

You and me and our schemas make three

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Parameters

- This is not a workshop about schema therapy or how to use these skills on clients
- This is not a therapy session in itself
- This is a safe and respectful space
- This content may be challenging for some. We advise you to seek additional guidance or help if you become upset

Complete the Schema Questionnaire you have been provided 15 minutes

- Complete the questionnaire provided by filling in numbers next to each question that appears.
- The instructions and number range are on the form.
- Make sure you complete all 75 items
- Keep this form until later when we score your results

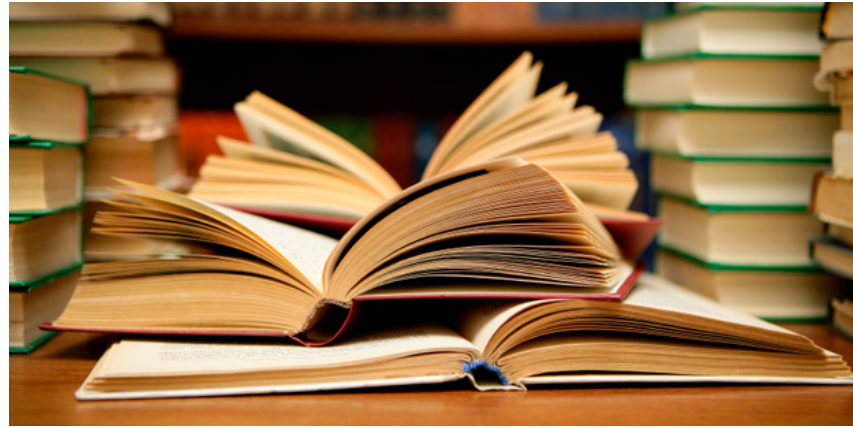
How do childhood events influence how and why we respond as adults

- Experiences of childhood (and early adulthood) are extremely formative
- Set up patterns of response for the rest of our lives
- These patterns are simply that, a template for the way we think and behave.
 - Can be changed
 - Can be challenged

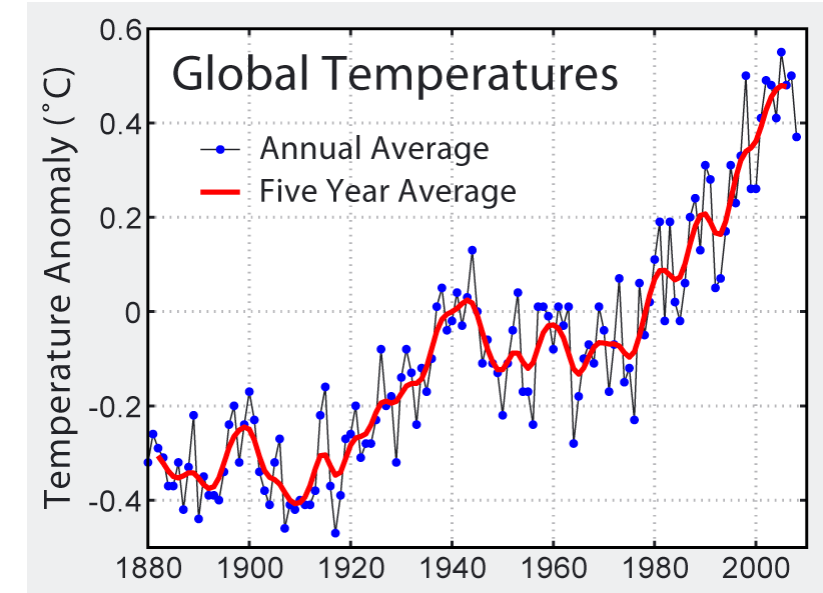
What are schemas?

- In psychology we use the term schema to describe our tendency to organise patterns of thought and behaviour
 - Categories DOG, CAT, BIRD, CAMEL
 - Relationships between categories ANIMALS, BREATHE, DRINK WATER
- The persons system for organising the world and perceiving new information to fit into these conceptions
- Because they form quite strict rules, it directs attention and creates cognitive biases such as;
 - Ignoring contradictory evidence for beliefs
 - Paying more attention to things that confirm beliefs
 - Re-interpreting things that don't quite fit beliefs.
- Schemas are relatively stable and essentially form cheat sheets for us to interpret the world quickly and efficiently using a set of rules.

Example 1.



SCIENCE



What science actually is...

- *Latin* Scientia = knowledge
- Body of knowledge and process for obtaining more knowledge.
- Science obtains information using a specific method (systematic).
- The more who get the same on repeated attempts, the more confident we are that it is true
 - Objective
 - Cumulative
 - Methodical (someone else could replicate)

So in reality...



Example 2. What Does a Researcher Look Like?

Researcher...
person, not activity

Pipetting...
May be researcher, may
be model
Activity, not person



Rosie...
Cute dog but not
researcher



Example 3. For groups, schemas may lead to stereotypes

The problem of applying schemas to groups includes

**Generation
X**

- We are selective (ignoring contradictory evidence)
- We attend only to circumstances that confirm our beliefs
- Encourages us to re-interpret things that don't quite fit beliefs (a special case).

**Generation
Y**

With the outcomes being...



But what about when we apply schemas to ourselves?

- We can be rough when applying schemas to others, but we can be even harsher when we apply them to ourselves if the experiences of our childhood created negative schemas.
- Self schemas exist around many elements of our self concept and perception, for example;
 - I am stupid (ignores times where they were successful “ everyone went well on that test’ ’)
 - I am ugly (chooses to spend time with people who put them down)
 - I am not funny (might take more notice of people not laughing at joke than people who are)
- What we are talking about today though is even deeper than these self-schemas.
- They are schemas that tap into our core beliefs and experience of the world.
- We may go through our lives completely unaware of them but they shape many of our actions and choices, including in how we work.

Schema Therapy

- Schema therapy developed from CBT by Jeffrey Young
- Noticed differential responsiveness to CBT of people with complex personalities or histories.
- This is possibly because for some people it is hard to identify, access and change thoughts and feelings
- It places greater emphasis on the developmental origins of complex and self defeating behaviour
- Provides an interesting add-on to Becks CBT approach by looking back more through development

