

Keynotes, Symposia, Workshops, Skill Classes and a Round Table Discussion on 25 May

Keynote presentations

The Corrective Emotional Experience: Its Central Place Within Schema Therapy *by David Edwards*

All psychotherapy interventions aim to provide corrective experiences of some sort, but the term “corrective *emotional* experience,” used by Franz Alexander and Thomas French (1946) captured what they saw as the heart of what brings about meaningful change in brief psychodynamic therapy. A storm of protest and rejection erupted from much of the psychoanalytic community, that would continue for decades. This reflected the split between Freud and Ferenczi over Ferenczi’s recognition of the reality and significance of childhood trauma and his more intense emotional engagement with clients’ experience. The term, as Alexander and French defined it, captures important elements of what in schema therapy we call “limited reparenting.” Schema therapy extends this through imagery and psychodrama, methods widely employed by critics of Freud throughout the 20th century, but viewed with deep suspicion within traditional psychoanalysis. “Corrective emotional experiences” bring about positive change in early maladaptive schemas through accessing the Vulnerable Child, and the experiences that led to EMS formation in the first place. They correct them through identifying unmet developmental needs and finding ways to meet them. This is schema healing. This lecture will examine the challenges encountered in this process, not only from coping modes and parent modes, but also from mode complexity, embedded modes, and dissociated modes. It will also look at how, as an integrative therapy, schema therapy draws on other kinds of corrective experience to strengthen the process of schema change.

About the Presenter:

David Edwards lives in Cape Town, South Africa, where he runs a training program in schema therapy through the Schema Therapy Institute of South Africa. He is registered as a Clinical Psychologist in South Africa and the United Kingdom. He is currently President of the ISST. He trained in cognitive-behavioural, humanistic and transpersonal approaches to psychotherapy, and has a longstanding interest in psychotherapy integration. In the 1980s, he was fortunate to attend seminars with Jeffrey Young, the founder of schema therapy, and has followed the development of schema therapy since its beginnings. For over 25 years, he taught cognitive-behavioural therapy to trainee clinical and counselling psychologists at Rhodes University, and offered intensive workshops to students using expressive therapies including psychodrama, clay sculpture, drawing and dance. He retired from a full time academic position at Rhodes University at the end of 2009 but remains on contract as a researcher and supervisor.

He has over 100 academic publications in the form of journal articles and book chapters. The focus of many of these is trauma and complex trauma. Several of them are clinical case studies. He has published several papers on case study methodology and is one of the editors of the recently published Case studies within psychotherapy trials: Integrating qualitative and quantitative methods (Oxford University Press). He has also written articles and book chapters on the history and application of imagery methods in psychotherapy and is the author, with Michael Jacobs, of Conscious and unconscious in the series Core concepts in psychotherapy (McGraw Hill, 2003). The focus of his current work is on the phenomenology of schema modes and understanding the deep structure of modes. This is reflected in a recent pair of articles on modes in a case of anorexia nervosa. These as well as many of his publications are available in full text from his ResearchGate page at: [PUBLICATIONS](#)

Corrective Emotional Experiences in Schema Therapy: Reflections on Research Findings and Clinical Impressions *by Arnoud Arntz*

In schema therapy, corrective emotional experiences are an important ingredient of the treatment. These experiences are thought to be particularly effective in addressing the vulnerable child mode and strengthening the healthy adult mode. Results from a recent study into mechanisms of change support the importance of addressing these modes, as it was found that these two modes play a pivotal role in effective therapy. Two groups of techniques aim to directly offer corrective emotional experiences: experiential techniques and therapeutic relationship techniques. In this contribution the empirical evidence for these two groups of techniques is discussed. While the evidence for the effectiveness of imagery rescripting is growing, the evidence for the other main set of experiential techniques, the chair (mode) work, is lagging behind. Likewise, while indirect quantitative evidence and qualitative research support the idea that the specific qualities of the therapeutic relationship (i.e., limited reparenting, a more personal connection to the patient) are effective ingredients of schema therapy, there is lack of direct evidence for the therapeutic effects of them. Limited reparenting might even have adverse effects, at least in a subgroup of patients, as was discussed in a panel at the ISST conference in Coimbra. Thus, it is important that we study limited reparenting better and find out how it should be applied, and how not. Two potential ways in which limited reparenting can become detrimental will be discussed: (i) when there is not a good balance between support and frustration, and the therapeutic relationship becomes a self-soothing tool for the patient; and (ii) when processing painful childhood memories is avoided, for instance because the therapists believes that the corrective experiences offered in the therapeutic relationship are sufficient.

About the Presenter:

Arnoud Arntz is professor of Clinical Psychology at the University of Amsterdam, the Netherlands, with an affiliation at Maastricht University, the

Netherlands. His main research interests lie in the fields of PTSD and personality disorders, both applied and fundamental. He also practices as a psychotherapist at PsyQ in Amsterdam, where he treats patients with trauma and personality disorders. Together with Adam Radomsky he was editor of the Journal of Behavior Therapy and Experimental Psychiatry.

His research focuses on psychological processes underlying personality disorders (PDs), especially borderline personality disorder (BPD), and anxiety disorders, especially PTSD; and their treatment. Using the approach of experimental psychopathology he tested psychological theories of anxiety disorders and PDs and contributed to the development of their psychological treatment. In developing and testing psychological theories and treatments he aims to connect basic research and clinical work. He is perhaps best known for his contributions to the development of Schema Therapy and Imagery Rescripting. He was project leader of the multicenter RCT that compared schema therapy (ST) to Transference Focused Psychotherapy as treatments of Borderline PD, and of another multicenter RCT that compared ST to treatment as usual (TAU) and CCT for 6 other PDs. Currently he is PI of an international RCT comparing working mechanisms of Imagery Rescripting and EMDR for PTSD that originated from childhood traumas, and together with Dr Joan Farrell PI of the international RCT that compares group-ST to TAU for Borderline PD. Professor Arntz also chairs a Dutch-German collaborative study investigating basic brain and cognitive processes in BPD and their change during treatment, which is associated with the international RCT on group-ST.

Symposia

Symposium 1: Schema Therapy for Older Adults

by A.C. Videler, M.A. Ouwens, S.M.J. Heijnen-Kohl, and Marjolein Legra

This symposium gives an overview of the current innovative research in the highly underexplored field of personality pathology in older adults. Until very recently, no studies had been conducted whatsoever into the treatment of personality disorders in later life, nor into schema therapy in older adults. In this symposium four studies are presented into schema therapy and schema theory in later life. The first study, which was recently published, showed the effectiveness of schema therapy as a treatment for cluster C personality disorders in older adults by means of a multiple baseline case series design. The second study, which will be presented, concerns a multiple baseline design for assessing the effectiveness of schema therapy for borderline personality disorder in later life. The third study in this symposium elaborates on a previous study which showed that a brief form of group schema therapy is feasible in older adults with recurrent mood disorders and maladaptive personality traits, but somewhat less effective compared to younger adults. This study is currently ongoing and explores whether adaptations for older adults with personality disorders enhance its feasibility and effectiveness. The last presentation of this symposium discusses the results of a study in which the schema-structure of the

Dutch Schema Questionnaire for the Elderly (YSQ-SFE) is explored in older adults in the general population.

Segment 1

Title: Schema therapy for cluster C personality disorders in older adults

Presenter: Arjan Videler

Schema therapy for cluster-C personality disorders in older adults

Arjan Videler, GGz Breburg, Tilburg, the Netherlands.

Introduction

Schema therapy (ST) is an effective treatment for personality disorders (PDs) in adults. Nevertheless, the efficacy of individual ST in older adults is unknown. Because cluster C PDs are more stable across the lifespan, we studied the effectiveness of ST in cluster C PDs. Method Multiple baseline case series design (N=8) in older adults with cluster C PDs (63-76 years). After a random baseline, 40 weekly ST sessions were given, followed by 10 booster sessions. As primary outcomes, participants rated the credibility of dysfunctional core beliefs. Secondary outcomes were psychological distress, quality of life, and PD diagnosis. Intermediate variables were early maladaptive schemas. Data were analyzed through time series analysis using mixed regression.

Results

Decreasing credibility of dysfunctional core beliefs during treatment, but not during baseline and follow-up conditions; scores were stable during follow-up and significantly lower compared to baseline, with high effect sizes. Significant decrease of psychological distress in all patients, and 7 out of 8 patients remitted from PD diagnosis.

Discussion

Schema Therapy appears effective in the treatment of cluster-C Personality Disorders in older adults. This is the first research into treatment of PDs in older adults. Adaptations for ST in later life are discussed.

Conclusion

This study is a scientific breakthrough in the domain of psychotherapy for PDs in later life.

Videler, A.C., van Alphen, S.P.J., Rossi, G., van der Feltz-Cornelis, C.M., van Royen, R.J.J., & A. Arntz. (2017). Schema therapy in older adults: A multiple baseline case series.

Aging and Mental Health. Epub ahead of print Videler, A.C., van Royen, R.J.J., van Alphen, S.P.J., Rossi, G., & van der Feltz-Cornelis, C.M. (2017).

Adapting schema therapy for personality disorders in older adults. *International Journal of Cognitive Therapy*, 10, 62-78.

Segment 2

Title: Individual schema therapy for older adults with borderline personality disorder

Presenter: Matchteld Ouwens

Individual schema therapy for older adults with borderline personality disorder
M.A. Ouwens, GGz Breburg, Tilburg, the Netherlands.

Introduction

Until recently, no studies had been conducted into the effectiveness of the treatment of personality disorders in later life. A recent multiple-baseline study showed that schema therapy is effective for older adults with cluster-C personality disorders. The aim of the present study is to investigate whether individual schema therapy is an effective treatment for older adults with borderline personality disorder (BPD). The Method Multiple baseline design is with 8 patients with a primary diagnosis of BPD. Length of baseline phase is randomized between participants. Next, 40 sessions of schema therapy are given, succeeded by a six months follow-up with monthly booster sessions. Primary outcome is the weekly assessed credibility of dysfunctional core beliefs. Secondary outcomes are strength of schemas, frequency of maladaptive modes, personality disorder criteria, psychological symptoms and quality of life.

Results

This study is currently being conducted.

Discussion

Methodological and clinical issues will be discussed, in particular ways for adequately assessing BPD in later life, considering the differential presentation of BPD in older adults.

Conclusion

This is the first study of a psychotherapy, in this case schema therapy, for BPD in later life.

van Alphen, S.P., van Dijk, S.D., Videler, A.C., Rossi, G., Dierckx, E., Bouckaert, F. & Oude Voshaar, R.C. (2015). Personality disorders in older adults: emerging research issues. *Current Psychiatry Reports*, 17, 538.

Videler, A.C., van Alphen, S.P.J., van Royen, R.J.J., van der Feltz-Cornelis, C.M., Rossi, G., & Arntz, A. (2017). Schema therapy for personality disorders in older adults: a multiple-baseline study. *Aging & Mental Health*, <http://dx.doi.org/10.1080/13607863.2017.1318260>

Khasho, D., Ouwens, M.A., van Alphen, S.P.J., Arntz, A., & Videler, A.C. (in prep.). Schema therapy for borderline personality disorder in later life: protocol of a multiple-baseline case series study.

Segment 3

Title: Group schema therapy modified for older adults with personality disorders

Presenter: Sylvia Heijnen-Kohl

Group schema therapy modified for older adults with personality disorders

Sylvia Heijnen-Kohl, Mondriaan Psychiatric Hospital, Heerlen/Maastricht, the Netherlands.

Introduction

Schema-Focused Cognitive Behavioral Therapy for Groups (SCBT-g) has been studied in older adults with recurrent mood disorders and maladaptive personality traits and was found to be somewhat less effective compared to younger adults. Therefore, adaptations for older adults, as suggested in the literature, were integrated into a new protocol for group schema therapy for older adults with personality disorders to enhance its feasibility and effectiveness.

Method

The adapted group schema therapy protocol is currently being investigated in a multi-centre trial using a pre-, mid- and post-test design in order to investigate the outcome of this adapted form of SCBT-g for a homogeneous group of older adults diagnosed with mixed PDs. The results will be compared with the study of Videler et al. (2014).

Results

As this study is still ongoing, preliminary findings will be presented.

Discussion

Preliminary findings support the increased feasibility of group schema therapy, modified for older adults.

Conclusion

An adapted protocol for group schema therapy in older adults is a feasible and probably more effective treatment for personality disorders in older adults.

Broersen, J., & van Vreeswijk, M. (2012). Schema therapy in groups: a short-term schema CBT protocol. In: M. van Vreeswijk, J. Broersen, M. & Nadort (Eds.), *The Wiley-Blackwell Handbook of Schema Therapy*. Chichester: John Wiley & Sons.

Videler, A.C., Rossi, G., Schoevaars, M., van der Feltz-Cornelis, C., & van Alphen, S.P.J. (2014). Effects of schema group therapy in elderly outpatients: a proof of concept study. *International Psychogeriatrics*, 26, 1709-1717.

van Beest, Videler, A.C., Heijnen-Kohl, S.M.J., Ouwens, M.A., & van Alphen, S.P.J. (in prep.). Adapted group schema therapy for personality disorders in older adults.

