

CHAPTER 1

Introducing *Experiencing Schema Therapy from the Inside Out*

Welcome to *Experiencing Schema Therapy from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*. This work is the result of many years of facilitating therapist groups with the goal of applying schema therapy (ST) to oneself and then reflecting on the process of that experience—what it means for you personally and what it means for you professionally in terms of understanding your clients’ experiences and the ways you work with them. Both of us believe that the self-practice/self-reflection (SP/SR) process is an important, if not critical, component of psychotherapy training. The self-practice component is only half of the SP/SR experience. The other equally important component is self-reflection. The reflective questions move the SP/SR participant from personal experience to the professional implications. This is the difference between SP/SR and personal therapy, which focuses primarily on the personal experience. SP/SR is designed as a targeted, focused training strategy that makes an explicit link between the personal and the professional with a focus on both (Bennett-Levy, Thwaites, Haarhoff, & Perry 2015).

We have led 1-day ST SP/SR programs in ten countries over the last 10 years as part of the ST training we provide. Our belief in the benefits of SP/SR is based on our personal experience, feedback from psychotherapists in our trainings, as well as the research findings that support it (summarized in Bennett-Levy et al., 2015). We have both experienced a SP/SR-type group and personal individual therapy. We consider the self-practice of ST as a possibly ongoing, lifelong process. We feel that the work we did in our training years contributed to strengthening our Healthy modes and allowing us to stay grounded during the years that we worked with challenging and creative clients with severe personality disorders. The feedback from participating therapists, which is excerpted at the beginning of the book, has been very positive in terms of therapist self-awareness, understanding ST interventions, and in a better understanding of clients’

experiences. As practicing psychotherapists and educators, the opportunity to write this volume and bring the experience of ST to an even larger group of therapists was very appealing to us. We know of no other SP/SR workbook using ST interventions.

In this chapter, we provide a brief introduction to SP/SR, discuss the rationale for including this component in ST training more specifically, briefly summarize the research evaluating SP/SR, and provide a “floor plan” of the rest of the book.

What Is SP/SR?

SP/SR is a training program for psychotherapists that combines guided self-practice with written self-reflection. It provides a structured experience of using ST interventions on yourself, followed by questions to assist your self-reflection. The self-reflective questions include reflection on your experience of the intervention, how you think this experience will affect your understanding of and work with clients, and how it affects your understanding of ST. The steps that we go through in the 20 modules of the program are essentially the same progression that we use in ST with clients. The difference in this therapist workbook, compared to our client workbooks, is that we provide some information on the “whys” of the interventions and directions on implementing them in your practice, while still holding the focus on your experience. For more information on ST and the implementation of ST interventions, see Farrell and Shaw (2012) and Farrell, Reiss, and Shaw (2014).

The Rationale for SP/SR

The workbook is designed to be of benefit to a wide range of therapists and students of psychology. You may be interested in learning more about ST, you may be at the beginning of training in ST, or you may be an experienced certified schema therapist and supervisor. Psychotherapists undergoing self-psychotherapy is a tradition that dates back to Freud. Traditional individual therapy focuses on the self of the therapist. The ability of the therapist to identify, reflect upon, and constructively utilize the content of his or her beliefs, assumptions, emotions, and behaviors, triggered by the interpersonal process of the therapeutic relationship, is seen as an important part of successful treatment outcome in cognitive therapy (Safran & Segal, 1996). Most psychotherapists who undertake training in ST have the experience of completing a self-assessment, including the Young Schema Questionnaire (YSQ) and the Schema Mode Inventory (SMI), which allow them to identify their early maladaptive schemas and schema modes. They also formulate their own ST case conceptualization using the same format as clients. Being able to recognize and respond to one’s own schema activation and mode triggering when working with a client is a fundamental part of training and supervision in ST. Haarhoff (2006) identified the most common schemas found in therapists in training to be themes of unrelenting standards, entitlement, and self-sacrifice. She suggests that it is important

in therapists' training and supervision to facilitate understanding about the potential therapy-interfering effects of these schemas being activated in work with clients. She speculated that the entitlement schema might be an overcompensation for the discomfort of the learner's position. Self-reflection is an essential part of ST supervision. The conscious understanding of one's own emotions, feelings, thoughts, and attitudes at the time of their occurrence and the ability to continuously follow and recognize them are among the most important abilities of both therapists and supervisors.

