Schema Therapy for Personality Disorders

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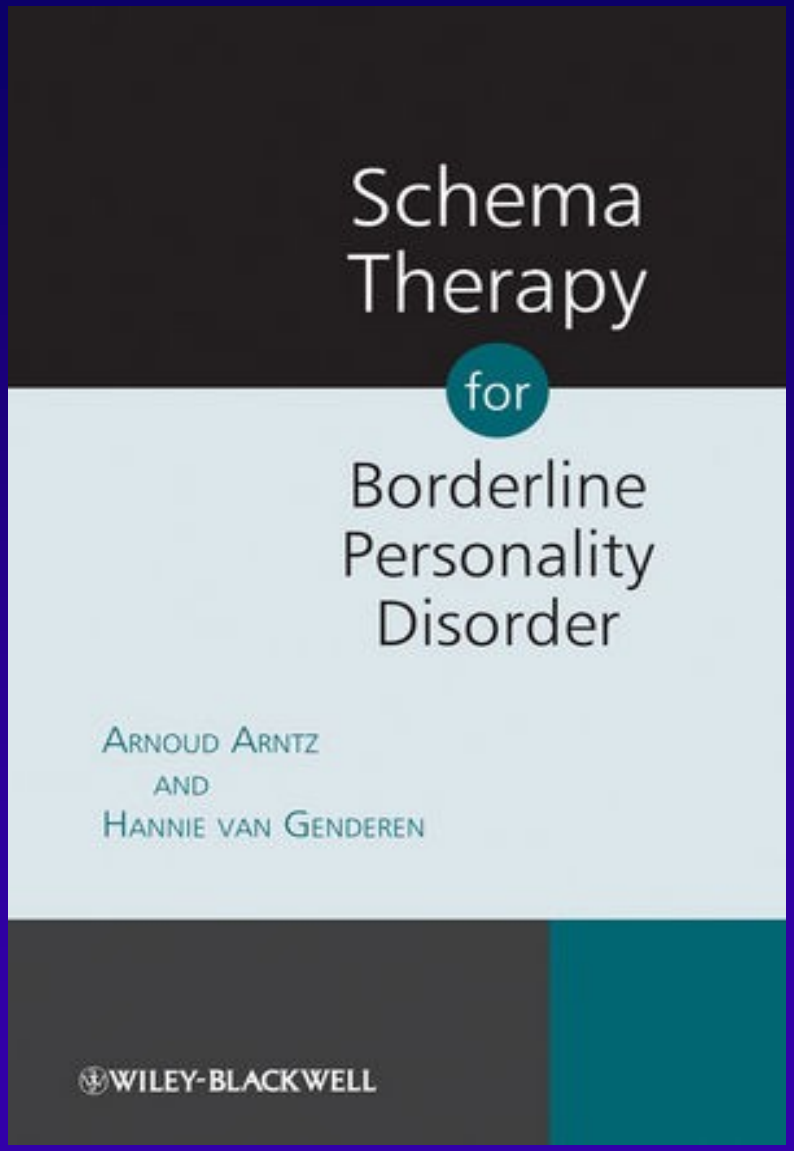
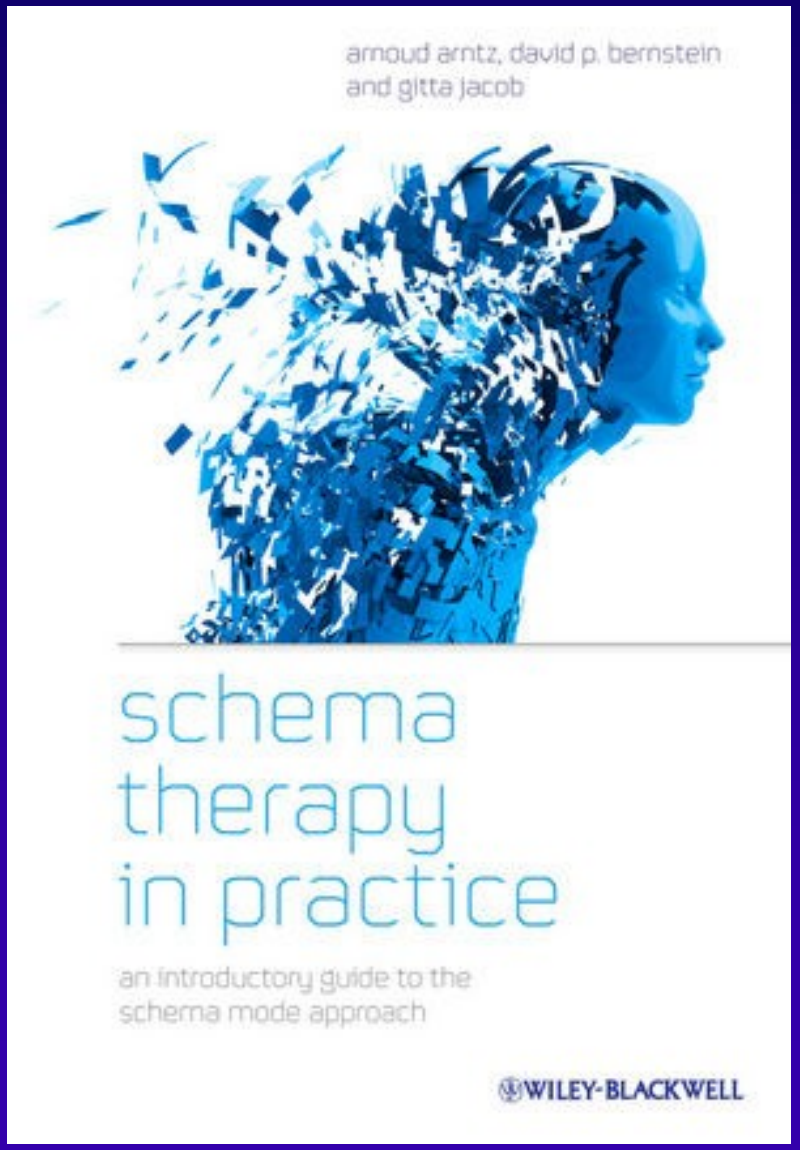

Schema
Therapy
for
Borderline
Personality
Disorder
Arnoud Arntz
and
Hannie van Genderen
WILEY-BLACKWELL


arnoud arntz, david p. bernstein
and gitta jacob
schema
therapy
in practice
an introductory guide to the
schema mode approach
WILEY-BLACKWELL

ST Model

- Based on assumption that axis-2 disorders develop from interaction between biological, environment and psychological factors
- Basic needs were not met (incl. traumas)
- Temperament influences primary responses and coping (fight/flight/surrender)
- Schema-modes: state dependent activation of sets of schema's, emotions and coping

Origins of Maladaptive Schemas

Biological Factors

X

Trauma's / Unmet Needs

Maladaptive Schema's

&

Coping

Basic Needs

- Safety (incl. safe attachment)
- Stability and predictability
- Love, care and attention
- Acceptance and compliments
- Empathy & validation (emotions, needs)
- Realistic limits and frustration
- Autonomy
- Connection

Ways in which childhood needs are not met

- Active:
  - trauma (emotional, sexual, physical)
  - child = ego-extension
  - too stringent rules, norms, punishment, guilt induction
  - control & overprotection
- Passive:
  - not giving (neglect) ...
  - not responding to ...
  - parents'absence, loss, illness, conflicts, 'parentification'
- Too much of 'good things':
  - spoiling
  - idealising

Path coefficients, adjusted for other traumata

Personality disorders	Sexual abuse	Physical abuse	Emotional abuse	Emotional neglect	Physical neglect
Cluster A					
Paranoid	.17*	.05	.15	.08	-.02
Schizotypal	.07	.10	.19*	.01	-.008
Schizoid	.11	.08	.09	.10	-.006
Cluster B					
Histrionic	-.04	.12	.02	.14	.03
Narcissistic	-.008	.14	.03	.07	-.02
Borderline	.26**	.07	.19*	.17*	-.07
Antisocial	.04	.29**	-.12	.12	-.01
Cluster C					
Avoidant	.11	-.06	.28**	.01	-.01
Dependent	-.001	-.09	.30**	.14	-.05
Obsessive-Compulsive	-.006	-.07	.25*	.02	-.004

