SCHEMA THERAPY AS A PARENTING TOOL

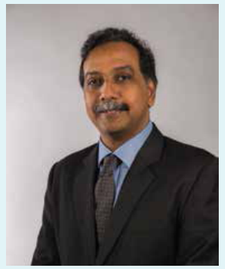
April 2022
ISST Bulletin

Welcome to the Spring edition of the ISST Bulletin.

In this issue, we explore schema therapy as a parenting tool. As schema therapists, we are well-versed in the power of re-parenting in our work. The articles below explore ideas using schema therapy as a parenting tool.

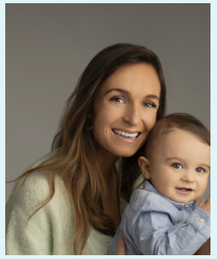
We express our deepest compassion to everyone impacted by the war in Ukraine and encourage everyone to donate what you can to Ukraine.

We begin with Dr. John Philip Louis' in-depth exploration of the importance of prevention and early intervention in strengthening healthy parenting – including using the YPI-R3 to help recognize negative parenting patterns.



Next, Paul DelGrosso explores his efforts in adapting schema therapy as a parenting tool in attachment-based family therapy – including a case example.

Finally, Dr. Aoife Durcan provides a passionate case for using schema therapy to understand and assist highly sensitive parents raising highly sensitive children.

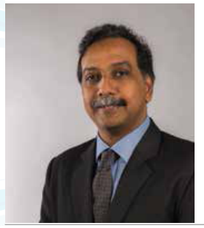


This issue also includes Vivian Francesco's interview with Christian Ferreira de Vasconcellos - the current Treasurer of ISST.

Paul DelGrosso, USA,
Lissa Parsonnet, USA &
Tena Davies, Australia



SCHEMA THERAPY & PARENTING



SCHEMA THERAPY
& PARENTING
Dr. John Philip Louis

INTRODUCTION

Schema therapy (ST) is an approach of psychotherapy that is growing in popularity, and in Europe it is the first-choice treatment for diagnosed personality disorders (Giesen-Bloo, et al., 2006; Nadort et al., 2009). More recently, the efficacy of ST has expanded beyond the treatment of personality disorders to eating disorders, post-traumatic stress disorder, and depression (Bakos et al., 2015; Malogiannis et al, 2014).

One of the main reasons for ST's effectiveness is the focus on weakening active, negative schemas. These schemas are defined as broad, pervasive patterns comprised of memories, emotions, cognitions and neurobiological reactions regarding oneself and one's relationship with others and are believed to be developed during childhood or adolescence (Young et al., 2003). The development of negative schemas is attributed to the failure of early caregivers to adequately meet the essential core emotional needs in children (Young et al., 2003). Conversely, when these essential needs are met adequately or "good enough", they give rise to the development of active positive schemas (Louis et al., 2018a; Louis & Louis, 2020). Thus, strong positive schemas are associated with healthy cognitive and behavioural functioning while strong negative schemas, in contrast, are linked with distorted cognitive and problematic behavioural functioning (Lockwood & Perris, 2012). Both positive and negative schemas are carried into adulthood.

Given the pervasive and deeply entrenched nature of negative schemas, the treatment for disorders is usually long term often lasting for months, and in the treatment of personality disorders, even years. Those with personality disorders usually have poor relationships with their parents and, later, with life partners; they tend to have very few genuine friends, and often struggle with substance abuse or other maladaptive behaviour. In turn, they become poor caregivers due to unhealthy parenting skills driven by their active negative schemas and weak positive schemas.

In a study by Scott et al. (2001), children between the ages of ten to the late 20s were placed into three groups – those with conduct disorders (disobedience, tantrums, fighting, destructiveness, lying, and stealing), those with conduct problems, and those without conduct problems. Results showed that children with conduct disorders eventually incurred monetary expenses 10 times more than a child without conduct problems, and 3.5 times more than those with conduct problems (cost analysis based on 1998 figures in the United Kingdom). Another similar but more recent study in Sweden (Nystrand et al., 2019) was conducted on children ages 5-12 who were followed until they were 18. Results showed that there were significant economic gains from five different types of parenting interventions compared to the group that did not receive any form of intervention.

Many other studies have also shown the benefits of parenting interventions that are able to reduce the high burden of children with problematic behaviour placed on families and societies (Bonin et al., 2011; Herman et al., 2015;; O'Neill et al., 2013). Given these benefits, it is hugely advantageous to explore ways to educate and help parents take preventative measures that are balanced and holistic. The proverbial saying that "prevention is better than cure" is fitting and early caregivers will reap the benefit if they equip themselves with the knowledge and skill set to meet the essential needs for the children, putting them on the path that will result in healthier developmental outcomes. Also, it is noteworthy that such preventative measures are especially effective among parents of younger children, lending some urgency to the emphasis of parent education for those with young children (Heckman, 2013). Below are guidelines that emerged from research providing greater understanding of the patterns of parenting that are destructive and harmful, as well those that are helpful and even exceptional so that more holistic and balanced preventative measures can be taken by parents, therapists, and educators.

