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CLINICAL MODULES

Self-Compassion Clinical Practice Workbook

An adult workbook for awareness, emotional regulation, compassionate accountability, and sustainable practice

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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How to use this workbook

CLINICAL ORIENTATION

- Use collaboratively and select activities according to the client's goals, readiness, culture, and current level of distress.
- Complete brief practices in session before assigning them between sessions; invite the client to modify or decline any exercise.
- Revisit the reflection inventory periodically to notice patterns and change, not to diagnose or grade progress.
- Pause reflective writing when activation rises beyond a manageable level and return to orientation, grounding, or external support.

Clinical considerations

- This workbook is educational and therapeutic support, not a diagnostic instrument or substitute for individualized care.
- Choice is central: eyes may remain open, touch practices may be omitted, and imagery or meditation may be shortened or replaced.
- Self-compassion does not excuse harm. Pair kindness with responsibility, repair, boundaries, and behavior change when relevant.
- Explore cultural, family, faith, disability, neurodivergence, gender, and survival contexts before labeling self-protection as resistance.
- For acute risk, severe dissociation, escalating trauma activation, or inability to regain orientation, stop the exercise and follow the person's safety or crisis plan.

Understanding Self-Compassion

Clinical aim: Establish a practical, nonindulgent definition and identify the client's current relationship with suffering.

Self-compassion combines mindful awareness, recognition of shared humanity, and a caring response. It can coexist with limits, effort, grief, and accountability.

Personal Definition

Read the overview, then describe self-compassion in language that feels credible rather than forced.

When distress appears, how do you usually speak to yourself?

What would respectful inner support sound like in your own voice?

What is one difference between compassion and avoidance or self-excusing?

Compassion in Action

Identify observable behaviors that would show compassion during an ordinary difficult day.

Situation	Usual response	Compassionate response	Small action
Mistake			
Conflict			
Fatigue or overload			

Which response feels most possible this week?

What support would make it easier?

Self-Compassion Reflection Inventory

Clinical aim: Create a descriptive baseline without treating scores as diagnostic cutoffs.

Rate recent patterns with curiosity. Scores are conversation starters and may vary by context.

Recent-Pattern Rating

Rate each statement for the past two weeks.



- ☐ I notice suffering without immediately judging it.
- ☐ I speak to myself with basic respect after mistakes.
- ☐ I remember that struggle is part of being human.
- ☐ I offer myself practical support when overwhelmed.
- ☐ I can hold responsibility without attacking my worth.
- ☐ I allow difficult feelings without demanding they disappear.
- ☐ I adjust expectations when circumstances change.
- ☐ I ask for help when support is needed.
- ☐ I recover from self-criticism with greater flexibility.
- ☐ I make room for rest without requiring that I earn it.

Which ratings vary most by setting or relationship?

Which item would make the most meaningful difference if it shifted by one point?

Context Map

Compare compassion across important areas rather than relying only on a total score.

Context	Compassion 1–5	Common trigger	Helpful condition
Work or study			
Relationships			
Body or health			
Parenting or caregiving			

Where is compassion already available?

What can that context teach you about a harder one?

How I Treat Others and Myself

Clinical aim: Make discrepancies in care visible and translate relational strengths into self-support.

Many adults readily offer patience to others while using threat, contempt, or impossible demands with themselves.

Two Responses

Recall comparable moments of difficulty for someone you care about and for yourself.

Element	Response to them	Response to myself
Words and tone		
Body language		
Assumptions		
Help offered		

What difference stands out?

Which part of your response to others could be adapted authentically for you?

Supportive Letter

Write briefly to yourself from the perspective of a steady, honest, caring person. Include validation, context, responsibility where needed, and one next step.

What deserves acknowledgment?

What is not entirely your fault or under your control?

What can you responsibly do next?

What closing words feel believable?

Beliefs That Block Compassion

Clinical aim: Identify learned beliefs about compassion and test their usefulness and accuracy.

Beliefs such as 'kindness makes me weak' often developed for understandable reasons. They can be examined without ridicule.

Belief Checklist

Mark beliefs that sometimes influence you and add your own.

- ☐ Compassion is indulgent.
- ☐ Criticism is the only way I improve.
- ☐ If I soften, I will lose control.
- ☐ My needs burden other people.
- ☐ Rest must be earned.
- ☐ My suffering does not count.
- ☐ I should be over this already.
- ☐ Accountability requires shame.

Who or what taught you these messages?

When might each belief have felt protective?

Evidence and Experiment

Select one belief and examine it as a hypothesis.

