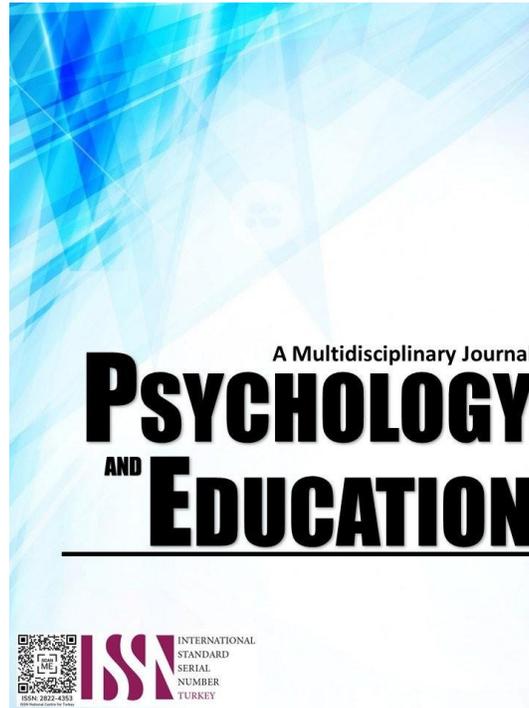


# **IMPLEMENTATION AND POTENTIAL BENEFITS OF COMPASSION FOCUSED THERAPY TO ADOLESCENT MENTAL HEALTH: A SCOPING REVIEW**



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## Implementation and Potential Benefits of Compassion Focused Therapy to Adolescent Mental Health: A Scoping Review

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### Abstract

Compassion-focused therapy (CFT) is a third-wave, action-oriented therapeutic approach that emerged as an outgrowth of cognitive-behavioral therapy. There have been few studies that share understanding about its implementation and potential benefits in adolescent mental health, particularly in a school setting. A scoping review of databases was conducted through advanced search options to address this gap in the literature. The purpose of the study is to scope CFT in the practice of school mental health among adolescents. The review focused on treatment outcomes and possible integration with other therapeutic programs. Findings revealed several themes related to Compassion Focused Therapy in school and mental health settings, as well as their implications for practice. The paper presented key findings on the use of compassion techniques for adolescent mental health, as the trend in the literature predominantly focuses on the adult population.

**Keywords:** *adolescent mental health, Cognitive-Behavioral Therapy, Compassion-Focused Therapy, scoping review*

### Introduction

Third-wave evidence-based treatments have been beneficial in school, clinical, and industrial settings. With the advent of cognitive-behavioral and related therapies, Compassion-Focused Therapy (CFT) is an integrative therapeutic approach designed to address psychological difficulties rooted in shame and self-criticism by fostering self-compassion. Compassion is the sensitivity to suffering in oneself and others, accompanied by a commitment to alleviate and prevent it. The three flows of compassion are towards the self, towards others, and what we receive from others to ourselves. They are related to our motives, emotions, and abilities, which enable us to be kind/understanding, and helpful to others. Therefore, well-being is influenced by three regulatory systems: the threat system (focused on the presence of threat and safety-seeking), the drive system (focused on resources), and the soothing system (focused on safety/affiliative-focused) (Gilbert, 2014, as cited in Millard et al., 2023).

Several studies have examined the effectiveness and efficiency of compassion techniques as reviewed by key authors in the field. Leaviss and Uttley (2015) conducted a systematic review of CFT as an evidence-based treatment. They examined 14 quantitative studies from 2004 to 2014 and found that CFT produced outcomes favorable among clinical samples. In contrast, Kirby et al. (2017) conducted a meta-analysis of 21 randomized controlled trials from 2005 to 2017, examining outcomes related to compassion, self-compassion, mindfulness, mental health, distress, and well-being. It was found that only five studies passed the selection process, as the clinical implications and utility were challenging to determine due to the varied interventions used across studies.

Notably, CFT interventions were most pertinent to clinical practice, such as in the recent review of Craig et al. (2020), wherein CFT has a favorable outcome across a range of clinical interventions (three non-RCT trials, 17 observational studies) that explored substance use disorders, brain injury, parents of children in the spectrum/related disorders, and group therapy. CFT shows significant promise for improving mental health and well-being. More extensive research is needed to fully understand its effectiveness and address implementation challenges, especially among adolescents — a gap seen in the current literature.

### Research Questions

The objective of this study was to scope research papers that explore compassion-focused interventions, particularly among adolescents, with a focus on services/programs, implementation, and potential benefits in the context of school mental health interventions to address the current gap. Specifically, it aimed to answer the following research questions:

1. What is the process of implementation and potential benefits of Compassion Focused Therapy in adolescent mental health as gathered from the studies in Scopus, ScienceDirect, PubMed, PsychInfo, SAGE Journals, Taylor and Francis Online, and Cochrane Library?
2. What themes emerged based on the scoping review?

### Literature Review

#### *Compassion Focused Interventions for Adolescent Mental Health*

In the review by Millard et al. (2023), they highlighted perspectives on CFT adapted from neuroscience, developmental psychology, social psychology, evolutionary psychology, and the Buddhist tradition. Its primary components are psychoeducation about the concept of compassion, understanding the evolution of mind, the role of shame/criticism, and learning the balance between the three systems of regulation, along with compassionate imagery, compassion letter writing, and chair-work, which are all needed for compassionate

mind-training (Gilbert, 2014, as cited in Millard et al., 2023).