Lobbestael et al., under review

3 ways of coping

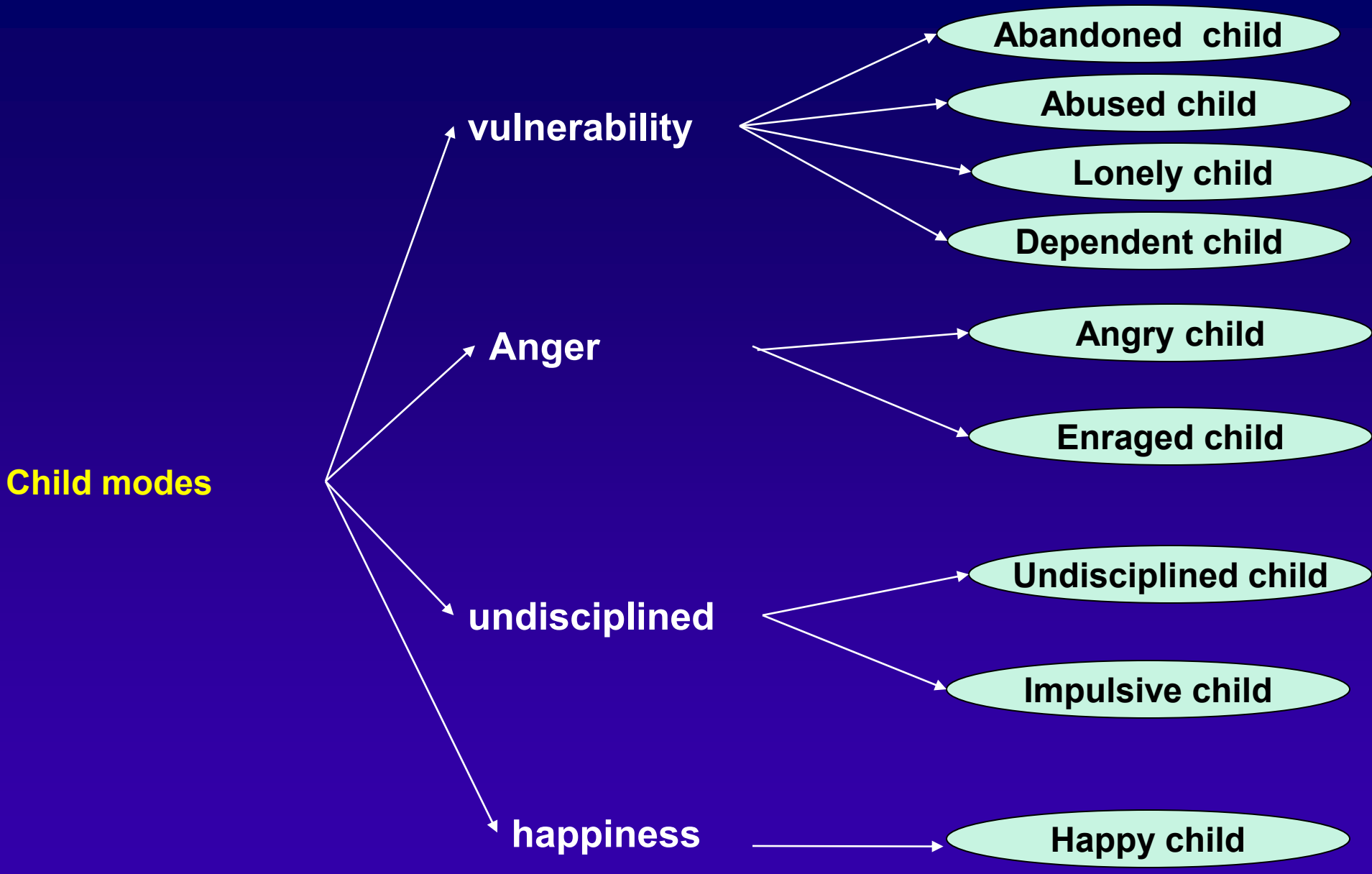
- 3 ways of coping with frustrations
  - Subjugation (freeze)
  - Avoidance (flight)
  - Overcompensation (fight)