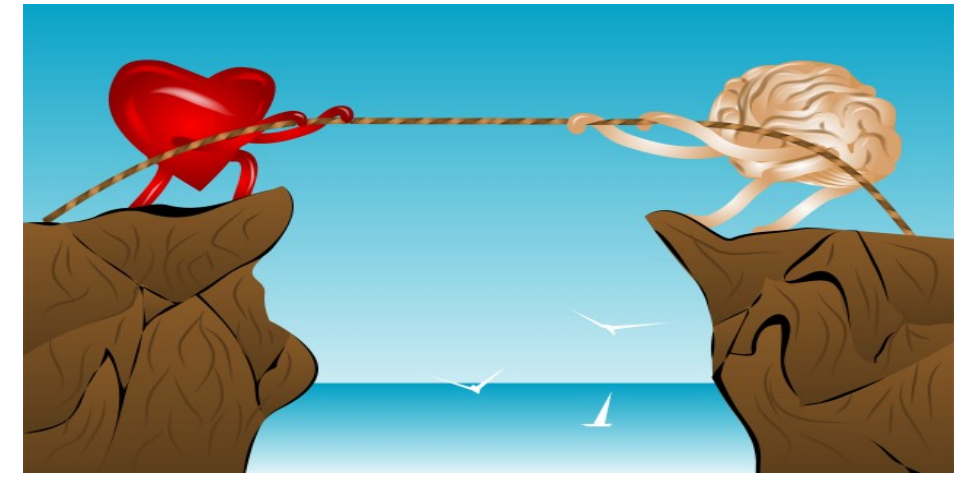


Schema therapy is CBT that goes way back

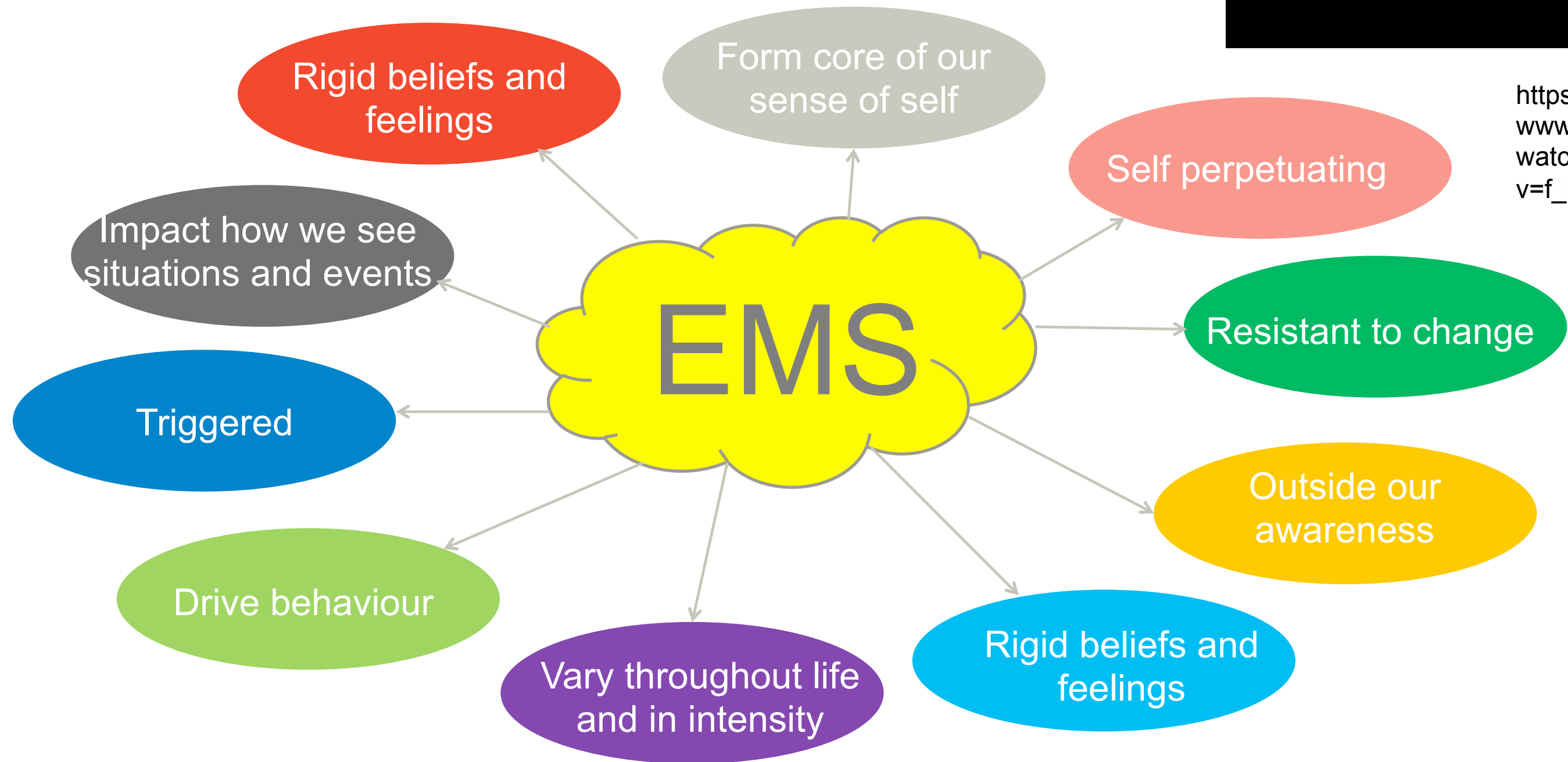
- CBT makes a number of assumptions about clients that may prove untrue in more complex cases. These assumptions include
 - The client will engage in treatment, is motivated and willing to work towards goals
 - With training, clients can access and share their thoughts and emotions
 - Clients can change their thoughts, feelings and behaviours through experimentation, practice, homework and exposure
 - There is a specific target or targets of treatment
 - Therapeutic engagement is strong and the relationship is more of an expert-learner relationship
- Schema approaches have a much stronger emphasis on;
 1. Understanding problematic emotions. Alongside understanding cognitive and behavioural elements
 2. Childhood issues and how these have led to the development of axis I and II concerns
 3. The therapeutic relationship. The therapist plays an important role in helping the client with 'limited re-parenting'

Young's concept of early maladaptive schemas

- Early maladaptive schemas are broad, pervasive themes or patterns
- Comprised of memories, emotions, thoughts (cognitions) and bodily sensations
- Regarding ourselves and our relationship with others
- These are developed during childhood
- Throughout life we may reinforce and elaborate these themes
- They are dysfunctional when they make us unhappy and might make us struggle to explore relationships and ourselves
- Maladaptive behaviours develop in response to an underlying schema, schemas are themselves not maladaptive “Best I could with what I had”



Early Maladaptive Schemas



https://www.youtube.com/watch?v=f_bD5SysAMk

What forms early maladaptive schemas?

