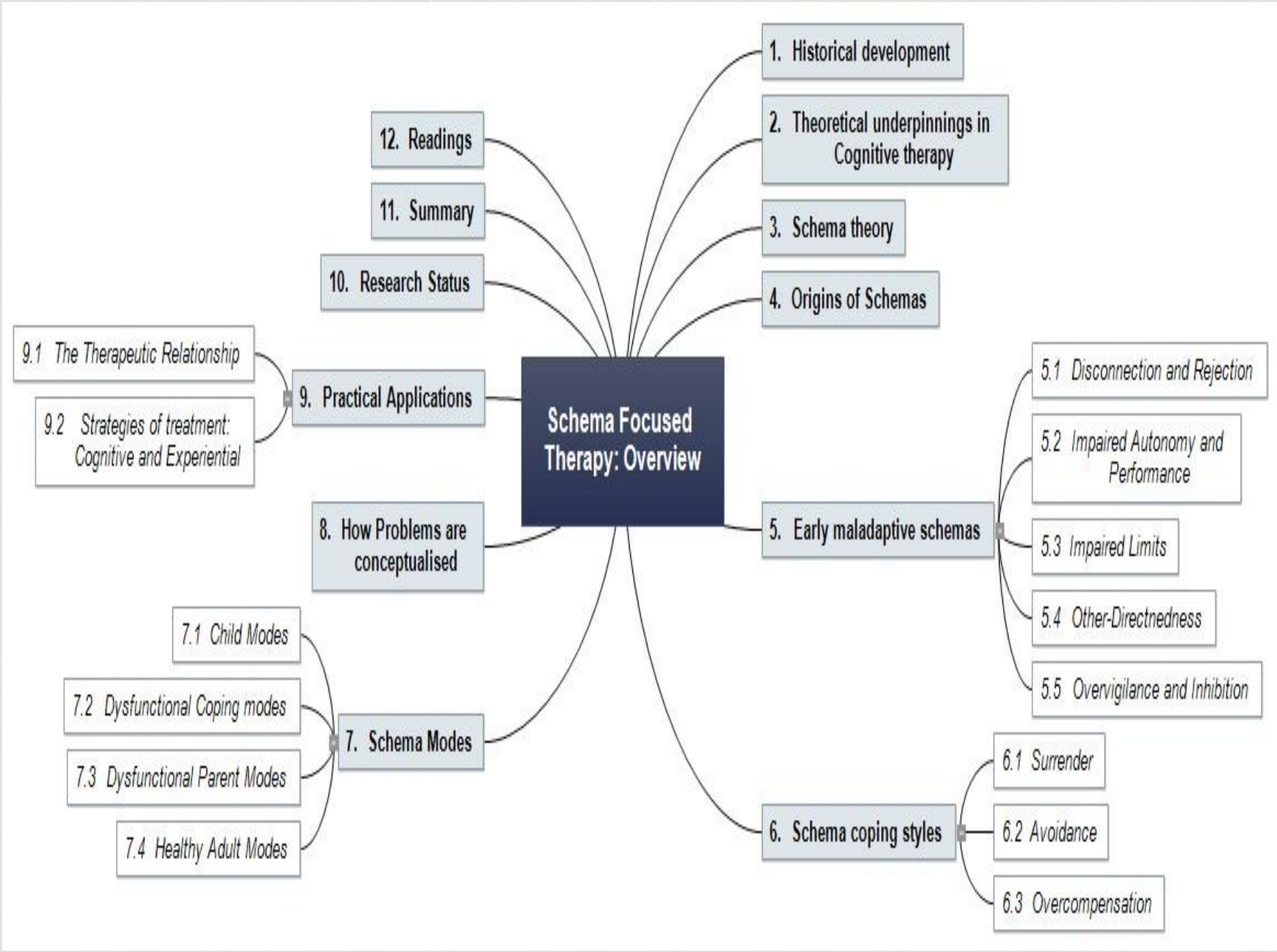
SCHEMA THERAPY OVERVIEW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LEARNING OUTCOMES