The importance of the self of the therapist is emphasized in the ST model. The ST model postulates that psychological problems in adulthood originate from deficits in core needs being met in childhood and adolescence. Consequently, gaps in emotional learning occur, which in cases of healthy development are filled by parents or early caregivers. In ST, unmet needs and developmental gaps (e.g., insecure attachment) are filled through corrective emotional experiences with the therapist (or group). For this reason, Young (Young, Klosko, & Weishaar, 2003) named the therapist style of ST "limited reparenting." In limited reparenting, a schema therapist must be able to be present and attuned to the client, and be a Good Parent who, within professional bounds, is warm, caring, and validating; supports emotional awareness and expression; sets limits when needed; and ultimately supports autonomy. These functions require a good deal of self-awareness in the therapist, comfort with his or her own and the client's emotions, and interpersonal skills. Self-therapy is encouraged and at times strongly recommended for psychotherapists in ST training. Therapists receive credit for these hours toward international certification as a schema therapist. A day of group ST self-practice is a required part of the certification process for group ST. In addition, dyadic or group role-play practice is a large component of ST training, which gives therapists another opportunity to experience the interventions, albeit by playing a client role. The focus on role play in the training of schema therapists is supported by the finding that therapists whose training includes a large amount of intervention practice have better treatment outcomes than those whose training is primarily didactic (Ten Napel-Schutz, Tineke, Bamelis, & Arntz, 2016). The self-reflection component employed here facilitates specific reflection on how your experience of self-practice affects both your understanding of your clients and your future practice with them. Thus, it goes beyond the focus on personal self-awareness of individual psychotherapy for therapists and specifically focuses the effects of SP/SR on professional practice. SP/SR has the potential to benefit both your personal and professional lives.

Research Findings: The Benefits of SP/SR for Psychotherapists

Our belief in the benefits of SP/SR from many years of leading workshops has been strengthened by the empirical validation provided by the research of Bennett-Levy and associates for the cognitive-behavioral therapy (CBT) version of these programs. The empirical validation of CBT SP/SR is thoroughly described in Bennett-Levy et al. (2015) and recent journal articles (Davis, Thwaites, Freeston, & Bennett-Levy, 2015; Haarhoff,

Thwaites, & Bennett-Levy, 2015; Farrand, Perry, & Linsley, 2010) We briefly summarize those findings here and refer you to the original publications for more detail.

The growing body of empirical research evaluating SP/SR for CBT demonstrates that the program enhances understanding of the model, CBT skills, confidence as a therapist, and belief in the model. Participants report “a deeper sense of knowing” the therapy. They also report enhanced reflective skills, a key metacognitive competency important for therapists’ continued learning. SP/SR has also demonstrated changes in therapist attitude toward clients, with enhanced interpersonal skills and increased empathy for clients. Participants report insights and changes in the “personal self” and the “therapist self,” enhanced reflective capacity, and use a more individualized approach to each client.

Through self-practice, therapists experience the difficulties of change that clients are asked to take on. There appear to be benefits for both novice and experienced practitioners. Psychotherapists with less experience report benefits in the area of declarative knowledge and intervention skills. Those with more experience report benefits in interpersonal skills, enhanced artistry, and metacompetencies such as flexibility and reflective capacity. There are even some therapist reports that SP/SR may also increase therapist resilience and decrease the propensity for burnout (Haarhoff, 2006). Bennett-Levy et al. (2015) suggest that SP/SR has the potential to play an important and unique role in therapist training and development because it integrates declarative understanding with procedural skills, integrates the conceptual with the interpersonal and technical, and enhances communication between the personal and therapist selves. Although as yet untested, it is reasonable to assume that the same effects would be found for ST SP/SR.

An Orientation to the Chapters and Modules of the Workbook

In **Chapter 2**, we provide a summary of the conceptual model and the interventions of ST. This is a helpful summary for those who have not completed ST training and a frame of reference for the workbook for those familiar with ST. We refer you to some of the key texts on the ST model for further study. We suggest *Schema Therapy: A Practitioner’s Guide* (Young et al., 2003) for theory and *The Schema Therapy Clinician’s Guide* (Farrell et al., 2014) and *Schema Therapy in Practice* (Arntz & Jacob, 2012) for interventions. For interest in treating specific disorders, we recommend *Disarming the Narcissist* (Behary, 2014) and *Group Schema Therapy for Borderline Personality Disorder* (Farrell & Shaw, 2012). *The Wiley–Blackwell Handbook of Schema Therapy* (van Vreeswijk, Broersen, & Nadort, 2012) is another excellent resource, with chapters on various areas of ST written by many of the leading ST experts.