EMS appear when the following core emotional needs are unmet

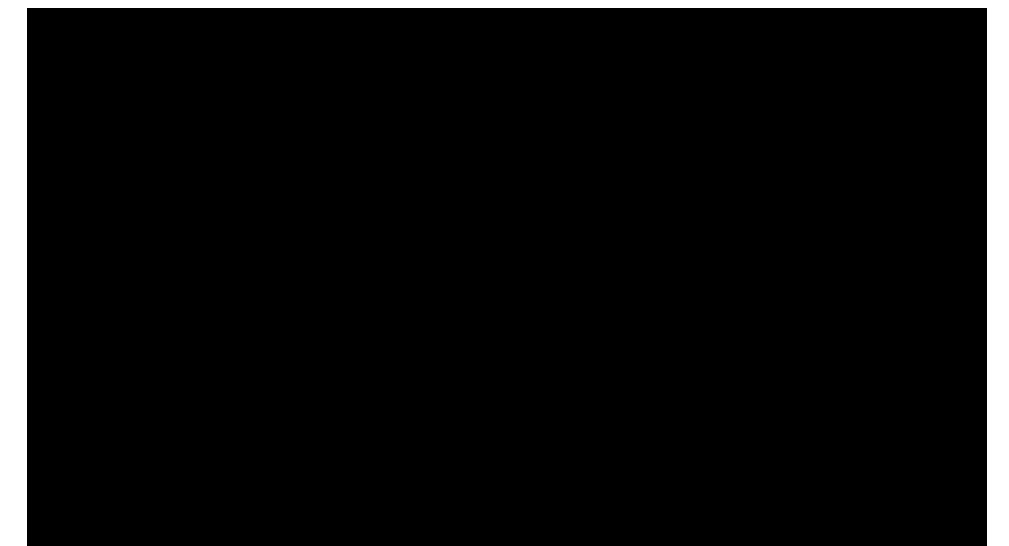
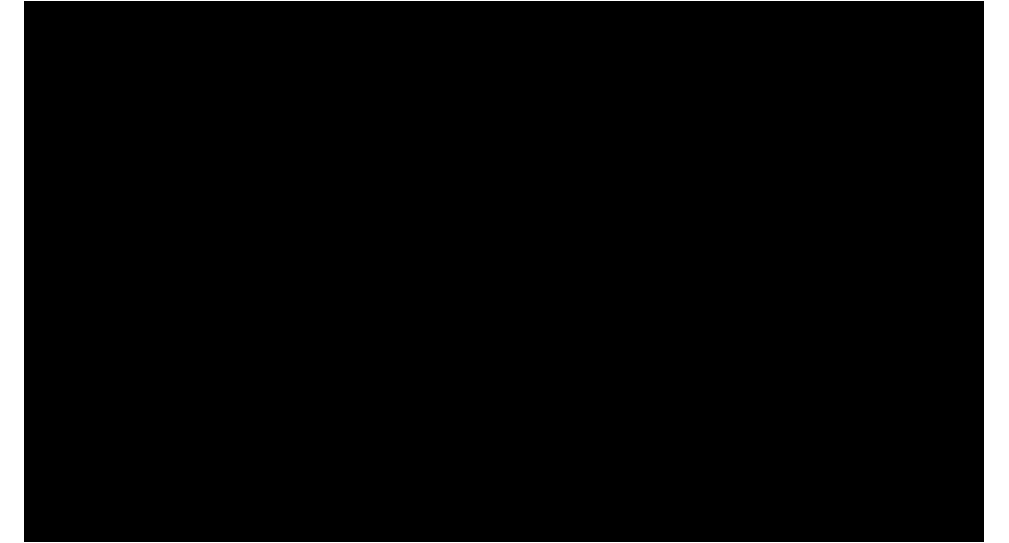
1. Secure attachment to others in search of stability and safety
2. Autonomy and a sense of identity
3. Freedom to express needs and emotions
4. Being able to be spontaneous and play
5. Have realistic limits set and develop self-control

Five Domains of EMS

Disconnection and rejection	Impaired autonomy and achievement	Impaired limits	Other-directedness	Over vigilance and inhibition
Abandonment/ Instability	Dependency/ incompetency*	Entitlement/Grandiosity*	Subjugation*	Negativity/ pessimism
Mistrust/ Abuse*	Vulnerability to harm and illness*	Insufficient self control*	Self-sacrifice*	Emotional inhibition*
Emotional deprivation*	Enmeshment/ undeveloped self*		Approval seeking	Unrelenting standards*
Defectiveness/ Shame*	Failure*			Punitiveness
Social isolation/ alienation*				

Origins of Schemas

- It is argued that four main types of events in childhood develop early maladaptive schemas
- 1. Toxic Frustration
 - Refers to an absence of healthy, loving and nurturing experiences
 - <https://www.youtube.com/watch?v=N54V8wj3Ntl>
- 2. Traumatization and victimization
 - Consists of specific traumatic or abusive experiences
- Too much of a good thing
 - Where parents/ superiors/ guardians do not set realistic limits are overprotective or over involved
 - <https://www.youtube.com/watch?v=1JPI9BYPzXU>
- 4. Selective internalization or identification with significant others
 - Internalization of aspects of parents or other important adults thinking or behaviour



Lets score those YSQ's (15 minutes)

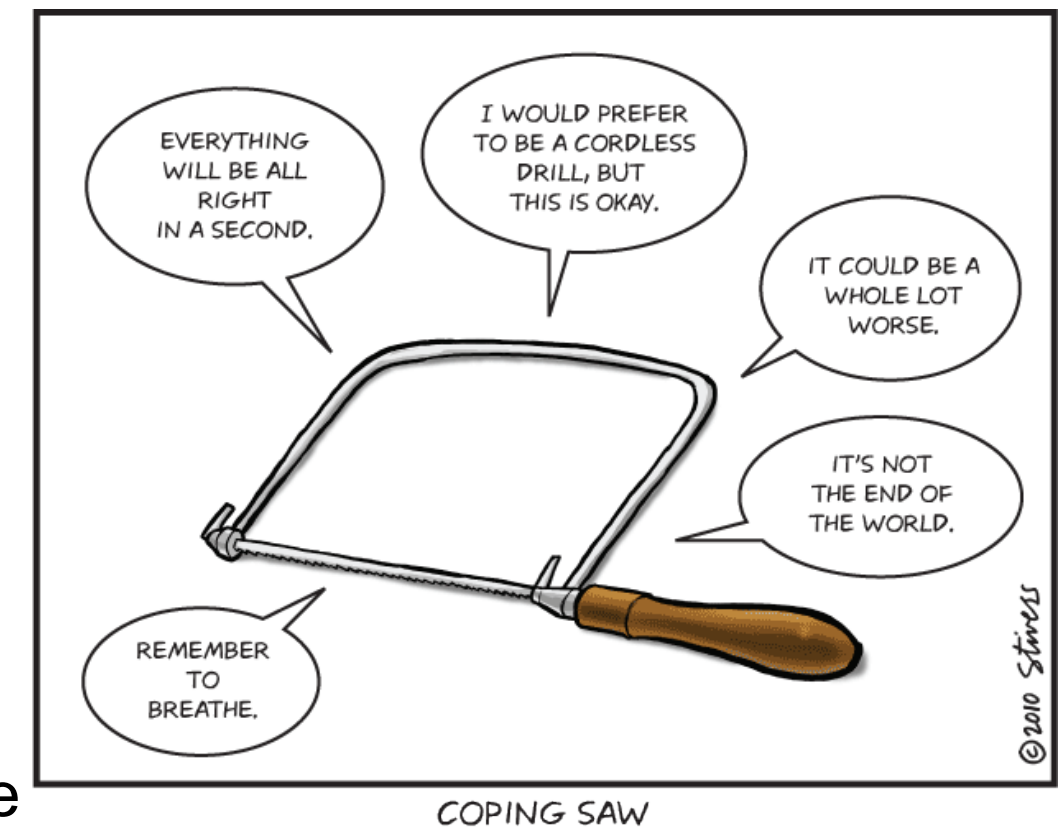
- Grab you completed YSQ out from your pack. Now, for each 4, 5 or 6 you have rated circle the number
- Once that is done, take note that after each five questions are done there is small font of two letters. These indicate each schema domain
- For each domain (which includes five questions) count the number of circles you have (I.e. how many four, fives or sixes).
- This is your score for each domain. Transfer it to the rating form on the back of the questionnaire. Remember to do two copies so we can use one to make up a group score
- Fold up your results and (if you are comfortable with sharing your scores to create a group average) pass them to one of the facilitators or myself.
- Now you have your schema scores for the domains we test in the short form
- Typically scores of four or above on domains show something that might be important to consider as playing a role in how you react and respond but be aware that we all have peaks in certain areas and that is perfectly healthy.