IDENTIFY NORMAL AND DEVIANT PARENTING PATTERNS

Roughly 50 years ago, using qualitative analysis, Baumrind (1967) uncovered three parenting styles. These parenting styles were defined as a combination of various elements that create an emotional climate in which parents communicate their attitudes and practices about childrearing to their child (Darling & Steinberg, 1983). These parenting styles were based on variations in warmth and control. Maccoby and Martin (1983) added a fourth construct called Neglectful, and these four parenting styles were labelled as Authoritative (high warmth-high control), Authoritarian (low warmth-high control), Permissive (high warmth-low control), and Neglectful (low warmth-low control). However, this model was based on interactions observed in normal parenting households, and therefore did not include deviant parenting patterns, such as abuse and neglect (Baumrind 1991; Darling, 1999). Notwithstanding this limitation, hundreds of studies have revealed that these four parenting constructs are associated with children's externalizing problems and academic achievements (Pinquart, 2017). Deviant parenting patterns, on the other hand, are the primary source of toxicity in childhood and have been shown to be associated among those with personality disorders (Young et al., 2003). Most parents assume their parenting patterns are normal and inconsequential (Louis & Louis, 2020) and it is unlikely they would derive insights into their deviant practices without measures to reveal such information. The lack of measures with greater breadth and depth that would include deviant parenting patterns was therefore a gap that had to be filled.

The Young Parent Inventory (YPI; Young et al., 2003) inadvertently met this need and is arguably the most comprehensive theoretical scale measuring past parenting patterns that included normal as well as deviant ones. It was developed from the vantage point of ST to assess parenting patterns that were hypothesized to be associated with the development of negative schemas and pathology (Louis et al., 2018c; Young et al., 2003;). Since the YPI had not been psychometrically validated, Louis et al. (2018c) developed a new item pool which consisted of 204 negative parenting items (72 items from the original YPI and 132 new items) which resulted in a version with six negative parenting patterns and 36 items known as the YPI-R2. After further development another improved version known as the YPI-R3 was developed which consisted of ten negative parenting patterns, with 41 items, that included both deviant and normal ones (Louis, 2022). Parents are often unaware of the destructive nature of their poor parenting skills, so it is crucial for them to obtain insight into their parenting patterns to see the specific nature of the harm they are inflicting on their children, be it normal or deviant. Awareness of one's deficit in parenting is one of the most important aspects in experiencing breakthroughs. Dreikurs and Soltz (1990), some of the most influential parenting thinkers in the last century, stated:

> In a thousand subtle ways, by the tone of voice and by action, we indicate to the child that we consider him inept, unskilled, and generally inferior (Dreikurs & Soltz, 1990; p 36-37).

If robust measures of parenting patterns such as the YPI-R3 could make parents aware of the harm they are causing (albeit subtle and unintentional harm), they would be equipped with adequate preventative measures that would set the stage for positive developmental outcomes in their children. These, in turn, would greatly reduce the burden that children, adolescents and young adults with conduct problems place on individuals, families, and societies.

EXPLORE BOTH POSITIVE AND NEGATIVE CONSTRUCTS

From the vantage point of Positive Clinical Psychology (PCP; Mares et al., 2014), well-being is described in terms of two broad constructs, consistent with the theory underlying ST. The first is the weakening of negative constructs, and in ST this means the weakening of active, negative schemas. The second is the strengthening of positive constructs, which in ST means bolstering the healthy adult driven by positive schemas. Well-being should not be viewed as just the weakening of negative constructs, but in clinical psychology this is almost always the primary focus which makes for an imbalanced approach. A more balanced approach is two-pronged – to adopt parenting patterns that would weaken the development of negative schemas, as well as those that would strengthen the development of positive ones. While 18 negative schemas have been recognized (Bach, et al., 2017; Kriston et al., 2013), more recently, 14 positive schemas have also been identified. These make up the healthy adult, provide resilience against mental disorders, and contribute to the overall well-being of individuals (Louis et al., 2018a).

In line with PCP to place equal weight on positive and negative constructs, a psychometrically validated measure of positive parenting patterns to complement the YPI-R3 (Louis, 2022) has also been developed known as the Positive Parenting Schema Inventory (PPSI, Louis et al., 2018b) which consists of seven subscales and 50 items. The development and identification of positive patterns was an important step forward in advancing our understanding of a wider range of positive parenting patterns (Kazdin, 2013), and even exceptional parenting.

When strengths are used consistently, parents are more likely to be engaged, energized, productive and enjoy being a parent (Reckmeyer & Robison, 2016). Both the YPI-R3 and PPSI scales, when administered, will provide parents with knowledge and insight about "what to not do" and on "what to do", thereby reducing and enhancing the development of active negative and positive schemas respectively. Knowing what to do does not always flow obviously from knowing what not to do as both are separate pathways to healthy parenting; the former is about reducing dysfunctional patterns and the latter is about promoting healthy ones. Understanding negative parenting patterns are as important as understanding positive ones as it will lead to a grasp of the specific nuances of what works and what does not work. With a dual focus on both the positive and negative constructs, parents will now be in a position to take a more holistic and balanced approach in their parenting, giving equal weight to positive and negative constructs. This will help improve the quality of the parent-child relationship which in turn is associated with a wide array of outcomes such as child social competence, child's internalizing and externalizing problems, child school engagement (Moore et al., 2011; Pinquart, 2017).

RECOGNIZE THE ROLE OF LONGER SCALES

In comparison to other established parenting scales, the YPI-R3 and PPSI are longer due to their inclusion of measuring normal, deviant, and exceptional parenting patterns (Louis et al., 2018b; Louis, 2022). It is often assumed that shorter parenting scales are equal substitutes for longer scales for the measure of individual scores in clinical sessions. This was an incorrect assumption asserted by Ziegler et al. (2014) who themselves were active in short scales construction. They asserted that for individual-level scores in clinical sessions, short scales are less suitable for people whose scores are located at crucial intervals (Emons et at el., 2007).