Chapter 3 addresses you as a participant and provides suggestions about how to approach the workbook modules and the process of self-reflection. Therapists do not necessarily know how to reflect. This section contains a structure for self-reflection and suggestions for building your reflective skills. Self-care is also addressed, as this is still a neglected area in the training of therapists and one for which we think it is important

to develop an individual plan. Taken together the first three chapters are designed to enhance your engagement with SP/SR and to support your efforts to derive the most benefit from *Experiencing Schema Therapy from the Inside Out*. **It is crucial to read Chapter 3** before beginning the modules, as it addresses the critical topic of developing a “safety plan” for yourself.

Chapter 4 describes the use of the workbook in a group format. We have presented SP/SR to groups of therapists ranging from psychology interns and psychiatry residents to experienced ST supervisors. For all, the experience is one that leads to both new self-awareness and increased awareness of their clients’ experience in ST. The experience of one’s Vulnerable Child mode being triggered in an exercise increases a therapist’s understanding of the courage it takes for our clients to connect with this mode. Facilitating an SP/SR program is not that different for ST supervisors than ST group supervision, as ST supervisors must fill the roles of supervisor, mentor, and a therapist using limited reparenting. Facilitating a SP/SR group is different from leading a client group, but we have found that the reparenting stance—for example, stating that “you will be protected when in the Vulnerable Child mode”—is equally important for therapists and clients to hear. A key element in fostering engagement with the SP/SR process is ensuring that participants feel safe in sharing self-reflections. In Chapter 4 we discuss the guidelines that we have found useful for both SP/SR facilitators and participants.

The 20 modules of ST SP/SR are presented in six parts that are based roughly upon the phases of ST: bonding and safety, assessment and conceptualization, mode change work (divided into cognitive, experiential [emotion-focused], and behavioral pattern-breaking interventions), and autonomy. The progression of the modules mirrors the steps through which we proceed with clients. The modules are consecutive, and we suggest that you follow them in order as they build on each other. There are some important differences in this therapist workbook compared to our client workbooks. We provide information on the “whys” of the intervention and on implementing the interventions in “Notes” sections. Examples are given for each exercise based on three therapist examples, which we describe in Chapter 3, and there are self-reflective questions for each module. Since this is a self-practice workbook, another difference is that in Module 13 you will review the work you have done so far and decide whether to go forward with a deeper level of experiential work for the Child modes or skip to the Healthy mode work of Modules 19 and 20.

The Modules of the Workbook

- Part I. Setting the Stage for Doing Self-Practice/Self-Reflection
- Part II. Understanding Your Identified Problem Using Schema Therapy Concepts
- Part III. Planning Change: Self-Monitoring, Problem Analysis, and Goals
- Part IV. The Beginning of Change: Mode Awareness and Mode Management
- Part V. Experiential Mode Change Work
- Part VI. Maintaining and Strengthening Change

The Structure of the Workbook Modules

Module 1 provides some safety measures to use as you go through the workbook. These should be included in your personal safety plan, as described in Chapter 3. Module 2 has self-assessment questionnaires on quality of life and selected questions from the YSQ and the SMI. The remaining workbook modules are organized under the following sections:

- **Notes:** additional theoretical or clinical material for psychotherapists that put the module into the context of ST.
- **Example:** from one of the three therapists.
- **Exercise:** the self-practice section.
- **Self-Reflective Questions.**
- **Therapy Assignment** (not every module has this section).

Some of the modules have more than one exercise. You may decide to do one exercise per session and return the next time to the second exercise. Thus, you may spend a week on one of the modules, and 3 weeks on another that has more exercises. Go at your own pace. We suggest that you decide the number of hours you are willing to commit per week and then stick to it.

Your Engagement in SP/SR

Engagement in the SP/SR process is highly correlated with the level of benefit (Bennett-Levy & Lee, 2014). It is not surprising that engagement would affect benefit with SP/SR, just as it does for clients in ST. Some of the factors found to affect engagement include whether participation is mandatory (e.g., a requirement of a training program), optional (e.g., at the workplace but without any checks), and the amount of safety and protection of privacy provided. We suggest that if you decide to use the workbook, it means that you are able to commit some amount of regular, consistent time to it and to use the medium (self-led, in pairs, or group) that provides the safety and privacy that you need. It is something that you can do in stages, as we suggest in the evaluation of Module 13. It may be time to do some of the cognitive work, but not the emotion-focused or experiential work. Of course, keep in mind that to meet adherence requirements for ST, all three components must be integrated: cognitive, experiential, and behavioral pattern breaking. We expect that this work will make a difference in your personal life and therapist life just as it has for many therapists before you.