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Development and Validation of a Self-Compassion Training Program for Children with Symptoms of Social Anxiety

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A B S T R A C T

Purpose: This study aimed to develop and validate an age-appropriate, evidence-based self-compassion training program for children aged 8–10 years with symptoms of social anxiety.
Methods and Materials: This qualitative developmental study employed an integrated thematic-analysis and Intervention Mapping approach. Thirty review articles, meta-analyses, and systematic reviews published between 2016 and 2026 on psychological interventions for social anxiety, particularly compassion- and self-compassion-based approaches, were purposively selected until theoretical saturation. Thematic analysis identified the conceptual foundations of the intervention, which were subsequently transformed into educational objectives, activities, exercises, and session structures using Intervention Mapping. Twelve specialists in child and adolescent clinical psychology with at least 10 years of professional experience evaluated the program's content validity using the Content Validity Ratio (CVR) and Content Validity Index (CVI). A preliminary pretest–posttest implementation was subsequently conducted to assess feasibility and preliminary effectiveness, and paired-samples t-tests were used for inferential analysis.
Findings: Paired-samples t-tests demonstrated significant pretest–posttest changes in social concerns, $t(4)=7.11$, cognitive concerns, $t(4)=8.61$, self-control, $t(4)=9.13$, cooperation, $t(4)=8.44$, internalizing problems, $t(4)=5.51$, hyperactivity, $t(4)=6.13$, attention disengagement from threat, $t(4)=7.01$, and attention toward threat, $t(4)=7.13$ (all $p<.01$). Changes in physical concerns, assertiveness, and externalizing problems were not statistically significant ($p>.05$). Content-validity indices also supported expert acceptance of the developed program.
Conclusion: The developed self-compassion program demonstrated satisfactory content validity and promising preliminary effectiveness in improving several cognitive, emotional, behavioral, and attentional correlates of social anxiety in children. The program may therefore provide a developmentally appropriate framework for intervention, although its efficacy should be confirmed in larger controlled trials.
Keywords: *Self-Compassion; Social Anxiety; Children; Intervention Mapping; Content Validity; Psychological Intervention*

1. Introduction

Anxiety disorders are among the most common forms of psychological distress emerging during childhood and adolescence, and their early onset can interfere substantially with emotional development, academic functioning, interpersonal relationships, and later

psychological adjustment. Among these conditions, social anxiety disorder is particularly important because its symptoms occur in contexts that are central to children's daily lives, including school participation, peer interaction, classroom performance, communication with unfamiliar people, and situations involving evaluation by others. Social anxiety is characterized by excessive fear of embarrassment, negative evaluation, rejection, or perceived inadequacy in social and performance situations and may consequently lead children to avoid or endure such situations with considerable distress. A recent systematic review and meta-analysis demonstrated that social anxiety disorder constitutes a meaningful global mental health concern among children, adolescents, and young people, highlighting the importance of early detection and developmentally appropriate intervention (Salari et al., 2024). When symptoms emerge during childhood and remain untreated, avoidance can become increasingly entrenched, potentially restricting educational participation, social learning opportunities, and the development of age-appropriate interpersonal competencies.

Childhood represents a particularly sensitive developmental period for the acquisition of emotional and social capacities. During this stage, children increasingly compare themselves with peers, become more attentive to social feedback, and develop more complex beliefs about their social competence and personal value. Peer relationships become progressively central to social development and provide important opportunities for learning cooperation, communication, emotional understanding, and adaptive interpersonal behavior. Evidence from populations with developmental difficulties likewise emphasizes the developmental significance of peer relationships and social participation, indicating that the quality and accessibility of peer interaction can meaningfully influence children's social growth (Karna & Stefaniuk, 2024). For children with social anxiety symptoms, however, fear of judgment may reduce participation in precisely those social experiences through which confidence and interpersonal skills are ordinarily strengthened. Avoidance can therefore operate as both an immediate response to anxiety and a mechanism that maintains social fear over time by limiting corrective experiences.

Social anxiety in children is not restricted to overt fear or avoidance but is associated with a broader network of cognitive, emotional, attentional, and behavioral processes. Children may show heightened self-consciousness, negative interpretations of ambiguous social events, excessive monitoring of their own performance, selective attention to perceived signs of threat, and persistent anticipation of rejection. Loneliness and social anxiety may also reinforce one another over time. Longitudinal evidence among children has shown meaningful reciprocal associations between loneliness and social anxiety, suggesting that social withdrawal and anxious expectations may become mutually reinforcing developmental processes (Wu et al., 2024). Such patterns are clinically important because reduced participation may diminish opportunities for positive peer feedback, while continued isolation may strengthen beliefs that social situations are unsafe or that the child is fundamentally inadequate. In this context, effective intervention requires attention not only to observable avoidance but also to the child's internal relationship with fear, perceived failure, self-evaluation, and emotional distress.

Traditional cognitive-behavioral approaches have provided an important foundation for treating childhood anxiety. Cognitive restructuring, gradual exposure, coping-skills training, and behavioral rehearsal are commonly used to help children examine maladaptive beliefs and approach feared situations. Play-based cognitive-behavioral interventions may be particularly useful when techniques are adapted to children's developmental level. For example, cognitive-behavioral play therapy has been reported to improve social anxiety and emotional functioning among students with intellectual disabilities, illustrating the importance of delivering evidence-based cognitive-behavioral principles through child-appropriate and experiential formats (Jalil-Abkenar, 2025). School-based interventions targeting stress and anxiety similarly highlight the value of methods that are concrete, engaging, and compatible with children's everyday settings (Gaesser, 2020). Nevertheless, cognitive and exposure-based strategies may be insufficient when social anxiety is closely intertwined with intense self-criticism, shame, and negative self-evaluation. A child may intellectually recognize that a feared prediction is exaggerated while continuing to experience a harsh internal response to perceived mistakes, embarrassment, or social failure.

This limitation has contributed to increasing interest in compassion-focused and self-compassion-based approaches. Self-compassion broadly refers to responding to personal distress, inadequacy, or failure with kindness and understanding rather than harsh judgment, while recognizing suffering as part of shared human experience and

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maintaining awareness of painful thoughts and emotions without becoming overwhelmed by them. These processes are especially relevant to social anxiety because fear of negative evaluation frequently coexists with internal criticism and shame. Rather than merely challenging the factual accuracy of anxious thoughts, self-compassion may alter how children respond to those thoughts and to themselves when anxiety occurs. This distinction is developmentally important: children who experience social anxiety may benefit not only from learning that feared outcomes are unlikely, but also from learning that embarrassment, anxiety, and imperfection do not make them unacceptable or defective.

