

Fine Tuning Chair Work in Schema Therapy

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Introduction

Chair work is a powerful experiential technique that enhances mode work within schema therapy. The approach, with its origins in Gestalt Therapy, is now a key feature of schema therapy work, and often noted by clients as a key element of change.

This DVD set aims to provide a solid foundation in skills for those that are beginning to use chair work within a Schema Therapy context. Furthermore, it provides more experienced schema therapists with examples of how to work with challenging and difficult situations frequently observed in clinical contexts. Additionally, several scenes demonstrate the use of chair work in other areas outside of schema therapy, such as cognitive behaviour therapy and within addiction treatment.

The DVD centres around two fictional characters: “Nicky” presenting with a borderline personality disorder and complex trauma background; and “Greg” presenting with chronic depression, alcohol abuse, and PTSD.

DVD 1- Shows chair work in various situations and contexts.

DVD 2- Shows challenging situations for therapists when using chair work, as well as ways to manage situations that would typically block the effective use of chair work.

DVD 3- Shows the use of Chair work within “specialist” areas. It also contains scenes showing common therapist pitfalls and mistakes when completing chair work.

DVD 1 Chair Work

- 1 Chair work- Showing a Client a Case Formulation
- 2 “Moding Out” a Recent Trigger
- 3 Using Gestures in Mode Work
- 4 Reasoning with Detached Protector Mode
- 5 Interviewing the Detached Protector- History and Function
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- 7 Therapist Reasoning with the Compliant Surrenderer
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- 12 Using Chair Work to Re-Parent the Vulnerable Child Mode
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DVD 2 Chair Work - Challenges

- 1 Resistance to Chair Work
- 2 Resistance- I’m Not Moving- Therapist “Works Around” the Client
- 3 Therapist plays the Vulnerable Child Mode to Highlight Needs and Feelings
- 4 Detached Protector- “I have no Vulnerable Side” - “Contamination” of the Chairs
- 5 Helping Client Identify the Healthy Adult
- 6 Multiple Chairs; Bringing in Additional Chairs When Other Modes are Activated
- 7 Strengthening the Healthy Adult; Therapist Plays Coping Mode
- 8 Chair work- Pushing for Healthy Anger
- 9 When a Client Still Doesn’t Budge- “Not a Part of me, it’s all of me”.
- 10 Working with the Self Aggrandiser Mode

DVD 3 Specialist Areas and Therapist Pitfalls

Specialist areas

- 1 Drug and Alcohol Working with Punitive Parent Mode in Relapse
- 2 Alcohol Use and Decisional Balance, Motivation and Detached Protector
- 3 Decisional Balance- Leaving a Relationship
- 4 Chair work in an Axis I treatment (OCD example)

Therapist Pitfalls

- 5 Grief Work- Saying Goodbye to a Loved One.
- 6 Therapist Pitfalls- Chairs in Wrong Location, Lack of Therapist Strength
- 7 Therapist Pitfalls- Mode Work Done Wrong- Coping Mode
- 8 Therapist Pitfalls- Mode Work Done Wrong- Parent Mode
- 9 Therapist Pitfalls- Therapist Having Difficulties Differentiating Modes

DVD 1 Comments on Scenes

1 Chair work - Showing a Client a Case Formulation

In the early stages of treatment, it is essential for clients to have a clear formulation in mode terms. Here, the therapist uses chair work to help describe a formulation and provide a cognitive understanding of the interplay of modes in the client's life and within treatment.

2 "Moding Out" a Recent Trigger

Increasing the client's awareness of mode activation in their life is an essential early focus in treatment. Client triggers outside the session can be "moded out" via the use of chairs. As a result the client gains an understanding of the internal dynamics and struggles between different modes.

3 Using Gestures in Mode Work

Mode work can also be demonstrated using gestures rather than more formal chair work. This process can serve as a first step towards working with chairs, with modes being pointed out as separate "parts" of the client. The therapist identifies different modes and describes the interplay of different modes without moving the client.