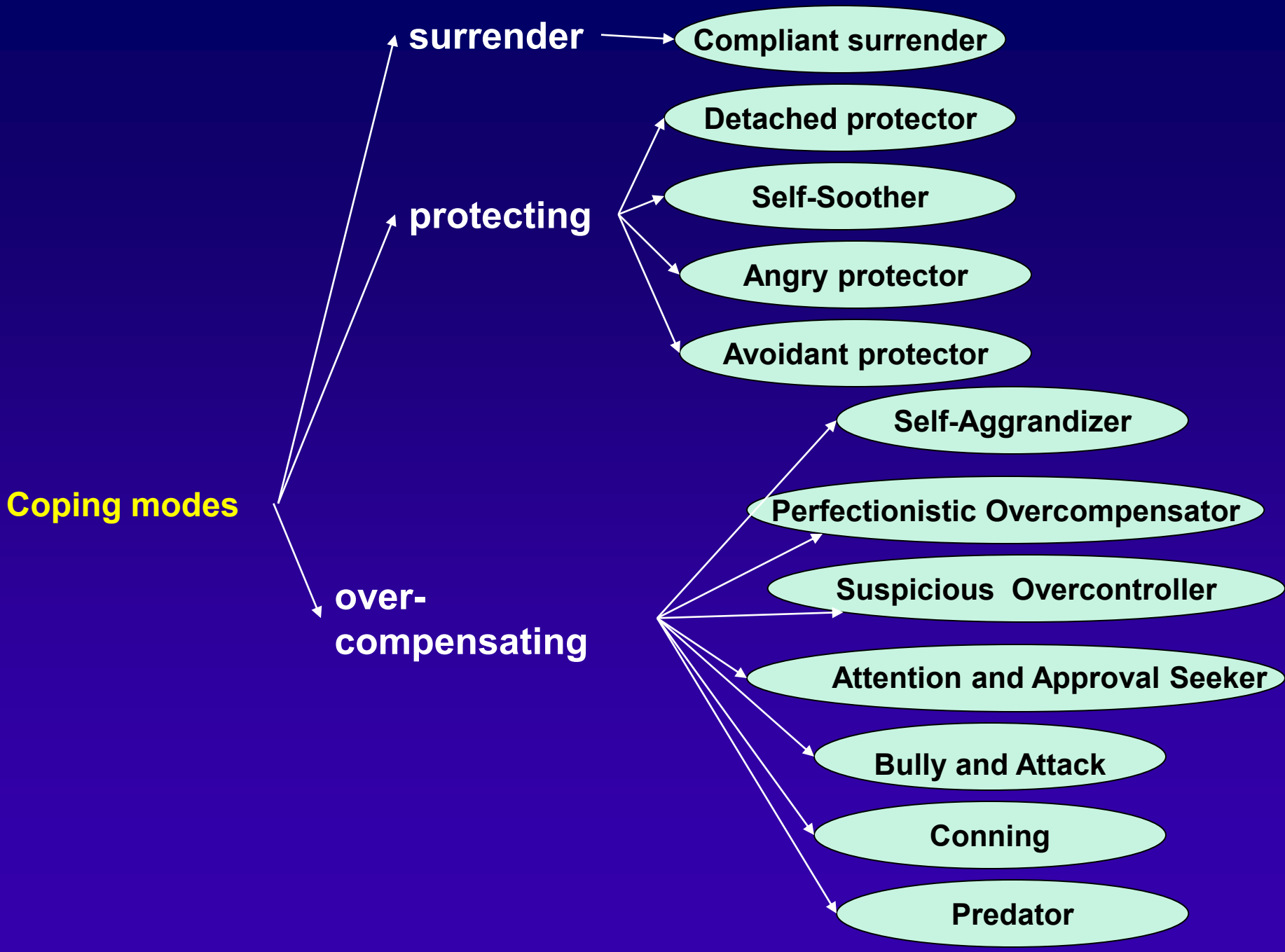
Schema mode concept

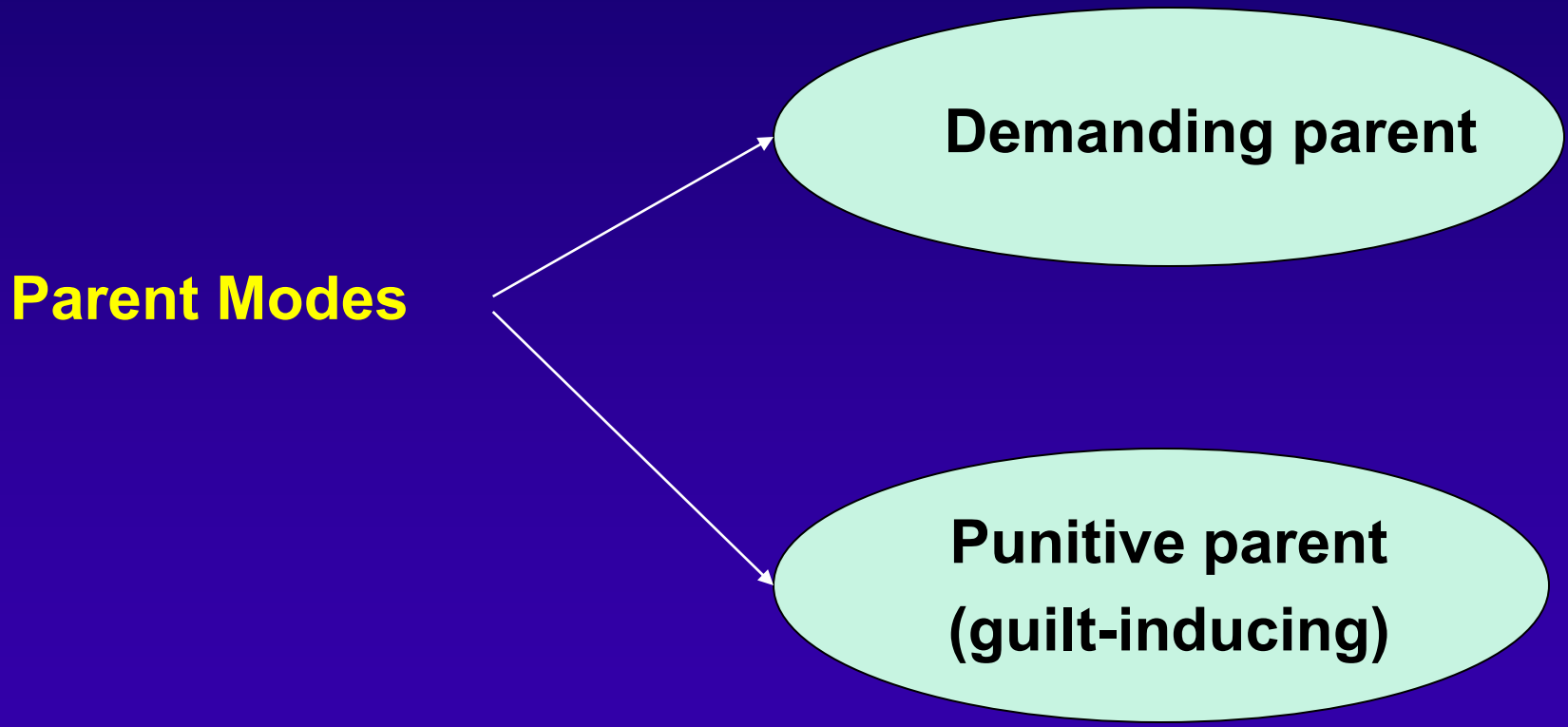
- Combinations of thinking, feeling and acting, controlling the person
- Combines schemas and coping (‘chunking’ convenient for complex problems)
- Inflexible
- Relatively unintegrated (no DID)
- Schema-mode ‘flipping’

Schema-modes

- Child Modes
- Nonadaptive coping modes
- Internalized Parent Modes
- Healthy Adult


Child modes
vulnerability
Anger
undisciplined
happiness
Abandoned child
Abused child
Lonely child
Dependent child
Angry child
Enraged child
Undisciplined child
Impulsive child
Happy child

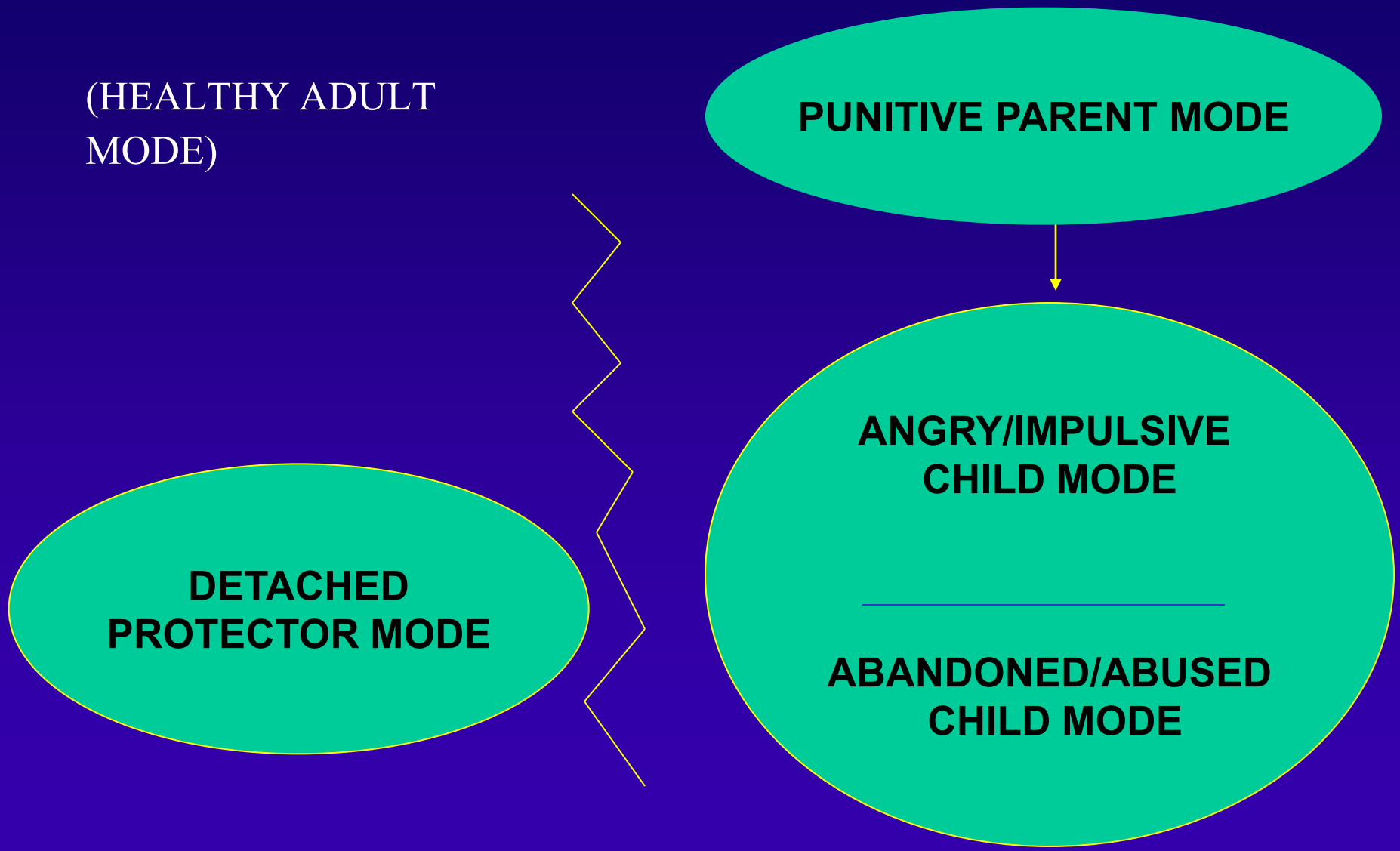

Coping modes
surrender
Compliant surrender
protecting
Detached protector
Self-Soother
Angry protector
Avoidant protector
over-
compensating
Self-Aggrandizer
Perfectionistic Overcompensator
Suspicious Overcontroller
Attention and Approval Seeker
Bully and Attack
Conning
Predator