The relationship between self-compassion and anxiety has received increasing empirical attention in younger populations. Research comparing adolescents with and without anxiety disorders has shown that self-compassion is meaningfully related to anxiety and may represent an important psychological process in understanding emotional vulnerability during adolescence (Tali et al., 2023). A broader review of youth psychopathology likewise reported strong associations between low or negatively framed self-compassion and symptoms of anxiety and depression, emphasizing the relevance of self-compassion to emotional difficulties in children and adolescents (Muris & Otgaar, 2024). These findings suggest that self-compassion may function as a protective psychological resource, whereas self-criticism, self-isolation, and overidentification with distress may intensify vulnerability. From an intervention perspective, this means that strengthening compassionate self-responding may help children develop a more adaptive way of managing social fear even when anxiety cannot be immediately eliminated.

The relevance of compassion-oriented intervention is also supported by studies conducted with adults and parents experiencing substantial caregiving stress. Compassion-focused therapy has been associated with reductions in anxiety and depression among mothers of children with cerebral palsy (Khoshvaght et al., 2021), while similar approaches have reduced anxiety and stress among mothers of children with autism spectrum disorder (Peyghan et al., 2022). Self-compassion-focused interventions have also shown beneficial effects on anxiety and quality of life among parents of children with cancer (Borjali et al., 2021). In mothers of children with autism, mindful self-compassion training has been associated with reductions in rumination and social anxiety, suggesting that compassion-based methods may influence both repetitive negative thinking and socially oriented distress (Abdollahi Bagherabadi & Karimi, 2022). Although these studies concern adult caregivers rather than children with social anxiety, collectively they reinforce the broader proposition that compassionate self-relating can modify anxiety-related processes across emotionally demanding contexts.

Evidence also suggests that compassion-focused interventions may affect child outcomes directly or indirectly. Compassion-focused therapy delivered to parents has been reported to reduce aggression, behavioral problems, and anxiety in children, indicating that compassion-oriented approaches may influence emotional and behavioral regulation within family systems (Abdolali et al., 2020; Abdolali et al., 2023). Likewise, self-compassion training has demonstrated beneficial effects on anxiety and self-esteem among female students, providing further support for its relevance to younger populations (Karimi & Sadeghi, 2020). More recent work has continued to identify self-compassion as a potentially important intervention target in families of children with disabilities or neurodevelopmental conditions. Self-compassion training has been associated with reductions in suicidal ideation and experiential avoidance among parents of children with physical-motor disabilities (Karami et al., 2024), and comparative intervention research has examined its role in improving psychological flexibility among mothers of children with attention-deficit/hyperactivity disorder (Khanmohammadi et al., 2026). These findings indicate that self-compassion may influence several transdiagnostic processes, including anxiety, avoidance, self-evaluation, emotional flexibility, and responses to psychological pain.

The potential clinical value of compassion is increasingly recognized within child and adolescent mental health services themselves. A systematic review of compassionate care in mental health and community-based services for children and young people identified both facilitators and barriers to compassionate practice, underscoring the importance of relational safety, validation, respect, and developmentally responsive service delivery (Vusio et al., 2025). Compassion therefore has relevance not only as an internal psychological skill but also as a therapeutic context in which children can engage with difficult emotions without experiencing additional shame or judgment. This principle may be especially important in social anxiety, where children often anticipate criticism and may interpret direct correction or confrontation as confirming their fears of inadequacy.

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The growing evidence base has also led to more systematic examination of compassion-focused interventions specifically in clinical child and adolescent populations. A recent systematic review and narrative synthesis of compassion-focused group interventions with children and adolescents found increasing use of such approaches across clinical settings and highlighted their potential for improving emotional functioning while also emphasizing the need for further methodological development and age-appropriate adaptation (Roberts et al., 2026). The available literature therefore supports compassion-focused work with younger populations, but it also indicates that interventions cannot simply be transferred from adult models without modification. Children require concrete language, visual metaphors, stories, games, role-play, guided imagery, repetition, and experiential exercises that translate abstract psychological concepts into accessible forms.

This developmental requirement is particularly important for children between 8 and 10 years of age. At this stage, cognitive capacities are developing rapidly, but abstract metacognitive concepts may still be difficult to understand when presented in adult terminology. Concepts such as threat-system activation, evolutionary shame, cognitive fusion, self-criticism, or compassionate reappraisal must therefore be reformulated through simple and emotionally meaningful metaphors. For example, distinguishing a "guard brain" from a "friend brain," observing anxious thoughts as passing clouds, or constructing a "courage ladder" can transform theoretically complex ideas into child-friendly learning experiences. Such adaptation can also facilitate engagement and reduce resistance during intervention. The broader literature on child psychological treatment supports this emphasis on developmentally sensitive presentation, particularly when interventions involve emotional learning, social behavior, and anxiety regulation (Gaesser, 2020; Jalil-Abkenar, 2025).

Another important consideration is that psychological interventions should be culturally and contextually appropriate. Children's understanding of emotions, family expectations, social behavior, and acceptable forms of self-expression are influenced by cultural norms. Accordingly, stories, examples, metaphors, and home exercises should be adapted to the sociocultural environment in which the intervention will be delivered. Psychological functioning more generally is embedded within broader cultural processes, and research across age groups has illustrated the relevance of culturally shaped capacities and contextual factors to adaptation and life satisfaction (Hashemi et al., 2023). Although such findings are not specific to childhood social anxiety, they reinforce the broader methodological principle that psychological programs should not be treated as culturally neutral packages. For Iranian children, culturally familiar narratives, family-supported homework, age-appropriate language, and recognizable social situations may increase the comprehensibility and acceptability of intervention content.

The need for structured intervention development is therefore substantial. Existing research supports self-compassion as a correlate of reduced anxiety in young people (Muris & Otgaar, 2024; Tali et al., 2023), demonstrates the therapeutic potential of compassion-based approaches across several clinical and caregiving populations (Abdollahi Bagherabadi & Karimi, 2022; Borjali et al., 2021; Khoshvaght et al., 2021; Peyghan et al., 2022), and provides emerging support for compassion-focused group interventions in children and adolescents (Roberts et al., 2026). At the same time, studies involving children and families suggest that compassion-oriented work may influence anxiety, behavioral problems, avoidance, and psychological flexibility (Abdolali et al., 2020; Abdolali et al., 2023; Karami et al., 2024; Khanmohammadi et al., 2026). However, the existence of supportive evidence does not eliminate the need for carefully developed, age-specific intervention protocols. A program intended for children with social anxiety must integrate theoretical mechanisms relevant to social fear, including threat sensitivity, shame, self-criticism, attentional bias, avoidance, and social performance, while delivering these mechanisms through developmentally understandable and culturally appropriate activities.

Such a program may benefit from integrating self-compassion with mindfulness and selected cognitive-behavioral techniques rather than positioning these approaches as competing models. Mindfulness can help children observe thoughts and emotions without judgment; compassion can modify the tone of self-response when distress occurs; and cognitive-behavioral methods can support gradual behavioral approach, social practice, and modification of maladaptive beliefs. The importance of reducing experiential avoidance is also consistent with findings showing the potential value of self-compassion training for avoidance-related processes (Karami et al., 2024). In social anxiety, this integration may be particularly useful because children need both internal emotion-regulation skills and opportunities to approach social

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situations in manageable steps. Furthermore, because social anxiety can compromise peer engagement and contribute to loneliness, strengthening social participation and interpersonal competence should be considered alongside symptom reduction (Karna & Stefaniuk, 2024; Wu et al., 2024).

