



International Society of
Schema Therapy

Schema Therapy: Breaking Through with Difficult Clients

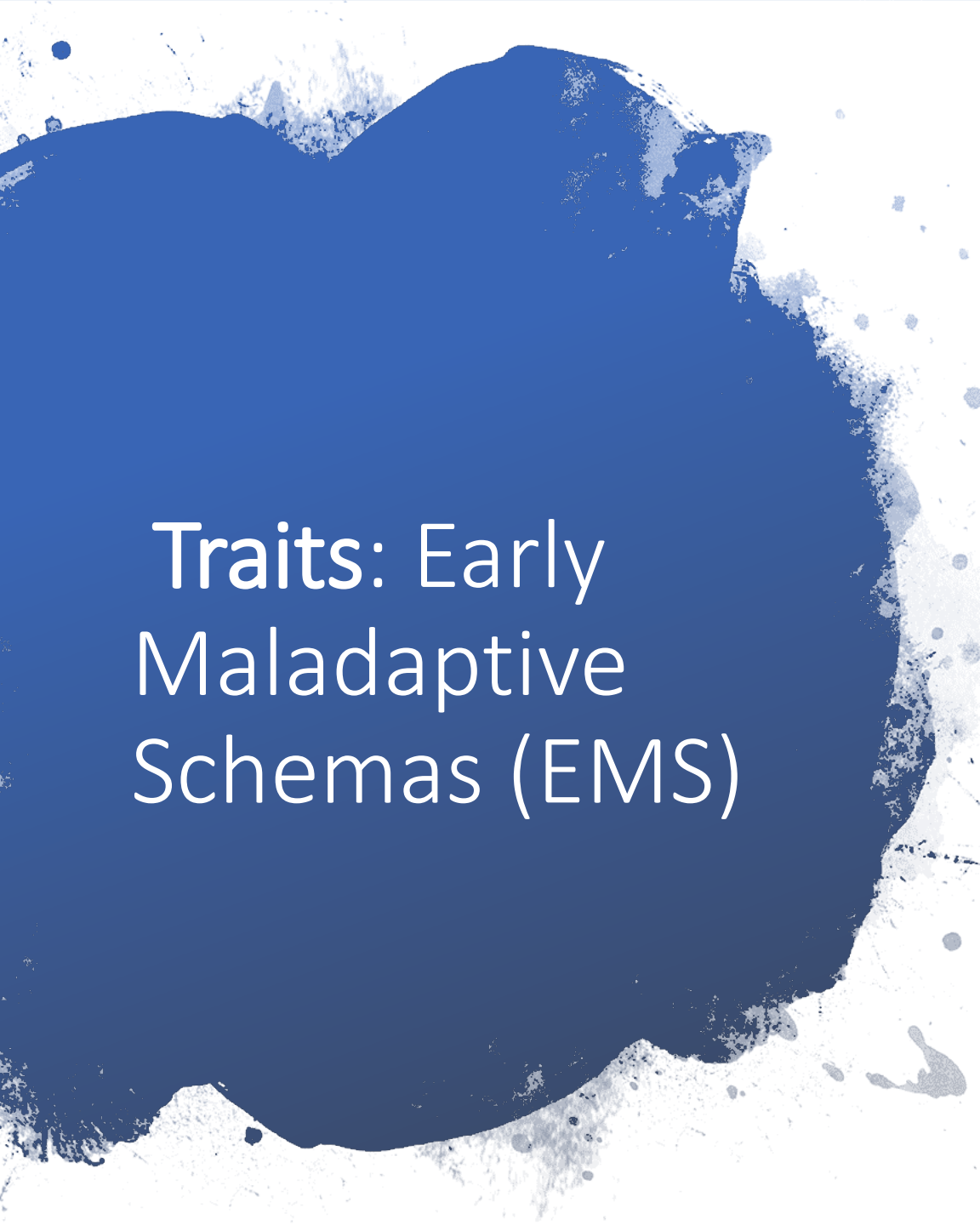
Paul DelGrosso, LICSW, LCSW-C
The Schema Therapy Institute of DC



Schema Therapy

“An Integrative, Evidence-Based Psychotherapy Model offering effective outcomes with difficult treatment populations”

Founder: Dr. Jeffrey Young



Traits: Early Maladaptive Schemas (EMS)


“...broad, pervasive themes regarding oneself and one's relationship with others, developed during childhood and elaborated throughout one's lifetime, and dysfunctional to a significant degree.”