- Describe the Historical development and Theoretical underpinnings from Cognitive therapy
- Define the Origins of Schemas
- Describe in detail the Early maladaptive schemas
- Understand and describe types of Schema coping styles
- Give an overview of Schema Modes
- How Problems are conceptualised
- Practical Applications
- Read: Ohanian & Rashed: Chapter 8 Schema therapy in Dryden, W. (2012) Cognitive Behaviour Therapies, London Sage:

1. HISTORICAL DEVELOPMENT

- Schema therapy, which was developed by Jeffrey Young (1990; Young et al., 2003), stems from cognitive behavioral therapy (CBT) and has been attracting increasing attention since it was first proposed.
- Young created schema therapy predominantly for patients who did not respond well to ―classical‖ CBT treatment.
- These patients often experience a variety of symptoms and typically display complex interpersonal patterns, which may
- be either fluctuating or persistent;
- they usually meet the criteria for one or more personality disorders.

1. HISTORICAL DEVELOPMENT

- Although as a whole CBT is quite effective for the mood and anxiety disorders, some patients continue to show symptoms or experience relapses subsequent to treatment, particularly in chronic cases (Durham, Chambers, MacDonald, Power, & Major, 2003; Fournier et al., 2009).
- For these patients, a different approach would seem to be required. (Young, 1990; Young, Klosko, & Weishaar, 2003).
- Young suggests that certain patients are a poor fit for cognitive therapy and require a more extensive treatment approach, in part because of their difficulty identifying, accessing, and changing their cognitions and emotions.
- Young's schema theory does not attempt to compete with Beck's theory, but rather expands on it for a treatment-resistant clients
- Places greater emphasis on the developmental origins of severe psychopathology.

. HISTORICAL DEVELOPMENT

- Compared to CBT, schema therapy has a more intensive focus on the following three issues:
- **1. Problematic emotions**, which are in the foreground, alongside the cognitive and behavioral aspects of the patient's problems
- **2 Childhood issues**, are of much greater importance than in standard CBT, enabling schema therapy to integrate approaches that have been mainly considered psychodynamic or psychoanalytic
- **3 The therapeutic relationship**, plays a very important role is conceptualized as —limited re-parenting,‖

2. THEORETICAL UNDERPINNINGS IN COGNITIVE THERAPY

- Schema therapy is based on Becks cognitive therapy model
- Adopts the systematic and empirical approach to assessment and treatment
- Shares the following fundamental concepts:
  - The collaborative nature of the therapeutic relationship in directive role of the therapist.
  - Psychoeducation.
  - Emphasis on the cognitive and behavioural change; goal setting and structured home-based tasks; and teaching of skills as necessary.
- It builds on Beck's (1967)early definition of schemas and modes in the revised model of cognitive therapy (1997)

2. THEORETICAL UNDERPINNINGS IN COGNITIVE THERAPY

- Young draws on other theories to find ways of conceptualising problems:
- **psychodynamic models** bring the issues of childhood origins, and conscious processes, transference and counter transference and the necessity to process trauma on an emotional level.
- **Object relations therapy** directs the focus of interpersonal relationships to families of origin in the shaping of the child's view of self and of the world.
- **Attachment theory** (Ainsworth & Bowlby 1991). Bowlby's concept of the dysfunctional "internal working models" is similar to early maladaptive schemas.
- **Experiential therapies** like Gestalt therapy bring the emotional change skills into play.
- Schema theory is tightly woven with cognitive, behavioural, emotional and experiential strategies to form a unifying conceptual framework based on a solid therapeutic relationship

3. SCHEMA THEORY

- Schema theory has four main concepts:
- 1. Early maladaptive schemas (EMS).
- 2. Schema domains.
- 3. Coping styles.
- 4. Schema modes.

4. ORIGINS OF SCHEMAS

- Young theorised that EMS developed when children's core emotional needs of consistently not met.
- Five core emotional needs considered universal:
- 1. Secure attachment to others that leads to safety and stability.
- 2. Autonomy, competence and a sense of identity.
- 3. Freedom to express invalid needs and emotions.
- 4. Spontaneity and play.
- 5. Realistic limits and self-control

4. ORIGINS OF SCHEMAS

- 4 mechanisms develop early maladaptive schemas:
- **1. Toxic frustration of needs**: refers to an absence of healthy experience.
- **2. Traumatisation or victimisation:** consists of specific traumatic an abuse of experiences.
- **3. Too much of a good thing:** where parents do not set realistic limits, overprotective or overinvolved.
- **4. Selective internalisation or identification with significant other:** internalisation of aspects of parents thinking and behaviour