I think we need a break

- Any questions so far before we take a half hour break?

How we cope with schemas (Coping styles)

- We all respond differently to experiences
- That is why in a family experiencing violence, one child might become aggressive while another becomes passive which puts them at higher risk of being a victim again
- This is partly because we have different temperaments at birth, and, partly because of the social context that each child finds themselves in
- These coping styles are normal and helpful in assisting the child to cope with complex contexts and problems.
- We also continue with these coping styles into adult life when they are no longer helpful and may begin to impact on our self concept, relationships and how we cope with what the world sends our way



Style 1. Schema surrender

- Don't try to avoid or fight schema that have been triggered
- Act in ways that confirm the EMS
- In turn, this leads to re-living childhood experiences that created schema and reinforcing it
- Emotional responses to trigger seem to others disproportionate

In therapy, person may re-enact this coping style with the therapist being the parent or offender and the client the child or victim



Unhelpful coping responses when we surrender

Compliance and Dependence	
Gives in to others	Clinging
Relies on others	Avoids conflict
Passive	People pleasing
Submissive	

Examples of schema surrender

Defectiveness/shame schema

Chooses critical and rejecting friends and relationships. Constantly puts self down

Vulnerability to harm schema

Reads and is interested in catastrophes, focuses on long term issues (e.g. global warming) and anticipates events in own life

Style 2: Schema avoidance

- Trying to arrange life so schema is never activated
- Pretend it does not exist
- Can block thoughts, distract from thoughts or push them back down
- Might impact on engaging with relationships or new challenges
- Use coping techniques such as being a workaholic, using substances, overeating, overexercising etc.



In therapy: May cancel appointments, forget homework, not express themselves or talk about important issues

Unhelpful coping responses to avoidance

Social withdrawal	Compulsive stimulation seeking	Physical self soothing	Psychological withdrawal
Social isolation	Shopping	Alcohol	Dissociation
Disconnection	Sex	Other substances	Numbness
Focused on independence	Gambling	Overeating	Denial
Avoids intimacy	Risk-taking	Masturbation	Fantasy
Focuses on private activities such as excessive TV, reading, computing	Physical activity		

Examples of schema avoidance

Defectiveness/shame schema

Avoids expressing true thoughts or feelings and struggles to let others get close

Style 3: Schema overcompensation

- Think, feel or behave in opposite way as schema would suggest
- Try to be as different as possible from the child who developed EMS
- When faced with schema, may counterattack
- May appear self confident and assured but somewhat aware of schema waiting to erupt
- Overshoots the mark of challenging schema so perpetuates the schema rather than heals it

In therapy: Sometimes difficult to challenge and there is a risk of decompensation if schema revealed before ready to make change



Unhelpful coping responses for overcompensation

Aggression or hostility	Dominance or aggressive self assertion	Recognition and status seeking	Manipulation and exploitation	Passive aggressiveness or rebellion	Excessive orderliness or obsessiveness
Counterattacks	Controls others	Overcompensates through impressing	Covert manipulation	Rebelling against punishing others	Maintains strict order
Defies	Pushes own agenda	High achievement	Seduction	Procrastination	Strict self control
Abuses	Lacking awareness of social rules	Status	Dishonesty	Lateness	Excessive adherence to routine
Blaming		Attention seeking		Complaining	Undue caution
Attacking				Non performance	Spends long time avoiding negative possibilities
Criticising others				“Back stabbing”	

Examples of schema overcompensation

Defectiveness/shame schema

Criticises and rejects others whilst seeming to be perfect

My EMS

EMS	Unrelenting standards*	Social isolation	Self sacrifice*	Emotional deprivation, vulnerability to harm, abandonment	Entitlement, insufficient self control
Score	5/5 score of four or above	3/5 score of four or above	3/5 score of four	2/5 score of four	1/5 of four
Focus	First	Second	Third	Fourth	Fifth

* Denotes schemas that are *conditional*. That is they may be secondary to a more basic or earlier schema

My own unrelenting standards schema

Unrelenting Standards Schema	Surrender	Avoidance	Overcompensation
<p>The underlying belief that one must strive to meet very high internalized standards of behaviour and performance, usually to avoid criticism.</p> <p>Typically results in feelings of pressure or difficulty slowing down; and in hyper-criticalness toward oneself and others.</p> <p>Where from? Parents who valued high achievement Early performance in school “The scientist” versus brother “the artist” and other brother “the people person”</p>	<p>Example. I know I have this talk to do (trigger) so I plan it well ahead of time. As time comes closer I draft up what I want to talk about and get my materials together. Two weeks before talk is happening I am asked to get it in so copies can be made (extra trigger).</p> <p>Activation of UR. “This <i>has</i> to be a great workshop”</p> <p>“The bones are there but I am <i>still not happy</i>”</p> <p>“I haven’ t found that <i>perfect</i> clip I want of Bart... I need to find that clip”</p> <p>“It is essentially done but I just <i>need</i> to add...”</p> <p>“I am 95% happy <i>but</i> it is just missing something”</p>	<p>Procrastination and reordering of priorities;</p> <ul style="list-style-type: none"> •Marking student work •Weeding garden •Walking dog, washing dog, cooking, cleaning car <p>More enjoyable avoidance... begin watching Godfather trilogy, going out with friends, having wine with dinner</p> <p>“just need some down time to relax <i>before</i> getting into it”</p> <p>I procrastinate each night with <i>other</i> work instead of finishing it but become increasingly anxious about it in the back of my mind.</p>	<p>When partner asks if I want to do a run through...</p> <p>“No, I’ m pretty sure <i>it will be ok</i>”</p> <p>“Inevitably once I have written a talk it goes <i>OK</i>”</p> <p>“I have decided to let it go now, I have too much <i>other stuff</i> on...”</p>