Activated under certain conditions and usually promoting intense affect, body sensation, and self-defeating actions or inclinations... “Conditions” that typically mimic earlier experiences of frustrated unmet needs.

Schema Therapy: A Practitioner's Guide, Jeff Young, et al.

Schema Modes: States

- ❑ A mode is the predominant **state** that we're in at a given point in time (including our neurobiological state)
- ❑ Modes include whatever schemas, coping responses & healthy reactions are activated



Early Maladaptive
Schemas (EMS):
18 EMS organized
around 5 core
childhood needs

EMS with *Unmet Need*

- Disconnection & Rejection
Safe attachment (protection, validation)
- Impaired Autonomy & Performance
Autonomy (sense of identity, competence)
- Impaired Limits
Realistic limits (self-control)
- Other Directedness
Free expression (of needs and emotions)
- Overvigilance & Inhibition
Spontaneity, playfulness

EMS (1)

Disconnection & Rejection

- Abandonment/Instability
- Mistrust/Abuse
- Emotional Deprivation
- Defectiveness/Shame
- Social Isolation/Alienation

Impaired Autonomy & Performance

- Dependence/Incompetence
- Vulnerability to Harm/Illness
- Enmeshment/Undeveloped Self
- Failure

EMS (2)

Impaired Limits

- Entitlement/Grandiosity
- Insufficient Self-Control/Self-Discipline

Other Directedness

- Self-Sacrifice
- Subjugation/Invalidation
- Approval Seeking/Recognition Seeking

EMS (3)

Overvigilance & Inhibition

- Negativity/Pessimism
- Emotional Inhibition
- Unrelenting
Standards/Hypercriticalness
- Punitiveness



Mode Categories

Innate Child Modes

- *Vulnerable Child, Angry Child, Impulsive Child*

Healthy Modes

- *Happy Child, Healthy Adult*

Maladaptive Coping Modes

- *Overcompensator, Detached Protector, Compliant Surrenderer*

Dysfunctional Critic Modes

- *Demanding Critic, Punitive Critic*

Schema formation...





Questions?

- Schemas: 5 domains, 18 EMS
- Modes: 4 categories: Innate, Healthy, Maladaptive, Dysfunctional

Schema Therapy: Limited Reparenting (1)

Limited Reparenting as both a *therapist style* and an *intervention*.

- Active ingredient of mode change work
- Provides corrective emotional experiences for unmet needs of the Child modes, models healthy action to replace Maladaptive Coping mode behavior, and challenges negative internalizations of the Dysfunctional Critic modes



Schema Therapy: Limited Reparenting (2)

“The behaviors of the schema therapist during limited reparenting can be summed up as ‘doing what a Good Parent would do’ in meeting the client’s needs within the bounds of a professional therapy relationship. This means providing (1) protection, validation, and comfort for the Vulnerable Child mode; (2) the opportunity to vent and be heard for the Angry Child mode; and (3) empathic confrontation and limit setting for the Impulsive or Undisciplined Child mode.”

-from Schema Therapy from the Inside Out, Farrell & Shaw



Schema Therapy: Limited Reparenting (3)

“The goal of limited reparenting is to establish an active, supportive and genuine relationship with the client that provides a safe environment in which the client feels safe enough to be vulnerable and to express emotions and needs. The therapist’s provision of limited reparenting in the psychotherapy relationship fills critical gaps in emotional learning in the form of secure attachment and accurate mirroring, which leads to the client feeling valued and worthy, often for the first time.”