Despite growing interest in compassion-based interventions, there remains a practical need for structured, validated programs designed specifically for younger children with symptoms of social anxiety. Much of the existing self-compassion literature has focused on adolescents, adults, parents, or heterogeneous clinical groups rather than children aged 8–10 years with social anxiety as the primary target population. Furthermore, interventions require systematic validation before broader clinical or educational implementation. Expert evaluation of content relevance, developmental suitability, timing, and feasibility is essential, as is preliminary pilot testing to identify language that children find confusing, activities that require modification, and intervention components that may evoke excessive distress. Attention to compassionate care, developmental adaptation, and feasibility is consistent with current directions in child and adolescent mental health research (Roberts et al., 2026; Vusio et al., 2025). Consequently, developing a structured program through systematic thematic synthesis, Intervention Mapping, expert content validation, and pilot implementation may provide a stronger basis for subsequent controlled evaluation.

Accordingly, the aim of the present study was to develop and validate a developmentally and culturally appropriate self-compassion training program for children aged 8–10 years with symptoms of social anxiety.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative developmental design aimed at developing and validating a self-compassion training program for children aged 8–10 years with symptoms of social anxiety. An integrated methodological approach combining thematic analysis and Intervention Mapping was used to develop the intervention. In the first phase, a systematic review of the relevant literature was conducted to identify the principal theoretical and intervention components of self-compassion-based approaches applicable to childhood social anxiety. The study population at this stage consisted of scientific review and research literature published between 2016 and 2026 in the field of psychological interventions for social anxiety, with particular emphasis on compassion-focused and self-compassion-based approaches. The qualitative sample consisted of 30 review articles, meta-analyses, and systematic reviews selected purposively according to predefined eligibility criteria. Sources were eligible when they addressed social anxiety, focused on children or adolescents, and incorporated theoretical foundations related to compassion-focused therapy or self-compassion. Purposive sampling continued until theoretical saturation was reached, defined as the point at which examination of additional sources yielded no substantively new themes. The extracted material was subjected to thematic analysis, and the resulting themes were prioritized according to their frequency across the reviewed literature and their theoretical explanatory relevance to social anxiety. Five principal themes were identified: the evolutionary model, self-kindness, mindfulness, reduction of shame and avoidance, and integration with cognitive-behavioral therapy. These themes, together with 15 key subthemes, provided the conceptual foundation for developing the intervention.

Following thematic extraction, the identified components were translated into an operational educational program using the Intervention Mapping framework. This process involved assessing intervention needs and specifying performance objectives on the basis of the identified themes, selecting evidence-based methods for behavioral and psychological change, designing the intervention structure and session content, developing child-friendly educational materials, and planning implementation and evaluation procedures. Particular attention was given to the developmental characteristics of children aged 8–10 years and to the cognitive, emotional, and behavioral manifestations of social anxiety. The initial program consisted of eight group sessions lasting approximately 45–60 minutes each. The sequence of sessions progressed from conceptual understanding of threat and soothing systems to basic relaxation and mindfulness skills, reduction of self-criticism and internalized shame, compassionate exposure, social application of learned skills, and consolidation and maintenance. Each session incorporated age-appropriate psychoeducation, experiential activities such as games, drawing, imagery, and breathing exercises, supervised in-session practice, and simple home assignments. After the initial program had been developed, content validation was conducted by 12 specialists in child and adolescent clinical psychology who had at least 10 years of clinical experience working with children and adolescents. These specialists

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were selected through convenience sampling and independently evaluated the appropriateness, adequacy, feasibility, and developmental suitability of the intervention.

A small-scale pilot phase was subsequently undertaken to examine the feasibility, acceptability, and preliminary effectiveness of the developed program. The pilot sample consisted of eight children aged 8–10 years with moderate-to-severe symptoms of social anxiety who were recruited from child psychology clinics in Tehran. The preliminary intervention was administered in a group format once weekly across eight sessions, each lasting approximately 45–60 minutes. During the pilot phase, feedback was collected from the children and their parents, and clinical observations were recorded by the therapist. The pilot findings were subsequently used to modify the intervention. The language of theoretically complex concepts was simplified into developmentally comprehensible expressions, session duration was reduced to improve sustained attention, the number of experiential games and artistic activities was increased, compassionate exposure was made more gradual and supportive, home assignments were shortened and supplemented with visual parental guidance, and an additional reinforcement session was incorporated to facilitate review and consolidation of the acquired skills. These modifications were intended to improve the developmental and cultural suitability of the program for implementation with Iranian children.

2.2. Data Collection Tools

A structured thematic-analysis recording and coding form was developed specifically for the systematic documentation, organization, and reproducibility of the qualitative analysis. The form was completed separately for each scientific source and provided a standardized framework for recording the unit of analysis, initial code, grouping of related codes, abstract category or final theme, frequency of the identified concept across the literature, and bibliographic source associated with each analytical unit. Units of analysis consisted of either direct statements from the reviewed sources or summaries of sections directly relevant to the theoretical and intervention components of self-compassion and social anxiety. Initial coding was performed without imposing predetermined categories, after which conceptually similar codes were grouped and progressively abstracted into higher-order themes and subthemes. The form was prepared in Microsoft Excel and completed by the researcher. Its face and content validity were reviewed and confirmed by two specialists in child clinical psychology. Inter-coder reliability was also evaluated, yielding an agreement coefficient of 0.87. Application of this instrument resulted in the identification of five main themes and 15 key subthemes, which were subsequently transformed through Intervention Mapping into educational objectives, activities, home exercises, and the structure of the intervention sessions.

Content validity of the developed self-compassion program was assessed using an expert evaluation form. The source material describes the expert assessment as a five-point Likert-type evaluation ranging from 1, indicating poor, to 5, indicating excellent, and the final specialized form evaluated domains including correspondence of session content with the required stages of self-compassion training, adequacy of the time allocated to intervention stages and skills, adequacy and applicability of the educational content, and the overall quality of the program. Space was also provided for qualitative comments, criticisms, and suggestions from the evaluators. The specialists reviewed the complete intervention package before completing the assessment form, and their judgments were used to calculate indices of content validity and inter-rater agreement. The content validity of the expert evaluation instrument itself was examined by specialists, and additional expert review was used to establish its appropriateness for evaluating the developed intervention. Qualitative recommendations made by the evaluators, including the incorporation of culturally familiar Iranian stories and the simplification of selected theoretical concepts, were considered during revision of the program.

During the pilot implementation, feasibility and acceptability data were obtained through semi-structured interviews with participating children and their parents, written parental feedback, therapist clinical observations, and a treatment satisfaction measure. These sources were used to determine whether the intervention activities were understandable, engaging, culturally appropriate, and practically feasible for children in the target age group. The pilot phase also incorporated pretest and posttest assessment of outcomes related to social and cognitive concerns, physical concerns, social skills and behavioral functioning, and attentional processes associated with threat. The study further reports assessment of social anxiety symptoms using the Liebowitz Social Anxiety Scale for Children and Adolescents as part of the preliminary evaluation of intervention effectiveness. The combination of expert evaluation, stakeholder feedback, clinical observation, and

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pretest–posttest assessment was used to refine the content and delivery procedures of the final intervention.