Segment 4

Title: Exploration of the schema-structure in an elderly population

Presenter: Marjolein Legra

Exploration of the schema-structure in an elderly population Drs. M.J.H. (Marjolein) Legra, GGz WNB, the Netherlands

Introduction

Schema-theory and schema-therapy as developed by Young (1994) are an accepted framework for the treatment of patients with personality disorders. However, when it comes to an aging population (>65), literature on schema theory is scarce. Moreover, we do not know whether maladaptive schemas can be generalized across the lifespan up to the elderly.

In this study we try to address this gap in our knowledge by exploring the schema-structure of the Dutch Schema Questionnaire for the Elderly (YSQ-SFE) in older adults in the general population.

Method: 100 male and 120 female participants, extracted from a general population, filled out the YSQ-SFE. Data were analyzed using confirmative factor-analysis.

Results: Only six schema domains were (partly) confirmed by factor-analysis, namely Emotional deprivation, Failure, Dependence/Vulnerability to harm and illness, Enmeshment and Self-sacrifice. Two schemas group together, namely Social isolation and Undesirability.

Discussion

Our first results indicate that the schema-structure is hardly confirmed in a Dutch community-dwelling population. These results are striking, because of the adequate psychometric properties of the YSQ in a younger adult population. Possible explanations will be discussed as well as suggestions for future research (e.g., analyzing clinical and nonclinical data by Mokken Scale Analysis).

Conclusion

The schema-structure is only partly confirmed in a nonclinical sample.

M.J.H. Legra, F.R.J. Verheij & S.P.J. van Alphen (in prep.). Exploration of the schema-structure in an elderly population.

Symposium 2: Case Studies in ST-CA within Different Treatment Contexts

by Christof Loose, Maria Galimzyanova, and Uliana Rozova

About the Presenters:

Christof Loose

Christof Loose, PhD, is affiliated with Heinrich Heine University at the Institute of Experimental Psychology in the Department of Clinical Psychology, and has a private practice in Dusseldorf, Germany. He is an Advanced Certified Schema Therapist, Supervisor and Trainer in Individual and Children and Adolescents Schema Therapy. Christof was the chair of the Workgroup for Schema Therapy for Children and Adolescents (ST-CA) for several years, and is the editor and author of several ST-CA books and videos (DVDs) in Germany. He conducts workshops and seminars in ST-CA worldwide.

Maria Galimzyanova

Maria Galimzyanova is an Advanced Schema Therapist and Trainer Supervisor in Individual, Group, and Child-Adolescent Schema therapy. Being an expert and an author in the area of Child-Adolescent ST, she has developed the Group model for Children and Adolescents, consistent with the GST concept by J.Farrell and I.Shaw and C-A ST approach by Christof Loose. As a professor of St. Petersburg University she lectures on schema therapy both nationally and internationally to students and professionals. Her extensive private practice is primarily focused on treating children and their parents.

Symposium 3: Creating Positive Change in the Lives of Our Clients Using Technology: Which Elements of Schema Therapy Can Be Offered Online?

by Sally Skewes, Alp Karaosmanoglu, Gitta Jacob, Eva Fassbinder, and Michiel van Vreeswijk

As the therapeutic landscape changes alongside advances in technology, therapists will have access to increasingly innovative ways of connecting with their clients and contributing to client wellbeing, enhancing therapy outcomes. By integrating eHealth programs into Schema Therapy, the transfer of Schema Therapy experiences from the therapy room to the everyday lives of our clients can be promoted as support can be provided in the moment through technology. Technology has the potential to solve some of the issues related to decreasing session allowances across the world, long waiting lists and other difficulties accessing Schema Therapy. This symposium addresses the development and effectiveness of eHealth programs designed specifically for Schema Therapy to create positive change in the lives of our clients. We will explore the following questions; 1. Is it helpful to provide clients with eHealth tools to gain a deeper understanding of relevant basic core needs, schemas and modes? 2. Which clients benefit from eHealth programs? 3. What elements should be incorporated in eHealth programs to contribute positively to the change process as an adjunct to face to face therapy? Growing evidence indicates that specialised eHealth tools can be integrated into Schema Therapy with positive outcomes that hold great promise. This symposium brings together therapists from Germany, Turkey, Australia and the Netherlands working with specialised eHealth programs who will present the programs they are developing and preliminary results for a variety of disorders including BPD and mixed PD. Karaosmanoglu will present the production process and effectiveness studies of a self-help app. Jacob and Fassbinder will present Priovi, which is a Schema Therapy based online program for patients with Borderline Personality Disorder. Skewes and van Vreeswijk will present Secure Nest, which is an eHealth tool designed for Schema Therapy.

Segment 1

Presenter: Alp Karaosmanoglu

Mobile technologies and artificial intelligence are being used increasingly in our daily lives. We can get help from our mobile phones through applications (apps) to call a taxi or find a restaurant nearby. These apps even calculate the time of our trip or the time for the taxi to arrive. There are so many apps on the market for helping us to meet our daily needs. Mental health professionals are also beginning to use these mobile facilities in their practice. There are many apps for automation of clinical work, helping the therapy process with online questionnaires and homework monitoring, and also providing therapy techniques for self-help.

In this presentation the production process and the effectiveness studies of a self-help app will be introduced. Based on a simple 'thought record form' of Cognitive Behavioral Therapy, this self-help app is being used for nearly ten

thousand distressing events by three thousand users since the year it was developed, 2002.

With the developments in the mobile technologies and the experience gained with these recorded triggering events, thoughts and behaviors, this app is programmed to "understand" what the user is working on. Like real psychotherapy, it helps the user to distinguish emotion from thought, thought from behavior, etc. With the aid of an online schema questionnaire, the schemas of the user are extracted and this information is used during a session to build a rationale about the triggered schema(s) with the distressing event that the user is working on.

Within the presentation some questions will try to be fulfilled:

- Is this self-help app really helpful?
- Does the understanding ability of the app increase the effectiveness?
- What is the additive effect of the schema-focused techniques to basic CBT techniques used in this app?

Segment 2

Presenters: Gitta Jacob & Eva Fassbinder

Online-treatment hold promise for the treatment of mental disorders. So far, very few applications for people with BPD have been developed and investigated. Main concerns against the use of automatized tools are related to the complexity of the disorder and the high need of BPD patients for personal contact. Thus we conducted a pilot study to investigate whether a complex automatized program is feasible and potentially helpful in BPD. Priovi is a fully automatized online-program tailored to the needs and emotions of the patient user. Users "chat" with priovi; psychoeducation and psychological techniques are offered within this dialogue. Priovi is designed to be used for approx. 6 months and contains information, psychoeducation, exercises, audios, illustrations etc.

In a pilot study, 14 patients used priovi in addition to individual treatment. Our main question was whether patients would like to work with priovi and whether we could detect risks related to the use of priovi.

In sum, patients made good progress in their treatment and no adverse events were reported. In qualitative interviews regarding the patients' relationship with priovi, they reported an overall positive attitude and found priovi very helpful. We found that patients who got their first specific BPD treatment had much better benefit than patients with prior treatments in their history.

Currently the first RCT with priovi as add-on to standard care is running. First experiences will be reported.

Segment 3

Presenters: Sally Skewes & Michiel van Vreeswijk

The recent development of eHealth tools for Schema Therapy provides therapists with innovative ways to transfer corrective emotional experiences in the therapy room to the everyday lives of our clients. A growing body of research indicates that eHealth tools provide therapists with avenues to enhance connection between sessions, strengthen one's understanding of therapy material, encourage self-reflection, and provide access to therapeutic support 24/7. Such tools hold promise for enhancing therapeutic outcomes for a range of mental health difficulties.

Conversely, concerns exist around whether the essential experiential elements of Schema Therapy can be applied using eHealth and whether the needs of those with complex disorders can be met. Secure Nest is an eHealth tool which places a special emphasis on each user's unique combination of schemas, modes and relevant core needs.

Consistent with the Schema Therapy model, the case conceptualisation drives the individually tailored educational information and therapeutic techniques that are offered to the user in a flexible way. Secure Nest provides a collaborative workspace for therapists to support their clients; connecting them together on the platform. Therapists have the opportunity to upload personalised exercises, information, audio-recordings and images tailored to the needs and feelings of clients, and to comment on mode diaries and communicate with clients between sessions.

In our qualitative pilot study, a therapist focus group and individual client interviews were conducted to explore the subjective impact of and satisfaction with Secure Nest as an adjunct to face-to-face Schema Therapy in a small sample of therapists and clients. Thematic analysis of client interview transcripts revealed that overall Secure Nest added value to Schema Therapy and clients reported positive experiences. Challenges included disclosing sensitive information and schemas being triggered by response time. The first multiple single case series study exploring a group format of Secure Nest in addition to group schema therapy is in development. Initial experiences will be presented.

About the Presenters:

Sally Skewes

Sally Skewes is a Clinical Psychologist who shares her time working in both government and private settings with clients with complex psychological presentations. Sally is certified as a Schema Therapist and Supervisor with the International Society of Schema Therapy (ISST); and co-founder

of SecureNest.org, an innovative eHealth tool designed specifically for Schema Therapy. Sally has co-authored book chapters and articles on Schema Therapy, and has presented workshops on Schema Therapy and eHealth. Sally trains psychologists and psychiatrists in Australia.

Hasan Alp Karaosmanoğlu

Psychiatrist, Founder of PsikoNET Psychiatry and Training Center

Advanced Certified Schema Therapist, Supervisor, and Trainer

Hasan Alp Karaosmanoğlu works as a psychiatrist and a psychotherapist in Istanbul. He is the writer of the book [Oops, Something Bad Will Happen -The Pincer of Worry: Anxiety and Conscience](#). He continues his ISST-approved training and certification programs in Turkey and abroad.

Michiel van Vreeswijk

Michiel van Vreeswijk is a Clinical Psychologist, certified as a Schema Therapist and Supervisor with the ISST. He is a certified CBT practitioner and supervisor, and is CEO of Gkracht Psychomedisch Centrum BV in the Netherlands. Michiel has written, edited and authored several books, chapters and articles on Schema Therapy, including editing, and writing several chapters in [The Handbook of Schema Therapy, Theory, Research, and Practice](#) (Wiley-Blackwell,2012).

Symposium 4: Forensic Schema Therapy: Current Applications

by Simon Draycott, Louise Sainsbury, Chris Harrop, Olivia Thrift, Tanya Petersen, and Lisa Wright

Schema therapy is going from strength to strength in forensic settings across Europe and beyond. In the United Kingdom, it has become a key treatment model in a variety of settings, including high secure hospitals, prisons and probation services. It has been applied in working with diverse populations and with diverse focuses, including workforce development, consultation, supervision and of course direct individual and group therapy. This symposium will present a range of current applications of schema therapy in UK forensic settings, which will form the basis for an upcoming edited book on the topic.

Segment 1

Title: Adapting schema therapy for forensic settings: The "forensic" modes

Presenters: Simon Draycott (possibly joined by Louise Sainsbury)

As schema therapy has been applied within forensic settings, it has been adapted and refined in order to meet the specific challenges of this population. "Forensic" schema modes have been suggested, including Conning-Manipulative and Predator. Other modes which are ubiquitous and present challenges in therapy include the Paranoid Over-Controller and the Angry Protector. This presentation will discuss how these modes can play out in therapy with forensic clients, and how schema therapists have learned to work with and challenge these modes.

Segment 2

Title: A Schema Approach to Psychosis in Forensic Settings

Presenter: Chris Harrop

Service users in forensic settings often present with multiple co-morbidities, including psychosis and personality disorder, such that the existing evidence base for treatments does not always apply. However, the wide array of difficulties seen in these service users can be accommodated within a schema based framework. A synthesis of the literature will be presented to provide a rationale for using a schema approach with service users in forensic systems where psychosis is prominent. Broadly, it is argued that behavioural sequences that can result in risk behaviour are strategies that have origins in childhood adversity when schematic representations of self and others were also being formed. Some psychotic experiences are framed here as anomalous perceptions that are memory fragments of maltreatment in childhood, that trigger schemas, strong emotions, and lead to methods of coping which can include violence and sexual violence. Service users appear to lack a coherent self, and, it is argued, this is due to dissociative or avoidant coping with strong emotions, which were learnt as survival strategies in childhood. The proposal here is to extend the

mode concept to encompass the kinds of behaviour in those who experience symptoms of psychosis or other perceptual anomalies, as part of the framework on which to understand risk behaviour and to base interventions derived from schema therapy.

Segment 3

Title: Working with Women with a diagnosis of Personality Disorder in Secure Services

Presenters: Olivia Thrift / Tanya Petersen

This presentation will discuss the use of schema therapy with women presenting with PD in secure women's services including locked rehab, low secure and medium secure settings. It will focus on the complexity of working with mixed PD features and the role of complex trauma and profound emotional neglect that is commonly seen in the histories of women in secure services. We will then look at the nature of secure settings and the role of this type of environment in reinforcing vs healing unmet needs, and explore some key issues that commonly present themselves in female secure settings including prolific self harm, intimate relationships between patients and regressive and/or dependant behaviour. These behaviours commonly activate powerful modes in staff, and we will discuss the impact these modes have on relationships (staff to staff, staff to service user and relationships between service users) and the culture/safety of wards. We will consider how a team based schema formulation can be used to better understand and work with these issues, including incorporating the schema formulation into care plans and what a healthy adult response to these issues might look like at both an individual and team level. We will discuss providing individual ST in this setting but not before emphasising the systemic challenges that can arise when doing this and the importance of a supportive system that can provide a platform for the individual work.