-from Schema Therapy from the Inside Out, Farrell & Shaw

Schema Therapy: 3 stages of treatment

"All three stages must be addressed, but their order will vary based on presenting problems, modes, needs, and the pace of each individual and therapist"

-from Schema Therapy from the Inside Out, Farrell & Shaw

ST Stages: Bonding and Emotional Regulation

- Assessment, education, and understanding the presenting problems in ST concepts
- Connecting with the Vulnerable Child
- Getting around or through the Maladaptive Coping modes
- Affect regulation and coping skills (if needed)

from Schema Therapy from the Inside Out, Farrell & Shaw

ST Stages: Schema Mode Change

- Replacing Maladaptive Coping modes with adaptive choices
- Combating and challenging the Dysfunctional Critic modes
- Helping the Vulnerable Child mode heal through limited reparenting and corrective emotional experiences such as imagery rescripting
- Rechanneling the Angry and Impulsive Child into Healthy Adult action

from Schema Therapy from the Inside Out, Farrell & Shaw

ST Stages: Autonomy

- Development of the Healthy Adult mode and Happy Child mode and reliable access to these modes
- Individuation: following natural inclinations, pursuing activities that are pleasurable and fulfilling, accepting the responsibilities of adult roles
- Developing healthy relationships
- Gradual termination of psychotherapy with the option of future contact

from Schema Therapy from the Inside Out, Farrell & Shaw

Schema Therapy: Assessment

Validated Inventories:

- Young Schema Questionnaire (YSQ L3 and YSQ S3)
- Schema Mode Inventory (SMI)

Other methods:

- Imagery for Assessment
- Also Young Parenting Inventory (YPI)

Schema Therapy: Case Conceptualization

Case Conceptualization Form (Revised 2018)

"Case conceptualization has a central place in schema therapy...This form is a major development in schema therapy training and clinical practice. It will help clinicians provide a thorough Case Conceptualization that will increase our understanding of the patients from a schema and mode perspective. The improved quality of the new Case Conceptualization form will aid in the selection and judicious use of schema therapy intervention strategies."

-Joan Farrell



Questions?

- Limited reparenting: therapist style and an intervention
- Stages of treatment
- Assessment
- Case Conceptualization



Therapist Schema/Mode activation

ST therapists must have a strong understanding of their own schemas/modes and how they get activated by different patients, presenting problems, and situations in sessions



Dealing with Our Own Schemas & Modes

Imagery Exercise

ST conceptualization of BPD (1)

Those with BPD have *almost all* 18 EMS

Most prominent schemas:

- Abandonment
- Mistrust/Abuse
- Emotional Deprivation
- Defectiveness/Shame
- Insufficient Self-Control/
Self-Discipline,
- Subjugation/Invalidation
- Punitiveness

ST conceptualization of BPD (2)

Because addressing each schema would be too time unwieldy, *mode work* is essential in treating BPD

Five main modes characterize typical patient with BPD:

- Abandoned Child
- Angry and Impulsive Child
- Punitive Parent
- Detached Protector
- Healthy Adult

ST treatment of BPD (1)

Viewing BPD patient as Vulnerable Child

Overall Treatment Objectives:

- Emphasize with and protect the Abandoned Child
- Help Abandoned Child to give and receive love
- Fight against, and expunge, the Punitive Parent
- Set limits on the behavior of the Angry and Impulsive Child and foster ability to express emotions and needs appropriately

-Jeff Young, Schema Therapy a Practitioners Guide

ST treatment of BPD (2)

Treatment Strategies

- Therapist-patient relationship (limited reparenting, Healthy Adult)
- Experiential work (imagery exercises, mode dialogues)
- Behavioral work (role plays, homework assignments)
- Cognitive work (mode tracking form, audio flashcards)



Questions?