### ***Developmental Considerations***

Posttraumatic stress disorder is pervasive, and alternative interventions are needed. Compassion-based interventions may show initial symptom reduction among adults; however, there is limited evidence on their potential benefits among adolescents. The treatment approaches and techniques, such as supportive relationships with the self during difficult times, such as a traumatic event, may be effective among adolescents, as they have the tendencies of social comparison, shame, and self-criticism, which then contribute to the complexity of PTSD. Thus, involvement of caregivers is a key ingredient in the treatment of modelling and reinforcing compassion, and further studies are needed for the potential benefits of compassion-based interventions in the treatment of PTSD among adolescents (Brinckman et al., 2024). Also, “functional magnetic resonance imaging (fMRI), showed neural correlates of reduced self-judgment and increased posterior cingulate cortex functional connectivity with dorsolateral prefrontal cortex, inferior frontal gyrus, and dorsal medial prefrontal cortex, and then, accompanied by reduced posterior cingulate cortex functional connectivity with the amygdala-hippocampal complex.

Notably, reduced self-judgment was substantiated by decreased influences on self-referential processes from the fear circuitry, along with enhanced frontal regulation from the executive network and language network (Joss et al., 2025). To discuss further, adverse childhood experiences, such as emotional abuse, put adolescents at risk of loneliness. Although there is limited evidence for the protective factors that mediate between them, emotional abuse is positively correlated with loneliness among adolescents, which contributes to self-coldness and sensitivity to rejection. Interventions targeting increased self-compassion, along with a reduction in sensitivity to rejection, may also be effective in reducing loneliness among adolescents (Qu, 2024). This highlights the importance of compassion and self-compassion among its techniques in the development of adolescents' brains, as well as the role of psychotrauma, safety, compassion, and the neurobiochemical bases involved in this process.

### ***Social Relationships and CFT***

To explore further the role of social relationships and compassion-based techniques, Wang et al. (2024) studied non-suicidal self-injury (NSSI) and how childhood emotional abuse can be a risk factor in its development. Self-compassion and peer attachment are seen as protective factors against NSSI, but their mediating role in the presence of childhood emotional abuse remains unclear. Emotional abuse in childhood positively predicted initial NSSI and negatively predicted its decline. Self-compassion and peer attachment partially mediate this relationship, which suggests a downward trend in NSSI development. Moreover, increasing prevention and intervention strategies for NSSI in adolescence also involves enhancing self-compassion and improving peer relationships.

In support of this, in the study of Zuair (2025) of reassured self-compassion, a school-based program on anxiety, video game addiction, and body image of adolescents; 25.8% of participants were identified as having high anxiety levels, 19.3% fall into the clinical concern or very high clinical concern categories, 26% were classified as problem gamers, while 14% were categorized as addicted gamers. Results show that 5.1% of adolescents expressed a strong desire for thinness. After the program, students exhibited significant reductions in anxiety symptoms and video game addiction. However, changes in body image dissatisfaction were minimal and not statistically significant. High satisfaction scores indicated strong acceptability and cultural alignment of the intervention. The results highlight the potential for compassion-focused school programs to address mental health disparities in underserved adolescent populations.

To cite another study related to this conceptualization, the presence of health professionals during children's medical treatments is as important as that of their parents. Parents and health professionals develop a close and genuine connection based on the health professional's commitment and ability to balance the professional relationship. The health professional's sensitivity, humanity, humility, honest communication, genuine interest, and high clinical competencies promote trust. Thus, ending these professional relationships when approaching the end of treatment may pose difficulties for families. Some barriers include structural work and social challenges. Human interconnectedness in long-term professional relationships can strengthen the parents. More research is needed to understand the actions involved in building, maintaining, and ending relationships. Cultivating presence in the moment through mindfulness and compassion may support health professionals in maintaining a receptive mind and a caring role (Nielsen et al., 2024). This is particularly important in counseling relationships, especially among adolescents, where parents/guardians and their role serve as an important protective factor in the process.

### ***Potential Benefits of Compassion-Focused Therapy in Educational Contexts***

Or et al. (2024) studied compassion, cultural humility, and mindfulness among students in the health professions. Increased mindfulness, compassion, and cultural humility were found after a program of loving-kindness meditation with small to moderate effect sizes. This means that mindfulness, as a tool for programs in health professions education, fosters broader social and health equity. For Durant et al. (2025), mindful self-compassion can also be beneficial and may reduce symptoms of burnout among nursing students, as it was the primary reason why professional nurses leave their jobs. It was found that the mindful self-compassion intervention improved the students' understanding and emotional awareness/control. Notably, the mindful self-compassion activity, which utilized sand tray exercises, improved reports of burnout. This illustrates the integration of compassion techniques and mindfulness practices in addressing mental health concerns.