4. ORIGINS OF SCHEMAS

- The development of schemas is also influenced by the child's emotional temperament interacting with negative childhood experiences.
- Nature and nurture debate

5.EARLY MALADAPTIVE SCHEMAS

- Early maladaptive schemas (EMS) **defined** as:
- 1. A broad, pervasive theme or pattern
- 2. Comprised of memories, emotions, cognitions and bodily sensations
- 3. Developed during childhood or adolescence
- 4. Elaborated throughout one's lifetime
- 5. Dysfunctional to a significant degree
- (Young et al 2003).

5.EARLY MALADAPTIVE SCHEMAS

- EMS serve as templates for the processing of data experiences and have certain core characteristics:
- They have **unconditional rigid beliefs** and feelings about oneself, and the world that the individual never challenges.
- They form the **core of the individual's sense of self**.
- They are self perpetuating and resistant to change.
- They operate **outside** individual's conscious **awareness.**
- They are **triggered** by events relevant to the particular schema, and associated with extreme negative emotions.
- Behaviours in do not form part of the schema; instead the **schema drives the behaviour**.
- Schemas can be positive or negative, can develop early or late in life, vary in degrees of severity.

5.EARLY MALADAPTIVE SCHEMAS

- 18 EMS Identified and grouped under five domains reflecting the five areas of core emotional needs identified above.
- Five domains:
- 1. **Disconnection and rejection**: the lack of secure attachment.
- 2. **Impaired autonomy and performance**: the lack of competence ora sense of identity.
- 3. **Impaired limits**: the lack of freedom to express valid needsand emotions.
- 4. **Other –Directedness**: the loss of spontaneity and play.
- 5. **Over vigilance and inhibition**: the loss of realistic limits and self control.
- EMS vary in severity and progressiveness; can be unconditional formed in the early as part of life and conditional schemas which are set to develop later.
- Schema perpetuation refers to all thoughts, feelings and behaviours which reinforce and perpetuate the schema resulting in the maladaptive behaviour patterns seen.

Table 1.1 Early maladaptive schemas (Young et al., 2003) and schema domains

Schema domain	*Schemas*
Disconnection and rejection	Abandonment/instability
	Mistrust/abuse
	Emotional deprivation
	Defectiveness/shame
	Social isolation/alienation
Impaired autonomy and achievement	Dependency/incompetency
	Vulnerability to harm and illness
	Enmeshment/undeveloped self
	Failure
Impaired limits	Entitlement/grandiosity
	Lack of self-control/self-discipline
Other-directedness	Subjugation
	Self-sacrifice
	Approval-seeking
Hypervigilance and inhibition	Negativity/pessimism
	Emotional inhibition
	Unrelenting standards
	Punitiveness

5.1. DISCONNECTION AND REJECTION

- This schema domain is characterized by attachment difficulties. All schemas of this domain are in some way associated with a lack of safety and reliability in interpersonal relationships.
- The quality of the associated feelings and emotions differs depending on the schema—for example, the schema ―abandonment/instability‖ is connected to a feeling of abandonment by significant others, due to previous abandonment in childhood.
- Individuals with the schema ―social isolation/alienation,‖ on the other
- hand, lack a sense of belonging, as they have experienced exclusion from peer groups in the past.
- Patients with the schema ―mistrust/abuse‖ mainly feel threatened by others, having been harmed by people during their childhood.

5.2. IMPAIRED AUTONOMY AND PERFORMANCE

- People with these schemas perceive themselves as dependent, feel insecure, and suffer from a lack of self-determination.
- They are afraid that autonomous decisions might damage important relationships and they expect to fail in demanding situations.
- People with the schema —vulnerability to harm and illness‖ may even be afraid that challenging and changing their fate through autonomous decisions will lead to harm to themselves and others.
- These schemas can be acquired by social learning through models, for example from parent figures who constantly warned against danger or illnesses, or who suffered from an obsessive–compulsive disorder (OCD)
- he schema —dependency/incompetency‖ may develop when parents are not confident that their child has age-appropriate skills to cope with normal developmental challenges.
- Schemas Can also develop when a child is confronted with demands which are too high, when they have to become autonomous too early and do not receive enough support to achieve it. Thus patients with childhood neglect, who felt extremely overstressed as children, may develop dependent behavior patterns in order to ensure that somebody will provide them the support they lacked earlier in life, and thus do not learn a healthy autonomy.