Parent Modes
Demanding parent
Punitive parent
(guilt-inducing)

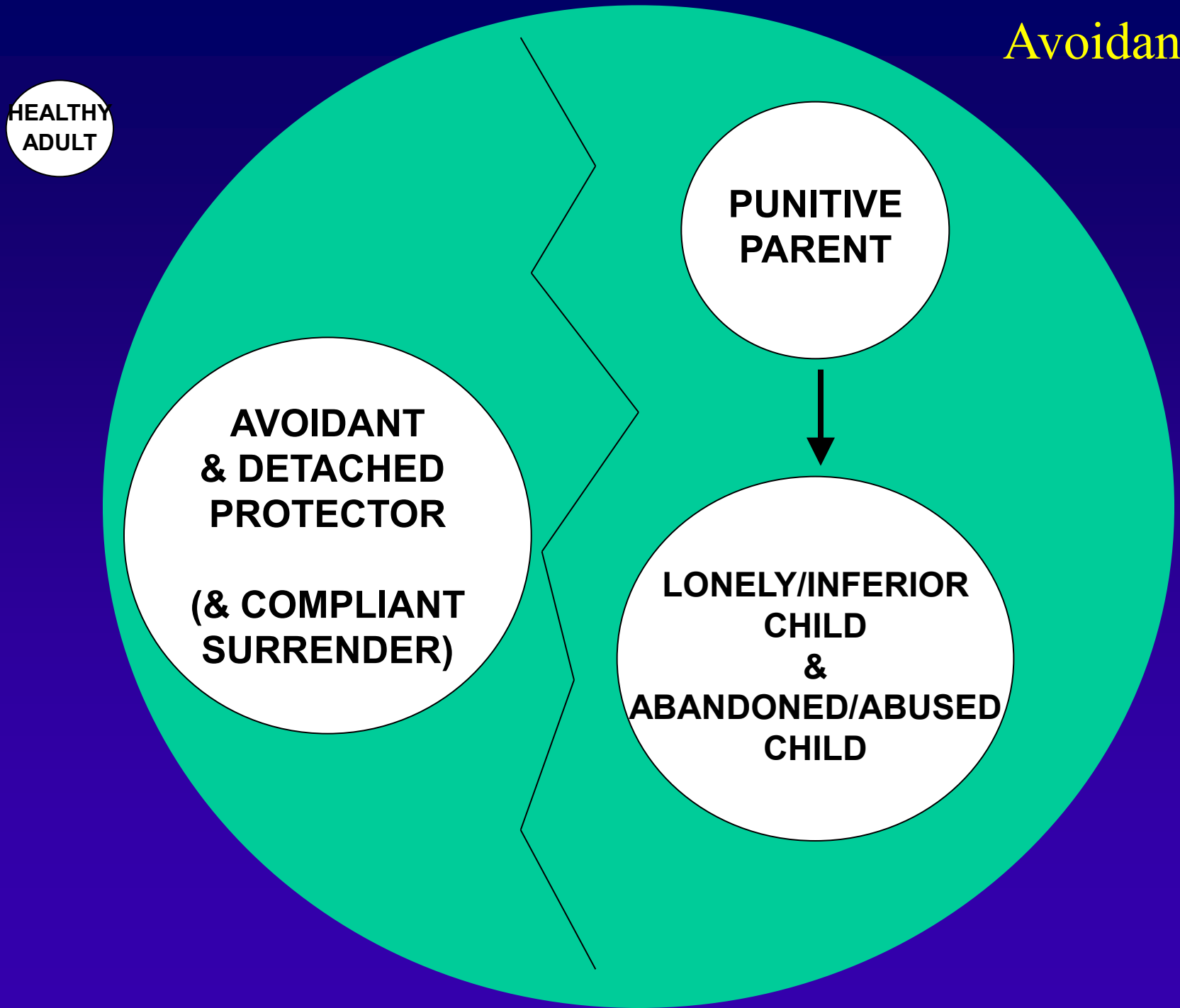

Healthy Adult

Borderline Personality Disorder: 5 modes

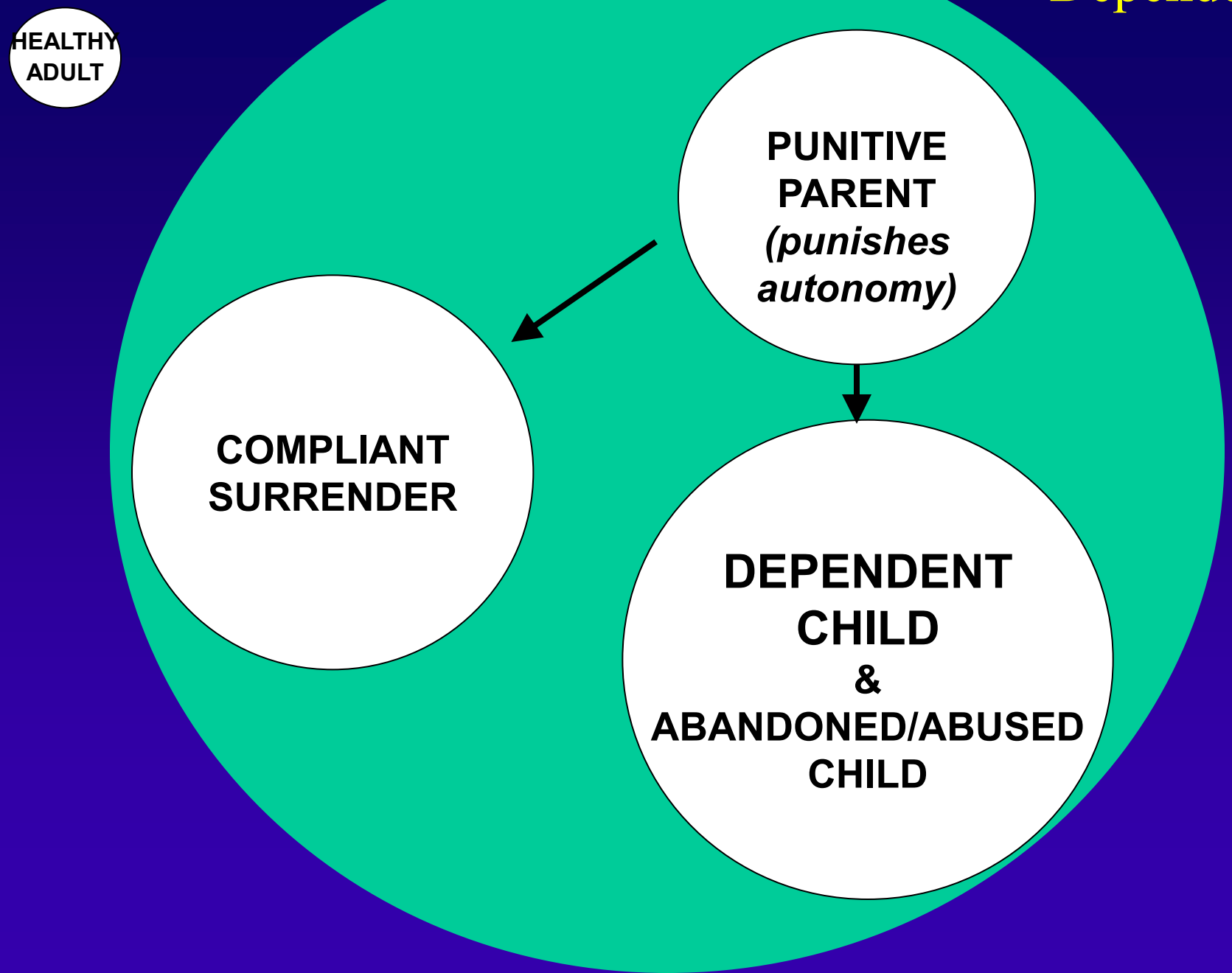
(HEALTHY ADULT MODE)