## ***Program Development with Emphasis on Compassion***

Matos et al. (2022) addressed mental and physical health concerns among teachers and conducted a Compassionate Mind Training (CMT) Program for teachers over an eight-week period. Participants completed self-report questionnaires for psychological distress, burnout, and well-being for their profession. After the program, teachers showed improvement in compassion to themselves, to others, and positive affect. Also, reduced fears, anxiety, and depression were reported along with decreased burnout and stress. Those who scored high in self-criticism also had greater improvement in their self-criticism. Thus, CMT for teachers shows promise as an intervention to enhance compassion, well-being, and distress. It also nurtures a prosocial and resilient educational setting. A broader implementation is needed to support the findings of this study further. While compassion-focused therapy in children and adolescents may be less explored, its potential benefits can address developmental concerns, such as attachment, which is particularly important during the formative school years. Compassion-focused therapy and its implementation can help reduce mental health issues, fostering a supportive and compassionate school environment. It offers multimodal techniques that can be integrated into other psychotherapeutic interventions (Carona et al., 2017). Studies consistently show that there is an inverse association between self-compassion and psychopathology (MacBeth, 2012), particularly for people with high self-criticism (Leaviss, 2015).

## ***Tools, Interventions, and Resources for CFT***

The following resources can be utilized in the conduct of compassion-focused therapy as cited in Walton et al. (2022): Compassion Motivation Action Scale (CMAS; Steindl et al., 2021); Fears of Compassion Scale (FCS; Gilbert et al., 2011); Self Compassion Scale (SCS; Neff, 2003); Forms of Self-Criticising/Attacking & Self-Reassuring Scale (FSCSR; Baião et al., 2015); and Compassion Engagement and Action Scale (CEAS; Gilbert et al., 2017). Moreover, Walton et al. (2022) provides established compassion interventions such as Compassion Focused Therapy (open ended psychotherapy; Gilbert, 2010); Compassionate Mind Training (time limited set skills based program; Gilbert & Procter, 2006); Mindful Self-Compassion Program (Neff & Germer, 2018); Compassion Cultivation Training (Jazaieri et al., 2013); and additional resources/references: Compassionate Mind (Gilbert, 2010); CFT Made Simple (Kolts, 2016); and Mindful Self-Compassion Workbook (Neff & Germer, 2018). These can be utilized as tools, interventions, and resources for integrating compassion techniques into counseling/psychotherapy services, as well as developing programs that support their potential benefits.

## ***Compassion Focused Group Therapy***

Group therapy formats enable clients to share their experiences and support one another, which can be particularly beneficial in a school setting where peer support plays a vital role. Bratt et al. (2020), conducted an eight-week group-based CFT, which was believed to benefit adolescents who have complex mental health concerns related to their developmental stage. The study included parents who can help their children cope with challenging situations. Some participants appear to benefit from CFT in a group setting in the same way they benefit from specialized treatments, while others require a more individualized approach. CFT complements psychiatric treatment. Individual sessions may detect adverse effects of other treatments, such as group sessions. On the other hand, some perceived abstract concepts of CFT, such as visualizing/mentalizing, were perceived as complex; however, group-based CFT encouraged participants to engage more, share their thoughts, and listen to others. Compassion-focused interventions/techniques require trained facilitators in a school setting. It needs to be integrated with the curriculum to sustain its effectiveness. While it is extensively conducted among adults, the implementation and potential benefits of this approach in adolescent mental health, especially in schools, remain largely unexplored (Carona et al., 2017; Brickman et al., 2024; Zuair et al., 2025).

## **Methodology**

### **Research Design**

A scoping review, as discussed by Arksey and O'Malley (Bashi et al., 2020), follows key steps in reviewing studies. It begins with identifying the research question, followed by selecting relevant studies and determining the study selection. Next, the data are charted to collate, summarize, and report the results of the review.

The primary research methodology of this study is a scoping review. It is a form of evidence synthesis that provides breadth and depth on the literature where the area is complex/not extensively reviewed. Scoping reviews are exploratory in nature and help conceptualize, identify evidence, and highlight gaps in the field, as compared to systematic reviews that focus on answering narrowly defined questions. To discuss the use of this methodology further, Arksey and O'Malley's (2005) framework was refined by Levac et al. (2010). The process begins by identifying the research question in relation to the population, concept, and context of the PCC framework, which enables a broad exploration of the topic without limiting its scope. Next, it identifies relevant literature across multiple databases/sources. Then, inclusion and exclusion criteria are applied to screen titles, abstracts, and full texts. After, the data is charted using a standardized form, such as design, population, and findings. Finally, it concludes by collating, summarizing, and reporting the results through narrative synthesis, as presented in tables and figures, which identify patterns, themes, and gaps among the studies.

The flexibility of scoping reviews allows for a rigorous exploration of a topic, enabling a deeper understanding of the research area. This is suitable for research where foundational mapping is required. To ensure data extraction is complete and transparent, the PRISMA-ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) developed by

Tricco et al. (2018), guides researchers for a structured guideline consisting of 20 essential items and two optional items that cover all aspects of a scoping review—from title and abstract to methods, results, and discussion. This checklist was followed throughout the review process. The rationale and objectives are discussed in the introduction section. The advanced search option and selection are detailed in the methodology section. Results are clearly presented through a diagram, and the discussion highlights key findings, limitations, and implications for future research. PRISMA-ScR ensures that readers can evaluate the rigor and validity of the methodology for academic and policy-making purposes.

