Introduction to Schema Therapy

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Objectives

• Define schemas
• Provide a understanding of how schemas develop
• Why do schemas persist
• Introduction to the maladaptive schemas
• Explanation of modes and how they function within schema theory
• Description of the therapeutic process
• Case examples
Lets take a look at how we got here

• Schema therapy was developed by Jeff Young in the mid-80’s in an effort to help patients with chronic characterological problems

• Dr. Young received his PhD at the University of Pennsylvania and was involved in research at Beck’s Center for Cognitive Behavioral Therapy

• It was at Penn, where he encountered the challenges with finding improvement with some types of patients who were involved in CBT outcome studies

• He found there were groups of patients who failed to respond to CBT or relapsed (mood) after having been through treatment
Schema Therapy vs Cognitive Behavioral Therapy

- Cognitive Behavioral Therapy (CBT) emphasizes changing the ways people think in order to improve their moods, such as anxiety, depression, and anger.

- A plethora of research studies and meta-analyses have been completed finding the significant impact of clinical improvement patients find when treated with CBT for mood states (Otte, 2011).

- Emotional concerns are driven by the cognitive distortions one makes in dealing with life circumstances, such as discounting relevant information, e.g., student studying for a test.

- What cognitive behavioral therapy appears to lack is addressing the deeper and more permanent structures as a means to understand and treat problems with moods and behaviors.
Schema Therapy vs Cognitive Behavioral Therapy con’t

- Schema Therapy is an integrative psychotherapy that significantly expands on traditional cognitive behavioral treatments and concepts (Young, et al., 2003)
- The therapy blends elements from CBT, attachment, Gestalt, object relations, and psychoanalysis
- Schema Therapy is intended to be used for individuals suffering with personality disorders or those with significant characterological issues that underlie their psychiatric disorder
- It is especially well suited for patients with entrenched, chronic psychological disorders who have been considered difficult to treat
Schema Therapy Outcome Studies

• Farrell, et. al, 2009 group Schema Therapy for Borderline Personality Disorder (BPD) Indiana University School of Medicine. Thirty weeks of group therapy vs treatment as usual and 92% vs 16% no longer met criterion for BPD.

• Giesen-Bloo & Arntz in 2006 had an outpatient schema-focused treatment group for three years and found that after treatment 45% no longer met the criterion for BPD.
Schemas-definition

• A broad, pervasive, self-defeating theme or pattern (not a thought pattern)
• Extremely stable, enduring pattern that develops during childhood or adolescence, and elaborated throughout one’s lifetime
• Compromised of memories, emotions, and cognitions (more structural beliefs)
• Regarding oneself and one’s relations with others
• Developed Dysfunctional to a significant degree
Schema Development

- Schemas develop from unmet core emotional needs in childhood
- Schemas that develop earliest and are the strongest typically originate in the nuclear family
- Toxic childhood experiences
- Emotional temperament
- Emotional temperament interacts with painful childhood experiences in the formation of schemas
- Schemas become the important beliefs about oneself and the environment that an individual accepts without question
Core Childhood Needs

• Secure attachments to others (includes safety, stability, nurturance, and acceptance)
• Autonomy, competence, and sense of identity
• Freedom to express valid needs and emotions
• Spontaneity and play
• Realistic limits and self-control
Early Maladaptive Schemas

- **Abandonment/instability** - the expectation that one will soon lose anyone with whom an emotional attachment is formed. The person believes that, one way or another, close relationships will end imminently. As children, these patients may have experienced the divorce or death of parents. This schema can also arise when parents are inconsistent in attending to the child’s needs; for instance, there may have been frequent occasions on which the child was left alone or unattended for extended periods.

- **Mistrust/abuse** - the expectation that others will intentionally take advantage in some way. People with this schema expect others to hurt, cheat, or put them down. They often think in terms of attacking first or getting revenge afterwards. In childhood, these patients were often abused or treated unfairly by parents, siblings, or peers.
Early Maladaptive Schemas con’t

• **Emotional deprivation**- this schema refers to the belief that one’s primary emotional needs will never be met by others. These needs can be described in three categories
  • *Nurturance*- needs for affection, closeness and love
  • *Empathy*- needs to be listened to and understood
  • *Protection*- needs for advice, guidance, and direction
Early Maladaptive Schemas con’t

• **Defectiveness/shame**- belief that one is flawed, and that, if others get close, they will realize this and withdraw from the relationship. This feeling of being flawed or inadequate often leads to a strong sense of shame. Generally parents were very critical of their children and made to feel as if they were not worthy of being loved.

• **Social isolation/alienation**- the belief that one is isolated from the world, different from other people, and/or not a part of any community. This belief is usually caused by early experiences in which see that they, or their families, are different from other people.
Early Maladaptive Schemas con’t

- **Dependence/incompetence**- schema refers to the belief that one is not capable of handling day-to-day responsibilities completely and independently. People with this schema often rely on others excessively for help in areas such as decision-making and initiating new tasks. Generally, parents did not encourage these children to act independently and develop confidence in their ability to take care of themselves.