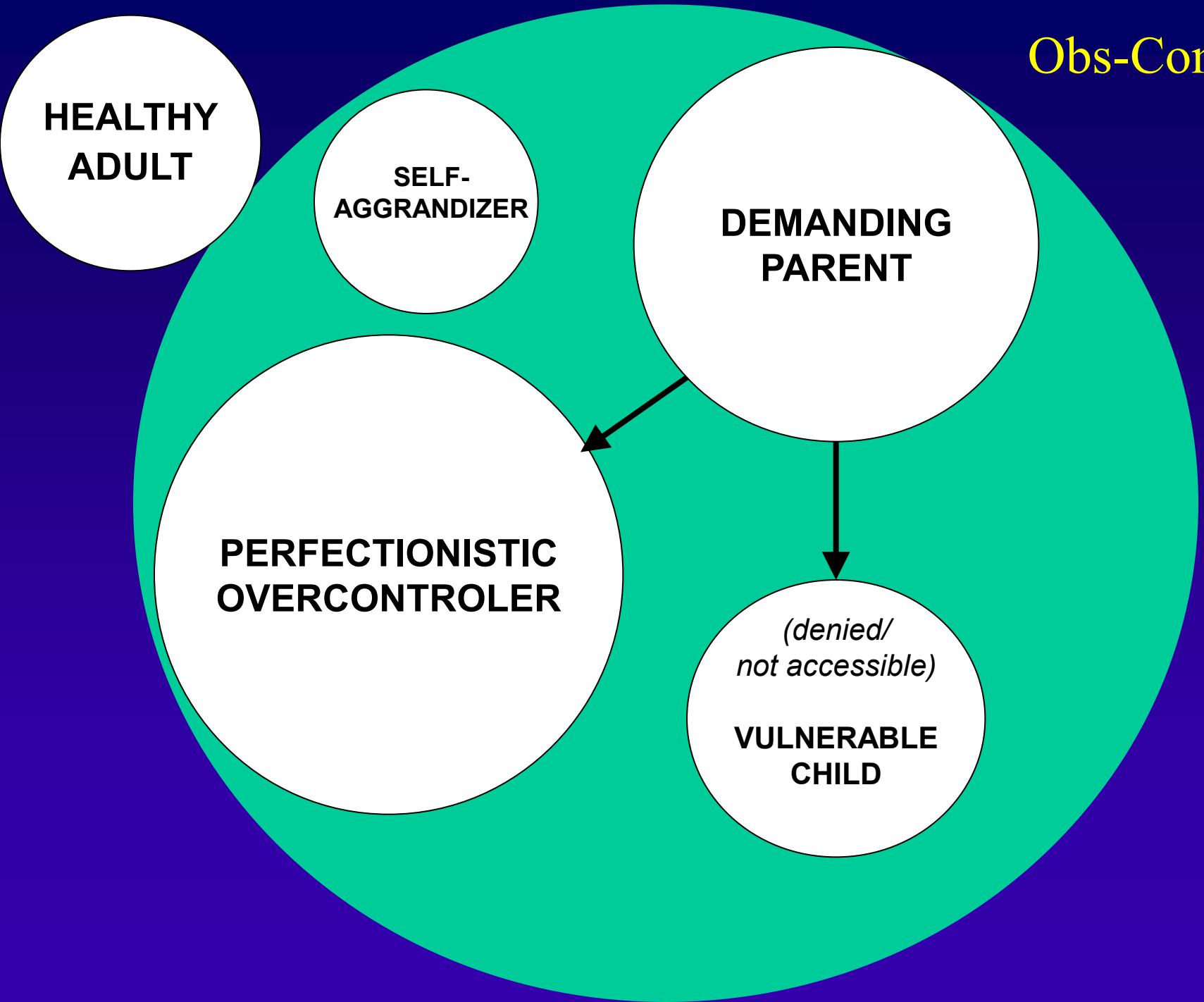
Avoidant PD


HEALTHY ADULT
PUNITIVE PARENT
AVOIDANT & DETACHED PROTECTOR
(& COMPLIANT SURRENDER)
LONELY/INFERIOR CHILD & ABANDONED/ABUSED CHILD