5.3. IMPAIRED LIMITS

- People with impaired limits schemas have difficulty accepting normal
- limits.
- It is hard for them to remain calm and not cross the line,
- They often lack the self-discipline to manage their day-to-day lives, studies, or
- jobs appropriately.
- People with the schema “entitlement/grandiosity” mainly feel entitled and tend to self-aggrandize.
- The schema “lack of self-control/self-discipline” is principally associated with impaired discipline and delay of gratification.
- These schemas are learnt by direct modeling and social learning. Often patients were spoiled as children, or their parents were themselves spoiled in their childhoods and/or had problems accepting normal limits.
- These schemas can also develop when parents are too strict, when they inflict too much discipline, and when limits are too narrow. In such situations, these schemas develop as a kind of a rebellion against limits and discipline in general.

5.4. OTHER-DIRECTEDNESS

- People with other-directedness schemas typically put the needs, wishes, and desires of others before their own. Most of their efforts are directed towards meeting the needs of others.
- Individuals with a strong —subjugation‖ schema always try to adapt their behavior in a way which best accommodates the ideas and needs of others.
- In the schema —self-sacrifice,‖ the focus is more on an extreme feeling of responsibility for solving everyone else's problems; typically feel that it is their job to make everybody feelgood.
- Schema —approval-seeking‖ have as a sole purpose pleasing others; thus all their actions and efforts reflect that desire, rather than their own wishes.
- With regard to the biographical background and development during childhood, these schemas are often secondary.
- The primary schemas are often those from the domain —disconnection and rejection‖. I.e., schemas in the domain —other-directedness‖ may have developed to cope with schemas of disconnection and rejection..

5.5. OVERVIGILANCE AND INHIBITION

- People with Overvigilance and Inhibition schemas avoid the experience and expression of spontaneous emotions and needs.
- People with the schema —emotional inhibition‖ devalue inner experiences such as emotions, spontaneous fun, and childlike needs as stupid, unnecessary, or immature.
- The schema —negativity/pessimism‖ corresponds with a very negative view of the world; people with this schema are always preoccupied with the negative side of things.
- Schema —unrelenting standards‖ constantly feel high pressure to achieve; they do not feel satisfied even when they achieve a lot, as their standards are extremely high.
- The —punitiveness‖ schema incorporates moral codes and attitudes that are very punitive whenever a mistake is made, regardless of reason.
- These schemas are acquired by reinforcement and social modeling, for example when parent figures mocked the spontaneous expression of feelings, thus teaching their children to be ashamed of being emotional.
- This can also take place indirectly, for example when parents reinforce only achievement and success, and devalue or ignore other important aspects of life such as fun and spontaneity.
- Some patients with these schemas report mainly negative experiences regarding intense emotions in their childhood. They started to avoid intense emotional experiences in order to protect themselves against these aversive stimuli.

SUMMARY: SCHEMA DOMAINS AND BASIC NEEDS

Table 1.2 The relationship between schema domains and basic needs

Schema domain	*Related basic needs*
Disconnection and rejection	Safe attachment, acceptance, care
Impaired autonomy and achievement	Autonomy, competence, sense of identity
Impaired limits	Realistic limits, self-control
Other-directedness	Free expression of needs and emotions
Hypervigilance and inhibition	Spontaneity, playfulness

6. SCHEMA COPING STYLES

- 3. Broad maladaptive schema coping styles of identified.
- 1. Surrender
- 2. Avoidance
- 3. Overcompensation

6.1. SURRENDER

- With a surrendering coping style, a patient experiences schema-associated feelings very intensely and surrenders as it were to the —messages‖ of the schema, thus accepting them.
- In a surrendering coping mode, the client behaves as if the schema was true and there was no other choice but to tolerate bad treatment by others.
- the subjugating patterns of clients with a subjugation schema frequently have had severe sexual childhood abuse experiences
- they tend to accept abuse in intimate relationships later in life as well
- Domestic violence repeats a pattern