4 Reasoning with Detached Protector Mode

The therapist does not take a directly adversarial stance towards coping modes (since coping modes have been helpful for the client in surviving difficult circumstances). In this scene, the therapist aims at using empathic confrontation (via the use of an empty chair) to assist in weakening the presence of the mode. The therapist acts to respect the mode's function, but at the same time challenging its impact on treatment.

5 Interviewing the Detached Protector- History and Function

In contrast to situations where schema mode work can be more combative, in some occasions (often earlier in treatment), it is more suitable for the therapist to "interview" the mode. Such an approach develops a ego-dystonic relationship between the client and the mode, as well as assisting the client to gain a better understanding of its history and function.

6 Using Empathic Confrontation with The Overcompensation Mode

It is essential for the therapist to bypass cynicism and connect to the part of the client that feels vulnerable. In this scene, the therapist places "Tough Greg" into a chair and uses empty chair work to empathically confront the mode and works towards bypassing its impact.

7 Imagery Rescripting Using Fantasy

The therapist identifies the compliant "good girl" side and uses chair work to assist in mode awareness and to manage compliance and high risk behaviour within a substance misuse context.

8 Therapist works with the "Punisher" Mode - Not Parent Focused

There are circumstances where it is not ideal to directly refer to punitive

sentiments in mode work as being directly from a specific parent. In such cases, the origins of such punitive reactions may be from various sources, or specifically noting a punitive parent complicates the exchange. Here the therapist refers to the punitive sentiments as "The Punisher" and uses strong tones to end punitive sentiments. The position of chairs is also important, with the "punisher" seat being placed away from the therapist and patient, with the parent mode being "glued" to the seat.

9 Therapist Works with the Punitive Parent Mode - Parent Focused

There are circumstances where punitive sentiments have been internalised from a specific caregiver. Here, the therapist draws upon the formulation and assessment, noting how the client is responding to themselves in a similar way to how his father would have responded. The therapist stands and uses physical gestures as a way to increase the protective sentiments.

10 Client Confronts the Punitive Mode

Later in treatment, once the client's Healthy Adult mode has been strengthened, the client is encouraged to respond from their Healthy Adult mode. The therapist may use coaching statements to enhance emotional responses.

11 Therapist Reasoning with the Demanding Parent

Demanding caregivers generally have good intentions. Criticism is directed at achievements not the person as an individual. As a consequence, fighting these internalized messages should be based on an argument and should match the strength of the demanding antagonist. Therapists should not be caught in lengthy engagement with the demanding parent mode, instead focusing on providing a healthy response and argument to such sentiments.

12 Using Chair Work to Re-Parent the Vulnerable Child Mode

Directly providing care and compassion to some clients may be in itself triggering and difficult. Here the therapist moves the client into the chair of the therapist as the therapist models the healthy adult mode by providing compassionate statements and care.

13 Coaching Client's Healthy Adult to re-parent their Vulnerable Child

Clients need to learn how to comfort and provide care for the vulnerable child mode. Encouraging the client to provide compassionate, caring, and supportive statements can be made via speaking to the empty chair (representing the vulnerable child mode).

14 Client Confronting a Parent About Abuse

In the middle and later stages of therapy, the patient is encouraged to access feelings of anger and protest towards antagonists who played a role in abuse. By standing up to the abusive party, the client can enhance feelings related to reattribution and empowerment.

15 Chair work to Manage Homework Avoidance

By putting the avoidant mode in the chair, the therapist can help the client to understand the blocks that are leading to non-compliance with an earlier agreement, and reflect on how such themes impact their life.

DVD 2 Comments on Scenes

1 Client Doesn't Want to do Imagery: "Stealth Imagery"

Completion of experiential work is essential in Schema Therapy. On occasion, clients can be resistant in completing emotionally focused work. Here the therapist identifies and works with the detached protector mode "that doesn't want to do chair work".