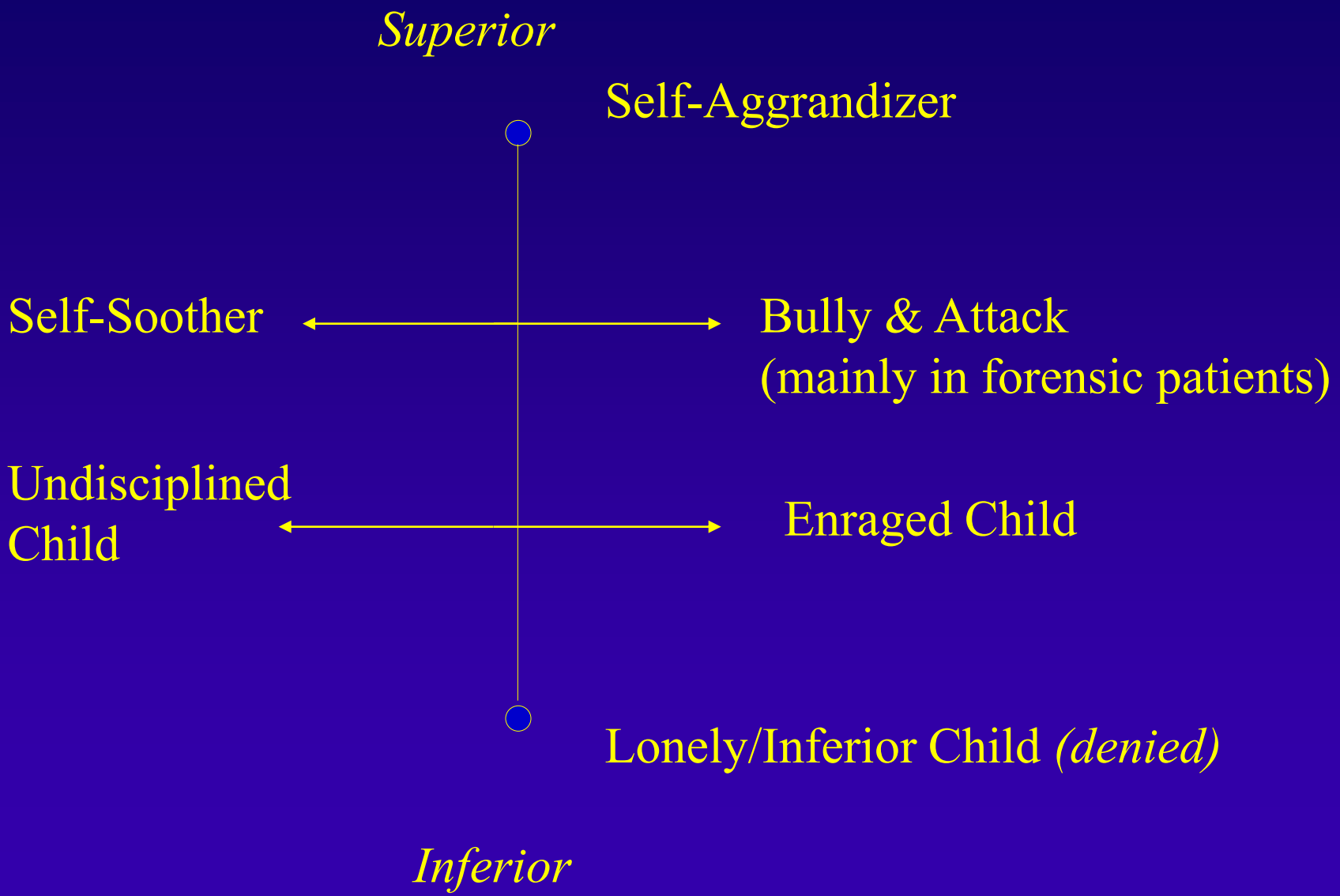
Dependent PD



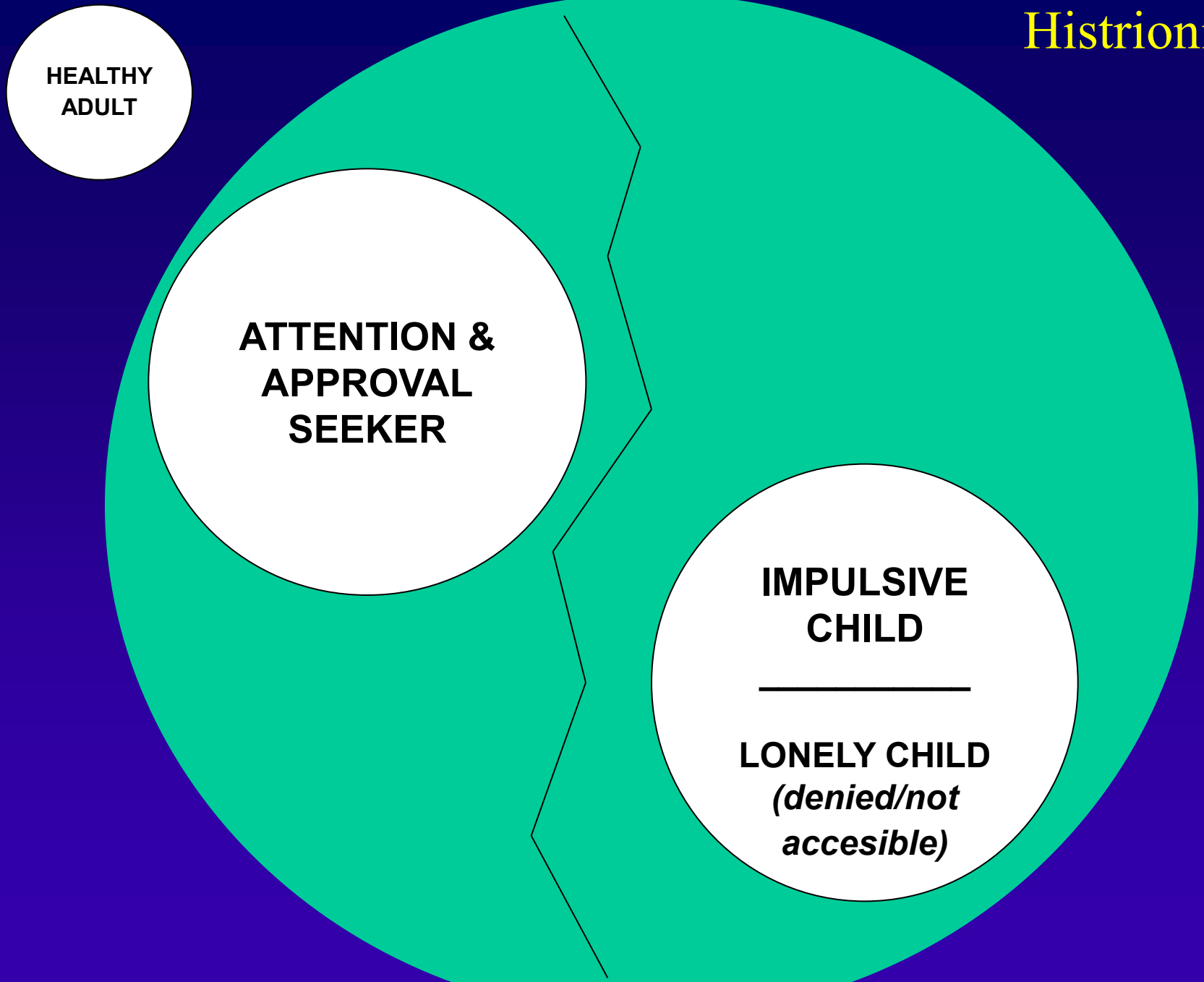
Obs-Comp PD


HEALTHY ADULT
SELF-AGGRANDIZER
DEMANDING PARENT
PERFECTIONISTIC OVERCONTROLER
(denied/ not accessible)
VULNERABLE CHILD

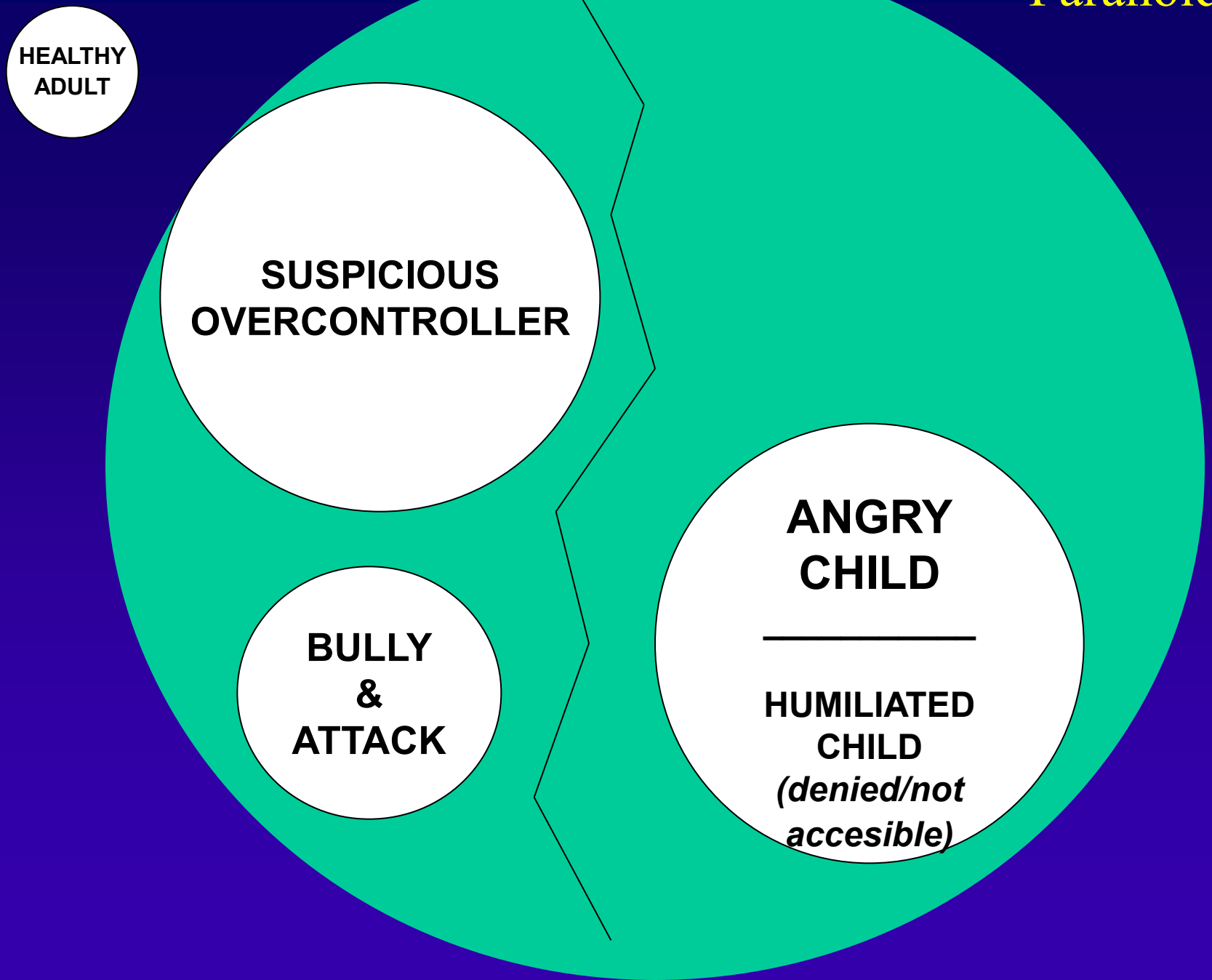
NARCISSISTIC PD



Histrionic PD



Paranoid PD


HEALTHY ADULT
SUSPICIOUS OVERCONTROLLER
BULLY & ATTACK
ANGRY CHILD
HUMILIATED CHILD (denied/not accesible)

Assessment of Modes

- Anamnestic interview (history, diagnoses, complaints and problems, patient's expectations from therapy)
- From therapeutic relationship
- Thru diagnostic imagery
- SMI-R (Lobbestael et al, 2008; German translation: Gitta Jacob, Freiburg; Danish: Bo Bach)
  - YSQ, YPI, coping
- SCID-2 etc.: PDs