6.2 AVOIDANCE

- Avoidant schema coping: when people avoid activation of the schemas or the emotions associated with them in order to protect themselves.
- Behavior patterns that are typical are social withdrawal and avoidance or lack of emotional contact with others.
- In the therapeutic relationship, this coping style is activated when the therapist feels a lack of connection and contact with the client.
- Other behavior patterns can regarded as emotional avoidance are substance abuse to avoid experience of and dealing with
- Emotions; keeping themselves continuously occupied in order to maintain a constant level of stimulation, to avoid feelings. This might take the form of computer games, workaholism, television and the Internet, or overeating.
- When patients report the use of such activities to reduce feelings of anxiety and so on, we speak about an avoidant schema coping.

6.3. OVERCOMPENSATION

- With the Overcompensation schema people act as if the opposite of the schema was true.
- People with a failure scheme, might show off and talk excessively about their achievements.
- Mistrust/abuse schema might behave in an overly self-centered and aggressive manner. Sometimes people with a mistrust/abuse schema who are overcompensating even abuse others in order to avoid abuse or threat against themselves.
- Subjugation schema insist that others subjugate themselves to them and accept their ideas without discussion.
- In the therapy situation, overcompensation can be easily identified in the therapeutic relationship when the therapist feels dominated, driven into a corner, or even threatened by a patient.
- Patients with narcissistic overcompensation,typically devalue their therapist, provoking them by questioning their experience and qualifications, and so
- on.
- In contrast, people with an obsessive-controlling overcompensation
- mode might correct their therapist in a very detailed and rigid way. In both
- cases, the therapist feels controlled and devalued.

7. SCHEMA MODES

- A —schema mode‖ is defined as a current emotional state which is associated with a given schema.
- Schema modes can either change frequently or be very persistent.
- In patients with many different schemas and intense schema modes, it is often much easier to address these modes than to refer to the schemas behind them.
- Schema modes are divided into modes associated with mostly negative emotions and modes used to cope with these emotions.

7.1. SCHEMA MODES

- There are 4 Modes overall:
- 1. Child Mode
- 2. Dysfunctional Coping Modes
- 3. Dysfunctional Parent Modes
- 4. Healthy Adult Modes

7.1. CHILD MODE

- Child modes are associated with intense negative emotions such as rage, sadness, and abandonment.
- They resemble the concept of the —inner child,‖ which is used in many therapies
- A patient with a mistrust/abuse schema, for example, may feel threatened and at the mercy of others when they are in the abused child mode

7.2. DYSFUNCTIONAL COPING MODES

- Dysfunctional coping modes are related to avoidant, surrendering, or overcompensating schema coping.
- In avoidant coping modes, people avoid emotions and other inner experiences, or avoid social contact altogether.
- In overcompensating coping modes, people stimulate or aggrandize themselves in order to experience the opposite of the actual schema- associated emotions.

7.3. DYSFUNCTIONAL PARENT MODES

- The other category of highly emotional modes is the dysfunctional parent modes.
- they are viewed as internalizations of dysfunctional parental responses to the child.
- In dysfunctional parent modes, people keep putting pressure on themselves or hate themselves.
- Patients with a mistrust/abuse schema, de-value and hate themselves when they are in the punitive parent mode.

7.4. HEALTHY ADULT MODES

- Healthy modes are the modes of the healthy adult and
  the happy child.
- In the healthy adult mode, patients are able to view their life and their self in a realistic way.
- They are able to fulfill their obligations, but at the same
- time can care for their own needs and well-being.
- This mode has conceptual overlap with the psychodynamic concept of —healthy ego functioning.‖
- The mode of the happy child is particularly related to fun, joy, and play.
- Don't we all want to be like this!