2 Resistance- I'm Not Moving- Therapist "Works Around" the Client

A client unwilling to move in a chair work exercise does not mean that a mode dialogue cannot take place, or a coping mode cannot be bypassed. Here, the therapist validates resistance in the client, taking a non-adversarial stance and places the avoidant mode in a chair. In addition, care and nurturance is provided whilst engaging with the coping mode (with the vulnerable child mode "listening in").

3 Therapist plays the Vulnerable Child Mode to Highlight Needs and Feelings

The therapist takes the role of the vulnerable child mode, and asks the client to play the role of the detached protector. In the exchange of arguments, the therapist can provoke the client to be aware of deeper feelings and needs, and at the same time provide a counter argument resulting in dissonance and weakening of the coping mode.

4 Detached Protector- "I have no Vulnerable Side"- Contamination of the Chairs

The therapist initially attempts to use chair work to bypass the detached protector, however the client remains fused to the "detached side" and reports not feeling any different. The therapist sits in the Vulnerable Child seat and uses emotive language to "contaminate" the chair with emotional content. Asking the patient to repeat the emotional words is an extra attempt to bypass the Detached Protector.

5 Helping Client Identify the Healthy Adult

Clients are often fused to parent modes and can frequently view their punishing or demanding views as "healthy". Here, the therapist helps the client to compare and contrast between sentiments of the punitive parent and that of the healthy adult.

6 Multiple Chairs; Bringing in Additional Chairs When Other Modes Are Activated

Frequently, mode flipping is observed when completing experiential work. In this situation, new modes arise and need to be identified and worked with in the moment. In this scene, the therapist identifies a punitive parent mode that is interfering with work with the detached protector, and helps the client understand the interplay of modes by using additional chairs.

7 Strengthening the Healthy Adult; Therapist Plays Coping Mode

Later in treatment the client is able to reflect and implement a healthy adult stance. The therapist plays the "voice" of the coping mode, inviting the client to respond to the sentiments of the coping mode and thereby assisting the client in challenging their own tenancies to avoid.

8 Chair work- Pushing for Healthy Anger

Displaying anger can be an essential ingredient for change and a key element to the healthy adult mode. In this clip, the therapist uses chairwork to assist the client to access "healthy anger", resulting in empowerment and reattribution.

9 When a Client Still Doesn't Budge - "Not a Part of me, it's all of me".

Clients sometimes have difficulty accepting the concept of modes (since a mode is a strong emotional state that is experienced as 'the truth'). The therapist needs to hold on to the concepts of modes, and the use of chairs helps in that process to disentangle the critical messages from the natural emotional response to them.

10 Working with the Self Aggrandiser Mode

Empathic confrontation is used to point out the coping mode to the patient. The therapist explains in a personal way the effect of this mode on the therapy relationship and links that to patterns in other relationships in the clients' life. Once the client accepts his schema driven behaviour, chair work can help the client become more aware of this mode and the emotional needs behind it.

DVD 3 Comments on Scenes

1 Drug and Alcohol Working with Punitive Parent Mode in Relapse

The client describes a recent relapse into drinking and reports being angry at herself for being in this situation. The therapist separates the Punitive parent (critic) from the vulnerable child (criticised). Client is ashamed for relapsing into an episode of drinking and is angry at herself. The therapist separates out the punitive “criticiser” that is blaming herself for relapsing.

2 Alcohol Use and Decisional Balance, Motivation and Detached Protector

Motivation to change is a central element in drug and alcohol treatment. Here, the therapist uses chair work to clearly identify the sentiments of the “drinker side” and that of the healthy adult. A focus on emotional aspects to continued alcohol use is made to increase motivation to change and manage a “high risk” scenario.

3 Decisional Balance - Leaving a Relationship

Making key life decisions can be triggering, often resulting in clients using avoidance and denial. Here the therapist gives the client an opportunity to identify mixed feelings related to a decision (from the healthy adult perspective). The therapist provides a neutral position allowing for a space for pros and cons to be identified, allowing the healthy adult to overview the process.