Idiosyncratic schema-mode model

- Develop together with patient idiosyncratic mode model
- Patient may read Young & Klosko's or Jacob et al's self-help books
- Adapt names of the modes
  - E.g., 'the wall'; 'your punishing side'
- Draw on white board
  - Relate to historical roots
  - Must explain present problems

Example: Dependent & OC PD patient

(HEALTHY ADULT MODE)

PUNITIVE & DEMANDING PARENT MODE

Perfectionistic Overcontroller

Compliant Surrender

Dependent Child

(HEALTHY ADULT MODE)

Mother's guilt inducing reactions (depression, not talking, lying in bed)

Mother's high demands, religious convictions and threats, and her worries

Perfectionistic Overcontroller
Problems:
Work too hard, burn-out, no time for: hobbies, social activities, emotional issues, emotionally connecting to my children

Punitive & Demanding Parent
Problems:
Too high standards, guilt feelings, fear of mistakes, punish myself, feeling it is wrong to have pleasure and assert myself

Survival strategies to avoid overwhelming problems and punishment

Nobody reassuring me and stimulating autonomy

Compliant Surrender
Problems:
don't listen to my own needs/wishes, empty and fearful life, remain dependent and panicky

Dependent Child
Problems:
Panic en despair when faced with adult responsibilities; emotionally force others to take responsibilities and make decisions

Father's example

Punishment and moral disapproval of opposition

Exercise: make a Schema Mode Model of your own case

- Make a mode model for your own patient and describe the content of each mode
- Relate each mode to historical causes
- Relate present symptoms and problems to modes

Schema Therapy

- Integrative Therapy based on the Schema Model

- Three ways of changing schemas:
  - Doing - Behavioural Techniques
  - Feeling - Experiential Techniques
  - Thinking - Cognitive Techniques

- Three foci:
  - Therapeutic Relationship
  - Experiences outside therapy
  - Memories from childhood

General Therapeutic Approach of Modes

- Detect modes in session, in recent problems
- Explore origins and functions of each mode
- Dialogue with each mode to understand it better
- Discuss pro's & con's of coping modes
  - Don't forget patient's expectations from therapy and future wishes
- Get rid of parent modes
- Activate vulnerable child modes thru experiential techniques and reparent

Concept of Limited Reparenting

- Fulfilling, in a limited way, the unmet emotional needs of the patient's childhood
- Therapist's behavior serves as an antidote to patient's childhood experiences
- Patient internalizes therapist's Healthy Adult mode

Limited reparenting

1. Care and nurturance: extra sessions, phone number for crisis, transitionial objects, praise, give compliments
2. Structure: motivate the patient to stay in therapy. Help to make right choices (work or study, choosing friends, healthy relationships
3. Correction and limit setting
   - Dependent child !
4. Self-disclosure about therapeutic relationship
5. Growth: encourage autonomy

DETACHED PROTECTOR

- Reassure
- and make Detached Protector superfluous

BYPASSING THE DETACHED PROTECTOR

- Label Detached (or Angry) Protector Mode
- Explain development in childhood &
  Empathize with its adaptive value
- Link to trigger events
- Review pros and cons of detaching in the present & motivate patient to reduce this protection
- Imagery exercises
- Practice dialogues between Detached Protector and Healthy Adult

Pro's en con's exercise

- Together with patient, list pro's and con's of the coping mode
  - Don't forget patient's problems
  - Don't forget patient's hopes (from therapy)
- Negotiate whether patient is willing to gradually decrease this mode (in the session) to get needs met and to recover

VULNERABLE CHILD

- Empathize with and protect the Vulnerable Child
- Process loneliness, abuse and abandonment
- Offer safe attachment in treatment
- Help Vulnerable Child to receive love and care

Vulnerable Child Mode

- Limited reparenting: extra care, extra sessions, phone accessibility, caring, safe stable base, give compliments
- Multiple chair technique
- Imagery rescripting
- Empathic confrontation
- Limit setting

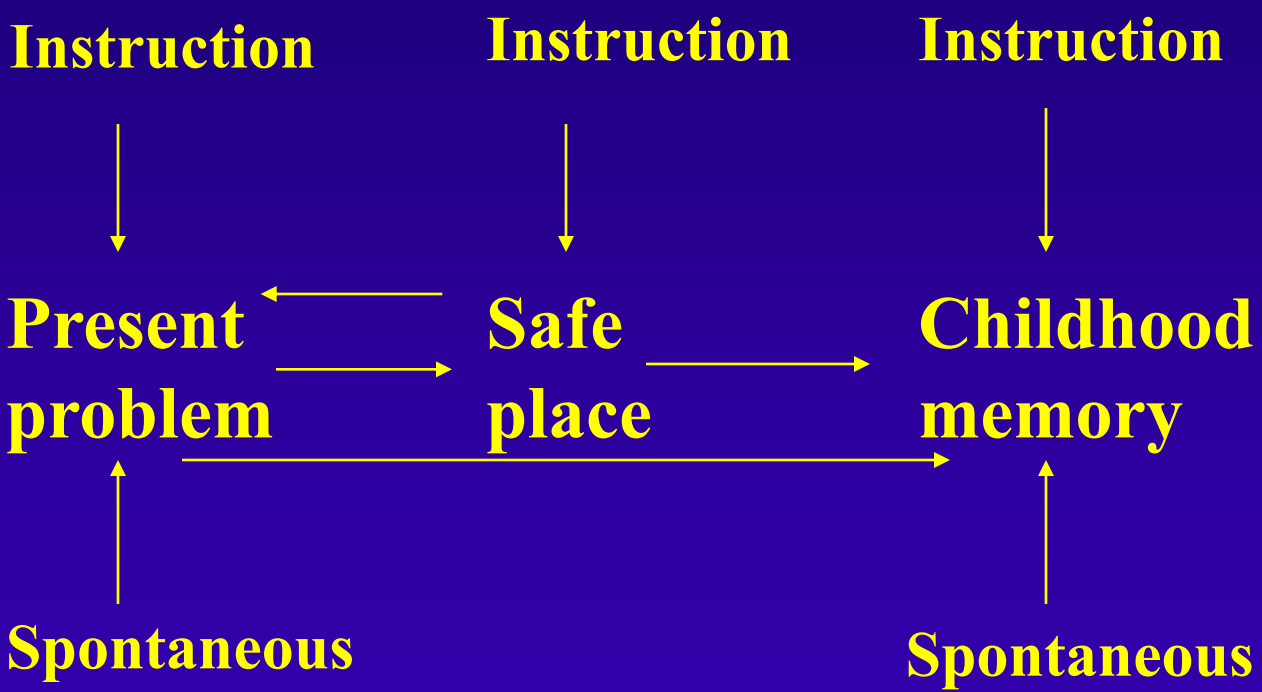
Imagery Rescripting of childhood memories

1. Imagine the childhood memory
2. Therapist enters image and intervenes

Step 1: Get a memory
(if possible, with eyes closed)

1. Start with present problem and use affect (etc.) to get childhood memory
2. Get into known childhood situations directly (e.g., known from anamnestic interview; ask patient to look to face core figure; etc.)
3. Patient imagines safe place and then gets childhood memory; if this is a good memory ask for opposite

Pathways to childhood memories



Step 1: Get a memory-2

1. Let experience the memory emotionally

   Questions:

   what do you see, hear, smell, experience; what is happening?

   what do you feel (emotionally)?

   what do you think?

   what do you need?