For example, if someone's aggregate subscale score on a parenting short scale is close to the cut-off score of "4", say 3.7, in a Likert scale (where 4 = moderately true), it would throw doubt on the accuracy of this rating, but this is where information derived from a longer scale would be fairer to the parent whose is trying to assess his/her parenting patterns. On the other hand, scores that are clearly below or above the cut off-score do not reflect such concern (Emons et at el., 2007). Thus, longer measures of parenting patterns such as the YPI-R3 and PPSI have their use in clinical sessions.

UTILITY OF YPI-R3 AND PPSI

The YPI-R3 and PPSI are recommended to be rated by adolescents, preferably 15 years of age or above, on what that they are experiencing from each parent. Parents with younger children, who tend to not be objective in their ratings of their parents, are encouraged to rate their spouse's parenting patterns by putting him/herself in the shoes of each child. Single parents with younger children can allow a trusted friend who have watched her or his interactions with the children and rate the parent appropriately.

CONCLUSION

Going forward, to foster healthier behaviour in children and adolescents, and produce healthier families and societies, a major shift in policies is needed in the direction of implementing preventative measures by way of parenting education which from the perspective of ST should prevent the development of negative schemas as well as enhance positive ones (Louis & Louis, 2020). And while helping parents of children of all ages is important, introducing holistic and balanced parenting programs as preventative measures targeting early years in children seem to provide the greatest benefits (Heckman, 2013).

REFERENCES:

Bach, B., Simonsen, E., Christoffersen, P., & Kriston, L. (2017). The Young Schema Questionnaire 3 Short Form (YSQ-S3): Psychometric properties and association with personality disorders in a Danish mixed sample. European Journal of Psychological Assessment, 33, 134–143.

Bakos, D. S., Gallo, A. E., & Wainer, R. (2015). Systematic review of the clinical effectiveness of schema therapy. Contemp Behav Health Care 1: doi: 10.15761/CBHC.1000104.

Baumrind, D. (1976). Child care practices anteceding three patterns of preschool behavior. Genet Psychol Monogr.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. J Early Adolesc, 26;11(1) :56–95 https://dx.doi.org/10.1177/0272431691111004

Bonin, E. M., Stevens, M., Beecham, J., Byford, S., Parsonage, M. (2011) Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: A modelling study. BMC Public Health 11:803 pmid:21999434

Darling N. (1999). Parenting style and its correlates. ERIC Digest. Champaign, IL: ERIC Clearinghouse on Elementary and Early Childhood Education. Urbana Univ Illinois.

Darling, N., Steinberg, L. (1993). Parenting style as context: An integrative model. Psychol. Bull. 113, 487–496. https://doi.10.1037/0033-2909.113.3.487

Dreikurs, R., & Soltz, V. (1990). Children: The challenge: The classic work on improving parent-child relationships—Intelligent, humane & eminently practical. New York: Plume.

Emons, W., Sijtsma, K., & Meijer, R. (2007). On the consistency of individual classification using short scales. Psychological Methods. 12. 105-20. https://doi.org/10.1037/1082-989X.12.1.105

Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., ... Arntz A. (2006). Outpatient psychotherapy for borderline personality disorder: randomized trial of schema-focused therapy vs. transference-focused psychotherapy. Archives of General Psychiatry, 63(6), 649–658.

Heckman, J., (2013). Giving kids a fair chance. Boston: Massachussetts Institute of Technology.

Herman, P. M., Mahrer, N. E., Wolchik, S. A., Porter, M. M., Jones, S., Sandler, I. N. (2015). Cost-Benefit Analysis of a Preventive Intervention for Divorced Families: Reduction in Mental Health and Justice System Service Use Costs 15 Years Later. Prev Sci 16:586–596 pmid:25382415.

Kazdin, A., E. (2013). The everyday parenting toolkit. New York: Houghton Mifflin Harcourt Publishing Company.

Kriston, L., Schäfer, J., Jacob, G. A., Härter, M., & Hölzel, L. P. (2013). Reliability and validity of the German version of the Young Schema Questionnaire – Short Form 3 (YSQ-S3). European Journal of Psychological Assessment, 29, 205–212.|

Lockwood, G., & Perris, P. (2012). A new look at core emotional needs. In M. van Vreeswijk, J. Broersen, & M. Nadort (Eds.), The Wiley-Blackwell handbook of ST: Theory, research and science (pp. 41-66). West Sussex, UK: Wiley-Blackwell.

Louis, J. P., Wood, A., Lockwood, G., Ho, M. H. R., & Ferguson, E. (2018a). Positive Clinical Psychology and ST: The development of the Young Positive Schema Questionnaire (YPSQ) to complement the Young Schema Questionnaire (YSQ-S3). Psychological Assessment, 30 (9), 1199–1213. doi:10.1037/pas0000567

Louis, J. P., Wood, A., & Lockwood, G. (2018b). Development and validation of the Positive Parenting Schema Inventory (PPSI) to complement the Young Parenting Inventory (YPI) for Schema Therapy (ST). Assessment. doi:10.1177/1073191118798464

Louis, J. P., Wood, A., & Lockwood, G. (2018c). Psychometric validation of the Young Parenting Inventory - Revised (YPI-R2): Replication and extension of a commonly used parenting scale in Schema Therapy (ST) research and practice. PLoS ONE. doi.org/10.1371/journal.pone.0205605

Louis, J. P., & Louis, K. M. (2020). Good enough parenting (Second edition): A schema therapy parenting programme. Singapore: Louis Counselling & Training Services Pte. Ltd.