Maladaptive coping responses

EMS	Surrender	Avoidance	Overcompensation
Abandonment / Instability	Chooses partners who cannot make a commitment/unfaithful and remain in relationship	Avoids intimate relationships. May drink, overeat etc. when alone to avoid schema	Clings to and smothers partner, jealous of time with partner and may push partner away
Abuse/ mistrust	Selects abusive partners and stays in abusive relationships	Avoids trusting anyone or becoming vulnerable in any way	Uses and abuses others (“get them before they get me”)
Emotional Deprivation	Selects emotionally depriving partners and does not ask for needs to be met	Avoids intimate relationships altogether	Emotionally demanding with partners and friends
Defectiveness shame	Selects critical and rejecting friends and partner. Puts self down	Avoids expressing true thoughts and feelings and letting others close	Criticises and rejects others while seeming to be perfect
Social Isolation	At social gatherings focuses exclusively on differences from others rather than similarities	Avoids social situations and groups	Becomes a chameleon to fit into groups
Dependence/ Incompetence	Asks significant others to make decisions “”what do YOU think I should do?”	Avoids taking on new challenges such as travel, studies	Becomes so independent they cant rely on asking for help
Vulnerability to harm	Obsessively reads about catastrophes and follows bad news, worries they will happen to them	Avoids going places that do not seem totally safe	Acts recklessly without regard to danger

Maladaptive coping responses continued

EMS	Surrender	Avoidance	Overcompensation
Enmeshment	Tells parent everything, even as adult, always lives with partner	Avoids intimacy, stays independent	Tries to become opposite of significant other
Failure	Does tasks in a half hearted or haphazard manner	Avoids work challenges completely or procrastinates	Becomes an overachiever by ceaselessly driving self
Entitlement	Bullies others into getting own way	Avoids situations where they are average or not superior	Attends excessively to the needs of others
Insufficient self control	Gives up easily on routine tasks	Avoids employment or accepting responsibilities	Becomes overly self controlled or self disciplines
Subjugation	Lets others control situations and make choices	Avoids situations that might involve giving or taking	Gives as little as possible to others
Self sacrifice	Gives a lot to others and asks for nothing in return	Avoids situations involving giving or taking	Gives as little as possible to others
Emotional Inhibition	Maintains a calm and unemotional demeanour	Avoids situations in which people discuss or express feelings	Awkwardly tries to be the life of the party, even if it feels forced
Unrelenting Standards	Spends large amounts of time trying to be perfect	Avoids or procrastinates in situations and tasks in which performance will be judged	Does not care about standards, can be careless

How about we all try Activity 2?

- Choose your highest score from your second row of schemas (i.e. EM, SB, SS, EI, US, ET or IS)
- Complete activity two in the handout.
 - You could use a specific situation that recently triggered your response
 - Or you could write about how you generally experience this schema over time.

Where the therapist and clients' unconscious meet

The therapists own 'issues' may come out interpersonally, intrapersonally or through process issues arising in therapy

Because of this, we often ask therapists to understand themselves, particularly in insight oriented therapy

Often known as "sort your own s%\$@ out first"

Both the client's and therapists ways of understanding and being part of the world are vital for a collaborative therapeutic alliance (Mason, Platts & Tyson, 2005).



The Therapeutic Alliance

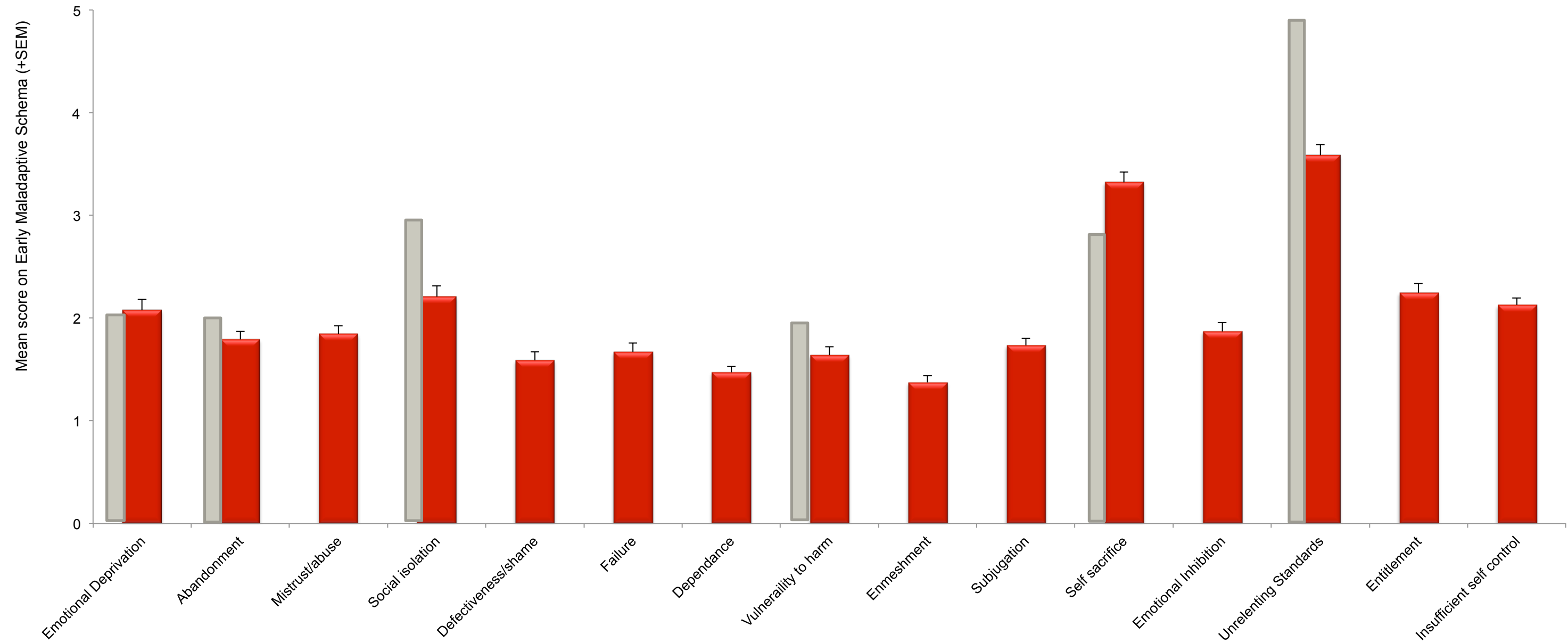
- “The formation of an emotional bond, a process of mutual agreement between psychologist and client on tasks and goals of therapy’ ’ Bordin (1979)
- Predictor of therapy outcomes and mediator of change from therapy
- Accounts for 35% of therapy outcome variance (Gaston et al., 1991)

What characteristics of a therapist make for a positive client experience in therapy?