## Instruments

The inclusion criteria are as follows: studies with advanced search “compassion focused therapy/CFT, school, mental health, adolescent”. Particularly, 1) Studies that explored the implementation of CFT; 2) organized and summarized key evidence-based CFT techniques in the school setting; and 3) potential benefits in adolescent mental health services and programs. The articles are gathered from the following databases: Scopus, ScienceDirect, PubMed, PsycInfo, SAGE Journals, and Taylor and Francis Online. The exclusion criteria are as follows: studies published more than ten years ago (scope limited to 2015-2025), settings other than schools or clinical settings, and studies that do not focus on action-oriented therapies. Selection of the studies is strictly followed to explore self-compassion, mindfulness, and psychoeducation following the model of compassion-focused therapy (three emotion regulation systems).

## Procedure

The data have been collected from the results of each scoped study. To cite, PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Scoping Review Extension) guides researchers in assessing the suitability of their reviews in relation to the research conceptualization and methodology. Removal of duplicates and screening studies by their titles and abstracts. Part of this involves removing records that do not meet the eligibility criteria, with a full-text assessment (including introduction, methodology, results, and discussion) to determine the number of studies included in the systematic review.

## Data Analysis

The reviewed articles were tabularized and thematized to present various aspects of the potential benefits and implementation of compassion-focused therapy, in accordance with the PRISMA-ScR checklist, to ensure clarity and transparency. Critical appraisal of the literature was not conducted. Key themes and gaps are identified instead. The discussion provides insights into the review's limitations and implications of the findings. The PRISMA-ScR's 20 essential and two optional items maintained the rigor of the methodology. It provides methods for conducting a replicable analysis of the framework.

## Results and Discussion

Following the scoping review model, eight articles were selected for review. The implementation and potential benefits vary from one study to another. To discuss, there were articles gathered from online journals through the advanced search, four articles from Scopus, 57 articles from ScienceDirect, two articles from PubMed, zero articles from PsycNET, 21 articles from SAGE Journals, 76 articles from Taylor and Francis Online, one from Cochrane Library, and four from other sources such as other publications/reports and policy documents; with a total of 165 studies for scoping.

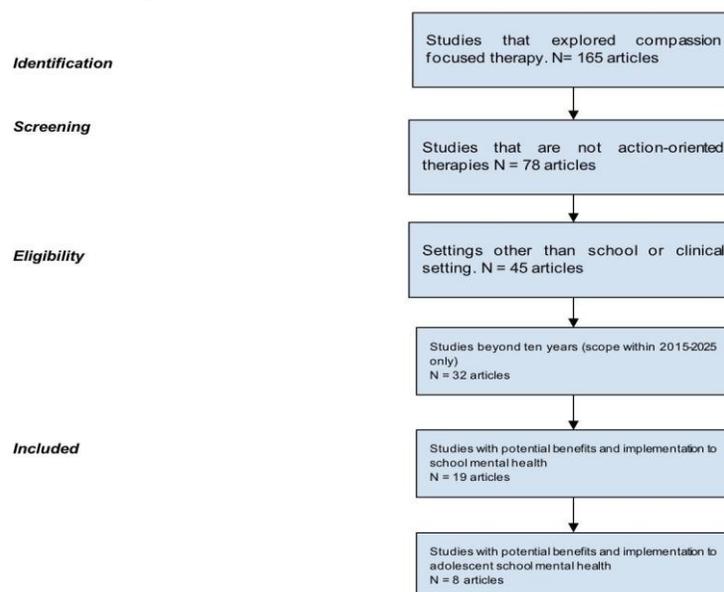


Figure 1. Journal Articles Inclusion and Exclusion



After the studies had been gathered through advanced options, as shown in Figure 1, they were organized into folders according to their database and screened for those that explored action-oriented therapies. Eligible studies are those that utilize compassion-focused interventions in school or clinical settings. Studies published more than ten years ago were excluded from the scoping review. Furthermore, articles or studies that did not explore compassion-focused interventions, their potential benefits, or their implementation in school mental health, were excluded. Finally, eight articles remained, as they exclusively explored compassion-focused therapy or self-compassion interventions among adolescent participants and/or in the context of adolescent mental health.