Segment 4

Title: Schema Therapy in Sex Offender Intervention

Presenters: Lisa Wright

Psychological interventions aimed at reducing risk of sexual re-offending in the UK are usually based on Cognitive Behavioural Therapy and involve attempts to alter thinking patterns, attitudes and behaviours. The incorporation of Schema Therapy into sex offender intervention allows us to develop a more comprehensive and individualised understanding of the offending behaviour and provides alternative methods of change. The ST approach is compatible with the theories and models that have been used for a number of years to understand sexual offending and guide its treatment (for example, Finklehor, 1984; Marshall and Barbaree, 1990; Ward & Gannon, 2006; Ward & Keenan, 1999; Ward and Siegert, 2002) and allows the client to develop an emotional connection to the origins of his offending behaviour. Conceptualising offending behaviour as part of a coping mode generates some distance from the offending, which can reduce the levels of shame that are experienced in this client group and that can impact on ability to engage in intervention. Clients are helped to identify their own

schemas and modes, and as they become more familiar with their own schemas and modes they can begin to anticipate trigger situations, practice healthy adult responses in session and put these responses into practice outside sessions. Clients identify the schemas and modes that were involved in their offending behaviour and this formulation, presented in diagram form is used to guide further intervention. The introduction of the model, the methods used to increase self understanding and the development of the offending formulation will all be described in detail, focusing particularly on these processes within groups for male sex offenders, with the overall intention of reducing risk of re-offending.

Symposium 5: Group Schema Therapy for Cluster C Personality Disorders: Never a Dull Moment

by Marleen Rijkeboer, Wiesette Krol, Eline Mollema, Rosi Reubsaet, Judith Hollands, and Guido Sijbers

General Overview

Many Cluster C personality disorder (PD) patients get burned out, depressed, exhausted, or stuck in another way. This is because they have learned to cope with feelings like incompetence, insecurity, or loneliness by avoiding, having others taking over control or by keeping everything under control themselves, and by striving for perfection. In the short run these coping styles are successful, but in the long run they lead to e.g., stress related complaints.

Schema Therapy (ST) has established effectiveness and efficacy in Borderline Personality Disorder (Farrell et al., 2009; Giesen-Bloo et al., 2006; Nadort et al., 2009). In a first randomized controlled trial by Bamelis and colleagues (2014) Schema Therapy (ST) was also effective for cluster C PDs. However, more research is needed, especially for group ST formats. Treatment of patients in Cluster C is as demanding and complex as treatment of BPD, but it has its own specific challenges.

This symposium will introduce a Group Schema Therapy (GST) model for Cluster C PDs, that is studied in the Netherlands. A short presentation of the study background and design is provided. Hereafter, an introduction with facts and figures on Cluster C PD diagnoses and treatments will be presented. This is followed by two clinical presentations. One will demonstrate how experiential techniques can be adapted to be used in a GST format for Cluster C. The other will show how therapist and patient can work with anger in individual sessions, which are part of the treatment format.

At the end, there is room for questions and discussion. Throughout the symposium, specific challenges in working with Cluster C PDs, such as breaking through the avoidance, handling dependence and crises, and exposure to intense feelings such as anger, will be addressed.

Segment 1

Title: Background and study design pilot GST Cluster C PDs

Presenter: Marleen Rijkeboer

Schema Therapy (ST) has established effectiveness and efficacy in Borderline Personality Disorder (Farrell et al., 2009; Giesen-Bloo et al., 2006; Nadort et al., 2009). In a first randomized controlled trial by Bamelis and colleagues (2014) individual Schema Therapy (ST) was also effective for cluster C PDs. However, research on the effectiveness of group ST is lacking. Therefore, in the Netherlands two formats of group schema therapy for Cluster C PDs are being studied. One of these formats is developed by Sijbers et al (2017). In this symposium this specific format will be elaborated upon. First a short overview of the background and design of the study is provided.

Segment 2

Title: Facts and figures about Cluster C PDs

Presenters: Wiesette Krol & Eline Mollema

This theoretical presentation will give an introduction into the treatment of Cluster C personality disorders. Facts and figures are shown on the prevalence, comorbidity, and etiology of Cluster C personality disorders. Finally, data are presented and discussed of a pilot study into group therapy for Cluster C PDs in Maastricht and Venlo.

Segment 3

Title: Helping to break through the avoidance in Cluster C PDs with experiential techniques in a group

Presenters: Rosi Reubsaet & Judith Hollands

In this practical presentation the two presenters will present a short power-point presentation to high-light some special features of working with cluster C PDs in group schema therapy. They will also address the differences between the various stages of schema therapy, depending on the level of healthy adult functioning, and what this means for limited re-parenting. The majority of the presentation will be used to show a live example of how therapists can do this in a session using ex-periential techniques, which are specifically adapted for working with Cluster C PD patients in group schema therapy. The participants will be invited to participate actively.

Segment 4

Title: Stimulating Anger in Cluster-C Personality Disorders

Presenter: Guido Sijbers

Dealing with anger is an issue for many, and especially difficult for patients in Cluster C. The individual sessions, part of the GST format, are in theme related to, and in a way preparatory to the group sessions. In these individual sessions the patient receives extra support and stimulation to deal with difficult issues in the group, such as anger. During the presentation we show by means of a short roleplay how to help the patient to connect and deal with anger.

About the Presenters:

Marleen Rijkeboer

Marleen Rijkeboer is a clinical psychologist and psychotherapist. She is an Advanced Certified Schema Therapist, Supervisor and Trainer. Marleen is a special professor for personality disorders at the Department of Clinical Psychological Science on the Faculty of Psychology and Neuroscience at Maastricht University in the Netherlands.

Wiesette Krol

Wiesette Krol is a clinical psychologist, Cognitive Behavior Therapist Supervisor, and Schema Therapist Trainer/Supervisor.

From 1997- 2000, Wiesette was trained and supervised by Jeffrey Young, the founder of Schema Therapy. She has also been trained and supervised in Group Schema Therapy by Ida Shaw and Joan Farrell.

For the past 15 years, Wiesette has worked with schema therapy, treating personality disorders (cluster B and C), individually and in groups, along with ambulant and day treatment care. Previously, Wiesette was the head of the Department of Personality and Developmental Disorders at the RIAGG Maastricht. Currently, she works at the Academic Hospital in Maastricht as Manager/Clinical Psychologist.

Since its formation in 2007, Wiesette has been a Senior Member of the Dutch Schema Therapy Society, and is an ISST Advanced Certified Schema Therapist since 2008.

Judith Hollands

Judith Hollands is a Senior Registered Drama Therapist and Senior Schema Therapist in the Dutch Schema Therapy Register. Since 2009, Judith has been working with Schema Therapy, and is one of the founders of combining Psychodrama Therapy and Group Schema Therapy in a day center for Borderline Personality Disorder in Maastricht.

Since 2013, Judith has been teaching workshops, with a focus on cooperation in multidisciplinary psychotherapy teams and in using experiential techniques in a Schema Therapy context. She is a co-founder of the Academy of Schema Therapy (Academie voor Schematherapie), and maintains a private practice.

Guido Sijbers

Guido Sijbers is a clinical psychologist/psychotherapist, an Advanced Level Cognitive Behavioral Therapist, and an Advanced Certified Schema Therapist and Trainer/Supervisor.

He works with Schema Therapy to treat personality disorders using individual and in group therapy in tertiary (outpatient) health care in Maastricht, the Netherlands. Previously Guido collaborated with Arnoud Arntz at the University of Maastricht, and was in private practice in Cologne, Germany. He has been training other therapists in Schema Therapy since 1999 (ptkoeln.de).

He is one of the founders of academievoorschematherapie.nl

Since the Dutch Membership of Schema Therapy was formed in 2007, Guido has been a Senior Member, and received Advanced Certification by ISST in 2008 as a Trainer/Supervisor in individual therapy, along with Advanced Certification for Group Schema Therapy as a Trainer/Supervisor in 2014.

Symposium 6: Schema Therapy for Chronic Depression - What Do We Know and Where Can We Go?

by Jill Lobbestael, Martin Rein, Fritz Renner, David Koppers, and Marcus Huibers

This symposium is aimed at evaluating the use of schema therapy in recurrent, chronic and comorbid depression, from a scientific perspective. We want to present a rationale as to why Schema Therapy might work for depression as well. The speakers will give an overview of the empirical schema theoretic foundations, shed light on possible modes of action and evaluate the clinical evidence of schema therapy in the treatment of depression. Clinical and research implications will be discussed based on the presented data.

Segment 1

Title: Schema Therapy for Depression: A systematic review of the empirical foundations and clinical effectiveness

Presenter: Martin Rein

Martin Rein will present the results of a systematic literature search, reviewing the empirical foundations of schema theory in the context of recurrent and chronic depression and evaluating its clinical effectiveness.

Schema therapy (ST) is constantly extending its clinical use beyond its original focus towards the treatment of Axis-I disorders (Carter et al. 2013; Cockram, Drummond, and Lee 2010; Simpson et al. 2010; Thiel et al. 2016). In contrast to its clinical popularity, supporting empirical foundations and sufficient evidence for the clinical effectiveness of schema therapy have mainly been shown for

borderline personality disorder and Cluster-C personality disorders (Bamelis et al., 2014; Farrell, et al., 2009; Giesen-Bloo et al., 2006).

In order to evaluate the evidence for ST in the treatment of recurrent and chronic depression we conducted a systematic review of the peer-reviewed literature using bibliographic databases, grey literature, hand search and expert consultation (Prospero register: CRD42016039914).

The presentation addresses the empirical foundations of schema theory by shedding light on the role of early maladaptive schemas in depression etiology and reviews the clinical evidence of schema therapy as a possible treatment option for (chronic) depression: Limited evidence suggests that ST by targeting self-referential cognitive schemas (EMS) which mediate the effects of early life adversity on vulnerability towards and maintenance of depressive disorders in the sense of distal risk factors could be an effective treatment for depression and a feasible alternative to CBT (Brewin et al. 2009; Carter et al. 2013; Malogiannis et al. 2014; Renner et al. 2016).

Segment 2

Title: Schema therapy for chronic depression: effectiveness and mechanisms of change

Presenter: Fritz Renner

For a deeper understanding how schema therapy could work in depressed patients, Fritz Renner presents empirical data exploring the effectiveness and potential mechanisms of symptom change in individual schema therapy of chronically depressed patients, with a special focus on schema modification and therapeutic alliance.

Chronic depression is often rooted in adverse childhood experiences and comorbid personality pathology is common. Current treatments for chronic depression are only effective for a subset of patients leaving room for improvements and treatment innovation. A better understanding of the mechanisms that contribute to symptom change is the key to treatment innovation. With a focus on childhood experiences and personality pathology, schema therapy might be a promising new treatment approach to chronic depression.

The first part of the talk will focus on empirical data supporting the effectiveness of schema therapy for chronic depression. In the second part we will present empirical data exploring two potential mechanisms of symptom change in schema therapy for chronic depression: changes in schemas and the therapeutic alliance.

One challenge in studying mechanisms of change is demonstrating that putative mechanisms precede change in symptoms. To disentangle the temporal relations between the therapeutic alliance, change in schemas and depressive symptoms we drew data from a single-case series of ST for chronic depression. Focusing on repeated assessments within-individuals, we tested whether change in schemas

and therapeutic alliance preceded, followed, or occurred concurrently with change in depressive symptoms.

Contrary to what would be expected based on theory, our findings suggest that change in schemas does not precede change in symptoms. Instead, change in these variables occurs concurrently. Clinical and research implications will be discussed in the symposium.

Literature

Renner, F., DeRubeis, R. J., Arntz, A. R., Peeters, F. P. M. L., Lobbestael, J., & Huibers, M. J. H. (2018). Exploring mechanisms of change in schema therapy for chronic depression. *Journal of Behavior Therapy and Experimental Psychiatry*. <https://doi.org/10.1016/j.jbtep.2017.10.002> Renner, F., Arntz, A., Peeters, F. P. M. L., Lobbestael, J., & Huibers, M. J. H. (2016).

Schema therapy for chronic depression: Results of a multiple single case series. *Journal of Behavior Therapy and Experimental Psychiatry*, 51, 66–73. <https://doi.org/10.1016/j.jbtep.2015.12.001> Renner, F., Arntz, A., Leeuw, I., & Huibers, M. (2013).

Treatment for chronic depression using schema therapy. *Clinical Psychology: Science and Practice*, 20(2), 166–180. <https://doi.org/10.1111/cpsp.12032>

Segment 3

Title: Impact of comorbid depression on personality disorders after schema-group therapy

Presenter: David Koppers

David Koppers will complement the symposium with clinical data from group therapy: He will present the results of a cohort study investigating the effectiveness of short term group schema therapy in a mixed personality disorder sample with or without comorbid depression.

Introduction

Several studies demonstrated the efficacy of schema focused therapy for borderline patients. However, in clinical practice most personality pathology presents itself in mixed forms of both cluster B and cluster C symptoms and the evidence of schema therapy in these types is rather scarce. In addition, most studies address individual therapy while schema group therapy might be an (cost) efficacious alternative.