- Schema conceptualization of BPD
- Treatment strategies

ST conceptualization of NPD (1)

Like BPD, those with NPD often have many schemas and, as a result, the mode-based approach is best

Alliance with the parts/modes that strive for health while...

...simultaneously fighting the maladaptive parts (those that move toward isolation, self-destruction, and harming others)

-Jeff Young, Schema Therapy a Practitioners Guide

ST conceptualization of NPD (2)

Most prominent schemas with NPD

- Emotional Deprivation
- Defectiveness/Shame
- Entitlement/Grandiosity

ST conceptualization of NPD (3)

Other schemas frequently seen:

- Mistrust/Abuse
- Social Isolation/Alienation
- Failure
- Insufficient Self-Control/Self-Discipline
- Subjugation/Invalidation
- Approval-Seeking/Recognition-Seeking
- Unrelenting Standards/Hypercriticalness
- Punitiveness

ST conceptualization of NPD (4)

Primary Modes:

- Lonely Child
- Self-Aggrandizer
- Detached Self-Soother
- Healthy Adult

ST treatment of NPD (1)

Primary Goals:

- Build up Healthy Adult mode
- Help Lonely Child feel nurtured and understood
- Confront Self-Aggrandizer (replace with reciprocity)
- Help Detached Self-Soother give up addictive and avoidant behaviors (replace with genuine love, self-expression, experiencing of affect)

ST treatment of NPD (2)

Treatment Strategies

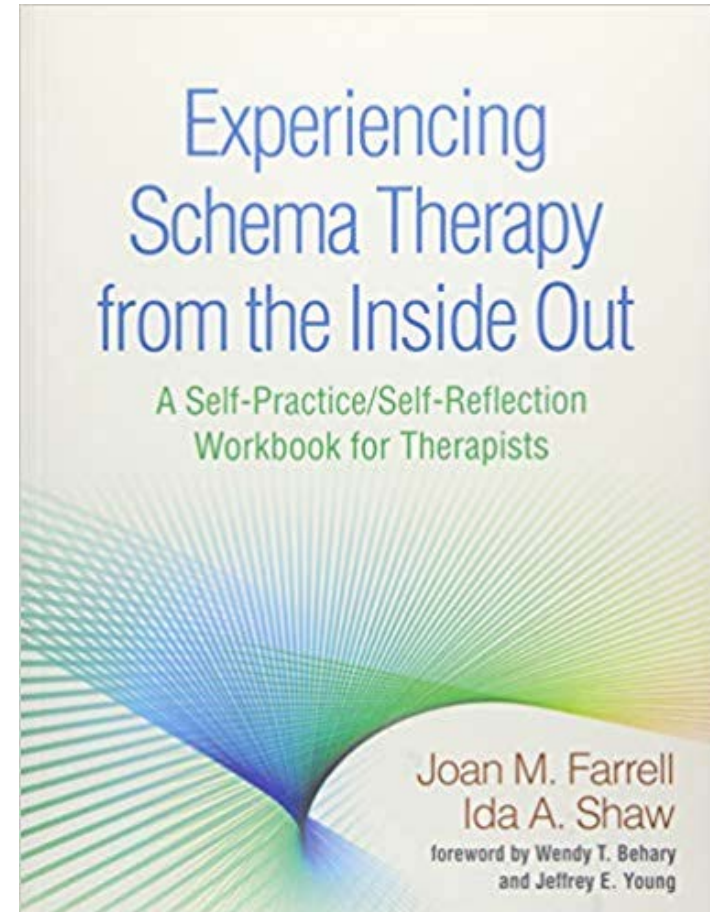
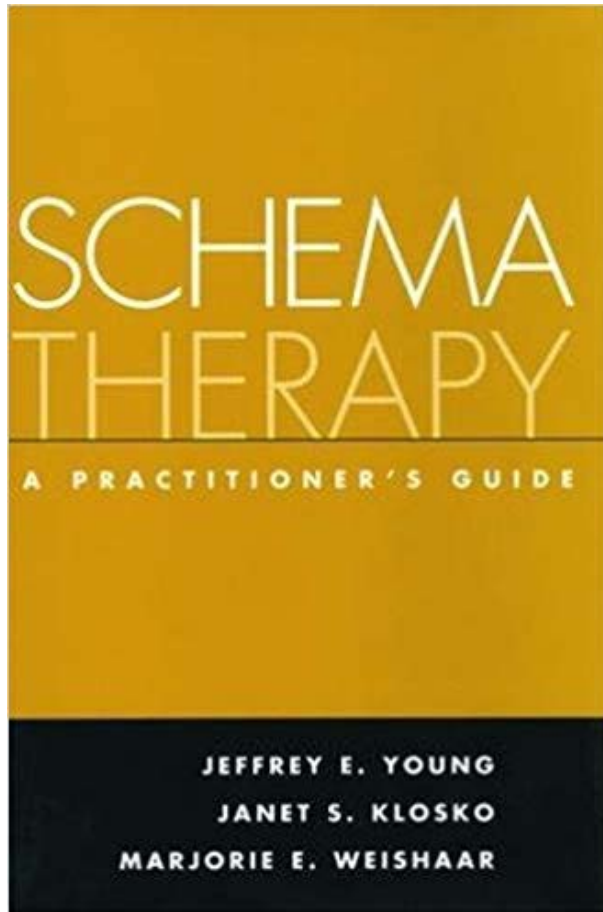
- Therapist-patient relationship (empathic-confrontation, Lonely Child, model vulnerability, limit-setting, Healthy Adult)
- Experiential work (imagery exercises, mode dialogues)
- Behavioral work (role plays, homework assignments)
- Cognitive work (mode tracking form, audio flashcards)