Table 1. *Advanced Search for Databases*

<i>Data Base</i>	<i>Search String</i>
Scopus	Compassion focused therapy adolescent school mental health
ScienceDirect	Compassion focused therapy CFT school mental health adolescents
PubMed	Compassion focused therapy cft adolescents school mental health
PsycNET	Compassion focused therapy CFT school mental health adolescent
SAGE Journals	Compassion focused therapy CFT school mental health adolescent
Taylor and Francis Online	Compassion focused therapy CFT school mental health adolescent
Cochrane Library	Compassion focused therapy CFT school mental health adolescent

Table 2. *Characteristics of CFT*

<i>Author</i>	<i>Year</i>	<i>Country</i>	<i>Title</i>	<i>Study Design</i>	<i>Participants</i>	<i>Intervention</i>	<i>Program/Service</i>
Zuair, A.	2025	Saudi Arabia	Effect of the Reassured Self-Compassion-Based School Program on Anxiety, Video Game Addiction, and Body Image Among Rural Female Adolescents	Retrospective Cohort Study	133 female middle school students (M = 13.7, SD = 1.01)	CFT, CBT	School Mandated Program: Self-Reassured Self-Compassion Based School Program
Stallard, P.	2018	UK	Thinking Good, Feeling Better: A CBT Workbook for Adolescents and Young Adults	Cross-Sectional	Adolescents and Young Adults	CBT and Compassion	Thinking Good, Feeling Better: A CBT Workbook for Adolescents and Young Adults
Egan, S. et al.	2022	USA	A Review of Self-Compassion as an Active Ingredient in the Prevention and Treatment of Anxiety and Depression in Young People	Systematic Review and Interview	20 young people (M = 18.85, age range 14–24) and 4 research experts in self-compassion	Self-Compassion	Systematic review of literature, interviews with self-compassion experts and young participants
Bratt, A. et al.	2020	Sweden	An exploration of group-based compassion-focused therapy for adolescents and their parents	Experimental Design	43 adolescents (ages 14–17; 83.7% female) and their parents (n = 77; 61% female)	Group CFT	Group-based Compassion Focused Therapy
Lau-Zhu & Vella	2023	UK	A Compassion-Focused Therapy group for young people who live in foster, adoptive or kinship care: Initial development, reflections, and ways forward	Case Study (quasi-experimental approach)	8 young people (ages 12–16) in foster, adoptive, or kinship care	Group CFT	Building Your Self-Confidence Group (CFT)
Liu, A. et al.	2023	China	The reciprocal relations among self-compassion, posttraumatic stress disorder, and posttraumatic growth among adolescents after the Jiuzhaigou earthquake	Longitudinal Design	244 adolescents who had experienced earthquakes	Positive Self-Compassion	Cross-Lagged Analysis of Self-Compassion, PTSD, and PTG
Walton, C. et al.	2022	Australia	Nurturing self-compassionate performers	Overview of Research and Guides	N/A	Compassion Focused Therapy	Evidence-based Guide for Compassion Focused Therapy for Performers
Finlay-Jones, A.	2017	Australia	The relevance of self-compassion as an intervention target in mood and anxiety disorders: A narrative review based on an emotion regulation framework	Narrative Review	N/A	Self-Compassion	Emotion Regulation Framework of CFT



This scoping review of the eight studies is then categorized accordingly in Table 2, examining the varied services and programs related to CFT in its application to school mental health. This review revealed both promises and limitations. The retrospective cohort study by Zuair (2025) showed the blending of CFT and CBT to reduce anxiety and video game addiction, but had minimal impact on body image dissatisfaction. Although Stallard (2018) lacked empirical data to support the findings, compassion-based exercises are blended with a CBT workbook, which is consistent with reducing self-criticism while increasing self-compassion (Egan et al., 2022).

Further, group-based CFT improved self-acceptance and stress (Bratt et al., 2020) and serves as a protective factor against PTSD in catastrophic events, such as an earthquake, among adolescents (Liu et al., 2023). CFT, as demonstrated in this presentation of scoped studies, extends beyond clinical settings, with applications in performance contexts (Walton et al., 2020). This is because self-compassion and emotion regulation can improve mood and anxiety disorders (Jones, 2017). Across these studies, there is versatility in the application of CFT, as well as its limitations, including inconsistencies in reports of clinical applicability, limited evidence from longitudinal studies, and unexplored mechanisms of change. This allows for exploration of rigorous designs, cultural adaptation, and theoretical integration in an in-depth manner to assess the impact of CFT on adolescent mental health.

Table 3. *Implementation and Potential Benefits of CFT to Adolescent Mental Health*

