

# MINDFUL SELF-COMPASSION

## Packet for Registration

Brenda Cochran, LPC

541-231-2998

“Radical self-care is what we’ve been longing for, desperate for, our entire lives – friendship with our own hearts.”

[Mindful Self-Compassion \(MSC\) is an empirically supported, training program designed to cultivate the skill of self-compassion. Based on the groundbreaking research of Kristin Neff and the clinical expertise of Christopher Germer, MSC teaches core principles and practices that enable participants to respond to difficult moments in their lives with kindness, care and understanding.](#)

The three key components of self-compassion are self-kindness, a sense of common humanity, and balanced, mindful awareness. Kindness opens our hearts to suffering, so we can give ourselves what we need. Common humanity opens us to our essential interrelatedness, so that we know we aren't alone. Mindfulness opens us to the present moment, so we can accept our experience with greater ease. Together they comprise a state of warm-hearted, connected presence.

Self-compassion can be learned by anyone, even those who didn't receive enough affection in childhood or who feel uncomfortable when they are good to themselves. It's a courageous attitude that stands up to harm, including the harm that we unwittingly inflict on ourselves through self-criticism, self-isolation, or self-absorption. Self-compassion provides emotional strength and resilience, allowing us to admit our shortcomings, motivate ourselves with kindness, forgive ourselves when needed, relate wholeheartedly to others, and be more authentically ourselves.

Rapidly expanding research demonstrates that self-compassion is strongly associated with emotional wellbeing, less anxiety, depression and stress, maintenance of healthy habits such as diet and exercise, and satisfying personal relationships. And it's easier than you think.

After participating in this workshop, you'll be able to:

**Practice self-compassion in daily life**

**Understand the empirically-supported benefits of self-compassion**

Motivate yourself with kindness rather than criticism

Handle difficult emotions with greater ease

Transform challenging relationships, old and new  
Manage caregiver fatigue

**Practice the art of savoring and self-appreciation**

## **What To Expect**

Program activities include meditation, short talks, experiential exercises, group discussion, and home practices. The goal is for participants to directly experience self-compassion and learn practices that evoke self-compassion in daily life.

MSC is primarily a compassion training program rather than mindfulness training like Mindfulness-Based Stress Reduction (MBSR), although mindfulness is the foundation of self-compassion. MSC is also not psychotherapy insofar as the emphasis of MSC is on building emotional resources rather than addressing old wounds. Positive change occurs naturally as we develop the capacity to be with ourselves in a kinder, more compassionate way.

It is said that “love reveals everything unlike itself.” While some difficult emotions may arise when practicing self-compassion, MSC teachers are committed to providing a safe, supportive environment for this process to unfold, and to making the journey interesting and enjoyable for everyone.

Prior to registering, participants should plan to attend every session and practice mindfulness and self-compassion at least 30 minutes per day throughout the program.

## **Prerequisites**

No previous experience with mindfulness or meditation is required to attend MSC. To insure safety, participants are asked to provide background information when they register for the program.

It is recommended, but not required, that participants read one or both of following books before or during the program:

Self-Compassion: The Proven Power of Being Kind to Yourself, by Kristin Neff  
The Mindful Path to Self-Compassion, by Christopher Germer

---

1. Please wear comfortable clothes.
2. Bring a journal, or paper and pen you like to use.
3. You may bring a meditation cushion, if you like, but it is not necessary.

Dates: Jan 3, 10, 17, 24; Feb 7, 14, 21, 28      Thursday evenings: 6:30 - 8:30 pm

Brenda Cochran LPC, MS, NCC

223 SW 8<sup>th</sup> St., Corvallis, OR 97333, (541)231-2998

Today's Date: \_\_\_\_\_ Please print clearly.

**Client Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ OK to leave message? \_\_\_\_\_

Cell Phone \_\_\_\_\_ OK to leave message? \_\_\_\_\_

Work Phone \_\_\_\_\_ OK to leave message? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you a current student? \_\_\_\_\_ If so, which school? \_\_\_\_\_

Relationship status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

\_\_\_\_\_ Partnered Name of spouse/partner \_\_\_\_\_

Have you ever received professional counseling? \_\_\_\_\_ If yes, by whom  
and for what concern(s)?

