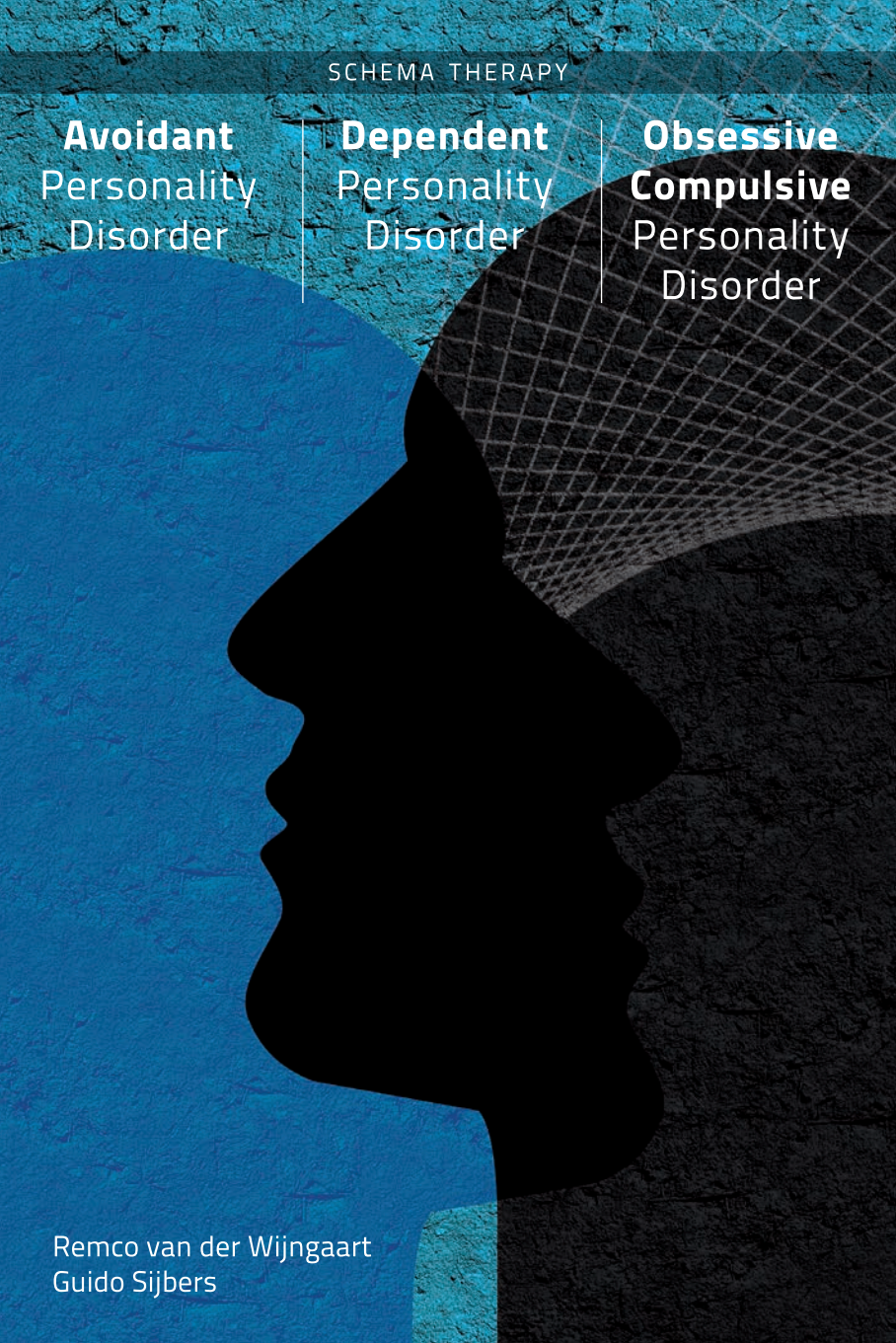
SCHEMA THERAPY

Avoidant Personality Disorder

Dependent Personality Disorder

Obsessive Compulsive Personality Disorder



Remco van der Wijngaart
Guido Sijbers

INTRODUCTION

The Avoidant, the Dependent and the Obsessive-Compulsive Personality Disorder are often diagnosed in clinical settings. Due to the greater predictability of the associated behavior and the less frequent crisis situations, these personality disorders are often initially considered as less problematic. But over the course of the treatment, the particularly rigid nature of this type of personality disorder poses a real challenge for the therapists (Arntz, 2010)[1]. Schema Therapy methods and techniques should therefore be adapted to treat these particular disorders, while also taking into account that each one of them also requires a different therapy style, one that promotes respectively self-expression, autonomy, or spontaneity and play.