Methods

In a cohort study short term schema cognitive behavioural therapy in groups were investigated on (follow-up) effectiveness and drop-out. The total sample, consisted of 247 referred patients, had at least one cluster B and/or cluster C personality disorder with a comorbid depression (PD-MDD) or without (PD). The aim of this study was to determine the impact of co-morbid depression on recovery from personality disorders after schema group therapy, measured by a symptom checklist (SCL-90) and the Young Schema Questionnaire (YSQ).

Results

The drop-out rate among personality disorders with comorbid depression was 41% and without 30%. This difference was not significant. Symptom reduction after schema group therapy for personality disorders alone and with comorbid depression were significant, with medium effect sizes (resp.ES= 0.48 and ES= 0.53). Difference in outcome between the two patient groups were not significant. Reduction of dysfunctional schema's were significant, with medium effect sizes for both patient groups, respectively ES=0.59 and ES=0.53. At treatment termination there was a significant difference in outcome between the two patient groups, this disappears at follow up. On symptom and schema reduction both patient groups remain stable during follow-up.

Conclusion

Effect sizes of short term schema group therapy were medium and significant. This indicates that schema therapy can be successfully offered in groups for a broad group of patients with personality disorders with comorbidity and may be a cost-effective alternative.

Segment 4

Title: Schema therapy for (complex) depression: where do we go from here?

Presenter: Marcus Huibers

Marcus Huibers will synthesize the findings presented in the previous three talks and present a wrap up of theory, associated research data and treatment selection issues with regard to the clinical practices in the Netherlands.

Abstract Schema therapy appears to be an effective treatment for more complex forms of depression. This final presentation will synthesize the findings presented in the previous three talks, and will be a wrap up of theory, recent research data, treatment selection issues (when is ST called for?), and current clinical practices in the Netherlands (such as individual therapy versus group therapy). Future avenues and research recommendations are discussed, with the ultimate goal to advance our knowledge of schema therapy for depression.

Round Table Discussion 1: 10 Years of the International Society of Schema Therapy: Strengths and Gaps in the Research

by Gary Donohoe, George Lockwood, Wendy Behary, Gerhard Zarbock, Poul Perris, and Joan Farrell

About the Presenters:

George Lockwood

George Lockwood is the Director of the Schema Therapy Institute Midwest, Kalamazoo and is a Founding Fellow of the Academy of Cognitive Therapy. He completed a postdoctoral fellowship in cognitive therapy under the supervision of Aaron T. Beck in 1982, and has training in psychoanalytic psychotherapy and object-relations approaches. He has Advanced International Certification in Schema Therapy, served on the executive board of the International Society of Schema Therapy for 8 years, has written a number of influential articles and chapters on cognitive and Schema Therapy. Dr. Lockwood has also been a central contributor in the development of two new schema therapy inventories, "The Positive Parenting Schema Inventory and the "Young Positive Schema Questionnaire" and has maintained a private practice for the past 34 years; the past 23 of which has included work with individuals, couples and families with a special interest in extremely challenging cases. Dr. Lockwood is been giving invited workshops on schema therapy throughout the U.S. over the past 20 years and has given workshops at ISST conferences in Portugal, Berlin, New York City, Istanbul and Vienna. He consistently receives outstanding evaluations.

Wendy Behary

With 25 years post-graduate training and advanced level certifications, Wendy Behary is the founder and director of The Cognitive Therapy Center of New Jersey and co-director (with Dr. Jeffrey Young) of The New Jersey-New York City

Schema Therapy Institutes. She has been treating clients, training professionals and supervising psychotherapists for more than 20 years. Wendy was on the faculty of the Cognitive Therapy Center and Schema Therapy Institute of New York (until merging in 2012 with the NJ Institute), where she trained and worked with Dr. Jeffrey Young since 1989. She is a Founding Fellow and consulting supervisor for The Academy of Cognitive Therapy (Aaron T. Beck Institute). Wendy served as the President of the Executive Board of the International Society of Schema Therapy (ISST) from 2010-2014.

Wendy Behary has co-authored several chapters and articles on Schema Therapy and Cognitive Therapy. She is the author of *"Disarming the Narcissist..."* (New Harbinger, 2013) translated in 10 languages. Wendy has a specialty in treating narcissists and the people who live with and deal with them. As an author and an expert on the subject of narcissism, she is a contributing chapter author of several chapters on schema therapy for narcissism for professional readers. She lectures both nationally and internationally to professional and general audiences on schema therapy, and the subject of narcissism, relationships, anger, and dealing with difficult people. Her private practice is primarily devoted to treating narcissists, partners/people dealing with them, parenting issues, and couples experiencing relationship problems.

Poul Perris

Poul Perris, MD, is the Director of the Swedish Institute for Cognitive Behavior Therapy and Schema Therapy. He is trained in both individual and couples therapy. Poul is a certified in both Individual and Couples Therapy as a Schema Therapist, Supervisor, and Trainer. He has served on the Schema Couples Therapy Committee since 2014.

Poul is the Founding President of the International Society of Schema Therapy (ISST), and served on the ISST Executive Board from 2008 to 2010. He also served as President of the Swedish Association for Cognitive Behavioral Therapy (SACBT), from 2010 to 2016. Poul has trained therapists nationally and internationally for over 10 years, and is the co-author of "Schematerapi en clinkers handbook & terapiberattelse," currently available in Swedish.

Joan Farrell

Joan Farrell, PhD, (with her partner Ida Shaw) has facilitated self-therapy groups for over 30 years leading to their book *Experiencing Schema Therapy from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*. Guilford Press, 2018.

She is an advanced level ISST Certified Trainer/Supervisor in individual & Group ST. She co-directs the Indianapolis Center of the Schema Therapy Institute Midwest, a training, research and practice center with ISST approved training programs in individual, Group and Child-Adolescent ST. She offers training nationally and in collaboration with ISST Training programs internationally – thirteen countries so far. She has published research articles, book chapters, a training DVD and three books on Schema Therapy. *Group Schema Therapy for Borderline Personality Disorder*, Wiley 2012 and *The Schema Therapy Clinician's Guide: A Complete Resource for Building and Delivering Individual, Group and Integrated Schema Mode Treatment Programs*, Wiley, 2014.

Joan is a licensed Clinical Psychologist, Ph.D., an adjunct professor of clinical psychology, at Indiana University-Purdue University Indianapolis and was a faculty member of the Indiana University School of Medicine (IUSM), in Psychiatry for 25 years. She is the Research Director of the Center for BPD Treatment & Research of the IUSM/Eskenazi Community Mental Health Center. She is an investigator on a number of international schema therapy outcome studies and was awarded a National Institute of Mental Health (USA) award for a randomized controlled trial of Group Schema Therapy. Joan is a member of the Executive Board of the ISST and the Coordinator for Training & Certification 2012-2018.

HotTopics

Session 1 - Topics Include: Schizophrenic Spectrum Disorders, Schema Mode Model of Delusions, Early Maladaptive Schemas Among Sexual Frigidity, Schemas in Patients with Somatoform Disorders

by Alexander Elichev, Robert Brockman, Nazanin Honarparvaran, and Jana Henker

Robert Brockman

Robert Brockman has extensive experience teaching and supervising on clinical psychology masters programs in Sydney since 2010. His clinical experience is drawn from both public (e.g. Hospitals, community mental health) and private health sector positions (e.g. private practice) in Sydney. Robert currently holds a research fellowship with Australian Catholic University (ACU) where he researches psychological approaches to well-being. He has a major clinical and research interest in formulation and intervention with complex presentations that prove difficult to treat via standard evidence-based protocols. He is currently engaged in clinical research focusing on extending the schema model into novel populations (e.g. GAD, Eating Disorders, HIV Sufferers, Problem Gamblers, Forensic Patients, and Psychosis).

Session 2 - Topics Include: BPD and Alcohol Dependence, Avoidant Personality Disorder, BPD and Imagery Rescripting, Emotional Distress in BPD Patients

by Eva Fassbinder, Arnoud Arntz, Michiel Boog, Kristine Dahl Sørensen, Anna Josek, Anja Schaich, Sandra Köhne, Mareike Salzburger, Ulrich Schweiger, Nele Erkens and Paraskevas Farsakidis

About the Presenters:

Arnoud Arntz

Arnoud Arntz is professor of Clinical Psychology at the University of Amsterdam, the Netherlands, with an affiliation at Maastricht University, the Netherlands. His main research interests lie in the fields of PTSD and personality disorders, both

applied and fundamental. He also practices as a psychotherapist at PsyQ in Amsterdam, where he treats patients with trauma and personality disorders. Together with Adam Radomsky he was editor of the Journal of Behavior Therapy and Experimental Psychiatry.

His research focuses on psychological processes underlying personality disorders (PDs), especially borderline personality disorder (BPD), and anxiety disorders, especially PTSD; and their treatment. Using the approach of experimental psychopathology he tested psychological theories of anxiety disorders and PDs and contributed to the development of their psychological treatment. In developing and testing psychological theories and treatments he aims to connect basic research and clinical work. He is perhaps best known for his contributions to the development of Schema Therapy and Imagery Rescripting. He was project leader of the multicenter RCT that compared schema therapy (ST) to Transference Focused Psychotherapy as treatments of Borderline PD, and of another multicenter RCT that compared ST to treatment as usual (TAU) and CCT for 6 other PDs. Currently he is PI of an international RCT comparing working mechanisms of Imagery Rescripting and EMDR for PTSD that originated from childhood traumas, and together with Dr Joan Farrell PI of the international RCT that compares group-ST to TAU for Borderline PD. Professor Arntz also chairs a Dutch-German collaborative study investigating basic brain and cognitive processes in BPD and their change during treatment, which is associated with the international RCT on group-ST.

Session 3 - Topics Include: Imagery Work in Schema Therapy, Experience Sampling, Mode Cards in Couples Therapy

by Eckhard Roediger, Eshkol Rafaeli, and Anne Zahn

About the Presenters:

Eckhard Roediger

Eckhard Roediger is a neurologist, psychiatrist and psychotherapist, trained in psychodynamic and Cognitive Behavior Therapy. Previously, he was the director of a psychosomatic department of a clinic in Berlin. Since 2007, Eckhard has worked in his private practice, and is the Director of the Schema Therapy Training Center in Frankfurt. He has served on the ISST Board since 2008, including as President (2014-2016), and currently as Treasurer. Working on the conceptual background of Schema Therapy and its integration into Cognitive Behavior Therapy, couples therapy and integrating Mindfulness and ACT into Schema Therapy.

Eshkol Rafaeli

Eshkol Rafaeli is a professor and the former director in the adult clinical program in the psychology department at Bar-Ilan University and a co-founder of the Israeli Institute for Schema Therapy. He completed his BA at the Hebrew University, and his PhD in clinical and personality psychology at Northwestern University. After interning at McLean Hospital/Harvard Medical School, he completed a post-doc in social psychology at NYU, and underwent training at the Minuchin Center for Family Therapy. In 2003, Eshkol joined the faculty of Barnard College, Columbia University, where he continues to serve as a research scientist. In his years in NY, Eshkol joined the staff of Jeffrey Young's Schema Therapy Institute, where he was a therapist and a supervisor. Since returning to Israel in 2009, he's headed the Affect and Relationships research lab in the Psychology Department and the Neuroscience Center at Bar-Ilan University. His research addresses affective and social cognitive processes in personality disorders and daily processes in close relationships, as well as clinical investigations of effectiveness and process in schema therapy for avoidant personality disorder. Eshkol is the co-author (together with Jeffrey Young and David Bernstein) of "Schema Therapy: Distinctive Features" (Routledge, 2010).

Session 4 - Topics Include: Group Therapy for Chronic Depression, Group Therapy in an Ambulant Rehabilitation Setting, Group Schema Therapy as Personal Therapy for Students, Alexithymia and OCD in Group Schema Therapy

by Rita Younan, Alexandra Schosser, Camila Järte, and Mandana Shaba

About the Presenters:

Rita Younan

Rita is a clinical psychologist, director and founder of the Schema Therapy Institute Australia. She is certified in both Individual and Group Schema Therapy and has an ISST-Approved accredited training program. In conjunction with Professors Joan Farrell and Ida Shaw, Rita implemented an inpatient and outpatient Group Schema Therapy Department at a private psychiatric hospital in Melbourne, Australia. A feasibility study on the effectiveness of this treatment program was recently published in *Behavioural and Cognitive Psychotherapy*. She works in private practice, using mostly schema therapy in both individual and group settings, and is involved in a number of research projects. In addition, Rita is also on the Group Certification Committee for ISST, along with the Quality Assurance Committee.

Session 5 - Topics Include: Autistic Traits & Schema Therapy, Schemas' Comprised Bodily Sensations, Anger-Related Schema Modes in BPD patients, Chronic Pain Patients and Schema Therapy

by Tamara May, Samantha Flores Reynoso, Joan Farrell, Rita Younan, Sara Ottonello, Sara Caprini and Melanie Babooram

About the Presenters:

Joan Farrell

Joan Farrell, PhD, (with her partner Ida Shaw) has facilitated self-therapy groups for over 30 years leading to their book *Experiencing Schema Therapy from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*. Guilford Press, 2018.

She is an advanced level ISST Certified Trainer/Supervisor in individual & Group ST. She co-directs the Indianapolis Center of the Schema Therapy Institute Midwest, a training, research and practice center with ISST approved training programs in individual, Group and Child-Adolescent ST. She offers training nationally and in collaboration with ISST Training programs internationally – thirteen countries so far. She has published research articles, book chapters, a training DVD and three books on Schema Therapy. *Group Schema Therapy for Borderline Personality Disorder*, Wiley 2012 and *The Schema Therapy Clinician's Guide: A Complete Resource for Building and Delivering Individual, Group and Integrated Schema Mode Treatment Programs*, Wiley, 2014.