\_\_\_\_\_

**Financial Information**

Health Insurance Company \_\_\_\_\_

Name of insured (policy holder) \_\_\_\_\_

Policy holder's date of birth \_\_\_\_\_ Policy holder's id # \_\_\_\_\_

Relationship of policy holder to you \_\_\_\_\_ Group # \_\_\_\_\_

Provide the same information for any secondary insurance you have:

\_\_\_\_\_

\_\_\_\_\_

**Education: High School**

**College**

**Graduate**

**Other**

**Why are you interested in participating in this program? (Please be advised that MSC is designed for personal growth and development.)**

**Do you have a regular practice of meditation? If so, what type and how many years have you been practicing? (It's not necessary to have any experience of meditation prior to this program.)**

**Do you have any physical illness or limitation that may impact your participation in the program? If so, please describe.**

**Are you currently seeing a counselor or therapist? (In the unlikely event of a psychological emergency, may I contact your counselor? If so, please provide contact information.)**

**Are you currently taking psychoactive medication, or any medication that may affect how you feel from one week to the next? (If so, please provide details.)**

**Is there anything else that would be helpful for the instructors to know at this time?**

**I understand that my participation in this program is entirely voluntary and I am free to withdraw at any time without penalty or prejudice, except for the non-refundable course fee. At the present time, however, I am planning to participate in the entire course, and to practice mindful self-compassion at least 30 min/day (formally or informally).**

**Name:**

**Date:**



## Waiver of Liability

I voluntarily agree to participate in activities at the MSC program. I hereby assume all risks of injury to me and my property that may be sustained in connection with activities undertaken during the program.

I understand that the teacher is not expected or able to provide medical and/or psychological care. I agree that, in the event a teacher determines that I need professional medical or psychological attention, the teacher has the authority and sole discretion to contact 911 emergency services, as well as the designated emergency contact person listed over.

**Any costs incurred for health services are my responsibility and not the responsibility of the teacher or the course facility.**

I understand that I must provide the name and contact details of an emergency contact person in order to attend MSC. The teacher and facility staff will make every effort to communicate with this person in the event of an emergency. This person is someone who can either collect me from the facility or help to make transportation arrangements if I need to leave the retreat early.

I understand that MSC is a compassion skills training program, not group therapy. MSC is designed to teach participants the tools needed to develop and cultivate a mindfulness and self-compassion practice. I understand that MSC does not take the place of personal therapy.

**By completing this release and consent I assume all risk for any physical, mental and/or emotional consequences of participating in this process/program.**

**By signing this release and consent I also specifically and expressly agree to hold harmless, indemnify and release all facilitators and teachers of this program and/or facility from any and all liability for the results of the educational guidance that will be or have been provided.**

**I understand that no guarantee is made as to the outcomes or results of this educational training program.**

I understand that while this program has therapeutic benefits, it is not psychotherapy or a substitute for psychotherapy. While the facilitators of this program may be credentialed psychotherapists (e.g., licensed professional counselors, psychologists, marriage and family therapists, psychiatrists, etc.) but their role in this program is strictly as facilitators and teachers and not as psychotherapists. Thus, any interactions between myself and the facilitators should not be construed as being psychotherapy and do not imply a clinical relationship between us. I agree that if I am in need of psychotherapeutic support or intervention, I will seek it through appropriate channels including, but not limited to, asking for referrals from the program facilitators.

**I have read this agreement and fully understand its contents. I sign it of my own free will. I am of legal age and accept the above disclaimer and authorization.**

Your Name (please print legibly) .....

Signature .....  
Date .....



**Authorization for Emergency Medical Treatment**

**Your Name (please print legibly).....**

**Emergency Contact Person - In case of emergency, the following person should be contacted\*:**

**Name (please print legibly) .....**

**Relationship .....**  
.....

**Daytime Phone ..... Evening  
Phone .....**

**E-mail .....**

**\* The emergency contact person should be someone who can either collect you from the MSC course or help to make transportation arrangements.**

**\* To participate in MSC, we need to have your emergency contact person's name and contact details.**

**Prescription Medication Information**

**We ask for this information so that, in the event of an emergency, we can give this form to Emergency Medical Services personnel on your behalf. Teachers will see this information and unless needed in an emergency situation, it will be kept entirely confidential.**

**Are you allergic to any medications? If so, please list:**

.....

**Please list your current medications and the conditions being treated.**

.....

.....