Introduction to Schema Therapy and the Schema Model

Background & Foundational Concepts

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What is Schema Therapy?

- Integrative, unifying theory & treatment – cognitive & developmental research, attachment theory, experiential – emotion focused therapy
- Designed to treat long standing emotional difficulties/moderate to long-term therapy
- Not symptom reduction
- Difficulties are presumed to have origins in childhood & adolescent development
- Integrates cognitive, behavioral, experiential, attachment, Gestalt & psychodynamic approaches

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Schema Therapy is not CBT

Schema Therapy answers gaps in CBT

- The need for integrative & emotion focused techniques
- The need for a broader conceptual framework – including maladaptive coping modes (aka defense mechanisms)
- Addition of a satisfactory developmental model



Young, 2010 WABCT Keynote

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Schema Therapy Enriches & Deepens "STANDARD CBT"

- A shift in emphasis from changing automatic thoughts & discrete behaviors to altering deeply rooted life patterns and early, highly charged emotional schemas
- A shift in emphasis from teaching self-sufficiency skills (intrapersonal change) to meeting core emotional needs like attachment & love (interpersonal change)
- A revised view of the therapy relationship as a primary mechanism of change, not just a means of delivering education or skills ("Limited Re-parenting")

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Schema Therapy compared to CBT for Chronic Axis 1 Disorders

- Greater emphasis on therapeutic relationship
- Longer term treatment focus (although CBT 30+sessons to tx Dx)
- More emphasis on affect (e.g., through imagery, role playing) and mood states
- More discussion of childhood origins & developmental processes
- More emphasis on lifelong coping styles (e.g., avoidance and overcompensation- in psychodynamic terms: Defence Mechanisms)
- More emphasis on entrenched core themes (i.e., schemas)
- Chronic Axis 1 Disorder "considered treatment resistant"

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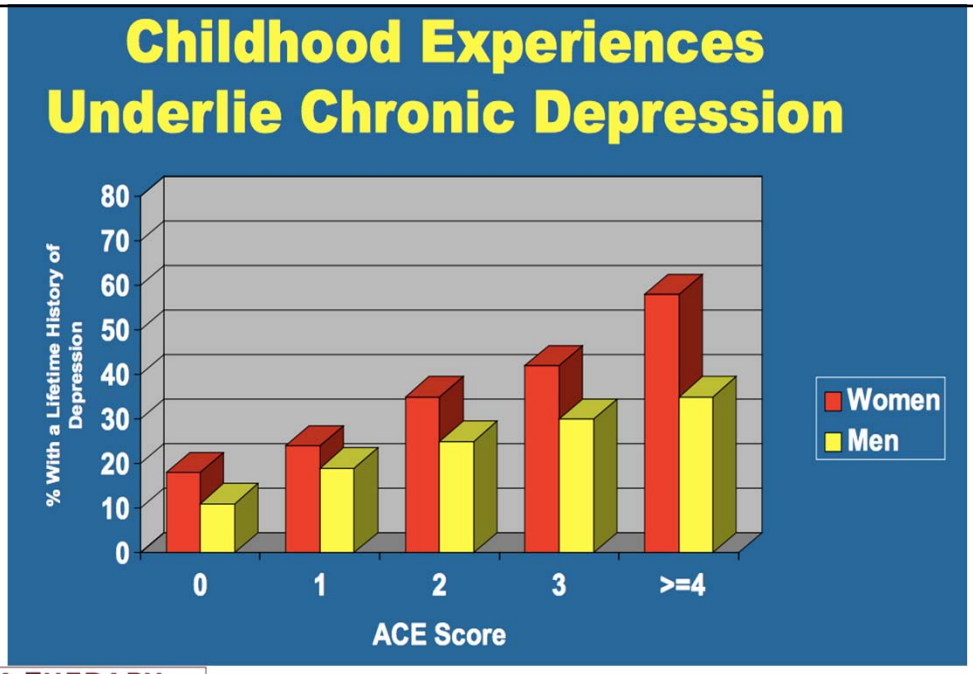


Schema Therapy provides a model of psychopathology that explains etiology & Clinical Presentation & on which Psychotherapeutic treatment can be built for both Patient & Therapist



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Core Emotional Needs



- The need for a secure, safe, loving, and reliable bond with one or more caregivers
- The need to be supported over the course of growing up, in moving from helplessness and dependence to a sense of competence, autonomy
- The need to find appropriate expression for emotions and needs in a way that leads to needs being met
- The need to learn how to flexibly manage and control one's emotional and behavioural reactions
- The need to express oneself spontaneously, playfully and creatively

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EMS's develop in response to:

1. Toxic frustration of needs
2. Traumatization, victimization, mistreatment
3. Over-indulgence
4. Selective internalization or identification

- Negative Childhood/Adolescent experiences
- "Respisodes" – the tone .theme of early environment
- Temperament or neurobiology can play a role

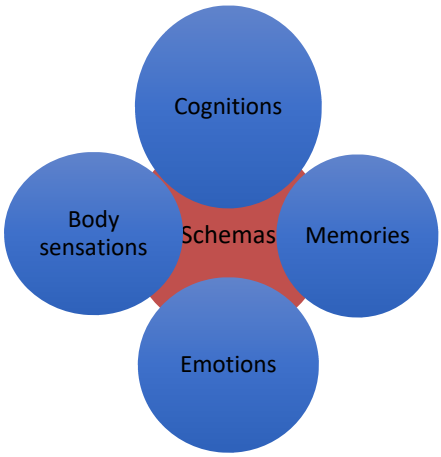


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Schemas & Developmental Needs

- Early Maladaptive Schemas develop when specific core childhood needs are not met (coupled with temperament)
- A broad, pervasive theme regarding oneself and others which are self-perpetuating



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Broad Goal of Schema Therapy

- To help clients get their core needs met:
  - In an adaptive manner
  - Through challenging maladaptive schemas, coping styles/responses and modes
- A basic philosophical assumption of ST is that ***"people are happiest and most fulfilled when expressing authentic emotions" connected to their authentic self***



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