Louis, J. P. (2022). The Young Parenting Inventory (YPI-R3), and the Baumrind, Maccoby and Martin Parenting Model: Finding Common Ground. Children, 9(2), 159. https://doi.org/10.3390/children9020159

Maccoby, E. E., Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. Handb child Psychol Former Carmichael's Man child Psychol H Mussen, Ed.

Malogiannis, I. A., Arntz, A., Spyropoulou, A., Tsartsara, E., Aggeli, A., et al. (2014). Schema therapy for patients with chronic depression: A single case series study. J Behav Ther Exp Psychiatry, 45: 319-329.

Mares, J., Preiss, M., & Skorunka, D. (2014). Positive clinical psychology. Ceskoslovenská psychologie. 58. 485-502.

Moore, K. A., Kinghorn, A., Bandy, T. (2011). Parental relationships quality and child outcomes across subgroups. R

Nadort M, Arntz A, Smit JH, Giesen-Bloo J, Eikelenboom M, et al. (2009) Implementation of outpatient schema therapy for borderline personality disorder with versus without crisis support by the therapist outside office hours: a randomized trial. Behav Res Ther 47: 961-973.

Nystrand, C., Feldman, I., Enebrink, P., Sampaio, F. (2019) Cost-effectiveness analysis of parenting interventions for the prevention of behaviour problems in children. PLOS ONE 14(12): e0225503. https://doi.org/10.1371/journal.pone.0225503

O'Neill, D., McGilloway, S., Donnelly, M., Bywater, T., Kelly, P. (2013) A cost-effectiveness analysis of the Incredible Years parenting programme in reducing childhood health inequalities. Eur J Heal Econ 14:85–94. https://doi.org/10.1007/s10198-011-0342-y

Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. Dev Psychol, 53(5):873–932. https://doi.10.1037/dev0000295

Reckmeyer & Robison. (2016). Strength based parenting. New York: Gallup Press. Scott, S., Knapp, M., Henderson, J., & Maughan, B. (2001). Financial cost of social exclusion: follow up study of antisocial children into adulthood. BMJ (Clinical research ed.), 323(7306), 191. https://doi.org/10.1136/bmj.323.7306.191

Young, J. E., Klosko, J. S., & Weishaar, M. (2003). ST: A practitioner's guide. New York: Guilford Publications.

Ziegler, M., Kemper, C., & Kruyen, P. (2014). Short Scales - Five misunderstandings and ways to overcome them. Journal of Individual Differences. 35. 185-189. http://doi.10.1027/1614-0001/a000148.

SCHEMA THERAPY AS A PARENTING TOOL IN FAMILY THERAPY

SCHEMA THERAPY
AS A PARENTING TOOL
IN FAMILY THERAPY

Paul Del Grosso
LICSW

INTRODUCTION:

Schema therapy has grown from its origins as an individual therapy for adults with hard-to-treat c onditions – including those who did not respond well to or relapsed from traditional therapies. Over time, ST has been adapted for groups and couples as well as expanded to include versions for children and adolescents. Schema therapy for family therapy continues to develop and, as seen in the June 2019 of the ISST Bulletin, ideas are plentiful in further expanding the model. Schema therapy as a tool to enhance parenting skills extends from this valuable work of schema therapists providing family therapy.

In this article, I will use a case example to outline ways that I have adapted ST as a tool in family therapy to enhance parenting skills. Specifically, I will address how the active relational ruptures between parents and adolescents can be conceptualized in schema-mode terms in order to help parents identify the unmet needs in their child, link this unhealthy dynamic to parents' own schema-modes, and coach parents to repair the ruptures and better meet the needs of their children. I also address limitations and challenges with this approach.

Due to the constraints of space and the specific focus of the topic of this Bulletin, I will limit my discussion to ST as a parenting tool. I will not flesh out the phases of family in my adaptation and will only make references to case conceptualization.

BACKGROUND:

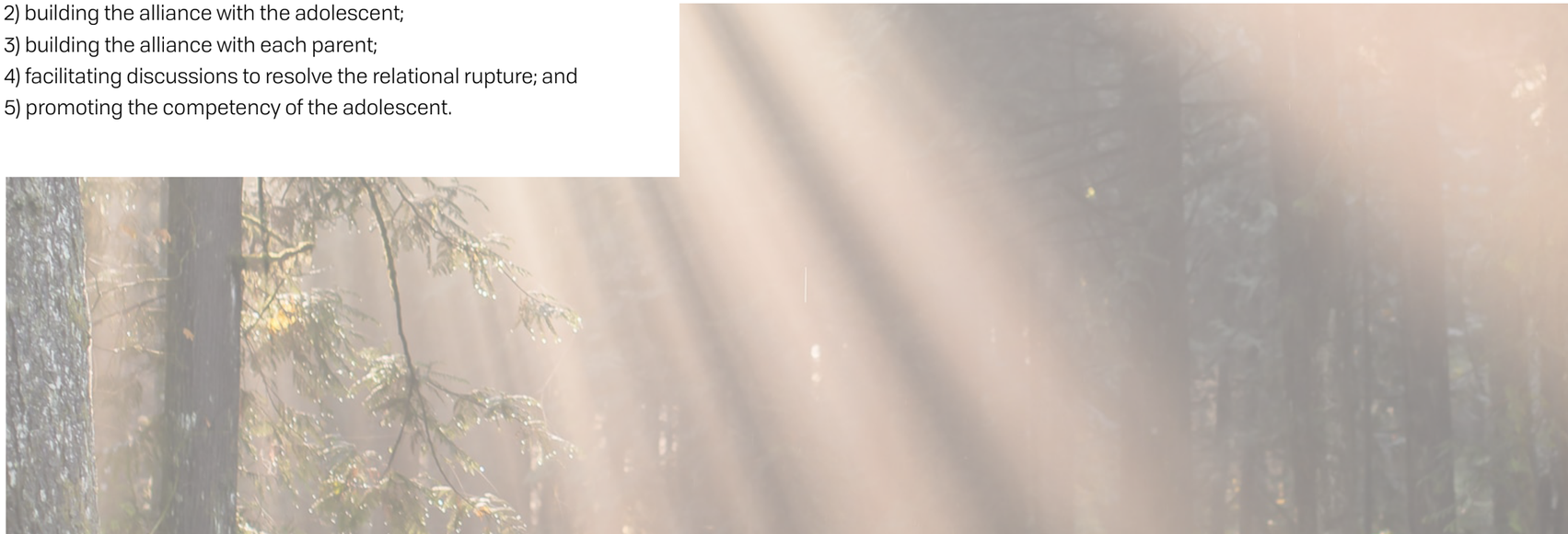
My adaptation of ST for family therapy (and the specific components to aid parents improve parenting skills) integrates components of Attachment-Based Family Therapy (ABFT) developed by Diamond, Diamond and Levy. Both ST and ABFT recognize the inherent (and healthy) power differential between parents and children, including prioritizing the responsibility parents have in understanding and validating the needs of their children.

ABFT is an empirically supported emotion-focused family therapy developed to repair interpersonal ruptures between adolescents and parents – especially with those adolescents at risk for suicide and non-suicidal self-directed violence.

ABFT is divided into five treatment "tasks":
1) reframing the presenting problem as one that is relational and not just residing in the adolescent;
2) building the alliance with the adolescent;
3) building the alliance with each parent;
4) facilitating discussions to resolve the relational rupture; and
5) promoting the competency of the adolescent.

Schema therapy provides a broad conceptual framework to help family members define ruptures in schema-mode terms. Tools such as the Young Parenting Inventory (YPI) help adolescents more precisely define unmet needs via each parent and, with the use of imagery and other experiential components, access innate child modes that are essential in later addressing unmet needs with their parents in therapy.

Helping parents understand relational ruptures as products of specific unmet needs in their child reframes conflict centered on the child to a relational problem centered on parenting. Through exploring each parent's experiences in childhood (especially with caregivers), defining their own schema-modes, and how these modes influence maladaptive parenting, parents are motivated to accept coaching to better meet the needs of their child.



CASE EXAMPLE:

Emery is a 15-year-old natal female who identifies as non-binary (they/them pronouns). They were referred to family therapy to address depression and anxiety along with chronic thoughts of suicide and a history of non-suicidal self-directed violence. Much of Emery's distress centers on discord with father's wife of 6 years who is cold and critical to Emery and Emery's frustration with their father who surrenders to his wife rather than attend to Emery's needs. This process is exacerbated by Emery's mother who angrily complains to Emery about the father – including her feelings about the divorce 9 years ago and the way he chooses his new wife over Emery.

Emery's parents accepted their trans identity and this was not a relational issue of concern during family therapy.

Emery received family therapy as part of a 4-month intensive outpatient program for adolescents, which impacted how time was allotted for each phase of the work.

RELATIONAL RUPTURES AND SCHEMA-MODES:

The early phases of treatment with Emery focused on four individual sessions aimed at exploring their distress, identifying schema-modes, and linking these schema-modes to specific parenting practices in caregivers. The YPI was a key tool in this process that activated episodic memories and enabled deeper discussions around unmet needs.

As expected, Emery identified feeling abandoned by their father after his re-marriage and led them to question their worth as a person. Experiential exercises helped Emery understand their anger in terms of unmet needs versus something that was previously defined as defectiveness within them.

Less obvious was Emery's anger toward their mother for over-sharing with Emery about the father and the impact of enmeshment.

Emery's individual work in identifying specific unmet needs and deepening their access to innate child modes was essential in informing how to guide the parents to understand their role in this process and, later, coach them to repair and better meet these needs.

LINKING MALADAPTIVE PARENTING TO PARENTS' SCHEMA MODES:

Emery's father responded well to assessment of his own schema-modes – including linking them to growing up with an alcoholic father who largely abandoned him, a mother who was critical, and a family system in which feelings were not discussed. In the two sessions spent with father alone, he rather easily accessed vulnerable child modes (including crying in session), linked them to his parenting style, and his reliance on Compliant Surrenderer mode with his wife.

Although Emery's mother was similarly able to link her schema-modes to unmet needs in childhood (hating her stepfather, feeling shamed by her mother), in the two sessions spent with her alone she was not similarly able to access her vulnerable child modes or adequately understand the impact of her schema-modes on Emery. Attempts to redirect her anger toward Emery's father and how this anger impacted her parenting were difficult. Not sure I fully understand the last sentence in this paragraph

Despite several attempts to engage Emery's stepmother, she refused to participate in the process.