Author	Year	Title	Study Design	Participants	Implementation	Potential Benefits
Zuair, A.	2025	Effect of the Reassured Self-Compassion-Based School Program on Anxiety, Video Game Addiction, and Body Image Among Rural Female Adolescents: Retrospective Study	Retrospective Cohort Study	133 female middle school students (M = 13.7, SD = 1.01)	School-mandated program with 3 sessions (30–35 mins) across 2 weeks; pre- and post-tests using SCAS, Game Addiction Scale, and Body Image Discrepancy Assessment	Significant reduction in anxiety and video game addiction; minimal/no significant change in body image dissatisfaction
Stallard, P.	2018	Thinking Good, Feeling Better: A CBT Workbook for Adolescents and Young Adults	—	Adolescents and young adults	Workbook with practical exercises/worksheets; draws on CBT, mindfulness, compassion-focused therapy, and ACT	Enhances CBT understanding and skills in self-kindness, mindfulness, emotion regulation, problem-solving, and resilience
Egan, S. et al.	2022	A Review of Self-Compassion as an Active Ingredient in the Prevention and Treatment of Anxiety and Depression in Young People	Systematic Review & Interview	20 young people (M = 18.85, range 14–24) and 4 self-compassion experts	Reviewed 8 studies on self-compassion with measures of anxiety/depression; interviews with experts and adolescents	Higher self-compassion = lower anxiety/depression; experts stressed reducing self-criticism; youth emphasized diversity-sensitive interventions
Bratt, A. et al.	2020	An exploration of group-based compassion-focused therapy for adolescents and their parents	Experimental Design	43 adolescents (14–17; 83.7% female) and 77 parents (61% female)	Adolescents chose CFT group (n=19) or treatment-as-usual (n=24); parents in CFT group had separate sessions; self-compassion and stress assessed pre/post	CFT fostered self-acceptance, peer support, inner peace, and belonging; fathers showed highest self-compassion and lowest stress; limited differences across groups overall
Lau-Zhu & Vella	2023	A Compassion-Focused Therapy group for young people in foster, adoptive, or kinship care: Initial development, reflections, and ways forward	Case Study (quasi-experimental)	8 adolescents (12–16) in care	“Building Your Self-Confidence” program: 8 weekly face-to-face sessions	Caregivers reported perceived improvements in children’s mental health; some adolescents noticed increased self-confidence; highlights innovation in treatment for youth in care
Liu, A. et al.	2023	The reciprocal relations among self-compassion, PTSD, and PTG among adolescents after the Jiuzhaigou earthquake: A three-wave cross-lagged study	Longitudinal Design	244 adolescents who experienced the earthquake	Self-compassion, PTSD, and PTG assessed post-quake, after 6 months, and after 12 months	Positive self-compassion protects against PTSD; negative self-compassion worsens outcomes in early trauma stages; reciprocal influence between positive and negative self-compassion
Walton, C. et al.	2022	Nurturing self-compassionate performers	Overview of Research &	N/A	Overview of research, tools, and references to guide CFT in	Self-compassion linked to better mental health; useful



			Guides		performance settings	in sports and performance-based contexts
Finlay-Jones, A.	2017	The relevance of self-compassion as an intervention target in mood and anxiety disorders: A narrative review based on an emotion regulation framework	Narrative Review	N/A	Review of clinical and nonclinical studies, including cross-sectional and experimental designs	Emotion regulation mechanisms (affect, capacity, strategies) linked to self-compassion; potential for interventions in mood/anxiety disorders

The reviewed studies collectively explore the implementation and outcomes of Compassion-Focused Therapy (CFT) across diverse adolescent populations and settings, offering a nuanced understanding of its therapeutic potential. Zuair (2025) presents a culturally adapted, school-based CFT-CBT hybrid program in Saudi Arabia, demonstrating significant reductions in anxiety and video game addiction among rural female adolescents, though with limited impact on body image dissatisfaction. This study stands out for its structured implementation and use of standardized assessment tools; however, its short duration and narrow demographic limit its generalizability. In contrast, Stallard (2018) offers a practical, workbook-based intervention rooted in third-wave therapies, including CFT, ACT, and CBT. While not an empirical study, it offers a flexible, self-guided format that may complement more structured programs, such as Zuair’s.

Egan et al. (2022) take a broader approach through a systematic review and interviews, emphasizing the role of self-compassion in reducing anxiety and depression. Their findings highlight the importance of reducing self-criticism and tailoring interventions to diverse populations—an insight echoed in Bratt et al. (2020), who examined group-based CFT for adolescents and their parents. Bratt’s study revealed that group dynamics fostered self-acceptance and emotional insight, particularly among fathers. However, the lack of significant differences between the treatment and control groups suggests that CFT’s benefits may be context-dependent or require more extended engagement.

Lau-Zhu and Vella (2023) explored CFT among youth in foster and kinship care, reporting a disconnect between caregiver-reported improvements and participants’ self-perceptions. This raises questions about the subjective experience of therapeutic change and the need for more sensitive outcome measures. Liu et al. (2023) provide a rare longitudinal perspective, showing that positive self-compassion protects against PTSD while negative self-compassion exacerbates distress. Their findings underscore the dynamic and reciprocal nature of self-compassion over time, offering a more profound theoretical contribution to the field.

Walton et al. (2022) and Finlay-Jones (2017) expand the scope of CFT beyond clinical populations. Walton’s guide for performers highlights CFT’s adaptability in high-performance environments, while Jones’ narrative review links self-compassion to emotion-regulation mechanisms, reinforcing its relevance for mood and anxiety disorders. However, both lack empirical data, limiting their immediate applicability.

In summary, these studies reveal that while CFT is versatile and generally beneficial, its effectiveness varies depending on the context, delivery format, and population. School-based and group interventions show promise, particularly when culturally adapted and supported by structured implementation. However, discrepancies in perceived outcomes, limited longitudinal data, and underexplored mechanisms of change highlight the need for more rigorous, inclusive, and theory-driven research. Future studies should prioritize long-term follow-up, culturally sensitive adaptations, and the integration of both subjective and objective outcome measures to capture the impact of CFT on adolescent mental health fully.