- Flexibility
- Respectfulness
- Trustworthiness
- Confidence
- Friendliness
- Interest
- Alertness
- Openness

(Ackerman & Hilsenroth, 2003)

Schemas of psychologists

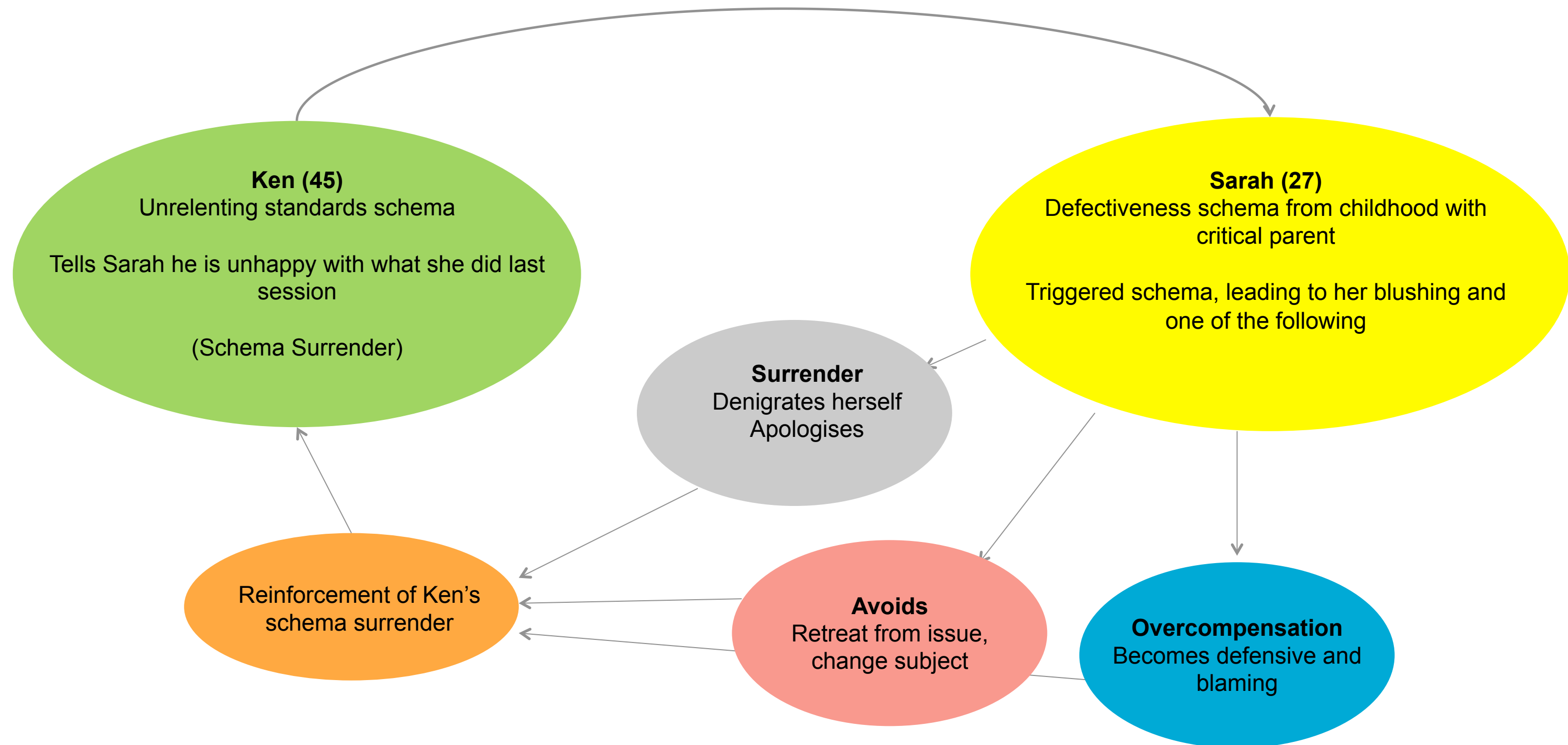


Schemas of youth AOD workers

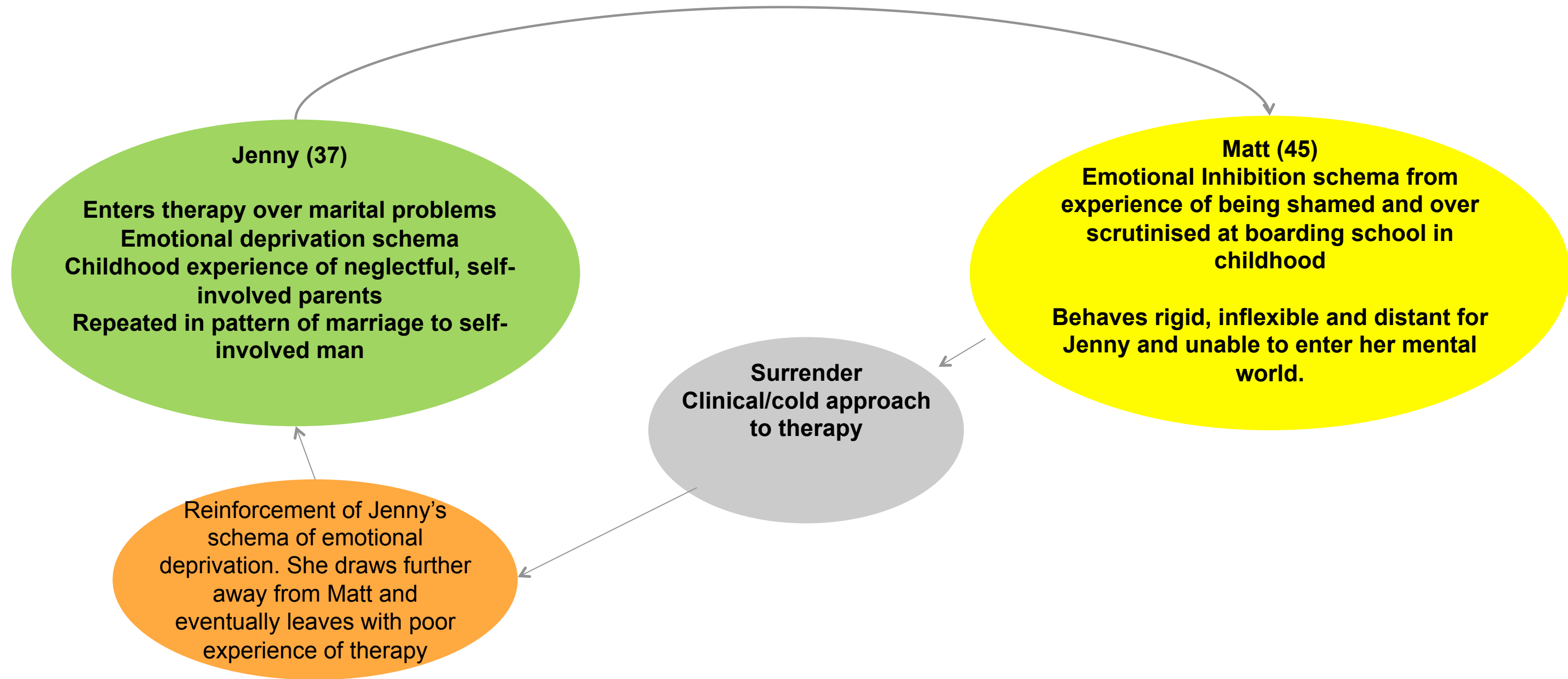
Using what we know to understand clients better