Joan is a licensed Clinical Psychologist, Ph.D., an adjunct professor of clinical psychology, at Indiana University-Purdue University Indianapolis and was a faculty member of the Indiana University School of Medicine (IUSM), in Psychiatry for 25 years. She is the Research Director of the Center for BPD Treatment & Research of the IUSM/Eskenazi Community Mental Health Center. She is an investigator on a number of international schema therapy outcome studies and was awarded a National Institute of Mental Health (USA) award for a randomized controlled trial of Group Schema Therapy. Joan is a member of the

Executive Board of the ISST and the Coordinator for Training & Certification
2012-2018.

Keynote Presentation

Corrective Emotional Experiences in Emotion Focused Therapy *by Rhonda Goldman*

Emotion Focused Therapy is primarily guided by a focus on core, primary maladaptive emotion schemes that are seen as forming early in life and continuing to guide functioning. In the context of a safe, therapeutic relationship, therapists facilitate clients to explore painful difficulties and together they form a focus on problematic emotion processes that are seen as the source of various symptom presentations. This talk will discuss the various ways in which Emotion-focused therapy works to facilitate change through emotional awareness, expression, regulation, transformation, and the corrective emotional experience. The talk will touch upon case formulation, working with markers and tasks, and the emotion change principles. Video tapes examples will be used to demonstrate core concepts.

About the Presenter:

Rhonda N. Goldman, PhD, is a professor at the Illinois School of Professional Psychology at Argosy University, Schaumburg and a therapist affiliate of the Family Institute at Northwestern University where she sees both couples and individuals. She has authored four texts on Emotion-Focused Therapy (EFT) including one on Emotion-Focused Couples Therapy. Her most recent book (2015) is on case formulation. A forthcoming co-edited Clinical Handbook of Emotion-Focused Therapy is due out in 2018. Rhonda practices, teaches, and conducts research on EFT couples, emotional processes, empathy, vulnerability, depression, and self-soothing. She is the 2011 recipient of the Carmi Harari Early Career Award from the Society of Humanistic Psychology, Division 32 of the American Psychological Association. Rhonda is the past president of the Society for the Exploration of Psychotherapy Integration (SEPI). Rhonda is a co-founding board member of the International Society for Emotion-Focused Therapy

(ISEFT). She travels internationally, conducting trainings and workshops in Emotion-Focused Therapy for both individuals and couples.

Skill Class 1: Creating Secure Connections in Schema Couples Therapy: Connection Dialogues

by Travis Atkinson and Poul Perris

How do Schema Couples Therapists help a couple to create corrective emotional experiences? Imagery rescripting and chair work are two techniques that can help couples shift from negative patterns in their relationship, but not the only tools. Connection Dialogues offer schema therapists a technique that can be used as a default in every session to help couples deepen their more vulnerable modes, and strengthen their healthy adult and happy child sides. Connection dialogues help each partner clarify and make sense of maladaptive modes that lead to unhealthy choices, and to own the impact of those modes. Through practice, Connection Dialogues help the couple expand those choices to create new love connections with each other.

This Skill Class is intended for:

Everyone

About the Presenters:

Travis Atkinson

Travis Atkinson, LCSW, is the Director of the Schema Therapy Training Center of New York (STTCNY). He is an Individual and Couples Advanced Certified Schema Therapist, Supervisor and Trainer. Travis trained with Jeffrey Young, the founder of Schema Therapy, starting in 1995, and worked as a staff member of the Cognitive Therapy Center of New York for many years. He helped Jeff Young create the Schema Therapy Institute of New York, and served as faculty member for several years. Travis is also certified as an Emotionally Focused Therapist and Supervisor, trained for many years with Sue Johnson, the founder of Emotionally Focused Therapy. He also completed an extensive training at the Gottman Institute in Seattle, Washington, earning his certification as a Gottman Method Couples Therapist. In addition, Travis completed extensive training in group therapy, and is a Certified Group Psychotherapist.

Since 2014, Travis has served as Public Affairs Coordinator on the Executive Board of the International Society of Schema Therapy (ISST), and was the chair of ISST's Schema Couples Therapy Special Interest Group (2014 - 2017) and Committee (2016 - 2017). He has trained therapists internationally for more than 15 years, and is the author of "Healing Partners in a Relationship" in the *Handbook of Schema Therapy* (Wiley: 2012). Travis is the Director of the

Loving at Your Best Program, running a couples center in Midtown Manhattan focused on Schema Therapy.

Poul Perris

Poul Perris, MD, is the Director of the Swedish Institute for Cognitive Behavior Therapy and Schema Therapy. He is trained in both individual and couples therapy. Poul is a certified in both Individual and Couples Therapy as a Schema Therapist, Supervisor, and Trainer. He has served on the Schema Couples Therapy Committee since 2014.

Poul is the Founding President of the International Society of Schema Therapy (ISST), and served on the ISST Executive Board from 2008 to 2010. He also served as President of the Swedish Association for Cognitive Behavioral Therapy (SACBT), from 2010 to 2016. Poul has trained therapists nationally and internationally for over 10 years, and is the co-author of "Schematerapi en clinkers handbook & terapiberattelse," currently available in Swedish.

Skill Class 2: From Ghosts to Angels in the Nursery: Inter-Generational Life Transformations Through Parent Training

by John Louis, Rachel Samson, and George Lockwood

We will present a comprehensive, depth-oriented approach to parent training that is designed to help parents learn to develop early positive schemas in their children and minimize the development of early maladaptive schemas. This requires helping parents identify and minimize negative parenting patterns and developing the capacity for the positive parenting patterns required to raise securely attached, healthy, happy, well-adjusted children. These children, in turn, can develop early positive schemas and secure attachments in their children, which is the ultimate long-term life transformation project. Weekend workshop, a 20 session class and longer term more intensive forms of the program will be presented that are suitable for parents of infants, young children, adolescents and young adults. Detailed case examples, video and film based examples of themes, concepts and interventions will be provided. There will be opportunities for discussion and role plays.

This Skill Class is intended for:

Everyone

About the Presenters:

John Louis

John Louis, PhD (candidate) is certified at an advanced international level in schema therapy. He is the developer of a parenting program, "Good Enough Parenting" which is taught world-wide. This program has been accredited under Singapore's Ministry of Social and Family Development. He is based in Singapore and oversees charity work and programs in South East Asia. He has a Masters in Counseling from Monash University in Melbourne, Australia. John teaches marriage and parenting workshops all over the world.

Rachel Samson

Rachel Samson is co-director of the Centre for Schema Therapy Australia and has Advanced International Certification in Individual and Child-Adolescent Schema Therapy. In her private practice, Rachel's work focuses on developing and enhancing secure attachment in individuals, couples, and families with complex needs. Rachel is undertaking her PhD exploring the influence of temperament on the relationship between attachment security and parenting behaviour at the University of Adelaide. She is trained in attachment-focused interventions and held a senior psychologist position with the Government of South Australia, Specialist Child and Youth Service where she provided home-based intensive family intervention for children with very complex needs. Rachel has delivered invited seminars and workshops, published research, and presented at national and international conferences, including previous ISST conferences in Istanbul and Vienna. She provides ongoing training and supervision for Schema Therapy certification and professionals working with children and families. Rachel has been awarded by the Australian Psychological Society (APS) for excellence in psychology. She has been a practitioner of Mindfulness and Zen Buddhism for over a decade and has spent time at Plum Village Mindfulness Practice Centre in France training under Zen Master Thich Nhat Hanh.

George Lockwood

George Lockwood is the Director of the Schema Therapy Institute Midwest, Kalamazoo and is a Founding Fellow of the Academy of Cognitive Therapy. He completed a postdoctoral fellowship in cognitive therapy under the supervision of Aaron T. Beck in 1982, and has training in psychoanalytic psychotherapy and object-relations approaches. He has Advanced International Certification in Schema Therapy, served on the executive board of the International Society of Schema Therapy for 8 years, has written a number of influential articles and chapters on cognitive and Schema Therapy. Dr. Lockwood has also been a central contributor in the development of two new schema therapy inventories, "The Positive Parenting Schema Inventory and the "Young Positive Schema Questionnaire" and has maintained a private practice for the past 34 years; the past 23 of which has included work with individuals, couples and families with a special interest in extremely challenging cases. Dr. Lockwood is been giving invited workshops on schema therapy throughout the U.S. over the past 20 years and has given workshops at ISST conferences in Portugal, Berlin, New York City, Istanbul and Vienna. He consistently receives outstanding evaluations.

Skill Class 3: Using Empathic Confrontation and Schema Mode Work with Treatment Teams to Create a Safe and Open Ward Climate

by Marjolein van Wijk-Herbrink and David Bernstein

Adolescent patients with severe externalizing behaviors (e.g., conduct disorder, oppositional defiant disorder) are often difficult to treat. Research has shown that externalizing behaviors are a manifestation of early maladaptive schemas arising from experiences of disconnection and rejection. We have developed Schema Therapy interventions to facilitate the healthy functioning of treatment teams, which we are using in several closed settings in the Netherlands. In this skills class, we demonstrate the use of empathic confrontation and schema mode work to counter maladaptive schema modes within treatment teams. We conduct a mock team meeting, where we invite participants to play the roles of various team members, to demonstrate interventions used by the team's coach to facilitate healthier team functioning. In our experience, when these interventions are regularly used in bi-weekly coaching sessions with the team, they greatly facilitate the team's healthy functioning, leading to a more open and supportive, and less repressive, climate on the ward.

Level of Experience Required for Participants:

Intermediate (Participants have had basic ST Training)

About the Presenters:

David Bernstein

David Bernstein is widely recognized as one of the leading innovators and researchers in Schema Therapy. He earned his PhD in Clinical Psychology from New York University in 1990, and served on the faculties of Mount Sinai School of Medicine and Fordham University in New York City. He was trained in Schema Therapy by Dr. Jeffrey Young, and worked at Young's Schema Therapy institute in New York City. Since moving to the Netherlands in 2004, he works as Professor of Forensic Psychotherapy at Maastricht University, where he conducts research on personality disorders, aggression, and antisocial behavior. He was Vice President of the International Society for Schema Therapy and is the coauthor of *Schema Therapy: Distinctive Features*, and the DVD series, *Schema Therapy: Working with Modes*.

Skill Class 4: Navigating the Angry Protector and Detached Protector Modes in Forensic Settings

by Louise Sainsbury and Rachel Horsman

Participants will be encouraged to consider how their reactions interplay with the core task of reducing avoidance and use of anger to gain interpersonal distance in clients who have used violence as a protective strategy. There will be a focus on how to deal with negative reactions to the use of empathy and limited parenting and how to use empathic confrontation safely. Consideration will be given to the impact of secure environments on the presentation and maintenance of avoidance, and the response of MDTs to these mode presentations and the dynamic this result within teams and the Schema therapist. Participants will:

- Gain a clearer understanding of the Avoidant Modes in forensic/challenging clients.
- Gain an understating of the functions of these modes drawing on the Avoidant Dismissive Attachment Style
- Practice the application of schema therapy techniques with these Avoidant Modes
- Explore their schemas and modes in response to working with 'hard to penetrate' avoidance.
- Consider the impact of secure environments and MDT Schema Chemistry on the Avoidant Modes and the Schema Therapist.
- Have an opportunity to bring their clinical material

Level of Experience Required for Participants:

Intermediate (Participants have had basic Schema Therapy training)

About the Presenters:

Coming Soon



Case Presentations 1: Topics include Schema Therapy with an Enmeshed Family and Challenges of Overcoming Patterns

by Samantha Flores Reynoso and Lydia Tineo

Segment 1

Title: Schema mode therapy with an enmeshed family: twins with the same underlying need showing dichotomic maladaptive coping styles

Presenter: Samantha Flores Reynoso

Background

Mexican family, moderate level of functioning Mother: 45-year-old, accountant, now a housewife. Father: 47-year-old, accountant now a salesman. Twin 1: 24-year old, Industrial Engineer working as a Manager. Single Twin 2: 24-year old, Biology Engineer studying a Master's degree. Single.

Diagnoses

Father: depressive disorder Mother: generalized anxiety disorder and panic disorder Twin 1: Panic disorder. Narcissistic personality disorder, histrionic and antisocial traits. Twin 2: Panic disorder. Dependent and Avoidant personality disorders.

Current major problems

Father Problem: doesn't make decisions, his wife's father does Life pattern: Doesn't feel important to others, has no voice at home nor work. Doesn't engage in therapy.

Mother Problem 1: Difficulty with individuation Life pattern: Depends on her father for living, doesn't allow daughters to make their own decisions or develop their own identities, overprotects them and decides for them in most issues. Problem 2: Anxiety Life pattern: Feels anxious about issues related to the idea of her daughters making decisions that could cause them to underdevelop or be unhappy. Worried about safety and wellbeing.

Twin 1

Problem 1: Aggressive behavior towards family members Life pattern: When forced to do as the mother wants, she overcompensates with verbal and physical abuse.

Problem 2: Distress in social situations Life pattern: Anxiety when feeling not sufficient in social interactions, needs to be seen, to be the most beautiful and successful. Behaves condescending and belittles others.