**Presentation of Themes based on the Scoped Studies**

This scoping review explored the design, implementation, and potential benefits of self-compassion interventions for adolescents. It synthesized findings from various programs to understand the current practice of compassion-focused therapy in the light of adolescent mental health. Therefore, before developing programs and services, particularly for adolescents, a review of the current literature and trends is essential. Nevertheless, the following themes emerged from the presentation of the scoped studies:

**Theme 1: Program/Service Design and Components**

The scoping revealed programs that are designed for adolescent mental health in a school setting. For example, the Self-Reassured Self-Compassion-Based School Program comprises five components, including foundational concepts of self-compassion, building resilience, addressing gaming addiction, reframing bullying, and practical exercises that enhance self-reassurance and self-compassion. Secondly, the Thinking Good, Feeling Better program integrates CBT with CFT and ACT, offering a comprehensive toolkit for well-being. Compassion-focused group therapy, on the other hand, emphasizes peer support, shared experiences, a sense of belonging, and mutual understanding. Other studies analyzed the path between self-compassion, posttraumatic stress disorder, and posttraumatic growth. According to Bratt et al. (2020), some individuals appear to benefit from CFT in a group setting in the same way they benefit from specialized treatments, while others require a more individualized approach. Individual sessions may detect adverse effects of other treatments, such as psychiatric treatment/group sessions.

This theme highlights the diversity of CFT programs, ranging from school-based interventions to group therapy formats. The integration of CFT with CBT and ACT reflects a trend toward multimodal approaches. However, the analysis could be strengthened by discussing how these designs align with the developmental needs of adolescents, such as identity formation and emotional regulation. The review also notes that some individuals benefit more from individualized sessions, suggesting a need for flexible program structures.

### ***Theme 2: Implementation and Monitoring of CFT Programs***

The review documents varied program durations and monitoring tools, including standardized scales and qualitative interviews. While this diversity reflects responsiveness to different populations, the synthesis lacks a critical comparison of which methods are most effective. Referencing broader literature on program evaluation and fidelity could provide a more nuanced understanding of implementation quality.

Programs for CFT vary in duration and structure, reflecting the diverse needs of specific target groups. The Self-Reassured Self-Compassion-Based School Program consists of three sessions, each delivered over a period of two weeks. Compassion-Focused Group Therapy consists of eight weekly sessions. For monitoring, both qualitative and quantitative methods were employed, including anxiety scales, depression scales, the Game Addiction Scale, assessment of body image discrepancy, the Outcome Rating Scale (ORS), and other self-report measures and interviews to assess the impact of the interventions. This supports the findings of Matos et al. (2022), who designed programs focused on compassion, where participants showed improvements in compassion towards themselves, others, and positive affect. Reduced fears, anxiety, and depression were reported as well, along with decreased burnout and stress. Those who scored high in self-criticism also had greater improvement in their self-criticism. This indicates that CFT is an intervention designed to enhance compassion, well-being, and reduce distress. It also nurtures a prosocial and resilient educational setting.

### ***Theme 3: Outcomes of Compassion Focused Techniques***

Findings indicate that CFT effectively reduces anxiety and depression and promotes posttraumatic growth. However, its limited impact on body image dissatisfaction raises questions about its applicability to complex, co-occurring disorders such as eating disorders. This gap suggests the need for targeted interventions and further research into the mechanisms of change within CFT.

The premise is that compassion-focused techniques reduce mental health concerns such as anxiety and depression through the enhancement of self-compassion. Programs such as the Self-Reassured Self-Compassion-Based School Program further indicated their multicultural application, acknowledging diversity. It is interesting to explore, however, why the compassion-focused technique has a minimal impact on body image dissatisfaction, perhaps due to the symptomatology of eating disorders and the complexity of co-occurring mental health concerns. Nonetheless, long-term effects and maintained benefits of self-compassion, which serves as a protective factor against posttraumatic stress disorder and thus promote posttraumatic growth, are noteworthy. As reviewed by Craig et al. (2020), CFT has a favourable outcome across a range of clinical interventions and shows significant promise for improving mental health and well-being. Further, “reduced self-judgment was substantiated by reduced fear circuitry influences on self-referential processes along with enhanced frontal regulation from the executive network and language network” (Joss et al., 2025).

### ***Theme 4: Areas of Exploration and Challenges***

Several key areas need to be addressed that emerged from the data. As explained, the minimal impact of CFT on body image dissatisfaction suggests the need for additional information on implementation strategies. There is also a need to highlight the importance of addressing diversity and inclusivity in terms of the needs and backgrounds of participants. Those who participated as experts in the interviews also emphasized the importance of reducing self-criticism, focusing on techniques such as self-compassion. Although the scoping review provides an initial response to the gap, the CFT implementation and/or potential benefits in adolescent mental health, especially in schools, remain unexplored (Carona et al., 2017; Brickman et al., 2024; Zuair et al., 2025); this offers a way to recommend explorations among adolescent subjects as participants of CFT programs/studies.

The studies identify key challenges, including the need for cultural adaptation, inclusivity, and understanding the role of self-criticism. While these are important considerations, the analysis would benefit from engagement with frameworks on cultural competence and equity in mental health services. Additionally, the role of therapeutic alliance and social support as moderators of treatment outcomes remains underexplored.