- **Vulnerability to harm**- refers to the belief that one is always on the verge of experiencing a major catastrophe (financial, natural, medical, criminal, etc.). It may lead to excessive precautions to protect oneself. Usually there was an extremely fearful parent who passed on the idea that the world is a dangerous place.
Early Maladaptive Schemas con’t

• **Enmeshment/undeveloped self**- refers to a pattern in which you experience too much emotional involvement with others-usually parents or romantic partners. It may also include the sense that one has too little individual identity or inner direction, causing a feeling of emptiness or floundering. This schema is often brought about by parents who are so controlling, abusive, or so overprotective that the child is discouraged from developing a separate sense of self.

• **Failure**- refers to the belief that one is incapable of performing as well as one’s peers in areas such as career, school, or sports. These patients may feel stupid, inept, or untalented. Individuals with this schema often do not try to achieve because they believe that they will fail. This schema may develop if children are put down and treated as if they are a failure in school, sports, or other areas of accomplishment. Usually the parents did not give enough support, discipline, and encouragement for the child to persist and succeed in areas of achievement, such as school, work, or sports.
Early Maladaptive Schemas con’t

- **Entitlement/grandiosity** - refers to the belief that you should be able to do, say, or have whatever you want immediately regardless of whether that hurts others or seems reasonable to them. You are not interested in what other people need, nor are you aware of the long term costs to you of alienating others. Parents overindulge their children and who do not set limits about what is socially appropriate may foster the development of this schema. Alternatively, some children develop this schema to compensate for feelings of emotional deprivation or defectiveness.

- **Insufficient self-control/self-discipline** - refers to the inability to tolerate any frustration in reaching one’s goals, as well as an inability to restrain expression of one’s impulses or feelings. When lack of self-control is extreme, criminal or addictive behavior rule your life. Parents who did not model self-control, or who did not adequately discipline their children, may predispose them to have this schema as adults.
• **Subjugation**—refers to the belief that one must submit to the control of others in order to avoid negative consequences. Often these patients fear that, unless they submit, others will get angry and reject them. Patients who subjugate ignore their own desires and feelings. In childhood, there was generally a very controlling parent.

• **Self-sacrifice**—excessive sacrifice of one’s own needs in order to help others. When these patients pay attention to their own needs, they often feel guilty. To avoid this guilt, they put others’ needs ahead of their own. Often patients who self-sacrifice gain a feeling of increased self-esteem or a sense of meaning from helping others. In childhood, the individual may have been overly responsible for the well being of one or both parents.
Early Maladaptive Schemas con’t

- **Approval-seeking/recognition-seeking**—placing too much emphasis on gaining the approval and recognition of others at the expense of one’s genuine needs and sense of self. It can also include excessive emphasis on status and appearance as a means of gaining recognition and approval. Patients with this schema are generally extremely sensitive to rejections by others and try to fit in. Usually they did not have their needs for unconditional love and acceptance met by their parents in their early years.

- **Negativity/pessimism**—refers to a pervasive pattern of focusing on the negative aspects of life while minimizing the positive aspects. Patients with this schema are unable to enjoy the things that are going well in their lives because they are so concerned with negative details or potential future problems. They worry about possible failures no matter how well things are going for them. Usually these patients had a parents who worried excessively.
Early Maladaptive Schemas con’t

- **Emotional inhibition** refers to the belief that you must suppress spontaneous emotions and impulses, especially anger, because any expression of feelings would harm others or lead to loss of self-esteem, embarrassment, retaliation, or abandonment. You may lack spontaneity, or be viewed as uptight. This schema is often brought on by parents who discourage the expression of feelings.

- **Unrelenting standards** refers to the belief that whatever you do is not good enough, that you must always strive harder. The motivation for this belief is the desire to meet extremely high internal demands for competence, usually to avoid internal criticism. People with this schema show impairments in important areas, such as health, pleasure or self-esteem. Usually these patients’ parents were never satisfied and gave their children love that was conditional for outstanding achievement.
Early Maladaptive Schemas con’t

- **Punitiveness**- refers to the belief that people deserve to be harshly punished for making mistakes. People with this schema are critical and unforgiving of both themselves and others. They tend to be angry about imperfect behaviors much of the time. In childhood these patients had at least one parent who put too much emphasis on performance and had a punitive style of controlling behavior.
Schema Modes

- Modes are momentary mind states which everyone experiences at one time or another.
- Consists of a cluster of schemas and coping styles.
- Life circumstances that a person finds upsetting or disturbing and arouse bad memories/feelings and are seen as, “triggers” that activate a schema.
- In psychologically healthy individuals modes are mild, flexible mind states that are easily pacified by the rest of their personality.
- Individuals with personality disorders, modes are more severe, rigid mind states that may seem to split off from the rest of their personality.
Schema Identification