Problem 3: Excessive emphasis on physical beauty Life pattern: spends a lot of money on aesthetic treatments. Panic attacks related to beauty issues.

Twin 2

Problem 1: Panic attacks Whenever the mother gets mad or stops talking to her. When she thinks her friends or romantic partner is getting away.

Problem 2: Anxiety in social interactions Difficulty relating to others, meeting new people, spending time with acquaintances, fear of making a mistake or being different and being rejected.

Problem 3: Dependent and enmeshment with the mother Asks for the mother's consent over almost everything, feels anxious and fears the mother will get angry and will abandon her. Dresses as the mother and worries when the mother worries. Thinks she should think and behave as the mother does.

Developmental origins

Mother enmeshed with her own father Husband (twins' father) is emotionally absent and oppressed by the wife's father Mother enmeshes the family When born, as twins, the mother thought one of them would be "the evil twin", decided to raise them not allowing much time together (going to a different school and not allowing to share friends) but trying to raise them exactly as twins (same clothes, same toys, same room decoration, etc), and forcing them to love each other and show caring when spending time together. Forced them "to be both good".

Core childhood memories and images

Mother: being happy as an only child, being like her mother and spending a lot of time with her father. Father made decisions for her (career and husband).

Twin 1: Mother rejected her as being "the evil twin", forced her to love her "good" sister. Wanted her to do as she said. Forced her to dress like the sister and to have the same belongings but did not allow them to share.

Twin 2: Not allowed her to spend time with her sister, she felt she hated her. Mother decided everything for her: what friends to have, what to do, what to wear, etc. Felt rejected by her peers at school. The mother stopped talking to her whenever she tried to do something she had not consent for. Felt lonely.

Unmet core needs

Mother and both twins: sense of identity, autonomy and competence

Twin 1: Secure attachment, Realistic limits and self control

Twin 2: Secure attachment, freedom to express valid needs and emotions Most relevant schemas related to origins and copying styles Mother: Enmeshment, vulnerability to harm and illness, dependence linked to being an only child,

overprotected by the mother and enmeshed while forced to think, feel, behave and desire as her parents. Surrenders

Twin 1: Enmeshment related to the mother's need to control, mother hindered her separated development (overcompensates) Defectiveness as being identified as "the evil twin" not allowed to share with the sister (overcompensates and surrenders). Emotional deprivation absence of companionship and empathy (overcompensates). Entitlement, as a overcompensation for emotional deprivation Insufficient self-control, as a overcompensation for enmeshment Unrelenting standards, related to beauty and social desirability as a overcompensation for defectiveness and emotional deprivation,.

Twin 2: Enmeshment related to the mother's need to control, mother hindered her separated development. Not keeping anything for her (surrenders). Dependence related to the mother making all decisions for her, overprotecting her from her "evil twin" (surrenders). Abandonment related to the mother emotionally abandoning her when she behaves in a way different to the mother's demands. Abandoned by school peers in elementary school (surrenders). Defectiveness related to feeling there is something inherently bad in her so that not even her sister loves her nor anyone at school wants to be friends with her (surrenders and overcompensates). Social isolation: spent elementary school and junior high school with no friends, did not spend time with the sister who was the popular in the family because the mother did not allow them to be together. Spent most of her time with the mother (surrenders) Subjugation as a surrendering coping style to avoid being abandoned and to keep the connection with the mother. Unrelenting standards related to school performance as an overcompensation for defectiveness.

Current schema triggers

Mother: When any of the twins wants to do something different to what she expected.

Twin 1: When the mother wants her to do something or not to do something she wants. When compared to others as being better than she is (a good person, more beautiful, more intelligent, etc) .

Twin 2: When she wants something different from her mother's desires and wants. When the mother stops talking to her or when her boyfriend spends time without her. In social interactions and when doing bad at school.

Relevant schema modes (besides healthy adult and happy child)

Mother Abandoned child Demanding parent Punitive parent Manipulative Overcontroller

Twin 1 Defective, unloved child Enraged & impulsive child Demanding & punitive parent Self aggrandizer Attention seeker Perfectionistic overcontroller Bully and attack

Twin 2 Vulnerable child: abandoned, defective Dependent Demanding & punitive parent Compliant surrender Perfectionistic overcontroller

Possible temperamental/biological factors

Mother, both twins: labile, anxious, obsessive

Twin 1: aggressive, sociable

Twin 2: passive, shy Therapy relationship Good, at the beginning a Little difficult because twin 1 didn't want to share therapist Treatment focuses on mood work.

Segment 2

Title: Challenges of Overcoming Patterns

Presenter: Lydia Tineo

History and Etiology: Marta, a 26-year-old woman, comes to the consultation for meeting the insistence of an aunt to try this new therapy. She has had depressive episodes, associated with frustrations in interpersonal relationships since adolescence, characterized by ideas of emotional deprivation (no one be there for her or care about), abandonment, emotional inhibition, self-sacrifice and high demands for achievement. These ideas convinced her that life is so hard and frustrating that it is not worth living, so she tried to commit suicide with pills three times (at 18, at 22 and at 24). At the time of the consultation is determined to do it again better than previous. Is the eldest daughter of a socially successful marriage with two daughters. Parents entrusted her with responsibility for the care and control home and her 5 years younger sister from his early childhood supplying absences for work and intense social life of them

Diagnosis: Mixed Personality Disorder: a) Borderline: 1) frantic effort to avoid abandonment; 2) pattern of unstable and intense interpersonal relationship alternating intense idealization and devaluation; 3) unstable self-image or sense of self; emotional over impulsively spending extreme amounts of time working, neglecting her basic needs (eat, rest, sleep); 6) affective instability due to marked reactivity of mood, irritability, anxiety; 7) inappropriate, intense anger and difficulty to control it, frequent rants of temper; 7) chronic feeling of emptiness; 8) stress related paranoid ideas about "the others". B) Avoidant PD Specific objectives of treatment: Priority Axis 1: Suicide Ideas, showing the relationship between their ideas of underlying interpersonal frustrations as drivers of previous attempts and future expectations, linked to EDT and Modes.

Guide

Marta to discover the relationship between frustrating interpersonal conflicts and EMS and reactions of Modes at the same time that we work on suicidal ideas- Treatment plan: Agree on a No Suicide pact until finding the schemes and ways of dealing with them that hide alternative solutions to the conflict Evaluation in schema terms inside conflictive interpersonal situations using cognitive, emotional and Imaging techniques, Schema and modes identification, working on

early memories to turn in new understanding and change the basis and patterns of her interpersonal relationship inside and outside family patterns Treatment progress: Neutralized ideas of suicide resulting from the dynamics of schemes and modes promote a new understanding of interpersonal conflicts. The new information about found to analyse and change her Mode reactions and schemas, starting with a crucial limited reparenting experience on emotional deprivation schema and detached protector mode, increasing more distant relationships first and gradually moving towards the most intimate ones.

- Is it appropriate to work simultaneously with Axis I and Axis II?
- Other options for Resolution ?
- Limits and Scope of Limited Parentalization
- How far have we managed to modify the Personality Structure?
- What explanatory hypotheses about the change of structure of Personality through Scheme Therapy offers Neuropsychology today?

Skill Class 5: Building Bridges: Practical Strategies to Take you from Knowing you Need to do Experiential Work to DOING It!

by Anna Balfour and Josh Hostetter

We know that using experiential work in Schema therapy is vital to helping the client have a corrective emotional experience and therefore, critical to the success of Schema therapy. Moreover, perhaps you are one of the many therapists who find it difficult actually to DO it! So if you have wished you were more confident and had some idea of the words and actions you could use to DO experiential work with clients rather than just talk about it, this workshop is for you. You will watch two therapists do several role-plays of specific 'BRIDGES': taking a client from dialogue to imagery or chair work. You will then have opportunities to practice those skills. Improvisation exercises will also be presented, which are used to encourage creativity and being present with the client.

The workshop will also address the need of therapists who work with different models but are interested in ST and have limited exposure to learning this aspect of the therapy.

Level of Experience Required for Participants:

Everyone

About the Presenters:

Anna Balfour

Advanced Certified Schema Therapist, LPC (PA/USA) Chartered Clinical Psychologist (UK).

Anna trained in London in the late 1990's, on the first UK Schema Therapy training course set up by Vartouhi Ohanian. In 2006, after working in Amsterdam and later working with a relief agency, designing and managing a post-war trauma program in Liberia, she moved to Pennsylvania, USA. Anna connected to Wendy Behary in New Jersey and went on to develop Schema Therapy in Pennsylvania, facilitating an ever growing group of therapists who are interested or training in Schema Therapy.

As an Advanced Schema Therapist, she loves supervising therapists and running workshops in the Philadelphia area on 'Building Bridges to Experiential work' in the context of Schema Therapy; she sees this as an opportunity to spread the word about Schema Therapy and to wet the appetites of therapists not currently doing Schema therapy work!

Joshua Hostetter

Joshua is a Licensed Professional Counselor, and addictions counselor in Pennsylvania, USA. He has worked in both the mental health and drug and alcohol fields since 2009. Joshua has training in several modalities of treatment, but it was Schema Therapy that best caught his attention; he is currently in the final stages of the certification process for Advanced Level Schema Certified Counselor. He has also continued to expand his experience and understanding of Schema by joining the Pennsylvania Group of Schema Therapists, by participating in an international Schema group focusing on imagery as a therapeutic tool in schema, as well as seeking further opportunities for supervision from both Wendy Behary, and Anna Balfour.

Skill Class 6: Reconnecting Couples Through Imagery and Chair Dialogues

by Eckhard Roediger

This skills session provides a brief outline of the theoretical framework of couples schema therapy and introduces a simplified mode cycle model that includes core needs, basic emotions, resulting coping modes and finally the maladaptive mode cycle. Participants will learn a strategy to facilitate emotional reconnection through a specific chair dialogue focusing on the negative effect of the overcompensatory coping mode on the relationship, inducing self-reflection and rebalancing the client using multiple chairs. This strategy concludes with reconnecting the couple through an imagery float back to the beginning of their relationship. This technique will be demonstrated and practiced in role plays. Detailed instruction of the exercise will be provided.

Level of Experience Required for Participants:

Intermediate (Participants have had basic Schema Therapy Training)

About the Presenter:

Eckhard Roediger

Eckhard Roediger is a neurologist, psychiatrist and psychotherapist, trained in psychodynamic and Cognitive Behavior Therapy. Previously, he was the director of a psychosomatic department of a clinic in Berlin. Since 2007, Eckhard has worked in his private practice, and is the Director of the Schema Therapy Training Center in Frankfurt. He has served on the ISST Board since 2008, including as President (2014-2016), and currently as Treasurer. Working on the conceptual background of Schema Therapy and its integration into Cognitive Behavior Therapy, couples therapy and integrating Mindfulness and ACT into Schema Therapy.

Skill Class 7: Sensory Awareness: Essential Skill for Corrective Emotional Experiences

by Mary Guiffra

The conceptual model for Schema Therapy defines early maladaptive schemas as a set of memories, emotions, bodily sensations and cognitions. When a "schema is triggered, the individual is flooded with emotions and bodily sensations. The therapist role is to help the patient connect emotions and bodily sensations to childhood memories. The cognitive components of a schema often develop later, after the emotions and bodily sensations are already stored in the amygdala. Healing involves diminishing the intensity of memories connected with the schema; the schema's emotional charge; the maladaptive cognitions; and the strength of the bodily sensations.

The ST conceptual framework identifies the biology of early maladaptive schemas and describes the role of emotions and the brain; explores brain networks associated with fear conditioning and trauma. Preverbal schemas come into being when the child is so young that all that is stored are the memories, emotions and bodily sensations. The therapist, through mode work, helps the patient to attach words to the experience. Developing skill in accessing the somatic experiences that underlie schemas is essential for corrective emotional experiences that lead to changes in the brain.

This skill class will present interventions to access and transform bodily sensations. Participants will be able to use knowledge from neuroscience to intervene when a client is getting emotionally flooded or dissociated and will develop skill in embedding corrective emotional experiences in the brain's neural pathways.

Level of Experience Required for Participants:

Everyone

About the Presenters:

Mary Giuffra

Mary Giuffra has a PhD from New York University where she served as a full-time tenured professor. She specialized in family dynamics, child development and outcomes of trauma and illness on families. Mary was a consultant to several universities in the United States. A psychotherapist for 41 years, curiosity and a desire for excellence led her to explore various clinical modalities. She served as supervisor and faculty of several training institutes, including Bowens Family Systems, Core Energetics, Somatic Experiencing Trauma Work and Addictions. She is certified as an Advanced level Schema Therapist and a Schema Therapy Trainer/Supervisor and is also certified as Advanced level Schema Therapy Couples Therapist and Supervisor/Trainer.

Mary has published numerous articles and book chapters on family dynamics, child and adolescent development, along with the impact of trauma and illness on development. For 12 years, she served as Vice President of the US Association for Body Psychotherapy, and is a Clinical Fellow in the American Association for Marriage and Family Therapy.

Currently, Mary is completing a book on Two Career Families (www.twocareerfamily.com) a fascinating group to study mode conflict and cultural expectation. She is currently on the ST-C Education and Work Groups and on the ST Trauma Group.