### ***Theme 5: Practical Applications and Exercises***

The development of self-compassion as a concept in cognitive behavioral psychotherapy is crucial in terms of its application. For instance, psychoeducation, mindfulness, and compassion-focused exercises are used to facilitate understanding of CFT therapeutic techniques. For group therapy, peer support, and sharing of experiences, these are valuable in encouraging new perspectives and aiding the sense of inner peace and belonging. The applications and exercises not only improve CFT interventions but also provide clients with a toolkit that they can use to enhance their well-being. This supports Leaviss and Uttley (2015), who found that CFT produced favourable outcomes among clinical samples, and Kirby et al. (2017), who examined outcomes related to compassion, self-compassion, mindfulness, mental health, distress, and well-being.

Overall, the scoping review provides a valuable overview of CFT interventions for adolescents, identifying promising directions for

future research and practice. However, its impact is limited by inconsistent formatting, incomplete data presentation, and a tendency to describe rather than critically analyze findings. Strengthening the synthesis of results, improving transitions between themes, and integrating broader theoretical and empirical literature would significantly enhance the scholarly contribution of this work.

This scoping review presents several key limitations, as most studies limit the generalizability of the findings to specific contexts. The varied interventions on compassion and self-compassion techniques, outcome measures, and designs limit direct comparisons. This, however, contributes meaningfully to the conversation about CFT and its practice by mapping a landscape of interventions and identifying areas that are unexplored, most especially in the context of adolescent school mental health, digitalization/gamification of mental health tools, peer-led programs, and culturally competent approaches. Limitations of this review include the relatively small number of studies included, potential selection bias, and exclusion of non-English literature, which may limit the generalizability of the findings. Let alone the methodological limitation of scoping reviews in assessing intervention efficacy, rather than a systematic review. The review underscores the need for developmental, cultural, and contextual frameworks that prioritize school-based planning, monitoring, evaluation, stakeholder involvement, policy-making, and advocate for evidence-based mental health programs tailored to the specific targeted needs of adolescents. Additionally, it requires more inclusive, context-sensitive, and sustainable approaches.

Addressing the gap in the implementation of compassion-focused therapy among adolescents in a school setting highlights several key themes that underscore the development of programs responsive to the unique needs of this target population. This scoping review paved the way for including adolescent mental health programs that use CFT in their implementation. The consistency of methodology across studies underscores the importance of compassion-focused techniques in school mental health. The use of standardized tools, structured sessions, and cultural sensitivity provides a guide for conducting compassion-focused interventions. It becomes more feasible and impactful to integrate third-wave interventions such as CBT, ACT, and CFT, which can be particularly beneficial for adolescents' common trait of self-criticism. CFT offers a way to increase self-compassion, self-esteem, and emotion regulation. The results of the studies related to the reduction of anxiety and depression give the idea of its potential to improve adolescent mental health significantly.

## Conclusions

Compassion-focused therapy gained popularity as it integrates principles of mindfulness, evolution of the human brain (neuroscience), and psychoeducation, among others. The most recent systematic reviews/meta-analyses suggest that CFT enhances self-kindness/self-compassion, reduces self-criticism, and improves mental health. This is supported by the study of Millard et al. (2023), who extensively explained that self-compassion and self-reassurance reduce mental health concerns. It has also been widely accepted in clinical settings as a metasynthesis of qualitative studies by Garrett et al. (2025), found high levels of acceptability and/or commonality of experiences. Thus, the potential of CFT in a school setting is promising, provided that the development of services and programs related to it is monitored, assessed, and evaluated. The implementation of CFT services and programs should be straightforward and aligned with its goals and objectives to enhance its effectiveness. In conclusion, the eight studies selected after the process of selection, screening, inclusion, and exclusion, as well as eligibility, underscore key important areas in the implementation of CFT across studies. They vary according to the specific needs of participants, as well as the structure, services, and programs mentioned in each study. The potential benefits, on the other hand, cite a developmental perspective, protective factors against psychotrauma, a decrease in anxiety and depressive symptoms, all blended with other third-wave action-oriented therapies. As adolescence is a critical period, compassion and self-compassion skills, as well as the development of a compassionate mind and self, are important beyond the scope of psychotherapy and the practice of school counseling and school mental health.

The scoped studies highlight the implications and limitations, as well as several areas for improvement in terms of challenges, such as the difficulty of isolating the effect of the therapist's role and the potential moderating effects of social support on treatment outcome. Thus, to sustain the trend of CFT research, future researchers may focus on expanding the number of databases included in scoping or systematic reviews, particularly among adolescents. Moreover, effect sizes among CFT randomized controlled trials and/or meta-analyses may provide strong evidence for the effectiveness of CFT in school mental health. Also, complex methodologies may provide in-depth understanding, such as explanation of moderators of treatment outcomes to explore the role of social support and the role of therapeutic alliance as moderators of treatment outcome; look into studies that explore diversity and inclusivity to widen the scope of compassion and its multicultural applicability to identify contextual factors that may influence the techniques of CFT. Lastly, future research and practice may integrate CFT with other therapeutic services and programs to explore the differences and associations between CFT techniques and other third-wave therapies, humanistic-existential therapies, or psychodynamic therapies. The integration of CFT with other school-based programs, other than mental health, may provide a multi-layered system of support among adolescents.

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