

Schema Therapy with Children and Adolescents

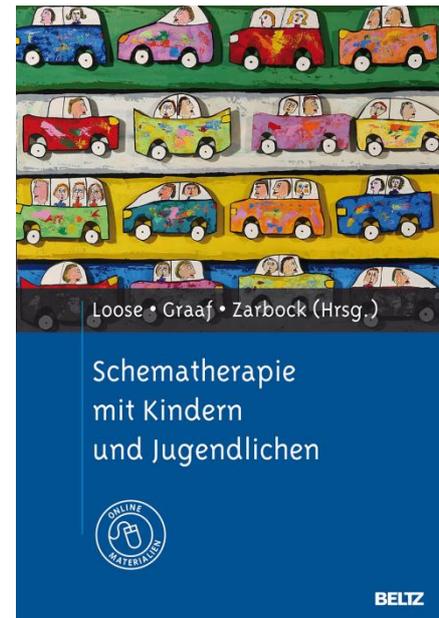
(Loose, Graaf & Zarbock, 2013)

Schema Therapy (ST) developed by JE Young is an enhancement and development of cognitive behavioral therapy (CBT), and particularly integrates emotions, but also developmental aspects centrally in their diagnostic and therapeutic considerations. In addition, ST is based on a model of schema modes and the basic needs and "their fate" in the life course. Therefore, ST is - in terms of technical and strategic variant of CBT - also and especially in the field of child and adolescent therapy particularly suited to generate action-guiding, diagnostic and therapeutic concepts.

In the ten chapters of the approximately 360-page book "Schema Therapy with Children and Adolescents" (Weinheim: Beltz Verlag) first are temperamental and personality factors and developmental characteristics in childhood and adolescence discussed.

The authors expose for each of the five phases of life, including the infant and toddler age (under 3 years), the kindergarten and preschool child ages (up to 6 years), the primary school age (up to max. 10/11 years), adolescence (up to 17 years), and young adults (under 23 years) age-specific developmental tasks whose successful management or non-management are important factors for the formation of patterns (i. e. Schemas). Beginning in infancy, for example, questions arise: Which parental modes and schemas are triggered when the child suffers from symptoms of regulatory disorder, eg persistently crying? Which schema coping strategies/styles (surrender, avoidance, and overcompensation) are taken with what consequences, and what schemas can carry them on their child? Etc.

Referring to the mode model parents can experience - inward or outward facing - demanding or criticizing-punishing modes that may lead to alienation feelings (eg "detached protector mode"), cold distance, lack of sensitivity, lack of mirroring culminating to aggressive feelings against both the child and the partner. With the pre-school age associated cognitive development, language acquisition and conscious involvement in the family system maladaptive schemas can be influenced and consolidated. In the areas of fine, grafo and sensorimotor development achievements are important factors for the growth of self-esteem, self-efficacy and self-understanding. Depending on life course the child might gather (more)



adverse experiences leading later on to a predisposition for the development of maladaptive schemas such as emotional deprivation, abandonment or defectiveness/shame. Also unfavorable educational behavior of caregivers eg in kindergarten or grandparents may also induce feelings of shame and guilt, which are the subject of defectiveness and social isolation/alienation schemas.

Schema therapists here in terms of a Systemic Schema Therapy illuminate the transaction process between child and family in the context of developmental tasks, and provide assistance, how the specific management and adequate support of the child's development can be achieved in day-to-day life. From the point of positive psychology parents can also be empowered by the therapist, showing them how to develop protective factors, resources, and positive schemes (eg the concept of self-efficacy) and how to use it.

Further challenges to the child arise in the years after school enrollment. Here claims eg of achievement come to the child by the school and parents. There will be challenges with psychosocial issues (school, sports and leisure), too. Unfavorable family interactions due to burdensome situations at home such as parental discord, witnessing of violence, separation and divorce often lead to childhood guilt and shame. Consecutive designed maladaptive schemas can be solidified.

Deficits in the school power range such as dyslexia, dyscalculia, motor and sensory disabilities can also lead to the emergence or consolidation of maladaptive schemas (eg failure, defectiveness/shame).