Symposium 7: Positive Parenting Schemas, Positive Schemas and the Development of the Healthy Adult Mode

by George Lockwood, Jeffrey Young, John Louis and Arnoud Arntz

Two new instruments, The Positive Parenting Schema Inventory (PPSI) and the Young Positive Schema Questionnaire (YPSQ), initially introduced at the ISST conference in Vienna, have undergone major refinements with the YPSQ and the story of its validation now in press in one of psychology's premier journals, Psychological Assessment. This research has also involved a major refinement of the YPI and a further development of its empirical base. Taken together, the newly discovered schemas lead to the first clear and empirically based picture of the nature of healthy and unhealthy patterns of parenting and their links to positive and negative life patterns and the development of the healthy adult. In Talk 1 an update on the central findings of the last two years of a major empirical project to develop two new scales: The PPSI (Positive Parenting Schema Inventory: A measure of adaptive patterns of parenting) and the YPSQ (Young Positive Schema Questionnaire: A measure of adaptive schemas) will be presented. Talk 2 will provide a discussion of why and how these two

instruments came to be and the important clinical implications of the newly discovered constructs that define the scales of these inventories. This will include a new understanding of the nature of limited reparenting and our greatest sources of leverage. In addition, the presenter's experience with the benefits of using these new instruments in clinical practice will also be discussed. In Talks 3 and 4, Jeffrey Young and Arnoud Arntz will respond to talks 1 and 2 and each other in a discussion of this line of investigation in the context of its contribution to a much needed theoretical expansion of Schema Therapy and the possibilities opened up for new discoveries about about the nature of schemas, corrective emotional experience and broad life changes.

Segment 1

Presenter: John Louis

The Positive Parenting Inventory and Young Positive Schema Questionnaire; an Update on New Empirically Validated Constructs

This presentation will provide an update on the new discoveries and refinements that have emerged over the two years of research that have occurred since the initial presentation of this work at the conference in Vienna. This line of investigation has involved three main studies. Study 1 focused on the development of a measure for positive schemas, the Young Positive Schema Questionnaire (YPSQ). Study 2 focused on the development of a measure for positive parenting patterns, the Positive Parenting Schema Inventory (PPSI). Finally, Study 3 empirically showed the inadequacy of the Young [negative] Parenting Inventory (YPI), and provided a revised alternative (YPI-R2). For each study, community samples were collected from five countries in Asia (India, Indonesia, Malaysia, Singapore, and the Philippines; n = 229 to 628), and one from the United States (n = 214). The key findings will be presented including that the factor structure of the three instruments (the YPSQ, PPSI and YPI-R2) was stable in both Eastern and Western samples (in multi group confirmatory factor analysis) and that all three scales showed prediction of mental health over and above what was possible with previous measures (incremental validity). It was also found that the scales were not simply proxies for previously measured constructs (divergent validity) and that the scales demonstrated significant associations with other measures of well-being and ill-being (construct and convergent validity). This research has resulted in the development of the tools needed to include a focus on positive as well negative schemas and parenting patterns in both research and clinical practice. The benefits of so doing will be discussed.

Segment 2

Title: The Clinical Implications of the New Positive Parenting Schemas and Adaptive Schemas

Presenter: George Lockwood

This presentation will begin with the historical context of the development of these inventories and what this means about the factors that can best facilitate further conceptual advances. Following this will be a discussion of the key findings that have the greatest relevance for our clinical work. For example, the links between parenting and schemas are far more complex than our theory predicts. The nature of this complexity and the implications for our understanding of how schemas develop will be discussed. In addition, counter to our prediction, maladaptive and adaptive schemas do not form a continuum. An important clinical implication is that decreasing maladaptive schemas and the development of adaptive schemas are, to a significant extent, fundamentally different processes; each requiring its own focus and set of strategies. Clinical examples will be provided that demonstrate this phenomenon and ways to build upon it discussed. What these new constructs mean about our understanding of the anatomy and nature of the Healthy Adult Mode and the central dimensions of limited reparenting will be explored. In addition, a broad overview of this new terrain in the context of the percent of variance accounted for by the range of positive and negative parenting and life pattern constructs will be discussed in terms of the clearer understanding it offers of the main forces driving well and ill-being.

Segment 3

Title: The Evolution of Positive Constructs in Schema Therapy; future directions and clinical implications

Presenter: Jeff Young

Among the topics that will be considered for presentation and discussion will be an examination of Dr Young's original views of early adaptive schemas and positive parenting patterns in light of these current findings and what this means for our evolving understanding of the Healthy Adult Mode and the nature of the relationship between parenting, meeting needs and schemas. These findings will also be examined in relation to their potential for deepening our understanding of the process of limited reparenting and for facilitating the process of change. In addition, implications these findings have for our conceptualization of modes and ideas for further research to develop the theory and empirical base for modes will be considered.

Segment 4

Title: Positive Parenting Schemas, Positive Schemas and findings from Schema Therapy RCTs and Basic Research

Presenter: Arnoud Arntz

Arnoud Arntz will discuss the findings and methods of this current line of research as they relate to findings that have emerged from his series of RCTs centered on schema therapy and how they relate to basic research he has been engaged in on psychopathology and its treatment and the development of well-being.

About the Presenters:

George Lockwood

George Lockwood is the Director of the Schema Therapy Institute Midwest, Kalamazoo and is a Founding Fellow of the Academy of Cognitive Therapy. He completed a postdoctoral fellowship in cognitive therapy under the supervision of Aaron T. Beck in 1982, and has training in psychoanalytic psychotherapy and object-relations approaches. He has Advanced International Certification in Schema Therapy, served on the executive board of the International Society of Schema Therapy for 8 years, has written a number of influential articles and chapters on cognitive and Schema Therapy. Dr. Lockwood has also been a central contributor in the development of two new schema therapy inventories, "The Positive Parenting Schema Inventory and the "Young Positive Schema Questionnaire" and has maintained a private practice for the past 34 years; the past 23 of which has included work with individuals, couples and families with a special interest in extremely challenging cases. Dr. Lockwood is been giving invited workshops on schema therapy throughout the U.S. over the past 20 years and has given workshops at ISST conferences in Portugal, Berlin, New York City, Istanbul and Vienna. He consistently receives outstanding evaluations.

Jeff Young

Jeffrey Young, Ph.D. is the Founder of Schema Therapy. He serves on the faculty in the Department of Psychiatry at Columbia University, is a Founding Fellow of the Academy of Cognitive Therapy, and is Co-Founder of the International Society for Schema Therapy (ISST). Dr. Young has led workshops for over 30 years throughout the world, including the United States, Canada, the UK, Europe, Australia, China, South Korea, Japan, New Zealand, Singapore, and South America.

Dr. Young has co-authored two internationally best-selling books: Schema Therapy: A Practitioner's Guide, Guilford, 2003 for mental health professionals, and Reinventing Your Life, a self-help book for clients and the public. Both have been translated into many languages. He also has two DVDs in the prestigious American Psychological Association Video Series: one demonstrating Schema Therapy for Individuals, and the other demonstrating Schema Therapy for Couples.

John Louis

John Louis, PhD (candidate) is certified at an advanced international level in schema therapy. He is the developer of a parenting program, "Good Enough Parenting" which is taught world-wide. This program has been accredited under Singapore's Ministry of Social and Family Development. He is based in Singapore and oversees charity work and programs in South East Asia. He has a Masters in Counseling from Monash University in Melbourne, Australia. John teaches marriage and parenting workshops all over the world.

Arnoud Arntz

Arnoud Arntz is professor of Clinical Psychology at the University of Amsterdam, the Netherlands, with an affiliation at Maastricht University, the Netherlands. His main research interests lie in the fields of PTSD and personality disorders, both applied and fundamental. He also practices as a psychotherapist at PsyQ in Amsterdam, where he treats patients with trauma and personality disorders. Together with Adam Radomsky he was editor of the Journal of Behavior Therapy and Experimental Psychiatry.

Case Presentations 2: Topics include Countertransferential Tools in Schema Therapy and the Multiple Nature of Eroticism and Sexuality

Segment 1 by Galit Goren Gilad and Itay Shuv-Ami; Segment 2 by Offer Maurer and Michal Schoenberg-Taz

Case Presentation Segment 1

Title: "Let Everything Happen to You: Beauty and Terror." (R.M. Rilke) - Widening the Scope of Countertransferential Tools in Schema Therapy

Presenters: Galit Goren Gilad and Itay Shuv Ami

Arguably no other central concept in the psychotherapeutic literature has evolved and was revised as extensively in the last century, as the concept of countertransference. The evolution of this concept gave rise to far reaching and diverse clinical implications in the differing branches of the psychoanalytic

tradition. However, this wealth of thought found its way into Schema Therapy theory and practice only in part. In our presentation, we wish to address diverse uses of countertransferential material by way of a clinical case study, that will be role-played on stage. We will present the case of D., a young doctor with a difficult childhood, and discuss differing views of countertransference phenomena and their clinical utility - as viewed through a Schema Therapy lens.

Expected points of Discussion

- Therapist's schemas and modes as therapeutic obstacles.
- Therapist's schemas and modes as diagnostic and therapeutic tools.
- Can schema therapy incorporate into its framework contemporary concepts of countertransference?

Case Presentation Segment 2

Title: It Takes Two To Tango, But How Many Modes Does It Take To Have Sex? A Case Presentation on the Multiple Nature of Eroticism and Sexuality

Presenters: Offer Maurer, with discussants Michal Schoenberg Taz and Michal Ben Zvi Sommer

Utilizing the Schema Therapy model, therapists are accustomed to viewing different human behaviors as the result of internal pushes and pulls from multiple modes at play in a certain moment in time. Just like with a person engaging in self-destructive behavior a result of an internal co-activation of a 'punitive parent mode' and a 'vulnerable child mode' who's inflicted with the internal attack, sexual behaviors can also be looked at as reflecting a certain co-activation of modes. At this case presentation session, Emily Nagoski's celebrated idea of 'sexual Ons and Offs' will be discussed both as reflecting modes co-activation, but also as an internal process residing within each and every sexuality-related mode. Rich case material will be shared in order to elucidate these fascinating dynamics.

Expected points of Discussion

- Re-thinking sexual behavior through the lens of the mode model
- Utilizing Emily Nagoski's 'sexual ons and offs' concepts as reflecting modes co-activation, but also as an internal process residing within each and every sexuality-related mode
- Looking at sexual difficulties and disorders through the lens of mode co-activation

Workshop 1: Corrective Emotional Experiences in The Group Family: Group ST Mode Dialogues

by Joan Farrell, Zsolt Unoka, and Klara Csusz

A Schema Therapy (ST) group is a close analogue to the family of origin in which schemas and modes developed. For that reason, group ST is a powerful stage for corrective emotional experiences. One of the main group interventions is the mode dialogue. This workshop will present creative uses of the mode dialogue adapted for Group Schema Therapy. GST is a powerful catalyst of change and emotional healing. However, managing and leading a group is a complex task that requires a high skill level. In this workshop, the application of current and historical mode dialogues expanded for the group modality will be demonstrated. The critical components of this intervention will be described followed by participant practice with coaching from the presenters. In GST clients take the roles of the various modes of an individual member. Although a critical scene for one member is the point of origin, the rest of the group is actively involved. Playing out the relationship among modes for an individual allows all group members to feel and see the roles of the various mode categories in relationship to each other and to the underlying need of the Vulnerable Child mode. In addition, members are asked to reflect on their experience in the various roles and how the awareness gained can be applied to their schemas and modes. The importance of including the whole group in the intervention will be discussed and demonstrated. Brief didactic, emphasis on demonstration by presenters with participants and participant practice with coaching and feedback.

This workshop is intended for:

Intermediate (Participants have had basic ST Training)

About the Presenters:

Coming Soon

Workshop 2: Narcissism, Shame, and Intimacy Disorders: Effective Strategies for Dealing with the Sexually Self-Absorbed and Healing the Fractured Trust in Relationships

by Wendy Behary and Elizabeth Lacy

From celebrities to political figures to the everyday individual... We have been bombarded by the news media in the U.S. with the recent meteoric rise in attention to acts of sexual misconduct, the sexual predators, perpetrators, addicts, and general sexual preoccupation... It is no surprise that we, as therapists, find ourselves continuing to peer into the important underlying explanations and evaluate the potential for helping individuals and relationships affected by these behaviors and attitudes... to heal. Exploring the specific issues and critical content related to sexual activity can be, albeit incredibly important to conceptualization and treatment, an uncomfortable endeavor for many

therapists. Add to that... the belligerence, self-righteous entitlement, denial, and arrogance of a narcissistic client with hypersexual modes. Treating the narcissistic client involves helping them to get their early unmet needs met; including the need for unconditional love and acceptance, empathy, and tolerance for frustration and limits. This comes with the challenge of confronting bullying, critical, and approval-seeking modes. These patients may also default to self-stimulating modes where they become involved in an excessive sexual activity such as pornography, cyber-sexual relationships, prostitutes, affairs, sadomasochism, or other erotic preoccupation. Intimacy suffers and relationships can become fractured. The refurbishing of trust is a challenging but achievable goal when leverage is high enough (meaningful consequences for refusal of therapy) and partners are willing to engage in the treatment process individually and together, ultimately. At the heart of schema therapy, we have an approach capable of weakening these maladaptive modes and self-defeating demanding modes. Adaptive responses replace unhelpful ones as schemas heal. The schema therapist, through the use of effective strategies grounded in emotional engagement and the therapy relationship, is poised to correct early emotional experiences typically linked with high demands for extraordinary performance, confusing messages of over-indulgence alongside inferiority and insecure attachments, devalued emotional experiences, and poor limit setting.