2.3. Data Analysis

Qualitative data were analyzed using thematic analysis in conjunction with the Intervention Mapping framework. Relevant statements and conceptual units were initially extracted from the 30 selected sources and assigned preliminary codes. Codes sharing conceptual similarity were then grouped into broader categories, from which the principal themes and subthemes were developed. Themes were prioritized on the basis of two complementary criteria: frequency, referring to the number of reviewed sources in which a particular concept appeared, and theoretical depth, referring to the extent to which the concept contributed to explaining the mechanisms underlying social anxiety and the proposed therapeutic role of self-compassion. The resulting themes and subthemes were subsequently mapped onto intervention objectives, educational content, experiential activities, in-session exercises, and home assignments. Inter-coder agreement was calculated to evaluate the reliability of the thematic coding process, with an agreement coefficient of 0.87 indicating satisfactory consistency.

The quantitative component of program validation focused primarily on content validity and preliminary pretest–posttest evaluation. Expert ratings were analyzed using the Content Validity Ratio (CVR) and Content Validity Index (CVI) to determine the relevance, adequacy, structural appropriateness, and temporal feasibility of the intervention. A minimum CVR criterion of 0.75 was adopted for evaluating the acceptability of intervention components, and the resulting expert judgments were used alongside qualitative suggestions to revise the package. For the preliminary effectiveness assessment, pretest and posttest scores were compared using paired-samples t-tests. Although eight children participated in the broader feasibility pilot, the inferential pretest–posttest analysis reported in the study was based on five participants with analyzable paired data, as indicated by four degrees of freedom in the reported paired-samples t-tests. Statistical significance was evaluated using the probability values reported for each outcome, with changes at $p<0.01$ interpreted as statistically significant in the inferential results. The quantitative findings were interpreted cautiously because the pilot phase was designed primarily to assess feasibility, acceptability, content appropriateness, and preliminary evidence of effectiveness rather than to provide definitive estimates of treatment efficacy.

3. Findings and Results

The findings indicated that the self-compassion training program developed in the present study consisted of eight sessions structured around five main themes and 15 subthemes. These components were extracted from 30 review and research articles published between 2016 and 2026 and were transformed into a coherent and operational intervention through the Intervention Mapping framework. The five principal themes comprised the evolutionary model, self-kindness and reduction of inner criticism, mindfulness, reduction of shame and avoidance, and integration with the cognitive-behavioral approach.

Evolutionary Model

The evolutionary model constituted the foundational component of the intervention and was based on Gilbert's three-system model of emotion regulation, comprising the threat system, drive or resource-seeking system, and soothing system. The findings derived from the reviewed literature suggested that children with social anxiety are characterized by persistent activation of the threat system together with insufficient functioning of the soothing system. Accordingly, this component was designed to familiarize children with the distinction between states of alarm and states of calm and to help them understand that anxiety responses are natural and common human experiences. Its principal subcomponents included recognition of chronic threat-system activation, identification of situations that trigger the internal "alarm," development of awareness of the soothing system and its distinction from threat activation, and understanding evolutionary shame as a common human reaction rather than evidence of personal inadequacy. This theme was incorporated primarily into the first intervention session through the story of the "Guard Brain and Friend Brain," drawing activities involving the two brain states, and the "Calm Turtle" diaphragmatic breathing exercise.

Self-Kindness and Reduction of Inner Criticism

Self-kindness and reduction of inner criticism represented the central therapeutic component of the program. The reviewed evidence identified severe self-criticism as a prominent feature among children experiencing social anxiety. This component therefore aimed to teach children to relate to themselves with the same kindness, understanding, and support that they would normally offer

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to a close friend. Its subcomponents included identifying the "critical voice," recognizing negative and self-deprecating thoughts and statements, and strengthening the "kind friend voice" through the replacement of harsh self-evaluations with supportive and compassionate alternatives. This theme was operationalized particularly in the second session, during which children learned to differentiate between critical and compassionate internal dialogue through the "Thought Detective" game and practiced responding to themselves compassionately by writing a letter to themselves from the perspective of a supportive friend.

Mindfulness

Mindfulness was identified as another major intervention theme and consisted principally of nonjudgmental observation and calm breathing. This component was intended to help children create psychological distance from distressing thoughts and emotions and to observe their internal experiences without immediately reacting to, evaluating, or attempting to suppress them. Such skills were considered important for disrupting repetitive negative thinking and cognitive catastrophizing associated with social anxiety. Nonjudgmental observation was taught by encouraging children to view thoughts as temporary events, similar to clouds passing through the sky, whereas calm breathing was introduced as an attentional anchor through which children could return to a state of emotional regulation. These skills were emphasized particularly in the fifth session through the "Calm Balloon" diaphragmatic breathing technique and the "Clouds of the Mind" exercise, in which children practiced observing thoughts without judgment while maintaining regulated breathing.

Reduction of Shame and Avoidance

Reduction of shame and avoidance emerged as one of the strongest themes identified in the literature reviewed for intervention development. Internalized shame, conceptualized as a sense of personal defectiveness, inferiority, or worthlessness in social situations, was considered an important mechanism associated with the severity of social anxiety, while behavioral avoidance was understood as a process that perpetuates the anxiety cycle. The principal subcomponents therefore included reducing feelings such as "I am not good enough" and increasing children's willingness to approach feared situations gradually. This theme was directly addressed in the fourth session through the story "Everyone Feels Ashamed Sometimes" and the "Hugging Shame" exercise, which encouraged children to respond compassionately to feelings of inadequacy. It was further addressed in the sixth session through the construction of a "Courage Ladder," gradual compassionate exposure to feared social situations, and supportive challenges to avoidance behavior.

Integration with the Cognitive-Behavioral Approach

The final main theme involved integrating self-compassion with cognitive-behavioral principles. Rather than relying exclusively on direct logical disputation of dysfunctional cognitions, the intervention incorporated a form of "compassionate challenging," considered more developmentally appropriate and emotionally tolerable for children aged 8–10 years. This theme served as a bridge between internal psychological skills, such as self-compassion and mindfulness, and external behavioral functioning in social contexts. Its subcomponents included compassionate cognitive challenging, in which dysfunctional beliefs were questioned using both evidence and kindness; compassionate exposure, involving gradual progression through feared situations while maintaining a supportive internal stance; application of newly acquired skills to simulated social situations; and long-term integration and maintenance. These components were primarily implemented across Sessions 6–8 through cognitive challenging and exposure exercises, social role-play, the construction of a personal "Compassion Toolbox," and preparation of a maintenance plan for continued use of intervention skills.