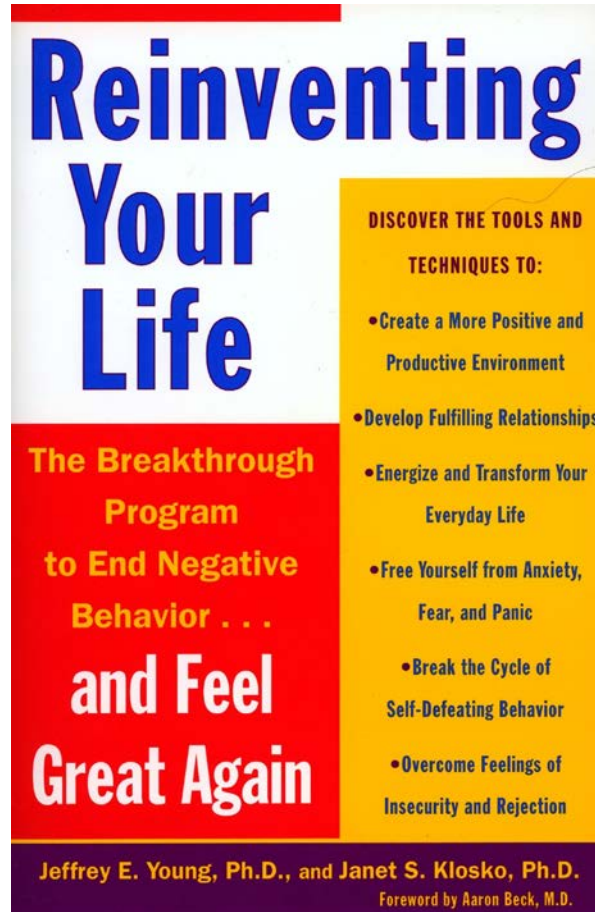
Questions?

- Schema conceptualization of NPD
- Treatment strategies

ST Therapist Resources



ST Client Resources





Thank you for Listening!

Paul DelGrosso, LICSW, LCSW-C

paul.delgrosso@gmail.com

<http://pauldelgrosso.com>

ISST Website: <https://schematherapysociety.org/>