Schema Therapy for Couples – an introduction
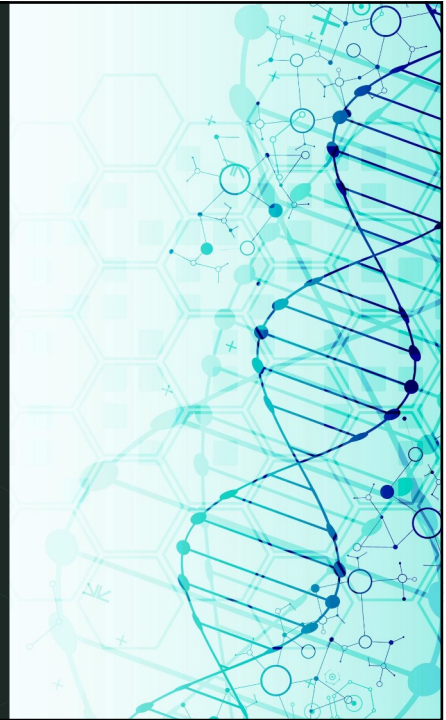
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Overview

Introduction to the approach (Trish)	Case Study (David)	Chairwork demonstration (David)
Imagery Demonstration (Natalie)	Connecting Couple Conversation (Madonna)	Summary and Q&A (Carolyn)

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Schema Therapy and Couple Work

- Jeffery Young and the development of Schema Therapy;

- Schemas – a set of "self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life" (Young et al., 2003, p. 7).

- Schema activation – intensity, duration, severity and pervasiveness linked to severity of early trauma;

- While schemas might have had some survival value for the child (Kellogg, 2004), by adulthood they are "inaccurate, dysfunctional, and limiting, although strongly held and frequently not in the person's conscious awareness" (Farrell & Shaw, 2012, p. 9).

- think about schemas as patterns of vulnerability, or as domains in which emotional learning took place in childhood.

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Schemas and Couple interaction

- Volatile couples present in ways even more unstable than the same people in individual therapy;

- The intensity of reactions, more frequent flipping in sessions and difficulty tracking changes make up a real therapeutic challenge;

- Young described the triggering of a schema—its activation, as a "mode";

- Modes are the way schemas appear in the here and now of experience;

- Recognizing modes helps a therapist to see the "action." Thus, a mode is a transient expression of schema vulnerability. This includes the emotional, cognitive, and behavioural dimensions of personality.

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Slide 5

- Schema Modes
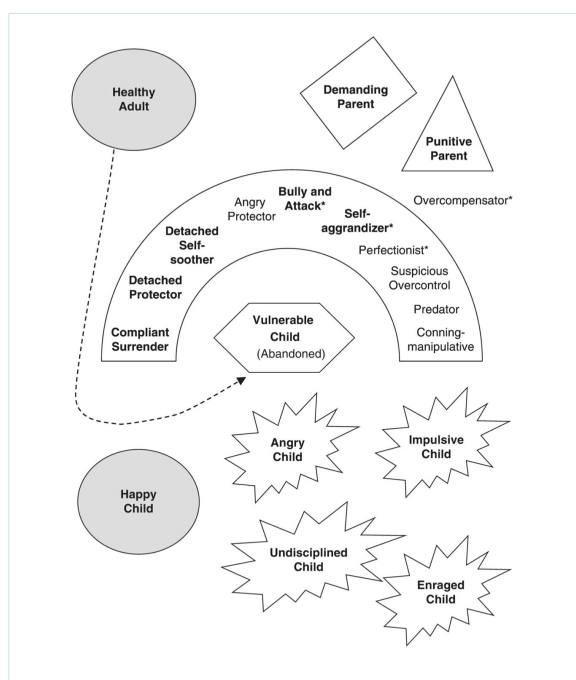
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Working in the here and now

- Couple interactions create 'mode clashes';

- Working with modes is usually the most practical way to do ST-C, because it allows a here-and-now approach to the current interaction by demonstrating the clash between modes, sequencing the mode cycle and the common elements of unmet "needs" without being flooded by unnecessary detail early in therapy. Working with modes provides direction and immediate gains in couple sessions.