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Table 1

Expert Evaluation of the Self-Compassion Training Program

Expert	Content Correspondence of Sessions with the Self-Compassion Training Process	Appropriateness of Sessions to the Required Structure and Steps	Adequacy of Time Allocated to Training Steps and Skills	Adequacy of the Self-Compassion Training Program	Overall Evaluation of the Self-Compassion Training Package
1	0.90	0.80	1.00	0.90	0.90
2	1.00	1.00	0.90	1.00	1.00
3	1.00	1.00	1.00	1.00	1.00
4	0.80	0.70	0.90	1.00	0.90
5	1.00	0.80	0.90	0.90	0.80
6	1.00	1.00	1.00	0.90	1.00
7	1.00	0.90	0.90	1.00	0.90
8	1.00	1.00	0.90	1.00	0.90
9	0.90	0.70	0.80	0.90	0.80
10	0.90	0.80	1.00	0.80	0.80
11	1.00	1.00	0.80	0.90	0.90
12	1.00	0.80	0.90	1.00	0.90
CVR	0.834	0.701	0.750	0.813	0.815
CVI	0.874	0.780	0.794	0.855	0.860

As shown in Table 1, the expert evaluation supported the content validity of the self-compassion training program. The overall training package obtained a CVR of 0.815 and a CVI of 0.860, indicating satisfactory expert agreement regarding its appropriateness. The adequacy of the overall intervention obtained a CVR of 0.813 and a CVI of 0.855. Content correspondence between the designed sessions and the process of self-compassion training yielded a CVR of 0.834 and a CVI of 0.874, representing the strongest indices among the evaluated domains. The appropriateness of the sessions in relation to the required intervention structure and procedural steps was supported by a CVR of 0.701 and a CVI of 0.780, while the adequacy of the allocated session time yielded a CVR of 0.750 and a CVI of 0.794. Taken together, these results indicated an acceptable level of agreement among the 12 specialists regarding the relevance, adequacy, structure, timing, and overall content of the intervention.

Table 2

Descriptive Findings of the Pilot Study of the Self-Compassion Training Program

Variable	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Social Concerns	8.17	2.80	6.40	2.01
Cognitive Concerns	5.50	2.50	4.14	1.45
Physical Concerns	14.01	3.09	10.70	1.80
Assertiveness	9.51	3.67	13.45	2.80
Self-Control	9.53	4.11	12.01	2.90
Cooperation	11.10	2.49	13.80	3.07
Internalizing Problems	4.13	2.29	3.33	1.91
Hyperactivity	3.00	2.14	1.70	0.90
Externalizing Problems	10.80	4.02	8.93	3.94
Attention Disengagement from Threat	35.78	14.23	28.40	12.79
Attention Toward Threat	24.69	13.09	31.09	14.31

As presented in Table 2, the descriptive results demonstrated changes from pretest to posttest across all assessed variables. Scores for social concerns, cognitive concerns, physical concerns, internalizing problems, hyperactivity, externalizing problems, and attention disengagement from threat decreased following the intervention, whereas scores for assertiveness, self-control, cooperation, and attention toward threat increased. In particular, assertiveness increased from 9.51 to 13.45, self-control increased from 9.53 to 12.01, and cooperation increased from 11.10 to 13.80. Social concerns decreased from 8.17 to 6.40, while cognitive concerns decreased from 5.50 to 4.14. Internalizing problems and hyperactivity also declined following the intervention. These descriptive

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changes suggested a potentially favorable pattern of improvement following participation in the self-compassion training program; however, inferential analysis was required to determine whether the observed pretest–posttest differences were statistically significant.

Table 3

Paired-Samples t-Test Results for the Effects of the Self-Compassion Training Program

Variable	t	df	p
Social Concerns	7.11	4	<.01
Cognitive Concerns	8.61	4	<.01
Physical Concerns	2.01	4	>.05
Assertiveness	1.91	4	>.05
Self-Control	9.13	4	<.01
Cooperation	8.44	4	<.01
Internalizing Problems	5.51	4	<.01
Hyperactivity	6.13	4	<.01
Externalizing Problems	7.22	4	>.05
Attention Disengagement from Threat	7.01	4	<.01
Attention Toward Threat	7.13	4	<.01

As shown in Table 3, paired-samples t-tests indicated statistically significant pretest–posttest changes in social concerns, $t(4)=7.11$, $p<.01$; cognitive concerns, $t(4)=8.61$, $p<.01$; self-control, $t(4)=9.13$, $p<.01$; cooperation, $t(4)=8.44$, $p<.01$; internalizing problems, $t(4)=5.51$, $p<.01$; hyperactivity, $t(4)=6.13$, $p<.01$; attention disengagement from threat, $t(4)=7.01$, $p<.01$; and attention toward threat, $t(4)=7.13$, $p<.01$. By contrast, the changes observed for physical concerns, $t(4)=2.01$, $p>.05$; assertiveness, $t(4)=1.91$, $p>.05$; and externalizing problems, $t(4)=7.22$, $p>.05$, were reported as statistically nonsignificant. Thus, with the exception of physical concerns, assertiveness, and externalizing problems, significant pretest–posttest changes were observed across the assessed variables, providing preliminary evidence of the potential effectiveness of the self-compassion training program during pilot implementation.

Table 4

Final Structure of the Self-Compassion Training Program

Session	Session Title	Main Themes Covered	Main Objective	Key Activities
1	Introduction to the Threat and Soothing Brain	Threat system, soothing system, evolutionary shame	Understanding the evolutionary model	“Guard Brain and Friend Brain” story, drawing the two brains, introductory calm breathing
2	Self-Kindness and Reduction of Inner Criticism	Reduction of inner criticism, nonjudgmental observation	Softening the inner critic	Identifying the critical voice, compassionate friend voice, thought exercises, letter to oneself
3	Emotional Acceptance and Compassionate Imagery	Emotional acceptance, compassionate imagery	Acceptance and emotional calming	“See Anxiety Like a Cloud” exercise, imagery of a compassionate friend
4	Working with Internalized Shame	Internalized shame, evolutionary shame	Reducing feelings of defectiveness and shame	“Hugging Shame” exercise, “Everyone Feels Ashamed Sometimes” story
5	Calm Breathing and Mindfulness	Calm breathing, nonjudgmental observation	Developing basic relaxation skills	Advanced calm breathing, nonjudgmental observation of thoughts
6	Compassionate Exposure and Cognitive Challenging	Behavioral avoidance, cognitive challenging, compassionate exposure	Reducing avoidance	Fear hierarchy, small exposure exercises, compassionate challenging of thoughts
7	Social Application and Social Functioning	Social application, social functioning, compassionate exposure	Generalization to real-life situations	Social role-play, small real-life practice within the session
8	Integration and Long-Term Maintenance	All themes, long-term maintenance	Consolidation and completion	Personal “Compassion Toolbox,” monthly maintenance plan, closing celebration

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Session 1: Introduction to the Threat and Soothing Brain

The first session was designed to familiarize children with two basic emotional states, conceptualized in child-friendly language as the "Guard Brain" and the "Friend Brain," and to normalize anxiety as a common human reaction. The session began in a warm and supportive atmosphere in which the facilitator emphasized that all feelings were acceptable. The story of the "Guard Brain and Friend Brain" was then introduced to explain how one part of the brain detects possible danger and may sometimes activate an alarm unnecessarily, such as when speaking in front of a class, whereas another state promotes calmness and safety. Children were asked to draw one frightened brain and one calm brain and to illustrate situations that activated each state. The "Calm Turtle" exercise was subsequently introduced, in which children imagined retreating into a protective shell while practicing three slow breaths through the nose and out through the mouth. For homework, children were asked to record one situation each day in which their "Guard Brain" became active and note whether calm breathing helped them activate their "Friend Brain."