This DVD series aims to provide an overview of the methods and the techniques that are suitable for treating these patients and to emphasise the differences in therapy style pertaining the therapist also changes his/her style and technique over the course of the therapy. As a rule, the therapist guides the patient in the beginning of the therapy, and in later phases pushes the patient more assertively in the direction required to each specific disorder. By showing interventions both at the start and at the end of therapy, the viewer can see how.

1 Arntz, AR. (2010), Schematherapie bei Cluster-C-Persönlichkeitsströrungen. In E Roediger & G Jacob (eds), Fortschritte der Schematherapie: Konzepte und Anwendungen. Hogrefe-Verlag, pp. 146-182

DVD 1 | presents the Avoidant Personality Disorder, characterised by a strong avoidant coping style. The therapy is centred around the need for self-expression and self-reliance.

DVD 2 | focuses on the Dependent Personality Disorder, a pathology that leads patients to surrender to other people's needs. The scenes in this DVD show the therapist focussing on autonomy and increasingly pushing the patient for more autonomous behaviour over the course of the therapy.

DVD 3 | centres around the Obsessive-Compulsive Personality Disorder
Patients suffering from this disorder cope by overcompensating, acting with rigidness and excessive control, and display an unmet need for spontaneity and play.

INDEX DVD 1

Avoidant Personality Disorder

1 Different modes played at random (Avoidant Protector; Vulnerable Child Mode; Guilt Inducing Parent; Healthy Adult Mode) (3:44 min)

Avoidant Protector

2 Empathic confrontation - start of therapy (9:11)
3 Empathic confrontation – halfway through therapy (9:25)
4 Chair work - start of therapy (10:00)
5 Chair work - end of therapy (8:08)

Guilt Inducing Parent

6 Imagery rescripting - start of therapy (10:56)
7 Imagery rescripting - halfway through therapy (10:00)

Vulnerable Child mode

8 Pushing for self-expression and validation of needs (9:15)

Healthy Adult

9 Start of therapy (6:40)
10 Halfway throughtherapy - preparing for behavioural change (10:37)
11 End of therapy - pushing for behavioural change (7:40)

INDEX DVD 2

Dependent Personality Disorder

1 Different modes played at random (Compliant Surrender; Dependent Child Mode; Punitive Parent Mode; Angry Child Mode) (3:53)

Compliant Surrender

2 Empathic confrontation - start of therapy (9:58)
3 Empathic confrontation - end of therapy (7:03)
4 Chair work - start of therapy (11:16)
5 Chair work - end of therapy (8:56)

Punitive Parent

6 Imagery rescripting - start of therapy (8:06)
7 Imagery rescripting - end of therapy (9:21)

Angry Child

8 Pushing for the expression of anger (5:07)

Healthy Adult

9 Pushing for autonomy - halfway through therapy (8:45)
10 Pushing for autonomy - end of therapy (6:40)

INDEX DVD 3

Obsessive-Compulsive Personality Disorder

1 Different modes played at random (Perfectionistic Overcontroller; Self Aggrandizer; Demanding Parent Mode; Vulnerable Child Mode; Angry Child Mode; Healthy Adult) (4:48)

Perfectionistic Overcontroller

2 Empathic confrontation - start of therapy (9:00)
3 Empathic confrontation – halfway through therapy (8:06)
4 Chair work - start of therapy (contaminating chairs) (9:46)
5 Chair work - end of therapy (10:25)

Demanding Parent Mode

6 Imagery rescripting - start of therapy (10:25)
7 Imagery rescripting – halfway through therapy (8:55)

Vulnerable Child Mode

8 Pushing for spontaneity and play (8:53)

Healthy Adult

9 Visualising the Healthy Adult - start of therapy (9:31)
10 Pushing for behavioural change (7:00)
11 Strengthening Healthy Adult - end of therapy (8:25)

1 | Different modes played at random
We can see an Avoidant Protector, a Vulnerable Child Mode, a Guilt Inducing Parent and a Healthy Adult Mode.
The expression of emotions has not been stimulated in these patients. The vulnerable emotions are harder for the patient to hide, once she allows herself to relate to them. It is often harder to get access to the anger, which is one of the important goals in this therapy.

