider the therapist's understanding and ability to:

**Understanding:** show a good understanding of the basic evolutionary model

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Psychoeducation 2:** Tricky brain: convey appropriate information to the client for them to understand the way our minds are tricky because of the evolved design (getting in to loops and so forth).

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Psychoeducation 3:** Evolved Mind: convey insight into the relationships between: motives, emotions, cognitions and behaviours and their role in 1. Threat-defence 2. acquiring resources (drive) and 3. resting and digesting (settling)

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Psychoeducation 4:** Mindfulness convey insight into the value of developing mindful compassion (even if the client thinks they would not be able to do it).

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Psychoeducation 5:** de-shame and promote adaptive responsibility enable the client to reflect on formulation and understand the appropriate and inappropriate concept of “not your fault” using the evolutionary model but being motivated to act helpfully not harmfully.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

## Comments

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## Contracting

Consider the therapist's understanding and ability to collaborate on:

**Task and Goals:** begin to articulate the tasks and goals of therapy.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Hopes and Fears:** enable the client to explore and address hopes and fears about their therapy journey and process.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Roles:** enable the client to think about the roles of the therapist in facilitating guided discovery and practice and their (the clients) own input into preparation and development of compassion.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Care plans:** develop an appropriate step-by-step care plan with the client which both therapist and client agree on (should not be unrealistic in the first instance). Recognition that plans will change and develop in the course of the therapy.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	



**Contracting** able to contract for a number of sessions with a focus on the likely content of sessions.

..

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

### Comments

### CFT Interventions 1

Consider the therapist's understanding and ability to:

**Attention training:** guide the client to understand the power of attention (a zoom lens, a focus and amplifier of emotion).

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Mindfulness:** guide the client to understand mindfulness and to begin some simple mindful exercises.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Soothing Rhythm Breathing:** guide the client in this and can identify problem areas.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7



**Imagery:** explain imagery (what it is and what it isn't), why it's important (how it affects our brains and bodies) and begin some guided discovery in various domains.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Compassionate Safe Place:** enable the client to think about the concept of a safe place, the qualities that would be important, and experience this practice.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Compassionate Self:** enable the client to think about the concept of a compassionate self, the qualities that it would have, and begin to practice those qualities.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

**Compassionate Image:** enable the client to think about the concept of a compassionate image and the qualities they would like it to have (and why). Reflection on and successful negotiation of issues and difficulties that may arise as a consequence of any such exercise.

Absence or inappropriate								skillful enactment
0	1	2	3	4	5	6	7	

### Comments

## CFT Interventions 2

Consider the therapist's understanding and ability to:

**Explore Emotion:** guide the client to understand cognitions, bodily experience, behaviours and memories linked to different emotions.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Compassionate Engagement:** guide the client to understand and use compassionate focusing to re-evaluate or re-experience with guided discovery and gentle exposure.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Compassionate Chair Work:** guide the client in the use of different chairs to identify and explore and communicate with different parts of the self.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Compassionate Letter Writing:** guide the client in the use of writing about themselves and difficulties from a compassionate point of view.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Compassionate Behaviour:** guide the client in identifying compassionate behaviour in particular contexts that are important for them.

Absence or inappropriate	skillful enactment						
0	1	2	3	4	5	6	7

**Compassionate practice:** guide the client in appropriate practice and monitors practice.

Absence or inappropriate		skillful enactment						
0	1	2	3	4	5	6	7	

**Comments**

# NOTES



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