Session 2: Self-Kindness and Identification of the Inner Critical Voice

The second session focused on identifying negative and self-critical internal statements and beginning to replace them with kinder and more supportive alternatives. The facilitator first reviewed children's experiences with the "Calm Turtle" exercise and reinforced even small successes. Two contrasting characters were then introduced: "Mr. Critic," who spoke in a harsh and discouraging manner, and the "Kind Friend," who responded warmly and supportively. Through hypothetical social situations, children practiced distinguishing between the two voices. The "Thought Detective" game was then used to identify whether statements such as "I can never draw well" or "Everyone dislikes me" reflected a critical or compassionate internal voice. During the practical component, children wrote or illustrated a short letter to themselves as if it had been written by a close and supportive friend. Their homework involved repeating three kind statements to themselves every night and recording them in a "Friendly Letters" notebook.

Session 3: Emotional Acceptance and Compassionate Imagery

The third session aimed to teach children to accept unpleasant emotions, particularly anxiety, instead of struggling against them, while also using compassionate imagery to facilitate emotional regulation. The session began with a review of the previous homework and discussion of children's experiences of writing compassionate statements. The facilitator then presented the story of the "Sad Clouds," illustrating how fighting an unpleasant emotional experience may intensify it, whereas observing it without resistance allows it gradually to pass. This concept was practiced through the "Clouds of the Mind" exercise, during which children closed their eyes, imagined a blue sky, and visualized distressing thoughts as clouds moving across it without attempting to chase them away or escape from them. Children were then invited to imagine a compassionate imaginary friend, which could be a cartoon character, animal, or another comforting figure, sitting beside them and offering words of reassurance and safety. The homework assignment consisted of practicing five minutes of mindful observation of thoughts each day.

Session 4: Working with Internalized Shame

The fourth session focused on reducing feelings of personal defectiveness and worthlessness and replacing them with compassionate acceptance. The facilitator first reviewed children's experiences with observing their thoughts without judgment. A culturally familiar story was then used to demonstrate that even admired or heroic characters sometimes experience embarrassment and shame. The "Hugging Shame" exercise invited children to draw their sense of defectiveness as a small, frightened figure and then imagine holding and comforting that figure as they would comfort a distressed child. This imagery was accompanied by slow breathing and supportive self-statements. A group exercise entitled "We Are All Alike" was also conducted, in which children anonymously wrote down an embarrassing experience and selected examples were read aloud. This activity was intended to demonstrate the universality of shame and reduce feelings of isolation. For homework, children were instructed to respond to experiences of shame by reminding themselves that making mistakes is a normal part of being human.

Session 5: Calm Breathing and Advanced Mindfulness

The fifth session was intended to strengthen diaphragmatic breathing and mindfulness as immediate strategies for regulating anxiety. Following a review of the previous homework, the facilitator introduced the "Calm Balloon" technique using an actual balloon to illustrate abdominal expansion during inhalation and relaxation during exhalation. Children placed their hands on their abdomen and practiced taking a deep breath through the nose and a prolonged breath out through the mouth five times.

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The technique was then integrated with the earlier cloud imagery exercise so that children practiced observing their thoughts as passing clouds while maintaining slow breathing. Whenever a thought appeared, they were encouraged to label it simply as "just a thought" and release it with the exhalation. Children also drew pictures of themselves practicing calm breathing and surrounded their drawings with people, places, animals, or situations associated with feelings of safety and comfort. Their homework was to practice five "Calm Balloon" breaths each morning and evening.

Session 6: Compassionate Exposure and Cognitive Challenging

The sixth session introduced gradual exposure to feared social situations and compassionate questioning of maladaptive thoughts. Children first discussed their experiences using the "Calm Balloon" technique. They then constructed a personal "Courage Ladder" by arranging feared social situations from least to most anxiety provoking, such as progressing from making eye contact with a friend to speaking in front of the class. The facilitator emphasized gradual progression and encouraged each child to advance at an individually manageable pace. During the "Compassionate Challenge" exercise, children examined distressing thoughts, such as the belief that everyone was watching or mocking them, and considered whether these thoughts represented critical or compassionate interpretations. They were then encouraged to identify more balanced evidence in a supportive manner. A small supported exposure exercise was completed during the session, such as maintaining brief eye contact with another child. For homework, each child selected one lower-level step from the Courage Ladder to practice with adult support.

Session 7: Social Application and Social Functioning

The seventh session focused on generalizing previously learned skills to simulated and real-life social interactions. Children who had completed a step on their Courage Ladder were invited to describe their experience and received positive reinforcement. Social role-play exercises were then conducted using scenarios such as introducing oneself to a new friend, asking a question in class, or declining an invitation appropriately. Each child selected a scenario and practiced responding while the facilitator provided supportive guidance and the other children offered positive feedback. The session also introduced "Active Ears," an activity designed to strengthen active listening through eye contact, head nodding, and asking relevant questions. Children practiced these skills in a group circle by speaking briefly about their interests while others demonstrated active listening. The homework assignment required each child to initiate at least one short conversation with a new classmate and deliberately apply one active-listening skill.

Session 8: Integration and Long-Term Maintenance

The eighth session was designed to consolidate all previously acquired skills and establish a plan for their continued use after completion of the intervention. Together with the children, the facilitator created a large poster summarizing the principal skills learned throughout the program, including the Guard Brain and Friend Brain, Hugging Shame, Calm Balloon breathing, the Courage Ladder, and Active Ears. Each child explained one skill to reinforce understanding and mastery. Children then created and decorated their own "Compassion Toolbox," placing their drawings, compassionate letters, worksheets, and motivational statements inside it for future use during periods of anxiety or distress. A simple monthly maintenance plan was also developed, with children assigning small self-compassion activities to selected days, such as breathing practice, completing a small courageous action, or writing a kind letter to themselves. The program concluded with a small celebration and presentation of a "Certificate of Courage." Children were encouraged to keep their Compassion Toolbox accessible and review its contents regularly, reinforcing the principle that the conclusion of the program represented the beginning of continued compassionate self-practice.