- A workers reactions to a client is one of the best sources of how a person is taken in their lives by people they know
- It may also highlight EMSs either through surrender, avoidance or overcompensation
 - The Person with an entitlement EMS asking for discount on treatment and pushing the session time long (Surrender)
 - The person with a defectiveness/shame EMS who indicates therapy is really important to them but talk about daily events and resist discussion of inner experiences (Avoidance)
 - The person with a social abandonment EMS who is the perfect client, happy to move appointments, does all their tasks or activities, worries about you, compliments you on how well it is going etc. (Overcompensation)
- Sometimes we would look at the countertransference occurring in the therapy relationship

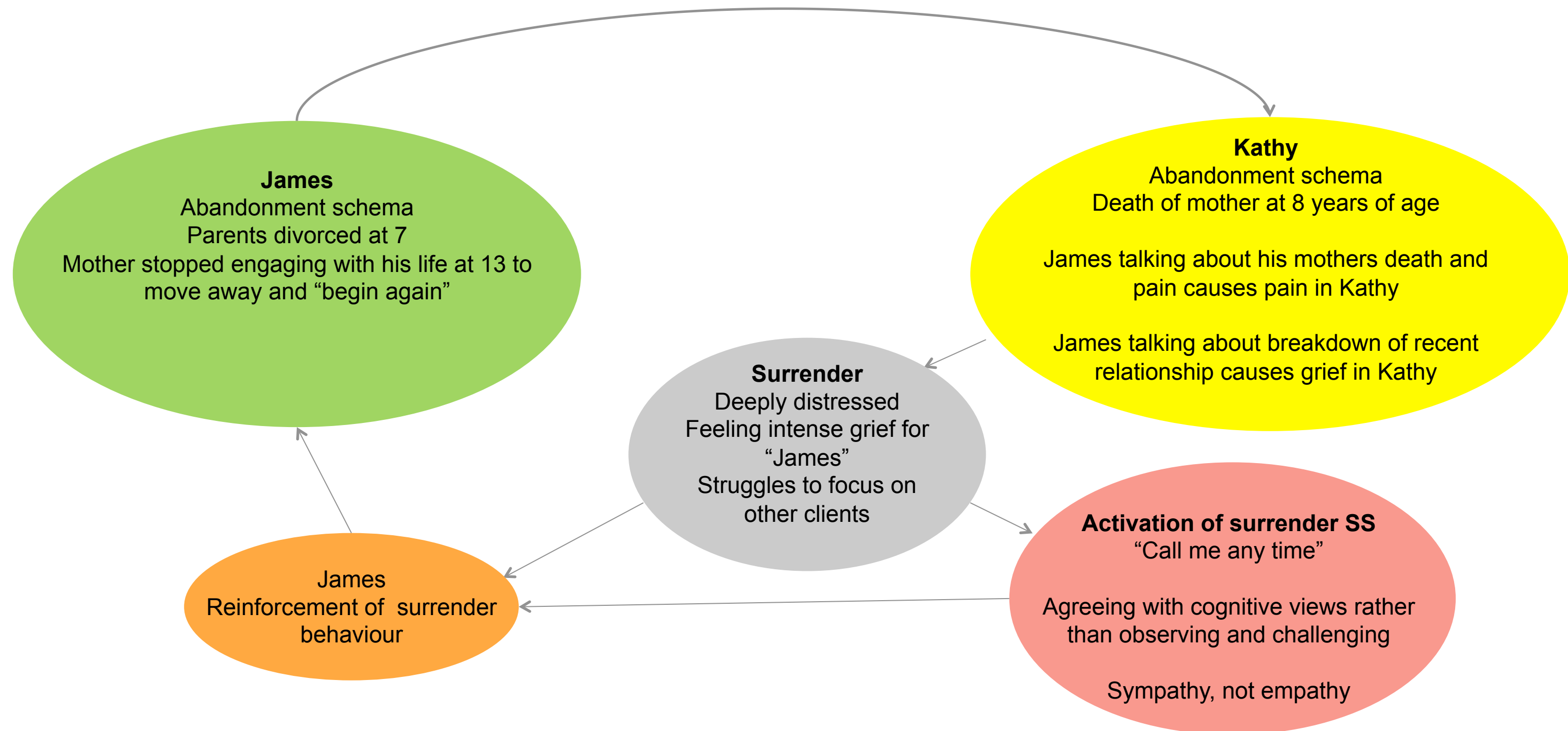
Worker and client schemas clash (example)