SCHEMA THERAPY
AS A PARENTING TOOL
IN FAMILY THERAPY

Paul Del Grosso
LICSW

Paul Del Grosso
LICSW

COACHING PARENTS: THE PREPARATION

Emery opted to work first with their father and over the course of five sessions overcame anxiety to express deep anger toward her father over feeling abandonment and less important than their stepmother. With coaching, Emery's father was able to quell urges to argue facts or justify, ask questions about Emery's emotional experience, and validate those feelings. He spoke about the ways he wished he could have shown up differently as a father and apologized. During processing at the end of each session, Emery expressed that they believed their father's feelings to be genuine, although was uncertain if they would lead to changed behavior outside of therapy.

During the three sessions Emery worked with their mother, Emery struggled to overcome their anxiety in expressing genuine feedback to her. With coaching, this process improved. Emery's mother struggled to respond in a manner that showed vulnerability and often tried to stray into blaming Emery's father (from which I redirected her back to her own relationship with Emery). Emery tended to detach from the unmet needs apparent in their relationship with their mother – including minimizing the need for therapy with their mother (versus with their father). I experienced this as a direct result of the mother's inability to adequately own her role in maintaining Emery's distress, leading Emery to feel detachment was ultimately safer with their mother. I spent additional individual sessions with Emery's mother and focused on additional experiential exercises aimed at deepening the mother's access to her vulnerable child modes. Although the mother improved her access to vulnerability, she struggled with linking her own pain and unmet needs to enmeshment with Emery or angry overcompensating toward Emery's father.

DISCUSSION:

This adaptation of ST for family therapy (including ST as a parenting tool) continues to evolve.

I see definite promise in how this adaptation can help adolescents understand problematic functioning and behavior in terms of unmet needs and schema-modes; how they can express these needs directly to parents through vulnerability and schema-mode terms; have the felt experience of repair from their parents; and, potentially, a new way of communicating needs that can extend outside of therapy.

In a similar vein, this adaptation has potential to help parents better understand that problems in their children include relational themes that directly connect with parents' own experiences in childhood and resulting schema-modes. Those parents motivated to do this work can better see their role in relational ruptures with children. Because of the inherent power differential in parent-child relationships, parents are the key to improved relationships through better understanding of how unmet needs underlie much of children's problematic behaviors and how better to meet these needs.

Schema therapy offers a comprehensive way to conceptualize and heal ruptures and parent-child relationships. By integrating ST with attachment-based family modalities (such as ABFT) the potential to help parents actively improve parenting their children could be a powerful complement to the ways ST helps adults re-parent themselves.

This approach does have challenges and limitations. As seen in the case example with Emery, parents are not always fully capable of accepting the role of their schema-modes or be willing to accept coaching to strengthen their healthy parenting modes. The degree to which parents partially embracing this process helps or hinders an adolescent's health warrants further exploration.

The time constraints inherent in my work with Emery also created challenges. I believe that if the time in therapy is open-ended, more time is spent separately with the adolescent and each parent, and that conjoint sessions fine-tuned, the results could be more impactful in improving parents' ability to meet the needs of their children while they are actively parenting.

As a footnote, Emery continued to engage in therapy at the practice after completing the intensive outpatient program. Although their parents continued to struggle with changing some of the ways they each parent, Emery has grown more self-confident in part due to setting better boundaries with their parents, gaining better understanding of their needs, and finding other healthy relationships to get needs met.

REFERENCES:

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2007). Schema therapy: A practitioner's guide. Guilford.

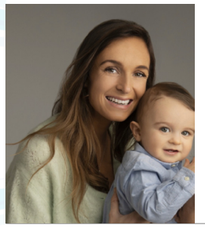
Farrell, J. M., Reiss, N., Shaw, I. A., & Finkelmeier, B. (2014). The schema therapy clinician's guide: A complete resource for building and delivering individual, group and Integrated Schema Mode Treatment Programs. Wiley Blackwell.

Simeone-DiFrancesco, C., Roediger, E., & Stevens, B. (2015). Schema therapy with couples: A practitioner's guide to healing relationships. Wiley-Blackwell.

Graaf, P., Zarbock, G., Loose, C., & Holt, R. A. (Eds.). (2020). Schema therapy with children and adolescents: A practitioner's guide. Pavilion Publishing and Media

Diamond, G. S., Diamond, G. M., & Levy, S. A. (2015). Attachment-based family therapy for depressed adolescents. American Psychological Association.

THE HIGHLY SENSITIVE PARENT & THE HIGHLY SENSITIVE CHILD



THE HIGHLY SENSITIVE PARENT & THE HIGHLY SENSITIVE CHILD

Dr. Aoife Durcan
CHARTERED COUNSELING PSYCHOLOGIST

Parenting a highly sensitive child often begins with a rollercoaster of emotions; for some the love is instantaneous, for others it takes a little time. Who is this little person? There begins the magical dance between parent and baby, stepping from misattunement back into attunement, falling in and out of sync as they get to know one another. Described beautifully as delicate flowers, these "orchid children" come into the world with a nervous system that is more alert, more reactive. Their amygdalas scan for danger and are quick to respond to any perceived internal or external threat. High sensitivity, or Sensory Processing Sensitivity, is a biological temperament trait affecting around 20% (most likely more) of the population. Sensitivity in children can show up in different ways, for the purpose of this article I will refer to the more intense, high spirited, high needs little orchids.