Overall, the final self-compassion training package followed a coherent developmental sequence progressing from conceptual understanding of emotional threat and soothing systems to basic relaxation and mindfulness skills, deeper work on shame and self-criticism, compassionate exposure, social application, and long-term maintenance. The intervention incorporated developmentally appropriate techniques, including stories, drawing, games, imagery, role-play, and behavioral practice, while also incorporating culturally adapted material. The content-validity findings, pilot descriptive changes, and inferential results collectively provided preliminary support for the feasibility and potential effectiveness of the program in addressing attentional bias, anxiety-related concerns, behavioral difficulties, and social functioning among children with symptoms of social anxiety.

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4. Discussion and Conclusion

The present study aimed to develop and validate a self-compassion training program for children aged 8–10 years with symptoms of social anxiety. The findings demonstrated that the resulting intervention could be organized into a coherent developmental structure based on five major themes: the evolutionary model, self-kindness and reduction of inner criticism, mindfulness, reduction of shame and avoidance, and integration with cognitive-behavioral principles. The program was subsequently evaluated by child and adolescent clinical psychology specialists and demonstrated acceptable indices of content validity. The pilot findings also showed significant pretest–posttest changes in several domains, including social concerns, cognitive concerns, self-control, cooperation, internalizing problems, hyperactivity, attention disengagement from threat, and attention toward threat, while changes in physical concerns, assertiveness, and externalizing problems were not statistically significant. Taken together, these findings provide preliminary support for the developmental appropriateness, content validity, feasibility, and potential clinical usefulness of a structured self-compassion intervention for younger children with symptoms of social anxiety.

One of the central findings was that self-compassion could be translated into a child-friendly intervention through the integration of evolutionary, mindfulness-based, and cognitive-behavioral principles. This finding is theoretically consistent with the growing evidence that self-compassion is meaningfully associated with emotional adjustment in young people. Research has shown that adolescents with greater self-compassion tend to experience lower levels of anxiety, whereas reduced self-compassion is associated with greater emotional vulnerability (Tali et al., 2023). Similarly, strong associations have been reported between low self-compassion and symptoms of anxiety and depression in young people, suggesting that self-critical and uncompassionate ways of responding to distress may represent important mechanisms of psychopathology (Muris & Otgaar, 2024). The present intervention directly targeted these processes by teaching children to identify harsh internal dialogue, replace it with a compassionate inner voice, and understand anxious reactions as common and understandable rather than as evidence of personal weakness.

The emphasis on self-kindness and reduction of inner criticism is particularly relevant to social anxiety because socially anxious children are often highly sensitive to perceived failure, embarrassment, and negative evaluation. In such children, anxiety may be maintained not only by fear of external criticism but also by internal self-criticism following social situations. The significant reduction in social and cognitive concerns observed in the pilot phase can be interpreted in this framework. By helping children respond to anxious thoughts in a less punitive manner, the intervention may have reduced the intensity of anticipatory worry and self-evaluative thinking. This interpretation is compatible with findings showing that mindful self-compassion training can reduce rumination and social anxiety (Abdollahi Bagherabadi & Karimi, 2022). It is also consistent with studies showing that self-compassion training can reduce anxiety and strengthen more adaptive self-related functioning (Karimi & Sadeghi, 2020). Although the populations in those studies differed from the present sample, the convergence of findings supports the view that changing the manner in which individuals relate to distressing thoughts may influence anxiety even when the content of those thoughts is not directly eliminated.

The significant changes observed in social concerns and cognitive concerns also appear consistent with the mindfulness component of the program. Mindfulness was introduced through concrete exercises such as observing thoughts as clouds and using breathing as an anchor for attention. These techniques were intended to reduce automatic engagement with anxious cognitions and to help children recognize thoughts as temporary mental events rather than unquestioned realities. The broader literature on child and adolescent anxiety supports the value of interventions that incorporate emotional regulation, attentional control, and developmentally appropriate coping strategies. School-based anxiety interventions have likewise emphasized the usefulness of practical, accessible stress-management techniques for younger populations (Gaesser, 2020). In the present study, the significant improvement in attentional variables may reflect the contribution of repeated practice in observing internal experiences without immediate reaction and redirecting attention through calm breathing and guided imagery.

The significant changes in attention disengagement from threat and attention toward threat are especially noteworthy because attentional processes are closely connected with the maintenance of social anxiety. Children with social anxiety may selectively monitor signs of danger, rejection, or disapproval and may find it difficult to disengage attention from perceived threat. The current program did not treat

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attention through computerized bias modification; instead, attentional flexibility was embedded within mindfulness, breathing, imagery, and compassionate exposure exercises. This may have allowed children to develop a more flexible attentional stance in emotionally relevant contexts. The broader developmental literature also suggests that social anxiety can become intertwined with patterns of withdrawal, loneliness, and continued monitoring of social threat. Longitudinal research has demonstrated reciprocal associations between loneliness and social anxiety in children, indicating that anxious attention and social disengagement may reinforce one another over time (Wu et al., 2024). Accordingly, an intervention that simultaneously addresses attention, avoidance, and compassionate self-regulation may be particularly appropriate for interrupting this cycle.

Another important result was the significant improvement in self-control and cooperation. These findings suggest that the intervention may have influenced not only internal anxiety-related processes but also broader behavioral regulation and social functioning. Self-compassion is sometimes misunderstood as passivity or excessive self-indulgence; however, the present results are more consistent with the view that a compassionate internal stance can support adaptive behavioral regulation. Children who are less overwhelmed by self-criticism may be better able to pause, regulate emotional reactions, and engage constructively with others. This pattern is compatible with research demonstrating that compassion-focused interventions can influence behavioral problems and anxiety in children (Abdolali et al., 2020; Abdolali et al., 2023). It is also consistent with the broader social-development literature emphasizing the importance of supportive peer interaction and social competencies in children's adaptation (Karna & Stefaniuk, 2024). The use of role-play, active listening exercises, and gradual social exposure in the later sessions may have contributed to the observed gains in cooperation and behavioral self-regulation.

The significant reduction in internalizing problems further supports the potential emotional benefits of the program. Internalizing difficulties typically involve anxiety, withdrawal, worry, sadness, and inhibited behavior, all of which can be reinforced by shame and self-criticism. The intervention directly targeted these mechanisms through self-kindness, normalization of emotional distress, mindful observation, and reduction of internalized shame. This finding aligns with studies showing that compassion-focused interventions can reduce anxiety and other forms of emotional distress in different populations (Khoshvaght et al., 2021; Peyghan et al., 2022). Similar benefits have been reported for parents of children with cancer, where self-compassion-focused therapy was associated with reduced anxiety and improved quality of life (Borjali et al., 2021). Although these populations are not directly comparable with children with social anxiety, they support the broader transdiagnostic proposition that compassion may reduce internalizing distress by decreasing self-judgment, emotional avoidance, and threat-focused processing.

The observed reduction in hyperactivity is more difficult to interpret because hyperactivity was not a primary treatment target. One possible explanation is that improved emotional regulation, structured breathing, mindfulness, and repeated practice in pausing before reacting may have generalized to behavioral control. However, this interpretation should remain cautious because the pilot sample was very small and no control group was included. Nevertheless, emerging research has increasingly examined the role of self-compassion in psychological flexibility and emotional regulation in populations affected by attention-related difficulties. For example, self-compassion training has been investigated in relation to psychological flexibility among mothers of children with attention-deficit/hyperactivity disorder (Khanmohammadi et al., 2026). Although that study focused on parents rather than children, it reflects the broader relevance of compassion-based processes to regulation, flexibility, and responses to distress.