Mismatch between the clients needs and the workers schemas or coping styles



Over identification when the clients and therapists schemas overlap



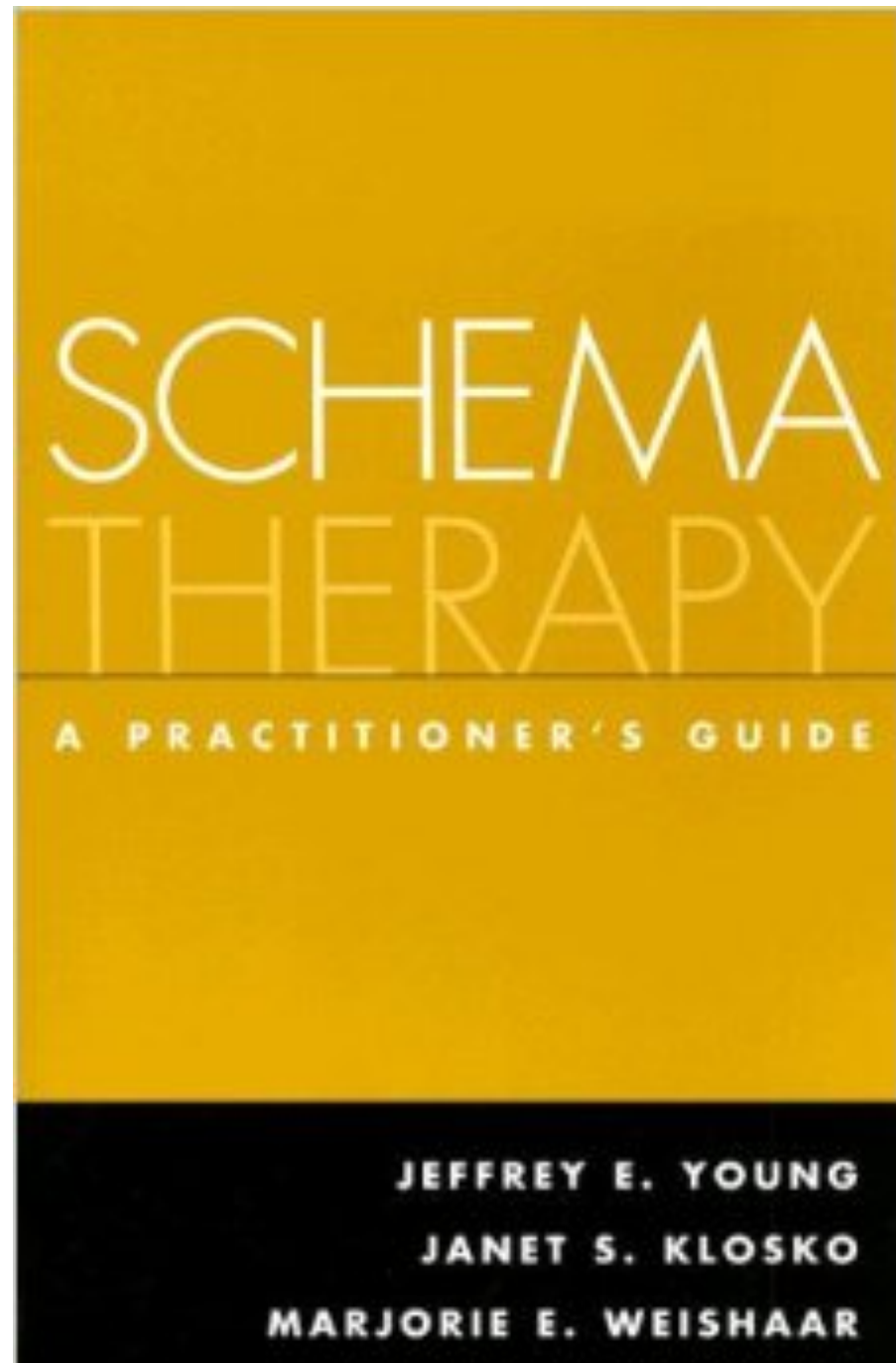
Activity 3. How schemas interact in the therapy relationship

- 20 minutes

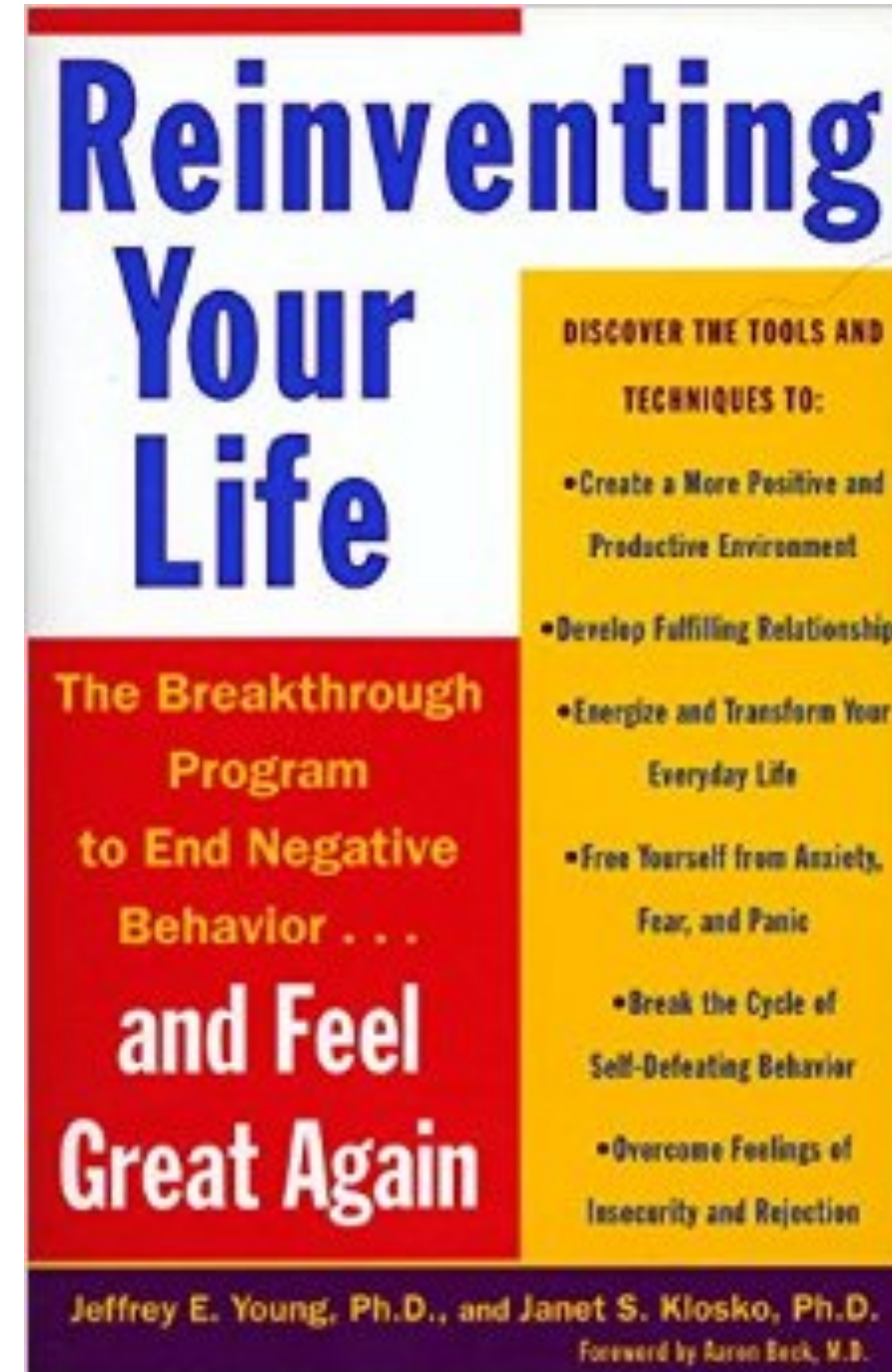
We can't immediately change the clients schemas so what do we do about ours?

- Our EMS have been around a long time so don't change overnight
- Often it requires you to do your own therapeutic work
 - Even when this is done they can still re-emerge and need to be addressed again
- Within sessions, becoming aware of our physical, emotional or cognitive experience is the key
- When we feel this change, we can gently ask ourselves... Is this me, is this us or is this them?
 - If it is **them**, it is best to hold that therapeutic frame (limited re-parenting)... this is why we are doing this etc.
 - If it **us** (i.e. the relationship) this is important grist for the mill. Is there a chance you and your client have a schema clash, mismatch or over-identification
 - If it is **you**, it might be time for some reflection, some self-enquiry or help from people to talk to or a professional

Brilliant books by Jeffrey Young



Theory



Practice

Thank you for your time and honest involvement today

- Are there any questions?