We will include: Lecture / Powerpoint Presentation (2) Video/Digital demonstrations (3) Presenter Demonstrations of Strategies (4) Role Play and Practice Exercises for Therapists

This workshop is intended for:

Intermediate (Participants have had basic ST Training)

About the Presenters:

Wendy Behary

With 25 years post-graduate training and advanced level certifications, Wendy Behary is the founder and director of The Cognitive Therapy Center of New Jersey and co-director (with Dr. Jeffrey Young) of The New Jersey-New York City Schema Therapy Institutes. She has been treating clients, training professionals and supervising psychotherapists for more than 20 years. Wendy was on the faculty of the Cognitive Therapy Center and Schema Therapy Institute of New York (until merging in 2012 with the NJ Institute), where she trained and worked with Dr. Jeffrey Young since 1989. She is a Founding Fellow and consulting supervisor for The Academy of Cognitive Therapy (Aaron T. Beck Institute). Wendy served as the President of the Executive Board of the International Society of Schema Therapy (ISST) from 2010-2014.

Wendy Behary has co-authored several chapters and articles on Schema Therapy and Cognitive Therapy. She is the author of *"Disarming the Narcissist..."* (New Harbinger, 2013) translated in 10 languages. Wendy has a specialty in treating narcissists and the people who live with and deal with them. As an author and an expert on the subject of narcissism, she is a contributing chapter author of several chapters on schema therapy for narcissism for professional readers. She lectures both nationally and internationally to professional and general audiences on schema therapy, and the subject of narcissism, relationships, anger, and dealing with difficult people. Her private practice is primarily devoted to treating narcissists, partners/people dealing with them, parenting issues, and couples experiencing relationship problems

Workshop 3: Circumventing the Overcontroller: Working with Schema Modes in Eating Disorders

by Susan Simpson

This workshop will provide participants with an opportunity to consider the role of schema modes linked to eating disorders, and to practice powerful experiential techniques for working with this population. The workshop will help participants to conceptualise eating disorders using the schema mode model, and to link eating disordered thoughts/behaviours with key modes. In particular, the role of the Overcontroller modes will be explored in driving eating disorders, with an emphasis on recognizing and circumventing this mode through cognitive and experiential techniques. A combination of dyadic and didactic teaching methods will be used, with an emphasis on demonstrations and practice role-plays.

Participants will gain practical experience & guidance in the use of empathic confrontation and chair work, to bypass the Overcontroller mode, and facilitate connection with the 'banished' Vulnerable Child mode. There will also be an opportunity to practice imagery rescripting in order to emotionally process the childhood messages and memories that link self-worth with eating/weight/shape.

This workshop is intended for:

Intermediate (Participants have had basic ST Training)

About the Presenters:

Susan Simpson

Susan Simpson is a Clinical Psychologist with advanced accreditation in individual and group schema therapy. Susan leads the only ISST-accredited Schema Therapy training program in Scotland (www.schematherapyscotland.com) and regularly runs Schema Therapy workshops in the UK and Australia. She has specialised in the treatment of complex trauma and eating disorders over the past 20 years.

Susan currently works in an inpatient eating disorders unit for NHS Scotland, and is in part-time private practice. She has published research on group and individual Schema Therapy for complex eating disorders, and is part of an international research group which is currently carrying out preliminary investigations into the effectiveness of group Schema Therapy for eating disorders and Schema Therapy for severe Anorexia Nervosa. Susan has published several research papers on the schema therapy model applied to a range of clinical populations, and has presented her findings at national and international conferences. For a list of research publications, see: https://www.researchgate.net/profile/Susan_Simpson/contributions

Susan has been researching and expanding the Schema Therapy model for eating disorders over the past 20 years. Her research includes studies on the role of schema modes in the development of eating pathology, and the effectiveness of group Schema Therapy for eating disorders.

Publications relevant to workshop:

2017	Cruzat-Mandich, Díaz-Castrillón, Pérez-Villalobos, Lizana, Moore, Simpson & Oda-Montecinos. Factor structure and reliability of the Multidimensional Body–Self Relations Questionnaire in Chilean youth. <i>Eating and Weight Disorders</i> . 1-12. doi: 10.1007/s40519-017-0411-z.
2017	Sorgente, Pietrabissa, Manzonie, Re, Simpson et al. Web-Based Interventions for Weight Loss or Weight Loss Maintenance in Overweight and Obese People: A Systematic Review of Systematic Reviews. <i>Journal of Medical Internet Research</i> , 19(6): e229. DOI: 10.2196/jmir.6972
2017	Simpson, S. Schema Therapy: Current Evidence and Applications. <i>Counselling in Scotland</i> , Autumn/Winter 2017, pp.15-18.

2017	Kaeding, A., Sougleris, C., Reid, C.....Simpson, S. Professional burnout, early maladaptive schemas and the effect on physical health in clinical and counseling trainees. <i>Journal of Clinical Psychology</i> . DOI: 10.1002/jclp.22485.
2017	Graves TA, Tabri N, Thompson-Brenner H., Franko DL, Eddy KT, Bourion-Bedes S, Brown A, Constantino MJ, Fluckiger C, Forsberg S, Isserlin L, Couturier J, Paulson Karlsson G, Mander J, Teufel M, Mitchell JE, Crosby RD, Prestano C, Satir DA, Simpson S, Sly R, Lacey JH, Stiles-Shields C, Tasca GA, Waller G, Zaitsoff SL, Rienecke R, Le Grange D, Thomas JJ. A meta-analysis of the relation between therapeutic alliance and treatment outcome in eating disorders. <i>Int J Eat Disord</i> . doi:10.1002/eat.22672.
2016	Brown, J., Selth, S., Stretton, A., Simpson, S. <i>Do dysfunctional coping modes mediate the relationship between perceived parenting style and disordered eating behaviours?</i> <i>Journal of Eating Disorders</i> 4(27):1-10. DOI: 10.1186/s40337-016-0123-1
2016	Castelnuovo, G...Simpson, S... et al. <i>Psychological Considerations in the Assessment and Treatment of Pain in Neurorehabilitation and Psychological Factors Predictive of Therapeutic Response: Evidence and Recommendations from the Italian Consensus Conference on Pain in Neurorehabilitation</i> . <i>Frontiers in Psychology</i> 7(924692). DOI: 10.3389/fpsyg.2016.00468
2016	Knight, A., Castelnuovo, G., Pietrabissa, G., Manzoni, G., Simpson, S. Drunkorexia: An empirical investigation among Australian female university students. <i>Australian Psychologist</i> . DOI: 10.1111/ap.12212
2016	Hodge, L. & Simpson, S. Speaking the Unspeakable: Artistic Expression in Eating Disorder Research and Schema Therapy. <i>The Arts in Psychotherapy</i> . P. 1-30. doi:10.1016/j.aip.2016.05.005
2016	Stages of change in Obesity and Weight Management: Factorial Structure of the Italian Version of the University of Rhode Island Change Assessment Scale. <i>Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity</i> . DOI: 10.1007/s40519-016-0289-1

Workshop 4: "Positive Schema Therapy": How to Foster Resources and Strengths in Children and Adolescents

by Christof Loose and Maria Galimzyanova

When people talk about Schema Therapy, they usually have in mind the desire to reduce the devastating impact of maladaptive schemas and find effective ways to disempower dysfunctional coping modes. In this workshop, we would like to extend the meaning of "Schema Therapy" to strengthen and foster the acquisition of "positive schemas", and give practical examples of how to do that. The goal is to reinforce the patient's positive experiences and bring them into their awareness and to connect them (internally) with significant others in their lives. We invite the patient in an imagery exercise to "travel back" in their life history and imagine a socio-emotional key moment in which they have had an experience that helped them to build up this particular positive schema. For example, we find symbols for positive situations (e.g. stones), and gather them, for example in a hand sized treasure bag, that the patient may take home in their pocket. Having done so, we then fill the treasure bag week per week with a new stone or another small symbol, facilitating a new positive recollection, and thus connecting it with another good person and moment.

Learning objectives include: Meaning/Importance of positive schemas (early adaptive schemas) - Meaning/Importance of basic needs, functional modes and coping strategies - Psychoeducation through playful material - Limited re-parenting with child modes, especially with the vulnerable and angry child modes

This workshop is intended for:

Everyone

About the Presenters:

Christof Loose

Christof Loose, PhD, is affiliated with Heinrich Heine University at the Institute of Experimental Psychology in the Department of Clinical Psychology, and has a private practice in Dusseldorf, Germany. He is an Advanced Certified Schema Therapist, Supervisor and Trainer in Individual and Children and Adolescents Schema Therapy. Christof was the chair of the Workgroup for Schema Therapy for Children and Adolescents (ST-CA) for several years, and is the editor and author of several ST-CA books and videos (DVDs) in Germany. He conducts workshops and seminars in ST-CA worldwide.

Maria Galimzyanova

Maria Galimzyanova is an Advanced Schema Therapist and Trainer Supervisor in Individual, Group, and Child-Adolescent Schema therapy. Being an expert and an author in the area of Child-Adolescent ST, she has developed the Group model for Children and Adolescents, consistent with the GST concept by J.Farrell and I.Shaw and C-A ST approach by C.Loose. As a professor of St. Petersburg University she lectures on schema therapy both nationally and internationally to students and professionals. Her extensive private practice is primarily focused on treating children and their parents.

Workshop 5: A Closer Look at Addressing Enmeshment & Undeveloped Self

by Jeffrey Conway

The intention of this workshop is to highlight the Schema Enmeshment & Undeveloped Self, that is sometimes overlooked with a number of more challenging patients. It is hoped that after this workshop, participants will have a better understanding of how this Schema is most commonly developed and why this Schema should be more thoroughly considered and addressed. It is also hoped that participants will gain a mode conceptualization that is common for someone with this Schema. Finally, it is hoped that participants come away with a clearer treatment approach through targeted CBT and emotion-focused strategies as well as leveraging the therapeutic relationship.

The 2 broad objectives of this workshop are as follows:

1. To provide the origins, complexities, and most common Modes of patients with Enmeshment/Undeveloped Self.

2. To explore the challenges in the treatment room and most effective ST approaches for healing enmeshment and developing "selfness."

This workshop is intended for:

Everyone

About the Presenter:

Jeff Conway

Jeff Conway, LCSW, is the Chair of the ISST Committee on Supervisor Skills Training responsible for developing the required workshop to be certified as an ISST Supervisor Trainer. He is a founding member of ISST, a Certified Advanced Level Trainer-Supervisor since 2008, and on the ISST Committee for Training and Education. Jeff is the Chair of the ISST Committee on Supervisor Skills Training responsible for developing the required workshop to be certified as an ISST Supervisor Trainer. He is a founding member of ISST and a Certified Advanced Level Trainer-Supervisor since 2008.

Workshop 6: Group Schema Therapy with Cluster-B and Cluster-C Patients

by Eelco Muste and Odette Brand-de Wilde

In applying Group Schema Therapy (GST) it is necessary to fine tune interventions depending on the patient group you are working with. Cluster B patients are easily overwhelmed, therefore regulating modes and arousal levels is crucial to keep it safe. For cluster C patients avoidance or overregulation have to be overcome. In a safe environment patients have to be exposed to underlying vulnerable feelings and this sometimes asks to actively break through coping modes.

In this workshop we will offer a short theoretical introduction with tips and tricks for GST in cluster B and cluster C patients. Thereafter we demonstrate interventions in a group simulation where people attending the workshop can experience the similarities and differences.

This workshop is intended for:

Everyone

About the Presenters:

Eelco Muste

Eelco Muste is a Clinical Psychologist and Psychotherapist and works ad interim from his own company (muste.nu) as a management adviser, trainer and interim Clinical Psychologist, currently at a general hospital as director of a day treatment program and as a trainer.

He is owner of the company *Schematherapie in Bedrijf* for training, supervision and coaching. Since 1997 he works with Schema Therapy and is specialized in treating personality disorders in a variety of settings. Based on his clinical practice, he has written several articles and chapters on Schema Therapy and was the chief editor of the *Handboek en Werkboek Klinische schematherapie*. He runs several training programs and workshops and lectures in the field of Schema Therapy and was actively involved in the Dutch Register for Schema Therapists.

For more information and contact see:

<http://muste.nu>

<https://schematherapieinbedrijf.nl/>

Odette Brand-de Wilde

Odette Brand is a Clinical Psychologist and Psychotherapist and works ad interim as a management advisor, interim Clinical Psychologist and trainer. Currently Odette works as a management advisor and interim Clinical Psychologist in a closed youth care facility also helping to implement schema therapy.

She is co-owner of the company *Schematherapie in Bedrijf* for training, supervision and coaching. Odette works with Schema Therapy from 2005 on and is specialized in treating complex personality and behavioral disorders in a variety of settings.

Odette has co-authored several articles and chapters on Schema Therapy and participates in several research studies on Schema Therapy. She also runs several training programs, workshops and lectures in the field of Schema Therapy and is an active member of the Board of the Dutch Institute for Schema therapy (VST).

For more information and contact see:

<https://www.schematherapieinbedrijf.nl/>