4 Chair work in an Axis I treatment (OCD example)

A strong automatic belief in the treatment of OCD can be identified as a mode. Chairwork can help the client create some cognitive distance and allow for greater reflection when Socratic questions are implemented by the therapist.

5 Grief Work - Saying Goodbye to a Loved One.

Writing a letter to a deceased loved one is a well-known way of assisting people with grief. The use of chair work enhances the effect of this method; by reading the letter to the chair of the loved one, the patient will believe it more when she talks about letting go of the grief and the need to move forward.

6 Therapist Pitfalls- Chairs in Wrong Location, Lack of Therapist Strength

The therapist responds but it is flat in approach and unconvincing, too cognitive. As a result, the client does not feel the intervention is helpful and becomes more fused to the punitive parent mode- the client is underwhelmed by the therapist’s intervention.

7 Therapist Pitfalls - Mode Work Done Wrong- Coping Mode

Directly challenging the coping mode while the client is in the chair of the coping mode can result in the client becoming more defensive and fused to the sentiments of the mode.

The feeling of being “backed into a corner” with this direct approach is not helpful in the process of building up more awareness and understanding of the coping mode and the function it serves.

8 Therapist Pitfalls - Mode Work Done Wrong- Parent Mode

Due to the lack of strength and tone in their voice, the therapist is not convincing in combatting the parent mode. In addition, the chairs are in the wrong position, with the therapist addressing the parent mode with the client sitting in the chair of that mode. Such a direct confrontation to the client may lead to further anxiety and shame as the client feels criticised and challenged.

9 Therapist Pitfalls - Therapist Having Difficulties Differentiating Modes

In this scene the therapist incorrectly identifies the anger that is displayed by the client as being from the Angry Child mode (rather than the angry protector which does not want to feel vulnerable).

Therapists

Christopher Hayes, Clinical Psychologist

Chris holds advanced Schema Therapy accreditation and is Director of Schema Therapy Training Australia. He is also currently employed as a Clinical Psychologist at the Health Department of Western Australia within a specialist government health service for sexual trauma. Since 2006, Chris has presented Schema Therapy and imagery workshops, supervision and training in Schema Therapy in Australia, Asia and Europe. He has also served as Board Secretary for the International Society of Schema Therapy.



Remco van der Wijngaart, Psychotherapist

Remco specializes in borderline personality disorder patients, patients with cluster C personality disorders, as well as anxiety and depressive disorders. He works in his private practice in Maastricht, the Netherlands. Since 2000 Remco has frequently given workshops, training courses, and supervision in Schema Therapy worldwide. In collaboration with Professor David Bernstein, some of these workshops were aimed at working with forensic patients. He produced and directed several DVD productions such as "Schema therapy, working with modes" which is considered to be one of the essential instruments in Schema Therapy training.



Sally Skewes, Clinical Psychologist

Sally Skewes is a Clinical Psychologist who shares her time working in both government and private settings with complex cases. Sally is certified as a Schema Therapist and Supervisor with the International Society of Schema Therapy. Sally has co-authored book chapters and articles on Schema Therapy, and has presented workshops on Schema Therapy. Sally trains schema therapists in Australia.



Kirsty Gillings, Clinical Psychologist

Kirsty is a Consultant Clinical Psychologist and an advanced certified schema therapist, supervisor and trainer. She has significant experience working with addictive behaviours, complex trauma and personality disorders. She currently works in the National Health Service in Scotland, specializing in the psychological treatment of psychosis and other chronic mental health conditions.



Client roles

"Nicky" (Actress Katie Keady)

Nicky is diagnosed with a Borderline Personality Disorder and has a history of drug use (she is currently abstinent)..



"Greg" (Actor Andrew Hale)

Greg has been diagnosed with chronic Depression and Posttraumatic Stress Disorder..