Belief	Evidence supporting	Evidence limiting	Balanced alternative	One-week experiment

What outcome would suggest the alternative is useful?

How will you avoid turning the experiment into another perfection test?

Meeting the Inner Critic

Clinical aim: Separate observation from global judgment and understand the critic's triggers, function, and cost.

Critical thoughts are mental events, not verdicts. Some attempt to prevent rejection, failure, or loss of control while causing additional harm.

Critic Sequence Map

Use a recent manageable incident rather than the most overwhelming event.

Trigger	Critical message	Emotion/body response	Urge/action	Short-term function	Long-term cost

What was the critic trying to prevent?

What need was hidden beneath the attack?

Facts, Stories, and Wise Response

Sort observable facts from interpretations, then write a response that is both kind and accurate.

Observable facts	Judgments or predictions	Balanced compassionate response

What remains true without the insult?

What response supports learning or repair?

Observing Thoughts

Clinical aim: Practice mindful distance from thoughts while maintaining present-moment orientation.

Defusion changes how a person relates to a thought; it does not require proving the thought false or making it disappear.

Notice and Name

For two to five minutes, orient to the room, notice breathing, and label experiences gently: sensation, feeling, thought, or urge. Stop if disorientation increases.

Sensation	Feeling	Thought	Urge	What I need now

What changed when you named the thought as a thought?

What helped you remain present?

Clouds or Containers

Imagine placing each thought on a passing cloud, scrolling caption, leaf, or index card. Choose imagery that feels neutral and keep eyes open if preferred.

Which thoughts were hardest to let move at their own pace?

What phrase could create distance, such as ‘I am noticing the thought that...’?

How will you reorient after practice?

Reviewing Standards and Shoulds

Clinical aim: Identify rigid demands and replace them with flexible, values-consistent expectations.
High standards are not inherently harmful. Problems arise when rules ignore capacity, context, tradeoffs, or human limits.

Rules Audit

List recurring should, must, always, and never rules.

Rigid rule	Origin/context	What it protects	Cost	Whose values?

Does the rule account for disability, stress, resources, and competing responsibilities?

Would you apply it to someone you respect?

Flexible Rewrite

Rewrite each demand as a preference, value, boundary, or realistic commitment.

Old demand	Underlying value	Flexible expectation	Minimum viable action

How will you respond when the flexible expectation is still unmet?

What would repair or recalibration look like?

Common Humanity Without Minimizing

Clinical aim: Reduce isolating shame while honoring the specificity of the person's experience.

Shared humanity means others also know struggle; it does not mean every experience is equivalent or that injustice should be normalized.

Connection Statements

Mark statements that feel grounding; revise any that feel minimizing.

- ☐ I am not the only person to struggle.
- ☐ Pain deserves care even when others also hurt.
- ☐ My context and identity matter.
- ☐ Needing support is human.
- ☐ I can belong without erasing what is unique here.
- ☐ Difficulty is not proof of defectiveness.

Which statement feels most credible?

What wording respects both connection and your specific reality?

Circles of Support

Map people, communities, traditions, resources, or imagined figures that reduce isolation.

Source of connection	What it offers	Boundary or limitation	How I can access it

Where do you feel seen without being compared?

What is one safe step toward connection?

Envisioning a More Compassionate Day

Clinical aim: Translate preferred-future imagery into observable, attainable change.

A future-oriented exercise can reveal small signs of change even when distress remains present.

Preferred-Day Description

Imagine waking after a subtle shift toward a kinder inner relationship. Describe signs across the day.

Time/context	What I notice	What I do differently	What others might notice
Morning			
Midday			
Evening			

What would be the first small clue?

Which part already happens occasionally?

One-Degree Change

Choose a change small enough to attempt under real-life conditions.

What action would move today one degree toward the preferred day?

When and where will it happen?

What obstacle is likely?

What compassionate backup plan will you use?

Connecting With Emotions

Clinical aim: Increase affect recognition, tolerance, and needs-based responding without forcing emotional exposure.
Emotions carry information but do not dictate action. Naming intensity and needs can widen choice.

Emotion and Need Map

Choose a recent emotion within a manageable range.

Emotion/intensity 0–10	Body signals	Trigger/context	Meaning	Need	Chosen response

What makes this emotion difficult to allow?

What happens when curiosity replaces criticism for ten seconds?

Window Check

Identify signs of manageable engagement, overactivation, and shutdown, then match each state with support.

State	My signs	Helpful response	What to avoid
Present/engaged			
Overactivated			
Numb/shut down			

What signals mean it is time to pause?

Who can help if you cannot return to the present on your own?