What is the world like for a Highly Sensitive Baby like this who then becomes The Highly Sensitive Child? The world is a scarier place for these little ones with neurodiverse brains. Their window of tolerance for stress is smaller than those children with a more easy going temperament, so any perceived threat; be that teething pain, loud noises, being wet, cold, hungry, sends a message to their limbic systems that something is not safe! They are often the little ones who cry louder and for longer, who will only settle in their caregivers arms. Quick to respond and react to any sudden noises, sleep may not follow a "normal" schedule. Given the right conditions these children can thrive, they may need more support to help calm their physiology but with consistent and predictable co-regulation, their brains wire the connections to do this themselves as they grow. They are an incredible gift to the world and are often the most interesting and creative children.

The Highly Sensitive Parent is likely to wonder what is happening for this little baby who seems so frustrated, so upset, so hard to soothe. The parent whose own nervous system is also finely tuned and wired to react to subtleties in their environment, whose mirror neurons fire during tantrums, meltdowns, moments of distress, has an incredible capacity for empathy. These parents often experience their child's pain and sadness as their own. They feel it all. If this parent is under-resourced, their schemas and associated coping modes will likely be activated. Without any help or intervention one can anticipate a few ways they may respond:

This parent may feel they have failed: "what am I doing wrong… I don't seem to be able to soothe her properly, I'm not a good enough parent". Here begins the schema activation of shame, that well known feeling of worthlessness bubbling up to the surface once again. Their subjugation schema may be activated as they ignore and suppress their own feelings and needs and avoid conflict at all costs. The parent whose compliant surrender mode is activated when their toddler screams and doesn't want to leave the playground may relent: "ok we will stay longer" - even though they are running on empty. Their own needs are subjugated or surrendered to the perceived needs of their child; the lack of a "healthy adult mode" may be palpable at these times.

Consider the parent whose self sacrifice schema gets activated in response to the sensitive child's distress. Those who make their child breakfast, but ignore their own hunger cues. And those never say no because their self worth is associated with making sure others are happy with them. What could be more painful than being rejected by your own child? Therefore, the schema of pleasing others becomes embedded deep in the centers of their brain.

The perfectionist parent with unrelenting standards schema, who is so sensitive to criticism that they feel it deep in their bones, may never ask for help because to do so would mean that they are not coping competently. Those with a critic so strong that anxious racing feel"normal live with constant comparisons, and constant pressure to"try harder, be better" Those who live frequently in their sympathetic nervous system feel extremely anxious when their child acts in ways that let them down: their child screaming in a supermarket serves to confirm that they are not a "good enough" parent. The anger this may cause will likely be directed towards the child.

A parent whose punitive schema gets activated in response to feeling vulnerable may treat their children in a harsh, punitive manner because that's how they were used to be treated themselves. Parents who cope by detaching, and putting on their suit of armor to shield themselves from pain may feel angry with themselves when the storm has past, because they can't make sense of their own responses. "Why am I so angry?!…"

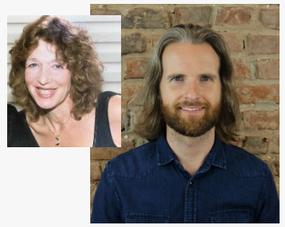
Dr. Aoife Durcan
CHARTERED COUNSELING PSYCHOLOGIST

The Highly Sensitive Child, who is attuned to their parents' responses, notices immediately when their parent has detached from them and is no longer present. This child is acutely aware of their parents tone of voice, their anger, their frustration. Their depth of processing allows them to analyze and feel this deeply. We know that the only way children make sense of their world is to turn inward. Their egocentric brains try to make sense of everything.

The pain of the rejection they experience when their parent detaches from them and withdraws care is likely to leave them thinking: "I wonder what I'm doing wrong.. I must be unlovable". We see how easily this emotional deprivation or defectiveness schemas can develop. The parent with unrelenting standards schema may become angry with a child who is slow to warm, for being "too shy" with their friends. This can result in their child feeling confused and anxious, and interpreting their parents anger or frustration to mean "I'm too quiet, there is something wrong with me", hence the development or activation of the defectiveness/shame schema. If a punitive parent shouts a lot, their child may feel afraid of and ignored by the parent. This can lead to the development of a mistrust or abandonment schema, and the belief that "If I can't trust my parent, I can't trust anyone. People always let you down". To quote Dr. Ed Tronick and the still face experiment "the child gets stuck in the ugly.."

We know more and more from the fascinating developments in neuroscience that our early experiences shape how our brains develop. We can clearly see how nurture and responsiveness shape a young child's brain. The attachment wounds of growing up in a house where one didn't feel understood , connected to or safe can change how our brains develop.These wounds have been shown to affect our immune system, our hormonal system and our DNA.These changes occur when our stress response system is repeatedly activated by feeling ignored, shamed, or scared, and when we don't feel valued, validated and understood. Under these conditions children engage in powerful psychological survival strategies that help them cope with and make sense of the situation at the time. Because we are talking about children, who by definition lack the experience, objectivity and wisdom to accurately assess and interpret their parents' responses, their appraisals are likely to be distorted. We have outlined a few of the survival strategies, schemas and associated coping modes that the sensitive parent and child engage in as a way of protecting themselves from pain. These strategies were likely necessary and helpful "once upon a time", but as we know may not serve us well with the passage of time. .

The Highly Sensitive Parent was once the Highly Sensitive Child. When resourced this can make for one of the most extraordinary dynamics of attunement and empathy. Unfortunately we can also see what happens when the parent is not resourced. The more awareness we have about what a gift this sensitivity is, and how to manage the challenges that may arise, the more we can help these families thrive.