Avoidant Protector

2 | Empathic confrontation - start of therapy
The coping mode has to be confronted early in the therapy since it has a strong influence on the therapy relationship. In this stage of the therapy, the therapist has to focus more on the empathy aspect of the treatment then on confronting the patient about her behaviour.

3 | Empathic confrontation - halfway through therapy
At this point in the therapy, the therapist-patient relationship is stronger. This allows the therapist to push harder and be more confrontational. As the Avoidant Protector is increasingly asked to make room for the Vulnerable Child Mode, the messages of the Parent Mode become more obvious. The therapist shows her that he has confidence in her ability to learn to deal with her vulnerability. And in order for her to do so, she must start to feel this vulnerability during the sessions.

4 | Chair work - start of therapy
To build a working alliance with the patient, the therapist needs to know her coping mechanisms inside out and understand why they prevent her from connecting with her primary emotions. Once it becomes clear why this disconnection from her primary emotions offers the patient an illusion of safety, the therapist can build a case against dealing with emotions and needs in this fashion.

5 | Chair work - end of therapy
In this chair exercise, the patient learns to distinguish between the maladaptive modes and the Healthy Adult Mode, but also learn how to instantly switch back to her Healthy Adult Mode. She also learns she may have to incorporate this therapy work in her daily life in order to achieve behavioural change.

Guilt Inducing Parent

6 | Imagery rescripting - start of therapy
In this imagery rescripting session, the therapist shows the patient how to set limits and resist these guilt inducing messages. Because the patient's loyalty to her mother is obvious, he addresses her gently. Nevertheless, he is still pushing steadily towards his goal.

7 | Imagery rescripting - halfway through therapy
Roughly halfway through the therapy, the therapist increasingly coaches the patient to connect with her Healthy Adult side as means of opposing the Parent Mode. At the same time, he comforts and supports the Vulnerable Child Mode so that she may gradually learn to voice out and find the right words to express her needs and feelings.

Vulnerable Child mode

8 | Pushing for self-expression and validation of needs
In this instance, the therapist focuses on helping the patient connect with her own needs and express them. Needs change over time and these patients needs to learn to be aware of this. This exercise is helps the patient learn to connect with her needs.
The therapist validates therefore any need expressed by the patient, even if the patient says she wants to stay home or go to bed, as long as the patient checks in on her needs every hour. Patients often reply to this question by saying they don't need anything. In this case, the therapist may respond that needs are always there, but it's sometimes difficult to connect to them.

Healthy Adult

9 | Start of therapy
The therapist can safely assume that the Healthy Adult Mode is only partially present at the early phases of the therapy. Nonetheless, at this point, the patient may not be able to use her healthy repertoire by herself yet. Therefore, the therapist has to take the lead in this process, gradually teaching the patient to build on the Healthy Adult Mode, even if she is not yet capable of connecting or feeling it independently.

10 | Halfway through therapy - preparing for behavioural change
At this stage of the therapy, the coping mechanism is still quite strong, enticing the patient to choose the 'safest" strategy. And yet, the patient had the time to develop a stronger awareness of her basic core needs, and subsequently a wish for change. Preparing for this behavioural change requires the patient to strengthen the Healthy Adult Mode. This mode is aware of the vulnerable emotions and is doing what needs to be done in order to have basic core needs fulfilled in a better way. In this session, the first step towards achieving a strong Healthy Adult Mode is an imaginary one - exploring what one would wish for or would like to do. The second step is to seek a realistic move that would suit the patient at this point in her life.

11 | End of therapy - pushing for behavioural change
The therapist is very attentive to all the steps the patient is taking to implement the Healthy Adult Mode. He compliments her a lot for the hard work she is doing, boosting her confidence. As a result, her Healthy Adult Mode becomes increasingly more dominant. The therapist can also support the patient´s work by encouraging her to use words that better express what she feels and needs.

1 | Different Modes Played at Random
Besides the typical modes of the Dependent Personality Disorder shown in here (Compliant Surrender; Dependent Child Mode; Punitive Parent Mode; Angry Child Mode) other modes may be present. One such a mode is the Angry Child Mode, which the patient often doesn´t recognise. One of the first therapeutic interventions would be to introduce it as a mode shaping the patient´s behaviour. The therapist needs to point out the presence of anger and the patient´s difficulty in identifying it.