2. With trauma: not necessary to get whole trauma memory
3. Then go to step 2
4. (Or explore relation to schema's)

Three variations:

- Therapist rescripts
- Helper rescripts
- Healthy adult side of the patient rescripts

- For PDs: start with rescripting by the therapist
- Always pay attention to the little child

Step 2: Therapist Rescripts

1. Ask the patient to imagine you are also in the image
2. Then intervene:
   - *Stop / prevent abuse*
   - *Create safety*
3. Then ask patient for further needs
   - *Meet patient's needs*
   - *Don't forget soothing after child is safe*
4. Just start again if patient is not satisfied

DVD Example

Imagery rescripting by the therapist

3.2

Problems

- Which memory?
  - Early memories, linked to parents or caretakers
- Patient can't find a memory
  - Explore, reassure, give control
- Patient doesn't close eyes
  - Explore, reassure, give control, tolerate, therapist closes own eyes, don't look at patient
- Patient dissociates
  - Give control, reassure, no traumas, pay attention to punitive side of patient
- Loyalty
  - Explain difference between negative and positive loyalty
  - Explain you address only part of the parent's behavior

PUNITIVE / DEMANDING / CRITICAL PARENT

- Fight against the Punitive Parent and reduce influence
- Develop healthier moral standards (forgiveness, compassion, adequate guilt)

FIGHTING THE PUNITIVE PARENT

- Fight the Punitive Parent: two chair technique therapist combates punitive parent (fragment 6)
- Two chair technique: dialogue between Healthy Adult and Punitive Parent
- Imagery exercises
- Educate about universal needs and feelings
- Replacement of strict rigid rules by more adaptive moral standards

PARENT MODES

- As soon as present: place on empty chair
- Address firmly, deny the criticism, and send away
  - Don't be rational
  - But present healthy attitudes: patient will internalize (psycho-education)
  - T may put the chair outside the room
  - Later in therapy: let patient fight
- PP might be triggered after imagery rescripting
- Let patient use tape to fight PP at home

DVD Example

combating the punitive parent

4.2

Multiple Chair Tecnique

- Let patient express emotions and views of different modes on different chairs
- When patients switch into other mode, but don’t realize, ask them to sit on other chair
- Helps to clarify the different modes
- Discuss with healthy mode what should be done

ANGRY CHILD

- Underneath the Angry Child Mode is a Vulnerable Child Mode
  - Which you want to reach ultimately
- Therefore it's necessary that the Angry Child Mode ventilates fully
- In childhood: self-expression was not allowed or insufficient self-control was severely punished
- Many patients have to learn to accept and tolerate angry feelings *(normalize and reassure)*
- Many patients have to learn that the belief that strong impulses *need* to be expressed is false *(psycho-education, exercises)*

Re-channeling the Angry Child through the Therapy Relationship

- To be used when patient is angry at you
- Set limits when abusive or destructive
- Tolerate anger, don't take it personal
- Let the patient ventilate fully – don't be empathic, be neutral
- Summarize (show the patient that you listen carefully)

Re-channeling the Angry Child through the Therapy Relationship – cont'd

After patient fully vented all anger:

- Empathize with underlying schemas
- Reality-testing:
  realistic vs. exaggerated
- Share personal reactions to anger
- Explore sadness behind anger
- Practice appropriate assertive ways to express anger
- Practice early awareness and expression of dissatisfaction

Impulsive Child

- Basic idea: needy, not greedy
- Impulsive rebellion to gets needs met
  - Impulsive sex, spending, drug use, etc. : patient rebels against punitive parent and tries to organize positive experiences, acknowledgment, love, care etc.
- Empathise with underlying intention
- But confront with the way the patient organizes things
- Techniques:
  - Empathic confrontation
  - Limit setting (when you find it absolutely necessary that behavior stops)
  - Multiple chair technique
  - Pro's and con's
  - Flashcards
  - Channel rebellion towards Punitive Parent
  - Connect abandoned abused child (sadness about what was missed)

Empathic confrontation

- Expressing understanding about the patient's schemas and schema-driven behaviour while simultaneously confronting the need for change

Empathic confrontation: example

- So you went shopping last Wednesday and bought many things that you did not really need because you wanted to feel good.

- I really understand that you need to feel good and that you rebel against your punitive mode that says that you are a bad person that does not deserve anything. I actually think it is very good that you rebel against that mode and that you don't agree with it.

- But I am also worried about the way you stood up for your rights. One of the reasons is that I don't feel this is a very effective way, because spending too much will fuel the Punitive mode to blame you even more. Another reason is that spending more than you can afford creates new problems.

- But most importantly, I think there is a healthier way of dealing with these problems than shopping and impulsively spending too much money.

- That is to *not* push your needs away so often but acknowledge them and organise your life in a different way so that they are better met.

Limit setting

- Use only for unacceptable behavior which you cannot tolerate and should stop in the short-term
  - Control strategy
  - May result in a ‘fight’ with the patient on control
- Consider alternatives
  - Empathic confrontation
  - Explanation
  - Self-disclosure
  - Address the underlying mode
- Use steps
  - From explaining via irritation via sanctions to stopping treatment
  - Don't threat if you are not willing / able to execute sanction
- Use personal motivation, not general rules
- Understand that patient did not know transgression beforehand

Cognitive Techniques

- Flashcards
- Schema diary
- Advanced techniques
  - Pie chart (e.g., responsibility)
  - Investigating causal relationship in 2-dimensional graph
- Writing assignments

Flashcard Example

- When I am with other people I always agree with them and never express my opinions
- This is my surrender mode, who feels it is safer to do that, because I was taught so as a child
- But in this way I cannot influence what happens
- I know now that this is not good for me and my relationships
- I can better express my opinions so that they learn who I am and take me seriously. I will also have more influence than, so that my needs are better met.

Schema-Mode Diary

- Situation: .....
- Emotion: .....
- Thoughts: .....
- Behavior: .....
- Mode(s) ("which side was active?"): .....
  .....

- Needs: .....
- What does my healthy side think?
  .....
- Healthy emotion: .....
- Healthy behavior: .....

TREATMENT OBJECTIVES: healthy adult mode

- Help patient to strengthen the Healthy Adult Mode
- therapist / therapeutic relationship is model

STRENGHTENING THE HEALTHY ADULT

- Behavioural techniques
- Two chair technique
- Imagery rescripting
- Teach healthy attitudes
- Push towards healthy choices:
  - **Education / work**
  - **Hobbies**
  - **Friends**
  - **Partner** (Breaking through dysfunctionel partner choices; Learning to make a healthy partner choice)

Behavioral change

- Aim = behavioral change
- Motivation: explain that new behavior is necessary to come to a final change
- Rehearse in role plays or using imagery; give (informal) model and ask patient to try out
- Ask next session how it went!

Learning to express anger

- Being afraid of feeling and expressing irritation and anger is important in Cluster-C
- Patients need to learn that it is normal and healthy to express anger and be aasertive
- Practice by:
  - Roleplays
  - Imagery exercises
  - Writing assigments (e.g. write letter expressing anger and your opinion, don‘t send)

Healthy Choices

- Aim = to improve mental health
- Motivation: explain that choices so far were based on dysfunctional modes (name them)
- Help patient to reflect on what (s)he really wants
- Support with making healthy choices and the fears that they raise
- Ask next session how it went!

DVD Example

changing dysfunctional partner choice

7.4

Practical Issues

- Audiotape sessions and let P listen at home
  - Ask for reaction
  - Let P keep the tape if important
- Evaluate treatment and relationship regularly
- Don’t avoid difference in opinions, but help P learn that this is normal
- Call P when P doesn’t turn up
- A session without affect is a lost session

Treatment phases

- Session 3-7: get to know eachother; patient's history; case formulation; treatment rationale
- Early phase: recognition of modes, understanding their historical roots
- Mid phase: core mode work: breaking thru coping modes, processing childhood memories, addressing parental modes
- Late phase: shift twrds present and future; behavioral change & healthy choices; plans to address future problems
- Booster sessions

More Information

- More information about Schematherapy:
  - isst-online.com

- Books:
  - Young et al. (2003). *Schema Therapy*. Guilford
  - Arntz & van Genderen (2009). *Schema Therapy for Borderline Personality Disorder.* Wiley. [German: Beltz; Italian: Raffaello Cortina]
  - Jacob & Arntz (2011). *Schematherapie in der Praxis*. Beltz
  - Arntz & Jacob (2012). Schema Therapy in Practice. Wiley.
  - Rafaeli, Bernstein & Young (2010). *Schema Therapy.* Routledge.
  - Farrell & Shaw (2012). *Group Schema Therapy for BPD*. Wiley.

- DVD-box 7 dvd's, 6 hours techniques
  - 95 Euros
  - Order: www.schematherapie.nl

- Workshops:
  - 3 - 4 day training; also advanced courses:
  - h.vangenderen@home.nl (for "in company" training, workshops on site)
  - gitta.jacob@psychologie.uni-freiburg.de
  - group-ST, Joan Farrell: STIM-Indpls@sbcglobal.net