The role of avoidance is also central to understanding the present findings. One of the main themes identified during intervention development was the reduction of behavioral avoidance through compassionate exposure. Unlike conventional exposure approaches that may be experienced by young children as demanding or threatening, the present program framed exposure as a gradual act of courage accompanied by kindness toward oneself. This model may be particularly useful for children who experience both fear and shame. The intervention's "Courage Ladder" translated exposure into a concrete, developmentally appropriate task and allowed children to approach feared social situations incrementally. The relevance of this approach is consistent with evidence that self-compassion training can reduce experiential avoidance (Karami et al., 2024). In social anxiety, reducing avoidance is especially important because repeated withdrawal limits opportunities for corrective social learning and reinforces beliefs that feared situations are unmanageable.

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The integration of cognitive-behavioral principles with self-compassion also appears to be a strength of the developed program. Cognitive-behavioral approaches remain important in the treatment of childhood social anxiety, particularly when delivered in forms adapted to children's cognitive and developmental capacities. Cognitive-behavioral play therapy has demonstrated beneficial effects on social anxiety and emotional functioning in children with intellectual disabilities, illustrating how cognitive and behavioral principles can be successfully translated into experiential and play-based formats (Jalil-Abkenar, 2025). The current intervention adopted a similar developmental logic but supplemented cognitive challenging with compassion. Rather than asking children only to dispute the accuracy of anxious thoughts, the program encouraged them to examine those thoughts in a kinder manner. This may be advantageous when maladaptive beliefs are strongly linked to shame and perceived personal defectiveness.

The expert validation findings also support the structural quality of the intervention. The overall CVR and CVI values indicated that specialists considered the program generally appropriate in terms of content correspondence, adequacy, structure, timing, and overall implementation. This is important because compassion-focused work developed for adults cannot automatically be transferred to children. Recent systematic evidence suggests that compassion-focused group interventions are increasingly being used in child and adolescent clinical populations, but also highlights the need for greater attention to developmental adaptation, intervention structure, and methodological rigor (Roberts et al., 2026). Similarly, research on compassionate care in child and adolescent mental health emphasizes the importance of validation, relational safety, understandable communication, and responsiveness to young people's developmental needs (Vusio et al., 2025). The present intervention addressed these issues by converting abstract concepts into stories, drawings, games, imagery, breathing exercises, and role-play.

The nonsignificant findings are also informative. Physical concerns did not change significantly, which may indicate that somatic manifestations of anxiety require longer intervention exposure, more specific interoceptive work, or a larger sample to detect change. Assertiveness increased descriptively but did not reach statistical significance, suggesting that social confidence may require repeated real-life practice beyond the duration of the pilot program. Assertiveness is a behaviorally complex skill that may develop more slowly than internal coping strategies. Similarly, externalizing problems did not show statistically significant improvement. This is unsurprising because the intervention was primarily designed to address social anxiety, self-criticism, shame, attention, and avoidance rather than disruptive or oppositional behavior. The absence of significance in these domains may therefore reflect the specificity of the intervention rather than a weakness of the program.

The program's culturally adapted and relationally compassionate features may also have contributed to its acceptability. The use of familiar stories, simple metaphors, family-supported homework, and child-friendly activities was consistent with the principle that intervention content must be understandable and emotionally safe for younger children. Cultural and contextual considerations are relevant to psychological adaptation more generally, and psychological functioning is influenced by the broader interpersonal and cultural environments in which individuals develop (Hashemi et al., 2023). The incorporation of culturally familiar material may therefore enhance engagement and facilitate transfer of skills into everyday family and school contexts.

Overall, the present findings are consistent with a growing body of evidence indicating that self-compassion is associated with lower anxiety and more adaptive emotional functioning (Muris & Otgaar, 2024; Tali et al., 2023). They are also broadly aligned with intervention studies showing beneficial effects of compassion-focused approaches on anxiety, rumination, experiential avoidance, behavioral difficulties, and psychological adjustment (Abdollahi Bagherabadi & Karimi, 2022; Karami et al., 2024; Khoshvaght et al., 2021; Peyghan et al., 2022). At the same time, the present study extends this literature by operationalizing these principles into a structured, age-specific intervention for children aged 8–10 years with social anxiety symptoms. The combination of expert validation, child-friendly adaptation, pilot feasibility assessment, and preliminary pretest–posttest improvement provides an initial foundation for further controlled evaluation.

The present study has several limitations. First, the pilot phase involved a very small sample, and the inferential analyses were based on only five participants with complete paired data, substantially limiting statistical power and the generalizability of the findings. Second, the pilot design was single-group and did not include a control or comparison condition, making it impossible to distinguish intervention effects from maturation, expectancy, repeated measurement,

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or other nonspecific influences. Third, the study primarily evaluated short-term pretest–posttest change, and no long-term follow-up was available to determine whether the observed improvements were maintained. Fourth, the intervention was developed and piloted within a specific cultural and clinical context, and its applicability to children from different regions, socioeconomic backgrounds, and educational settings remains uncertain. Finally, some measures assessed broader behavioral domains that were not primary intervention targets, and the pilot nature of the study limits conclusions regarding clinical efficacy.

Future research should evaluate the program in adequately powered randomized controlled trials with larger and more diverse samples. Studies should include active and waitlist control groups, blinded assessment where feasible, and follow-up measurements extending several months beyond intervention completion. Future investigations should also examine potential mediators of treatment effects, including reductions in self-criticism, shame, experiential avoidance, and attentional bias, as well as increases in self-compassion and emotional regulation. Comparative studies could determine whether the integrated self-compassion program offers additional benefits beyond conventional cognitive-behavioral treatment alone. It would also be useful to examine differential responses according to age, sex, baseline symptom severity, family functioning, and comorbid emotional or behavioral problems. Implementation studies in schools, counseling centers, and community settings could further clarify feasibility, acceptability, and cost-effectiveness under routine service conditions.

From a practical perspective, the program may be suitable for use by child psychologists, school counselors, and trained mental health professionals working with children who show social anxiety symptoms, particularly when self-criticism, shame, and avoidance are prominent. The intervention's use of stories, drawings, breathing exercises, imagery, games, role-play, and home practice makes it adaptable to both clinical and school-based settings. Practitioners should preserve the gradual and supportive nature of compassionate exposure and avoid introducing challenging social tasks before children have acquired sufficient calming and self-kindness skills. Involving parents through simple guidance for home exercises may strengthen generalization, while collaboration with teachers may help children practice social skills in naturalistic settings. The program should be viewed as a structured but flexible framework whose language, examples, and activities can be adapted to the developmental and cultural characteristics of each group while maintaining its core therapeutic components.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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