Compassionate Imagery and Meditation

Clinical aim: Develop an internal experience of warmth, steadiness, and wise support through flexible imagery.

Imagery is optional. A caring person, animal, place, spiritual figure, future self, color, sound, or simple phrase may be used.

Compassionate Presence Practice

Orient to the room. Choose a supportive image or quality. Imagine it recognizing your difficulty, respecting your agency, and offering one believable message. Practice for one to five minutes, then reorient.

What qualities did the presence convey?

What message felt supportive rather than sentimental?

What did your body notice?

Personalized Script

Write a brief script you can read or record. Include orientation, choice, acknowledgment, support, and a return to the room.

Script element	My words
Arrive and orient	
Name what is hard	
Offer care	
Choose next step	
Reorient	

Which words should be avoided because they feel unsafe or inauthentic?

Soothing Through the Senses

Clinical aim: Identify consent-based sensory regulation strategies and distinguish soothing from avoidance.

Supportive sensory input can help regulate arousal. No form of touch is required, and some people prefer movement, sound, temperature, or visual orientation.

Sensory Menu

Try only safe, accessible options and rate their effect.

- ☐ Hand over clothing on chest or abdomen
- ☐ Hands together or gentle hand pressure
- ☐ Self-hug or weighted support
- ☐ Feet pressing into floor
- ☐ Warm or cool object
- ☐ Slow movement or rocking
- ☐ Steady sound or humming
- ☐ Looking around and naming colors
- ☐ Comforting scent or texture

Option	Before 0–10	After 0–10	Keep/change/avoid

Which option increased steadiness?

Which option felt activating or inaccessible?

Regulation Plan

Create a short sequence for mild, moderate, and high distress; include external help for high distress.

Level	Early signs	First response	Backup/support
Mild			
Moderate			
High			

When might soothing become avoidance of a needed conversation or action?

Compassionate Language, Accountability, and Forgiveness

Clinical aim: Build credible self-talk and integrate remorse with repair, learning, boundaries, and release from global shame.

Forgiveness is not mandatory, immediate, or equivalent to forgetting consequences. Compassion supports clear responsibility without reducing a person to one action.

Credible Compassion Phrases

Mark, revise, or create phrases that feel steady and true.

- ☐ This is difficult, and I can take one step.
- ☐ A mistake is information, not my whole identity.
- ☐ I can be kind and still set a limit.
- ☐ I do not have to solve everything in this moment.
- ☐ My needs and other people's needs can both matter.
- ☐ I can acknowledge harm without using shame as punishment.

Which phrase fits everyday stress?

Which fits mistakes or conflict?

What tone makes the words believable?

Compassionate Accountability Map

Use this only when reflection is safe and useful. Distinguish what is yours to own from what is not.

What happened	Impact	My responsibility	Not mine to own	Repair/action	Support/boundary

Is an apology or amends appropriate and safe?

What behavior change would make responsibility visible?

What consequence may need to be accepted?

What would releasing endless self-punishment make possible?

Maintenance and Review

Review the workbook and create a sustainable practice plan.

Trigger	Practice	Frequency/cue	Support	How I will restart after lapses

What changed in how you notice or answer self-criticism?

Which practice will you keep?

What signs indicate a need for additional professional or crisis support?

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No diagnosis under this title · not a DSM-5-TR diagnosis
- ICD-11 CDDR: · not an ICD-11 mental disorder diagnosis
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 5, 6, 9, 10, 13, 17, 19, 21, 22, 29. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Do not infer a disorder from worksheet endorsement. Assess duration, severity, distress or impairment, medical/substance causes, cultural context, and relevant differentials when symptoms warrant evaluation.

Document-specific corrections

- Describe self-compassion as a practice with variable acceptability and benefit, not a universal corrective for distress.
- Offer compassionate imagery alternatives when warmth-focused exercises trigger shame, grief, trauma memories, or threat responses.
- Remove any implication that low self-compassion is a disorder or that worksheet scores establish treatment need.

Measures, scoring, and permissions

- Pages [1, 2, 5, 6, 9, 10]: identify each measure and rights holder; verify intended population, reliability/validity, scoring and cutoffs, reproduction permission, and current license. If these are author-created items, label them informal, remove diagnostic cutoffs, and do not claim validation.

Intervention scope and contraindications

- Pages [2, 21, 29]: require topic-qualified clinical review for consent, readiness, contraindications, escalation thresholds, and whether clinician-guided use is necessary.

Crisis and current resources

- NCCIH mindfulness safety/evidence overview.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.nccih.nih.gov/health/meditation-and-mindfulness-effectiveness-and-safety>
- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>