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Suggested Integration with Gottman

1. When using GR or DWC style conversations with couple and a 'mode' appears – move into something like an IWM and once link with childhood trauma is made then move that 'mode' into chair to process;

2. As you move towards helping couple repair previous times when attachment needs were unmet with similarities to early attachment trauma – move into imagery re-scripting;

3. GR and DWC can be used to structure connecting couple conversations.

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Case Study

- MP 34 Austrailian; Tradie, FIFO until recently

- FP 30 Russian, Uni Degree, Small Business Hospitality,

- Met 2016 – Committed 2017

- Intake – She was 1+ feet out the door, He was shaken by this & wanted to repair the re'ship.

- FP main issue was around conflict – harsh, mean, aggressive & she was "over it" & was withdrawing.

- MP agreed – Conflict #1 issue – MP said he was harsh & nasty & said he "can't help it" & hates that he behaves like that later.

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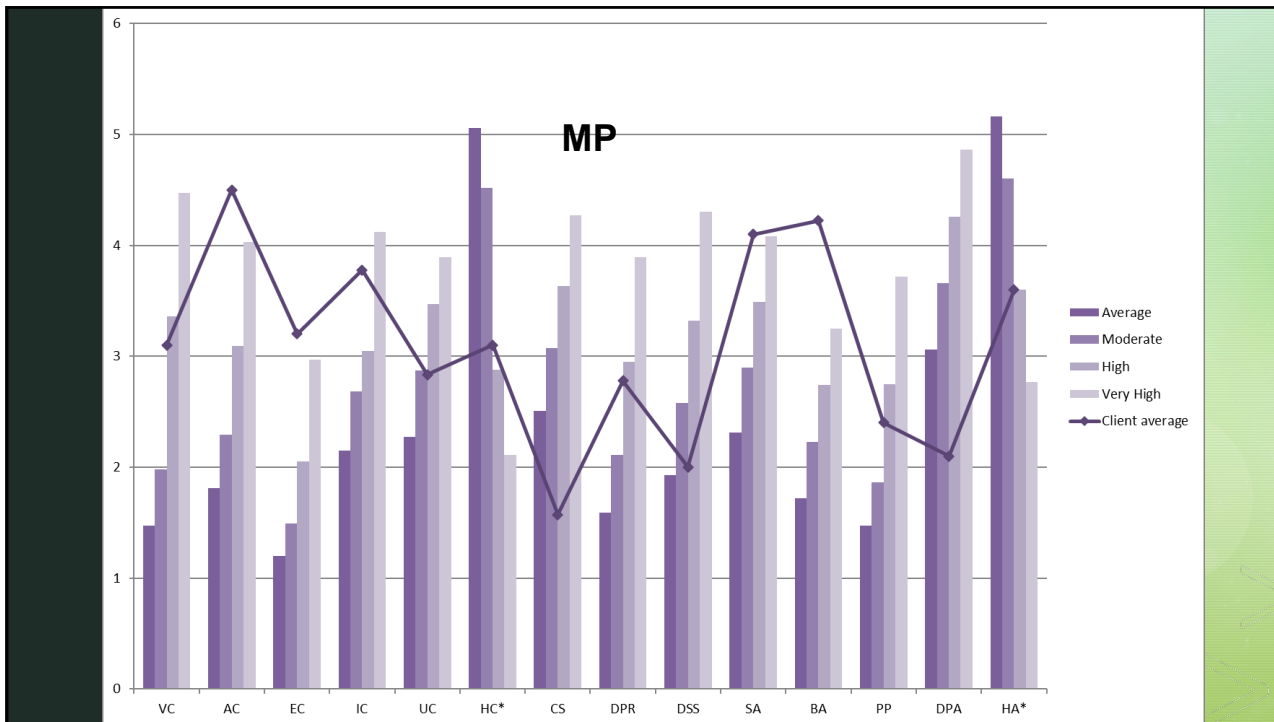
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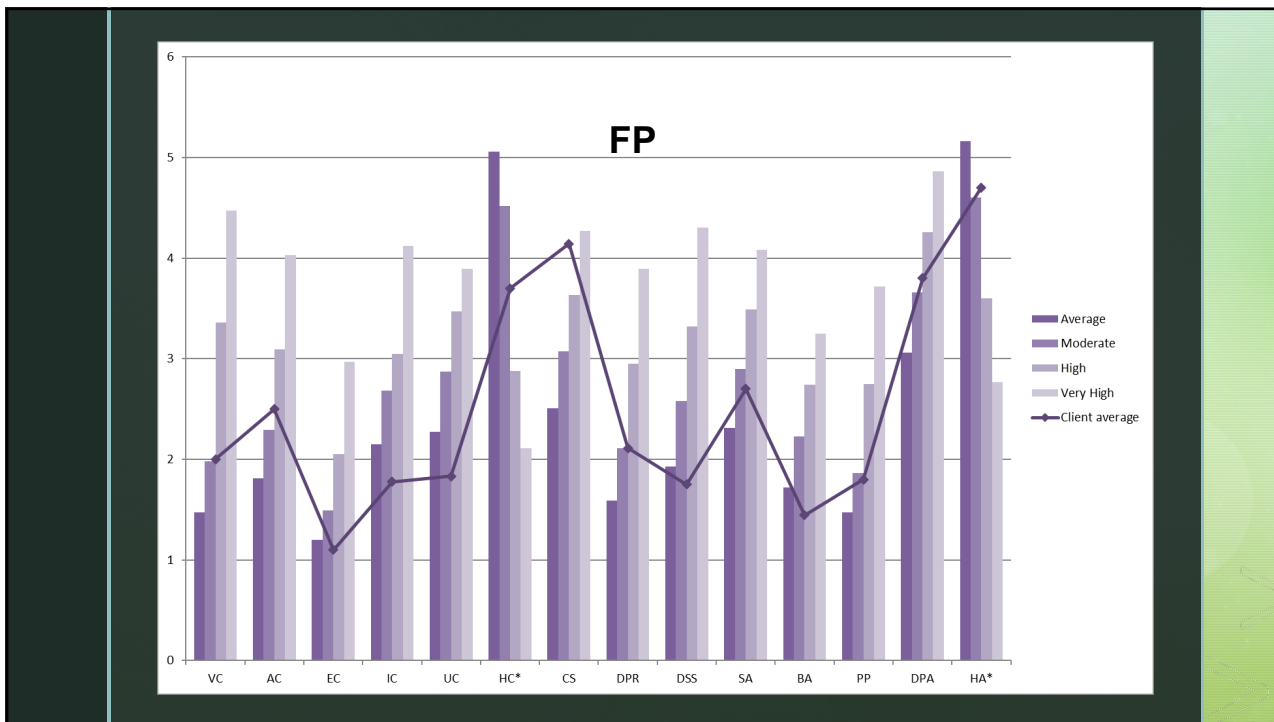
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Case study

- During Individual assessment sessions explored their reactions and patterns around conflict.

- FP – **Complaint Surrender** stood out as Maladaptive Coping Mode – she named that as "**Miss Run Run**"

- MP –**Angry Child**, **Bully & Attack** & **Self Aggrandizer** were the 2 main Maladaptive Coping Modes. He names the B&A as "**Mr Bully**"

- Did some chair work in the individual sessions and again in the couple's therapy.

- It was extremely useful for both of them to be aware of the partners Modes and what that meant to them and how their own mode impacted their partner – the cost of the mode for self & relationship.