Looking at the development of modes in this young age there are also precursors of the "healthy adult" or "competent, clever child", indicated by the progress of an appropriate tolerance for frustration, the capacity for delayed gratification and strengthening the capacity for empathy. These abilities enable the child to behave emotionally and socially more integrated, rational well-regulated, and in a rule-guided manner. In adolescence, the management of the physical change, the integration of sexuality in the self-image, body image and gender role identity with its resulting behavior are central developmental tasks. The detachment from the family of origin is prototypically introduced and in the worst case can lead to schemes such as enmeshment and self-sacrifice. In problematic situations, there may be massive value and norm conflicts between peer group and family of origin. The schema social isolation can also arise due to negative peer group experiences. Also sexual and aggressive abuse may initiate the development of maladaptive schemas such as mistrust, misuse or subjugation. As compensation attempts to trauma or frustration dysfunctional

modes such as "bully and attack", "compliant surrender" or "perfectionistic overcontroller" can be generated.

Basic Considerations for Schema Therapy with Children and Adolescents

The authors take on the basis of Young, Brazelton & Greenspan and Grawe to central basic emotional needs that are rooted evolutionary. In this book, a clear action-guiding model is used, that also helps to fan out the many facets and levels of needs. The basic physical needs for material security (food, sleep, etc.) and physical well-being are not specifically mentioned here, even if they play a major role for the psychological development in infancy and early childhood or even in societies with existential deficiencies (eg poverty).

The 5 significant psychological basic needs are as follows...

- (1) Attachment, i.e. stable loving relationship and membership of supportive communities.
- (2) Autonomy: i.e. independence from others, self-determination and self-efficacy
- (3) Self-esteem: in the sense of recognition and self-respect.
- (4) Hedonism: i.e. fun, pleasure, enjoyment, and stimulation: in the sense of spontaneity and freedom in self-expression.
- (5) The book's authors share Grawe's point of view of having a superior need of consistency, i.e. there is an inherited urge of organisms (human beings) to match concurrent mental and neural processes in a sense of compatibility. Here you could also include a need for structure and orientation in terms of transparency and predictability for the purpose of control over events in the environment. This contains also rules and limits in social communities.

A permanent frustration of basic needs and a lack of consistency lead to the development of certain dysfunctional schemas and maladaptive coping styles. The schema therapeutic concept of coping styles (surrender, avoidance or overcompensation) helps greatly to our understanding childhood's behavior problems. For the purpose of developmental psychology "chronic" concise and frequent mode activations then constitute the basis of the development of personality. In line with the original meaning of "personare" (to tint through a theater mask) modes are those "faces" the children habitually put on often or intensively in response to environmental stimuli and conditions in order to play their role in the spectacle of life.

Over 200 pages take the book explaining these innovative child-and parent-specific schema therapy techniques: How is shown in great detail, such as an age-appropriate education, such as producing drawings and pictures that can be used for mode work, such as playing with hand and finger puppets to deliver a deeper understanding of the problematic behavior, such

as using chair work with children, and finally aiming at the concrete participation of the child in the mode - and schema concept. Schema dialogues were also developed in an appropriate way. The use of narrative story stems, mode-related children's books, and work on the "Inner house" explaining visually the background of a particular experience-schema-mode context are presented suitable for children to understand. Imagination techniques round out the picture of the schema therapeutic techniques. Here, cognitive, emotion-related and action-oriented strategies for change and the special relationship with the child and their caregivers (limited reparenting concept) play an important role. This phase of behavioral change is accompanied by schema and mode driven strategies in form of worksheets and exercises for the time between therapy sessions (homework). As the ST may be associated with systemic considerations (from aspects of schema-coaching through to the discussion of systemic ST) the "parent" chapter is discussed thoroughly.

Finally, the book deals with the special features concerning the formal report to health insurance funds and explained with schematic therapeutic methods (referred to Germany), why schema therapy can and must be regarded as a technical and strategic variant of the CBT. In the last chapter of the book an overview of the present development and dissemination of the ST for children and adolescents is outlined completing to illuminate ideas for the use of ST in self-disclosure and in supervision groups (eg in the training of child and adolescent psychotherapist).

It can be concluded that this volume is a book "from practice for practice". Thus, the authors want to make clear that the ideas and concepts are not yet completed. They see themselves in a constant process of strengthening good or modification not yet mature ideas and techniques and want the work to be understood as "work in progress".