Compliant surrender

2 | Empathic confrontation - start of therapy
Typically, a therapist begins a session of Schema Therapy by asking the patient open questions about his or her feelings. A difficulty in answering these open questions allows the therapist to identify the Compliant Surrender Mode. At the beginning of the therapy, the confrontation remains mostly empathic. The therapist uses gestures that underlie the ego dystonic nature of the coping mode and help the patient tolerate the emotional arousal triggered by the empathic confrontation.

3 | Empathic confrontation - end of therapy
As the therapy progresses, the patient needs to learn to identify the different coping modes on her own. The therapy style changes, as the therapist goes from guiding the patient to coaching her. At the same time, the emphasis in the empathic confrontation shifts increasingly from empathy to confrontation, with the assumption that by now, the therapy relationship is secure enough to allow the patient to tolerate
the emotional arousal triggered by this confrontation. Complimenting the patient explicitly for the work that she is doing helps support the difficult process of change the patient is actively undergoing.

4 | Chair work - start of therapy
The good thing about the Compliant Surrender Mode is that it makes the introduction of a new therapy technique rather easy. Chair work is especially helpful to make the Compliant Surrender Mode more ego dystonic. It is important to make the transition from one chair to the other slowly, allowing not only for a physical shift but also for an emotional one. By standing up at the end of the exercise, the patient can connect with her healthier side, having an overview of the chairs and thus also, an overview of what she experiences when her modes are triggered.

5 | Chair Work - end of therapy
Chair work at the end of therapy is aimed at strengthening the Healthy Adult. Letting the patient sit in the therapist´s chair and visualising the Heathy Adult are two helpful ways to get the patient to connected with her Healthy Adult side. The therapist can adjust his/her arguments according to the strength of the Healthy Adult; either coaching the patient, if the Healthy Adult is still relatively weak, or pushing a bit more, if the Healthy Adult is now strong enough.

Punitive Parent

6 | Imagery rescripting - start of therapy
In the first stages of therapy, the therapist is mostly guiding the patient. In the case of imagery rescripting, this means that the therapist is active and strong, taking the initiative of helping the child, thereby showing normal, healthy parenting. The relevant basic core need in this scene is safety. Although the patient also needs more autonomy, she
first needs to internalise the feeling of safety before she can learn to express herself and develop a sense of autonomy. Fighting a punitive antagonist requires a stronger attitude then when dealing with demanding or guilt inducing antagonists.

7 | Imagery rescripting - end of therapy
The style of therapy changes in its final stages. Instead of guiding the patient, the therapist coaches her and pushes her to seek autonomy. In practice, this means the therapist will be asking questions and expecting the patient to answer them, instead of providing the answers himself. When using imagery rescripting, it might be useful to start with an image of the Healthy Adult which can act like a primer, helping the patient connect more easily with the Healthy Adult during the exercise. At this stage, Imagery can also be used to rescript current situations, preparing the patient for an actual behavioural change.

Angry Child

8 | Pushing for the expression of anger
The core emotional needs of the Dependent Personality Disorder are self-expression and autonomy. Anger is a source of strength that is unfortunately often supressed in the dependent patient. Many of these patients experience anger as a bad thing. The use of fun and play may help keep the patient within an acceptable frame of tolerance when pushing her to express anger.

Healthy Adult

9 | Pushing for autonomy – halfway through therapy
Pushing the patient to seek autonomy often requires the therapist to ask open questions and allowing some time for the patient to formulate her answers herself. Halfway through the therapy, the therapist, coaching the Healthy Adult, has to take into account
and accept the fear that reality may trigger in the patient.

10 | Pushing for autonomy - end of therapy
The therapist is continuously pushing the patient to identify coping modes and to make new, more healthy behavioural choices. Pushing for autonomy in this phase of the therapy means the therapist will ask open questions and hardly guide nor coach the patient. Autonomy also means the patient is free to make her own choices as long as these choices emanate from the Healthy Adult side. The patient can adopt a dependent or an avoidant behaviour, for instance, as long as this choice emanates from the Healthy Adult, the captain of the ship. It is quite possible the therapist will not agree with these choices. But he will have to deal with the ensuing frustration, like a parent must sometimes do when facing the choices made by his/her adult children.

1 | Different Modes Played at Random
Although the Perfectionistic Overcontroller and the Demanding parent Mode are much alike, the patient in the Demanding Parent Mode will sound more self-devaluating. The Vulnerable Child Mode will often be the hardest to identify and connect with and the therapist has to watch for subtle signs to help the patient connect with this undiscovered and denied side of himself.