- It created 2nd order change and an emotionally changing experience when done in the couples therapy.

- There are a lot of other modes to explore for this couple – if it comes up as a relationship issue then it can be explored i.e. Demanding Parent

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Chairwork to Address One mode

Catch the problematic mode

Put the P1 coping mode/angry mode in a chair

Interview the mode
- Explore Present - what it does/says, goal
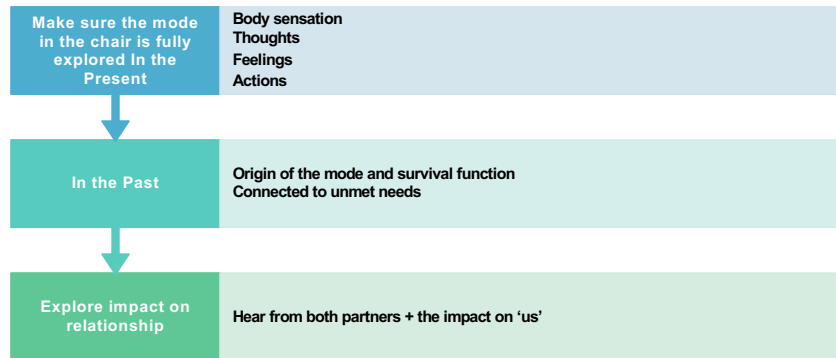- Past – where it began, survival function – validate

Impact - back in original chair
- What is the impact on P1 (VC+HA)? On your relationship?
- Hear from the partner – what is the impact(VC+HA)?
- Both partners share impact of mode to empty chair

Coping chair P1: '*Would you be willing for HA to take over meeting needs?*' –negotiate a bypass/modify

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Tips for Chairwork

Make sure the mode in the chair is fully explored In the Present	Body sensation Thoughts Feelings Actions
In the Past	Origin of the mode and survival function Connected to unmet needs
Explore impact on relationship	Hear from both partners + the impact on 'us'

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Imagery Re-Scripting - Aim

- Heal through modifying distressing memories into more positive images.
- What arises on a 'feeling level' (not logical) – Provides a 'Felt Sense' of needs being met.

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Imagery Re-Scripting - Research

- Good Result in the treatment of;
- Social Anxiety
- OCD
- PTSD
- Childhood trauma

19 trials (including seven randomized controlled trials) with 363 adult patients with posttraumatic stress disorder (eight trials), social anxiety disorder (six trials), body dysmorphic disorder (two trials), major depression (one trial), bulimia nervosa (one trial), or obsessive compulsive disorder (one trial).

Metanalysis of ImR – Morina, Lancee & Arntz, 2017, De Haan et el., 2020,

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Imagery Re-Scripting - Couples

Childhood Trauma impacting on results with couples - (Nguyen 2017, VanBergen, 2020, Witting & Busby, 2018)

- Help them to interact in healthier ways
- Help with attachment injuries
- Helps couples to stay in therapy.

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Connecting Couple Conversations

Three Key Steps:

- The overarching aim is to assist each partner to identify and name their **emotions and urges** and to identify and invite **needs**.

The Process:

- Guide each partner towards vulnerable child mode whilst describing their experience to elicit their **emotions, urges and needs** with the aim of building healthy adult mode.

- Elicit further emotion by asking the partner sharing what it felt like to be vulnerable with their partner.

- Explore the listening partner's experience of hearing what was shared in terms of their own **emotions, urges and needs**

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In Facilitating the Connecting Conversation the Therapist:

- Blocks unhealthy mode responses from the listening partner

- Engages in emotional reflection and extrapolation to deepen the experience and understanding for each partner.

- Blocks and "catches the bullets" of unhealthy modes such as detached protector and angry child or punitive parent

- Invites the person share what the experience was like first to the therapist who provides more reflection/validation and then directly with their partner and repeats with the listening partner

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Summary

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