



Shame Intervention Cheat Sheet for Therapists

A Quick-Reference Guide for Helping Clients Work Through Shame

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Understanding Shame vs. Guilt

One of the first things we can offer clients struggling with shame is the gift of differentiation—helping them understand the distinction between shame and guilt.

- Guilt says, “I did something bad.” It’s behavior-focused, and when met with reflection, it can inspire growth.
- Shame says, “I am bad.” It’s identity-focused, which leads to isolation, self-condemnation, and a deep-seated feeling of unworthiness.

This small shift—moving from “I am inherently flawed” to “I made a mistake”—can be the first step toward self-compassion and healing.

How Shame Shows Up (And What to Do About It)

1. When clients engage in harsh self-criticism...

Self-compassion is often the antidote. Dr. Kristin Neff reminds us that treating ourselves as we would treat a friend is a powerful intervention. If a client’s inner dialogue sounds like an aggressive sports coach stuck on replay, ask:

💡 “If someone you loved made the same mistake, would you say to them what you’re saying to yourself?”

Often, this alone creates enough cognitive dissonance to pause the self-attack. If a client resists, soften the approach:

💡 “What’s one small thing you could say to yourself that’s even 5% kinder than what you’re saying now?”

2. When shame leads to avoidance and emotional numbing...

Clients often avoid shame the way we avoid bad reality TV—by pretending it doesn’t exist, even when it’s obviously in the background. This is where Acceptance and Commitment Therapy (ACT), courtesy of Dr. Russ Harris, comes in. ACT reminds us that thoughts are not facts, and that we can acknowledge a thought without fusing to it. Try:

💡 “I notice you’re having the thought that you’re unworthy. Can we hold that thought lightly, instead of gripping it as an absolute truth?”

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Even a simple reframe—“I am having the thought that I am unworthy” instead of “I am unworthy”—creates just enough distance to loosen shame’s grip.

3. When perfectionism takes the wheel...

Dr. Richard Schwartz’s Internal Family Systems (IFS) reminds us that perfectionism is often a protective part, keeping us from feeling the deeper vulnerability of shame. Instead of challenging perfectionism head-on (which usually just makes it dig in its heels), we can ask:

💡 “What is this perfectionist part of you trying to protect you from?”

Many clients realize their inner perfectionist isn’t a ruthless dictator—it’s a terrified child trying to avoid rejection. If we can help them befriend this part rather than battle it, healing begins.

4. When clients withdraw and isolate...

Shame thrives in loneliness, and its favorite lie is “You are the only one who feels this way.” Dr. Neff’s work on common humanity is key here. Normalizing shame can be one of the most powerful antidotes:

💡 “It makes so much sense that you feel this way. So many people struggle with this—even if they don’t talk about it.”

5. When clients spiral into old shame stories...

Sometimes shame isn’t about what’s happening now—it’s about what’s been happening for years. The brain loves to latch onto old narratives (“I’ve always been this way”) and play them on a loop. When this happens, grounding clients in the present moment can interrupt the spiral. Try:

💡 “Right now, in this moment, what do you need to feel safe and supported?”

Shame wants to drag clients back into the past—our job is to anchor them back into the present.

Shame Healing Prompts for Clients

When clients struggle to engage in self-compassion, structured reflection can help. Try offering these journaling or verbal prompts:

- ◆ If I treated myself like someone I deeply cared about, how would this situation feel different?
- ◆ What would happen if I met this part of me with curiosity instead of judgment?
- ◆ What is shame trying to protect me from? And do I actually need that protection?

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- ◆ What small act of self-compassion can I offer myself today?
- ◆ If shame had a voice, what would it say? Now, how would my compassionate self respond?

These small but intentional shifts create space for self-kindness to replace self-condemnation.

Final Grounding: Self-Compassion for Therapists

It's easy to talk about self-compassion in session—but let's be honest. How many times have you left a session thinking:

- ✗ I should have said that differently.
- ✗ Did I actually help them?
- ✗ Maybe I'm not cut out for this work.

Sound familiar? Welcome to therapist shame—a phenomenon we don't talk about enough.

Here's the reality: We are just as susceptible to shame as our clients. Maybe more, because we hold space for it every day.

Dr. Neff's research applies to us, too—if we expect our clients to meet themselves with compassion, we have to model it.

So here's your therapist self-compassion check-in before you close out this guide:

- 💡 If another therapist came to you feeling this way, what would you say to them?
- 💡 Are you holding yourself to a higher standard than you would ever impose on a client?
- 💡 What is one thing you can tell yourself right now that is even 5% kinder?

This work is heavy. You're allowed to be human.

You do not have to be a perfect therapist to be an effective one.

You do not have to be shame-free to help clients heal their own.

So the next time therapist shame creeps in, take a breath and remind yourself:

- ✓ I am here. I am doing meaningful work. Even when I don't feel like it.

Now, go take care of yourself—just as you encourage your clients to do.

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Using This Guide

-  Save this as a quick reference in sessions, group work, or client handouts.
-  Use it in your own self-reflection as a therapist.
-  Remind yourself that healing is a process—for our clients, and for us.