BULLETIN INTERVIEW

CHRISTIAN FERREIRA DE VASCONCELLOS

What role do you play on the ISST board and what made you want to accept the role?

My name is Christian Ferreira de Vasconcellos and I am the current Treasurer of ISST. As such, I am responsible for the financial affairs of ISST so currently I am involved with the financial planning and implementation of Inspire 2022 in Copenhagen. My predecessor Eckhard Roediger asked me before the election if I would be interested in taking over this position and it sounded very interesting. Collaboration and exchange with the other international board members is also something I really appreciate and enjoy about the role.

What do you see in the future for the evolution of ST?

I really hope that schema therapy will continue to spread and become accepted and that there will be more studies and research that prove and demonstrate how effective schema therapy can be. I think there is still a great need for such growth. My dream would be for schema therapy to be a recognized form of therapy along with psychoanalysis, depth psychology, KVT and systemic therapy in Germany and become equal in value.... that would be a real breakthrough. Schema therapy is already very popular and widespread in Germany - just look at the number of institutes, lecturers and therapists, members in the ISST and publications. In addition, I would like to see schema therapy become even more established in child and group therapy settings. The use of creative techniques and material is also very close to my heart, as I am convinced of their usefulness and currently I am in the process of publishing something on this topic!

How did you first learn about ST? How did you get your training in ST?

I was introduced to schema therapy during my undergraduate training as a psychotherapist (behaviour therapy) in a short introductory seminar. That was enough to convince me to try this new therapy approach. I was downright impressed by this great new idea that Jeffrey Young conceived of which combines several different therapy forms and methods. The emotion-activating and experience-based interventions and the unique great therapist-patient relationship really excited me. Consequently, I pursued advanced training in Schema Therapy with adults, couples, children/adolescents and parents and finally with groups and received certification as a trainer/supervisor. Since receiving my certification, I have been a lecturer, supervisor and self-awareness trainer at many training and advanced/higher education institutes. But that was not enough for me - schema therapy with children and groups is very close to my heart since there are not many institutes and therapists in Germany who specialise in these two areas. So, without further ado I founded my own Institute for Schema Therapy called Rhein Main in 2021. I will offer curricula for schema therapy with children/adolescents/parents and group schema therapy from this year onward. This marks another exciting phase of my life!

Vivian Francesco &
Christian Ferreira
De Vasconcellos

How do you enjoy spending your free time?

Since August of last year, I have become a dad of two - Emilio is already 5 years old and Don Carlo is 7 months. Therefore, I like to spend my free time with our children, and we both attend to the childcare. We go on trips in nature and to zoos and museums. We play games, etc. Additionally, we have two large poodles and two naked cats who keep us busy. I like to meet friends, play some guitar and piano, learn Portuguese and collect DVDs/Reburns. In the evenings after work and once the kids are in bed, I like to watch a movie or a series - currently I'm very enthusiastic about the series This Is Us.

How do you get in to your happy child mode?

My two children in particular get me into my happy child mode, but so do the animals and my husband Francisco. There is a lot of fun and nonsense. A short anecdote: I was on my bike with Emilio and we passed a tombstone store:

Emilio: "Dad, what kind of tombstone do you want later?"
Me: "I don't care - you're welcome to pick it out for Dad."
Emilio: "OK, then I'll take a heart and on it I'll write: I love you with all my heart. You're the best dad in the world!"

These moments are so special for me and also activate my happy child mode.
And of course, there are also moments in therapy from time to time (especially when we are working on strengthening the happy child mode) that make me feel cheerful, happy and exuberant.

Are there any final thoughts you would like to share with the ISST family?

We are currently (pandemic, war) in a difficult time and crisis and therefore I think that the schema therapeutic approach and the healthy handling of our basic needs can make an important contribution. I would also like to thank all of our Schema therapy colleagues for their contributions and their help in forming our ultimate growth together. I wish that even more therapists (especially in the fields of children/adolescents and groups) could discover schema therapy for themselves and take further training in it. I think schema therapy is so effective and efficient and should be widely shared. I am happy to be a member of this great Schema Therapy family!

NEWLY PUBLISHED
SCHEMA THERAPY JOURNAL ARTICLES & BOOKS

Deliberate Practice in Schema Therapy

Authors:
Wendy Behary, Joan Farrell, Alexandre Vaz, and Tony Rousmaniere
Published by:
The American Psychological Association (APA)
(coming late 2022)

Annemarie Nicol, Anita S. Mak, Kristen Murray & Phillip S. Kavanagh (2022):

The relationship between early maladaptive schemas and the functions of self-injurious behaviour in youth

Clinical Psychologist,
DOI: 10.1080/1328207.20

ten Napel-Schutz, M.C., Vroling, M., Mares, S.H.W. et al.

Treating PTSD with Imagery Rescripting in underweight eating disorder patients: a multiple baseline case series study.

J Eat Disord 10, 35 (2022).
https://doi.org/10.1186/s40337-022-00558-1

DATES FOR YOUR DIARY

Upcoming schema therapy trainings and workshops:

May 6-7, 2022
NAVIGATING NARCISSISM

May 20, 2022
NAVIGATING NARCISSISM IN THE TREATMENT ROOM

Inspire 2022
ISST Biennial Conference
June 16-18, 2022
Copenhagen, Denmark
#inspire2022cph

ISST

International Society of Schema Therapy