Schema Therapy and
The Treatment of Eating Disorders

Presented by Jim Gerber, MA, Ph.D
Clinical Director for Castlewood Treatment Centers Missouri

Castlewood
Treatment Centers for Eating Disorders
ST. LOUIS, MO | MONTEREY, CA | BIRMINGHAM, AL
Schema Therapy Defined

• An integrative, unifying theory and treatment
• Designed to treat a variety of long standing emotional difficulties
• With primary origins in childhood and adolescence
• Conducted with couples, individuals and groups
• Combines elements of cognitive behavioral, attachment, emotion focused and psychodynamic theories
The primary origins of most severe personality disorders are unmet emotional needs in childhood, particularly those related to parental neglect and abuse.
The **Primary Goal** of Schema Therapy is to help Patient’s meet *Core Emotional Needs* in an adaptive manner, through healthy relationships.
Core Emotional Needs

• Secure attachment (*stable base*)
• Protection from harm and abuse
• Love, nurturing and attention
• Acceptance and praise
• Empathy
• Autonomy
• Validation of feelings and needs
• Realistic limits
What happens when core emotional needs are not adequately met?

*Specific maladaptive schemas, coping styles and modes develop.*

*As a result...*

- The patient’s capacity to form secure attachments and healthy relationships is impaired.
- The patient’s self esteem and emotional stability is impaired. Axis I and axis II disorders develop.
- Cognitive processing is distorted in situations relevant to specific unmet needs.
Definition of Early Maladaptive Schema

- A broad pervasive theme or pattern
- Comprised of memories, emotions, cognitions and neurobiological reactions.
- Developed in childhood and adolescence and elaborated through one’s life and...
- Dysfunctional to a significant degree.
Origins of Schemas

- Negative childhood and adolescent experiences
- Innate temperament
- Cultural influences such as socioeconomic status (SES) and religion
Schemas are categorized within five domains:

1. Disconnection and Rejection
2. Impaired Autonomy and Performance
3. Impaired Limits
4. Other-Directedness
5. Over-vigilance and Inhibition
Example: *Disconnection and Rejection*
- *Emotional Deprivation*- Expectation that one’s desire for normal degree of emotional support will not be adequately met by others.
- *Defectiveness/Shame*- The feeling that one is defective, bad, unwanted, inferior or invalid in important respects; or that one would be unlovable to significant others if exposed.

Example: *Other-Directedness*
- Approval-seeking/Recognition seeking-Excessive emphasis on gaining approval, recognition or attention from other people or fitting in, at the expense of developing a secure and true sense of self.

Example: *Over-vigilance and Inhibition*
- *Emotional Inhibition*- The excessive inhibition of spontaneous action, feeling or communication-usually to avoid disapproval by others, feelings of shame or losing control of one’s impulses.
- *Unrelenting standards/ Hyper-criticalness*- The underlying belief that one must meet very high internalized standards of behavior and performance usually to avoid criticism. This often manifests in perfectionism and rigid rules and “shoulds”.
Coping Styles and Responses

**Maladaptive Coping Styles:**
These are the ways that we adapt to distressing situations.

- Surrender Responses *(giving in)*
- Avoidance Responses *(running away)*
- Overcompensating responses *(fighting back in a dysfunctional way)*

**Common Coping Responses:**

- Surrender-compliance
- Avoidance- substance abuse, detachment, social isolation, stimulation *(workaholic)*
- Overcompensation-aggression, hostility, excessive self-reliance, manipulation, demandingness, perfectionism, over control
What are Schema Modes?

The specific emotions, cognitions, and behaviors that are currently activated.

- A mode is the predominant state that we are in at a given point in time *(including our neurobiological state)*
- Modes include whatever schemas, coping responses and healthy reactions are activated
- Patients flip from mode to mode in response to internal and external stimuli
Schema Phases

*Phase One:* Assessment and Education

*Phase Two:* Integration and Change
**Phase One: Assessment and Education**

**GOALS OF PHASE ONE**

1. Identify and educate patient about central life schemas
2. Link schemas to presenting problems and life history. Explore origins of schemas.
3. Bring patient in touch with emotions surrounding schemas.
4. Identify dysfunctional coping styles

**Identifying Life Patterns:**
- Look for life patterns related to current problems such as relationship problems, partner selection.
- Look for schema chemistry
- Link life patterns to schemas and coping responses.

**Assessing childhood and Adolescent Origins:**
- Discuss patient’s memories from childhood and adolescence.
- Link parenting behaviors with specific schemas and coping responses.
**Phase One: Assessment and Education (continued)**

*Emotion Focused Techniques for Schema Assessment:*
- Elicit upsetting childhood images with mother, father and other significant people.
- Set up dialogues.
- Ask patient what they need from attachment figure in each image.
- Link emotions from childhood image with image from a current life situation.
- Link child and adult images with schemas, coping responses and life patterns.

*Schema Therapy and Therapy Relationship:*
- Be alert for cues that patient’s schemas might be triggered in session.
  - Point out cues to patient.
- Collaborate to identify trigger event.
- Discuss which schemas and coping responses were activated.
- Link triggers in session to events in life.
Phase Two: Integration and Change

GOALS OF PHASE TWO - SCHEMA CHANGE STRATEGIES:
1. Cognitive; Restructure thinking related to schemas; develop healthy voice to create distance.
2. Emotion-focused: practice emotive exercises to vent anger and grieve early pain, empower patient.
3. Therapy relationship: Focus on therapy relationship to provide limited re-parenting, heal schemas, coping styles triggered in session.
4. Behavioral Pattern Breaking: rehearse behavioral and interpersonal changes related to presenting problems; break pattern of habitual life patterns.

Cognitive Worksheet:
• Evidence that I feel supports my schema...
• Healthy alternative view of evidence (retribution)....

Emotion Focused Techniques For Change:
• Imagery and dialogue for empowerment.
• Patient expresses anger and asserts rights appropriately in imagery and role play.
• Patient grieves for losses; faces and overcomes trauma
Phase Two: Integration and Change
(continued)

Behavioral Pattern Breaking:
• Clarify self-defeating behaviors (coping responses). That are part of life patterns. Review negative consequences and link to presenting problem.
• Patient keeps detailed, verbatim accounts of current situations that are part of cycle.
• Therapist models, then patient practices new responses to break cycle in imagery and role play.
• Therapist assigns homework; uses imagery to overcome avoidance and obstacles to change.

Strategies for Behavioral Avoidance:
• Identify obstacles through imagery and discussion.
• Link obstacles to schemas and modes (parts)
• Imagery exercise with healthy adult (self) coaching child through situation.
• Develop flashcard for patient to read before entering situation.
Schema Therapy and Eating Disorders

- Identify etiology of eating disorder through early attachment experience and unmet needs.
- Identify schemas directly related to eating disorder behavior / urges / patterns
  - *This would include beliefs but also emotional reactions, activation of memory system and behavioral patterns.*
- Link eating disorder to source injuries.
  - *Through use of imagery link eating disorder behaviors that are ego syntonic to developmental injuries as way to shift to ego dystonic.*