8. HOW PROBLEMS ARE CONCEPTUALISED

- Accurate identification of EMS; coping styles, and their links to negative childhood experiences is essential for constructing a case conceptualisation.
- Therapist begins by assessing the clients presenting problems clearly and in specific terms to enable both therapist and client to stay focused on them.
- A focused life history is taken to establish whether the clients current difficulties represent dysfunctional life patterns in the client relationships and work.
- The therapist pays particular attention to schema eruption in the past, schema triggers and coping styles used by the client.
- Various schema inventories can be used to assess the specific elements required: Young schema questionnaire (YSQ-L3)
- Young Parenting Inventory (YPI)
- Young - Rygh Avoidance Inventory
- Young Compensation Inventory

- A detailed and technical analysis linking current situations to past EMS isthe difference to standard CBT

9. PRACTICAL APPLICATIONS

- Following assessment and education of the client the most important phase is referred to as "changed phase".
- The therapist employs cognitive, experiential and behavioural strategies to challenge and modify early maladaptive schemas, as well as coping styles and modes.
- While utilising specific techniques the schema therapist makes use of the therapeutic relationship as a platform for assessment and treatment.

9.1. THE THERAPEUTIC RELATIONSHIP

- The therapeutic relationship is an important component of schema therapy.
- In the assessment phase therapist notes schema activation in the therapeutic relationship, becoming aware on how to establish rapport, conceptualise the client's difficulties and assess the clients reparenting needs.
- There's a lot more emphasis placed on the nature of the therapeutic relationship and the idea of limited reparenting.
- This will be discussed in more detail later lectures

9.2. STRATEGIES OF TREATMENT: COGNITIVE AND EXPERIENTIAL

- Schema therapy focuses on two broad areas: cognitive strategies and experientialstrategies.
- Cognitive strategies is used to introduce doubt about the nature of schemas working collaboratively with the client to encourage a more "healthy voice" to question and counter the schemas. This is classical cognitive therapy.
- Experiential strategies are used in all phases of schema therapy. They are used to elicit emotions and assess EMS. In the treatment phase there are used to meet clients emotional needs and help heal their EMS.
- Young et al (2003) "experiential strategies help clients in their transition from knowing intellectually that schemas are false to believing it emotionally".
- The most common experiential strategies are imagery, chair work and letters to parents

10. RESEARCH STATUS

- There is a wealth of research on Young's schema theory and the applications.
- Carine (1997) confirmed that emotion is integral to schemas
- the psychometric properties of young schema questionnaires to be subject to rigourous research and have good psychometric properties
- schema mode inventory can be used reliably in the assessment of modes in schema therapy(Lobbestael et al 2010)
- the mode model is well researched with good outcome studies on the model (Giesen-Bloo et al 2006)
- please research on Athens and the application of schema therapy to depression, anxiety and phobias.

11. SUMMARY

- Young (1990) originally developed schema therapy to treat patients who had failed to respond adequately to traditional cognitive-behavioral treatment,
- Schema therapy is a broad, integrative model; it has considerable overlap with many other systems of psychotherapy, including psychodynamic models. However, most of these approaches are narrower than schema therapy, either in terms of the conceptual model or the range of treatment strategies. There are also significant differences in the therapy relationship, the general style and stance of the therapist, and the degree of therapist activity and directiveness.
- Early Maladaptive Schemas are broad, pervasive themes or patterns regarding oneself and one's relationships with others that are dysfunctional to a significant degree. They play a major role in how individuals think, feel, act, and relate to others.
- Early Maladaptive Schemas are the result of unmet core emotional needs.
- We have defined 18 Early Maladaptive Schemas in five domains.
- A great deal of empirical support exists for these schemas and some of the domains.
- We have developed four main categories of modes: Child modes, Dysfunctional Coping modes, Dysfunctional Parent modes, and the Healthy Adult mode.

12. READINGS

- Ohanian & Rashed: Chapter 8 Schema therapy in Dryden, W. (2012) Cognitive Behaviour Therapies, London Sage
- **Rafaeli, et al (2010) Schema Therapy: chapter 1 & 2 & 3**
- Advanced reading: **Young, et al . (2003): chap 1**
- Hawke & Provencher 2011 Schema Theory and Schema Therapy in Mood and Anxiety Disorders A Review
- Riso et al (2006) The Long-Term Stability of Early Maladaptive Schemas.
- Thimm (2010) Relationships between early maladaptive schemas and psychosocial development

"Your inability to turn off your critical voice, combined with your fear of disappointing your overbearing, demanding father, is causing you to lose faith in your fastball."