Perfectionistic Overcontroller

2 | Empathic confrontation - start of therapy
Empathic Confrontation is an important technique that needs to take place in the early stages of therapy so as to use the relationship to help the patient realise how dominant his coping style is. With the Obsessive-Compulsive patients, therapists need to be firm in their rejection of the rigidness and their attempt to reconnect the patients with their emotional side.

3 | Empathic confrontation - halfway through therapy
Having built on the relationship that has been growing with the patient, the therapist uses his leverage to break through the Perfectionistic Overcontroller Mode. The confrontational nature of the session makes it harder for the coping style to dominate the therapy relationship. The therapist points out, now more firmly than before, the effect the coping style has on the therapist and on those that surround the patient, and how this is related to the problems that made him seek therapy. The therapist explains why he believes the pressure he is exercising is a healthy one.

4 | Chair work - start of therapy
(contaminating chairs)
The perfectionistic side of this patient is his default mode. It is a challenge to get an Obsessive-Compulsive patient to realise that there are more important things in life besides being functional, logical or practical. The use of chairs enables the therapist to play the role of the patient's emotional side and 'contaminate' the chair by expressing emotions of the Vulnerable Child. To let the patient sit in that same chair and repeat the same emotional words is an additional way of bypassing the Perfectionistic Overcontroller. The therapist is prepared for the fact that the patient's controlling side doesn't see the point of lingering over emotions. But he must persist if he wants the patient to move forward.

5 | Chair work - end of therapy
For the patient, behavioural change means he has to start trying new reactions and attitude. The therapist now focuses specifically on connecting with and strengthening the Healthy Adult mode. The patient also needs to be aware at this point which mode is active whenever he is not in his Healthy Adult Mode.
The 'controlling side" can still take over at this phase, but the therapist insists on the importance of fulfilling basic core needs – a goal the patient previously agreed upon. The therapy now focuses on the importance of enjoying relationships and the role sharing (self-expression, connection, and spontaneity and play) plays in improving them.

Demanding Parent Mode

6 | Imagery rescripting - start of therapy
When fighting the Demanding Parent Mode, the therapist matches his tone of voice to that of the antagonist. This means the therapist will use a more argumentative style as opposed to the stronger 'sending him away' when being confronted with a Punitive Parent.

7 | Imagery rescripting - halfway through therapy
By now, the patient has a lot of experience doing these exercises. The Healthy Adult Mode is called upon more frequently in these exercises. The therapist pushes the patient to address his surrounding world from a side other than his 'controlling side". This kind of therapy work can only be done once the patient and the therapist have identified and defined together the Perfectionist Overcontroller Mode. The therapy requires the patient to evaluate for the first time what the Vulnerable Child Mode needs from the Healthy Adult Mode while setting aside the urges of the 'controlling side".

Vulnerable Child Mode

8 | Pushing for spontaneity and play
Connecting with the needs of the Obsessive-Compulsive patient means pushing for playful activities, like joking or watching funny clips. Such activities can also incorporate other 'futile' activities like listening to music, dancing, singing, or playing with children.

Healthy Adult

9 | Visualizing the Healthy Adult - start of therapy
Strengthening the Healthy Adult Mode begins with the patient visualising this it. Memories of healthy moments may function as gateways; remembering them helps the patient reconnect with this emotional state. Visualising the Healthy Adult typically starts at the early stages of therapy. Coaching the Healthy Adult to fight antagonists or bypass coping modes will take place halfway through the therapy. Pushing the Healthy Adult to do this work independently will occur at the last stages of the therapy.

10 | Pushing for behavioural change
An important part of therapy is to regularly point out the limited amount of sessions remaining in order to give the Healthy Adult Mode an extra boost. The therapist pushes the patient by playing the coping modes and asking the patient to express healthy ways of managing emotions. Considering the rigid character of the Obsessive-Compulsive Personality Disorder, the therapist must adopt an approach that is just as rigid or firm.

11 | Strengthening Healthy Adult - end of therapy: imagery rescripting
The use of imagery allows the therapist and the patient to prepare for typical trigger situations in the future. This helps the patient be aware of the circumstances that lead to his coping modes´ activation and gives him the opportunity to reconnect with the Healthy Adult Mode and visualise new, more healthy behavioural forms.