• Review list of Early Maladaptive Schemas

• Clinician identification during sessions

• Young Schema Questionnaire
Thinking flow

• **Automatic Thoughts**: He didn’t call; he doesn’t want to be in a relationship with me

• **Rules/Assumptions**: Get close in a relationship as quickly as possible to avoid abandonment

• **Schema**: Abandonment
Schema Perpetuation

- Refers to everything the patient does (internally and behaviorally) that keeps the schema going
- Schemas are perpetuated through three primary mechanisms:
  - Cognitive distortions
  - Self-defeating life patterns
  - Schema coping styles
Schema Coping Styles

- Patients develop coping styles early in life in order to adapt to the schemas, so they do not have to experience the intense, overwhelming emotions that schemas elicit.
- Coping responses help avoid the emotion of the schema, not heal it.
- Schemas drive the behaviors.
- Most coping styles are behavioral, but individuals also compensate through cognitive and emotive strategies.
Schema Coping Styles

• Organisms have three responses to threat: fight, flight, and freeze
• These responses correspond to the schema coping styles of overcompensation, avoidance, and surrender

**Overcompensation**-fight the schema by thinking, feeling, behaving, and relating as though the opposite of the schema were true
Schema Coping Styles con’t

**Avoidance**-individuals who follow this style of coping try to arrange their lives so they never activate the schema

**Surrender**-accept that the schema is true and do not try and fight or avoid the schema. They feel the emotional pain of the schema directly
Case example

- **Patient**: LS
- **Age**: 32
- **Marital Status**: never married
- **Drugs of Choice**: Alcohol, cocaine, and benzodiazepines
- **Education**: Bachelor’s Degree Marketing
- **Vocation**: Marketing Outreach Manager for non-profit
Case example con’t

- **Psychiatric History**: Pt first entered psychiatric treatment at the age of 16 after a cutting incident, which she denied was a suicide attempt. She did state that during that time she had been having thoughts of killing herself. Her last incident of cutting was 10 years ago, age 22. She was initially diagnosed with depression and treated with antidepressants and later diagnosed with bipolar disorder and multiple mood stabilizers were prescribed, many leading to aversive side effects. She has reported discrete manic episodes, and at one point, in January 2015 stated that she was experiencing paranoid delusions in the setting of mania with significant insomnia. She has been in psychotherapy since she was a teenager. The patient reported that she has had suicidal ideation multiple times this year while under the influence.
Case example con’t

• **Pertinent Information:** Reported childhood sexual abuse from the age of 6-12/13. She did not want to address the abuse, as she reported that she has worked on such concerns with her outpatient therapist for many years. When being referred to psychology, she did not want a male psychologist. Has had three abortions.
Case example con’t

• Significant Early Maladaptive Schemas:
  Schema: Abandonment—patient was fearful that any intimate relationship would end.
  Rules/Assumptions: Get close as quickly as you can and then end the relationship
  Automatic Thoughts: “He better stay the night or it’s over.”
  Origin of schema: secure attachments not met with parents, sexual abuse for 6-7 years and
  no one noticed.

  Schema: Mistrust—others will eventually hurt me
  Rules/Assumptions: Get close physically, but never let them into your heart
  Automatic Thoughts: “Don’t tell him that.”
  Origin of schema: Pt reported that she never felt safe at home, mother could be erratic
  and in
  rage, father could be intoxicated. Sexual abuse.
Schema therapy techniques: therapeutic relationship

• The therapeutic relationship is a vital part of treatment.
  • Assessment of schemas
  • Empathetic Confrontation
  • Limited Reparenting
Schema therapy techniques: Cognitive strategies

• Cognitive strategies help the patient and therapist create a healthy voice to dispute the schemas and strengthen the patient’s health adult mode

• Typically patients have not challenged their schemas: build a logical, rational case against the schema

• Help patients evaluate the accuracy of their schemas and find a truth that is more objective and empirically sound
Schema therapy techniques: Cognitive strategies con’t

• Testing the validity of the schema
• Reframing the evidence supporting the schema
• Pros/cons of the patient’s coping strategies
• Conducting dialogues between the “schema side” and “healthy side”
• Constructing schema flashcards
• Filling out schema diary forms
Experiential Strategies

• Imagery, particularly connecting with feelings during the toxic times growing up
• Particularly helpful for limited reparenting
• Letters to parents who have hurt them
• Imagery for pattern breaking
Behavioral Pattern-Breaking

• Patients attempt to replace their schema-driven behaviors with healthier coping styles
• Considered the most crucial part of treatment and can often be the longest portion
• Can go back to the unhealthy coping styles and use those as direct examples of what to do differently
• Review the experiments and discuss successes and obstacles
How Schema Therapy is used at Ashley

• Young Adult Extended Care Program
• Lectures
• Individual therapy
• Group counseling
Resources