THERAPISTS AND ACTORS

Remco van der Wijngaart

works as a psychotherapist in a private practice in Maastricht, the Netherlands. Initially trained in Cognitive Behavioural Therapy, he was trained and supervised in Schema Therapy personally by Dr Jeffrey Young from 1996 till 2000 as part of a multi-centre Dutch study on the effectiveness of Schema Therapy in treating Borderline Personality Disorder. In 2006, Jeffrey Young trained and supervised him in treating cluster C patients. He specialises in borderline patients, patients with cluster C personality disorders as well as anxiety and depressive disorders.

Since 2000, he has been giving workshops, training courses and supervising other psychotherapists in Schema Therapy worldwide. Some of these workshops, given in collaboration with David Bernstein, were aimed at working with forensic patients. He produced and directed the DVD series "Schema Therapy, working with modes" which is considered to be one of the essential instruments in learning Schema Therapy.

remcovanderwijngaart@gmail.com

Guido Sijbers

is an advanced level CBT and Schema Therapist, as well as Trainer/Supervisor. Since 1998 he has been doing Schema Therapy. He was trained by Jeffrey Young and has closely collaborated with Arnoud Arntz in doing treatment of anxiety and personality disorders in Maastricht.

Since 1999, he has also been working as a trainer:
in CBT for (specific) anxiety disorders
- doing mindfulness training for both therapists and patients
- and in Schema Therapy (for both individual and in groupwork).

He currently works in an outpatient mental health clinic in Maastricht and in a private practice in Cologne. His focus now is on the treatment of personality disorders, supervision and self-therapy for professionals.
Guido Sijbers is a senior member of the Dutch Membership of Schema Therapy since its foundation in 2007, and has an Advanced Certification membership with the ISST since 2008.

guido.sijbers@me.com

CLIENT ROLES

"Jenny" (Grainne Delaney, Actress, Amsterdam, the Netherlands)
Jenny has been diagnosed with a recurrent depressive disorder, alcohol dependency in remission and an Avoidant Personality Disorder. She's afraid of other people and has a strong avoidant coping style, both in social settings and in other situations that trigger strong emotions. She does administrative work for the local municipality and has had no relationships so far. Although she's not dependent on alcohol anymore, she still uses alcohol as a self-soothing coping mechanism.
As a child she was very sensitive, shy and emotional. Her mother suffered from physical complaints and was constantly feeling stressed out. Mother didn't tolerate the normal childlike behaviour of Jenny and often made guilt inducing comments if Jenny would be a spontaneous or playful. Father was introvert and suffered from depressive episodes. During these depressive episodes he would feel guilty, ask Jenny for forgiveness for being such a lousy father. Jenny learned to withdraw and not to bother either of her parents.

"Claire" (Emma Dingwall, Actress, Amsterdam, the Netherlands)
Claire is diagnosed with a Dependent Personality Disorder. She is in a relationship but her boyfriend constantly triggers her fear of abandonment. Claire was an only child. Her father, who had an alcohol problem, could become verbally and physically abusive during his drunk episodes. Mother is a very anxious person who shared all her worries and anxieties with Claire. Claire basically learned to listen to her mother and ignore her own feelings or needs. She stayed at her parents' house till she was 24 and then moved in with her former boyfriend. Her parents divorced when she was 30. Since the divorce, her mother has been calling her every day, talking to her about her own worries and fears without listening to Claire. She doesn't have a job; she used to do cleaning work with elderly or disabled people. She suffers from Crohn's disease and constantly feels tired and unable to work. She has a supportive friend.

"John" (George Duli, Actor, Amsterdam, the Netherlands)
John has been diagnosed with an Obsessive-Compulsive Personality Disorder. He works for the council; he checks if applications for home constructions and renovations in the city are made according to local regulations. He is married, although him and his wife have no children; he doesn't particularly likes children and finds them noisy, irritating, and messy. He was an only child, with both parents working as teachers at a secondary school. Both his parents were caring but only showed that in a practical way; helping him with his homework, for instance. On an emotional level, they remained distant: always working hard, seldom taking time to relax. If the parents talked with him it would be mostly a rational discussion, they would listen if John would make a good case in his reasoning and didn't appreciate any emotional outburst he might have had. They pushed him continuously to achieve and perform.
John has trouble to acknowledge having any problems himself. As a matter of fact, the reason why he came to therapy is that his wife is unhappy with the marriage, wanting him to become more open and emotional.

Visit **www.schematherapy.nl**
for more information
about this DVD box
and other productions.

production
science vision
www.sciencevisionmedia.eu

SCIENCEVISION
MEDIA PRODUCTION

graphic design
daphne philippen
www.daphnephilippen.nl