

A Filled-in Example Schema Therapy Case Conceptualization Form

2nd Edition
 Version 2.22

Please type your responses into the boxes outlined in blue next to each item.

Therapist's Name:	Joanne Hansen	Date:	July 30, 2017
Number of sessions:	15	Months since first session:	5

I. Patient Background Information

Patient's Name/ID	Peter Jones	Age/DOB:	34
Current Relationship Status/Sexual Orientation/Children (if any):	Single, latest partner (1 year) just ended the relationship. No children. Heterosexual		
Occupation & Position	School teacher, head of science department		
Highest Educational Level	Bachelors degree in teaching		
Country of Birth/Religious Affiliation/Ethnic Group	Born in Denmark / National People's Church (Evangelical Lutheran, not practicing) / Danish origin		

II. Why is the Patient in Therapy?

What are the primary factors motivating the patient to come for treatment? What aspects of the patient's life circumstances, significant events, symptoms/disorders, or problematic emotions/behaviors are contributing to his/her problems (e.g., health problems, relationship issues, angry outbursts, anorexia, substance abuse, work difficulties, stage of life)?

a. Initially	Presented with extreme anxiety and panic in reaction to his partner leaving him. So desperate not to be alone that he kept sending frantic text messages begging her to come back. Sold his condominium because girlfriend disliked it, so that she would come back to him.
b. Currently	<ul style="list-style-type: none"> • Has great difficulty feeling and showing love, even though he craves affection from his partner. This eventually leads to partners leaving him. • As soon as the relationship ends, he desperately dates other women to avoid being alone. • When criticized by a partner, he becomes enraged, screams and pushes her around. This is not a problem in non-romantic relationships. • Has difficulty showing emotions to anybody.

III. General Impressions of the Patient

Using everyday language, briefly describe how the patient comes across in a global sense during sessions (e.g., reserved, hostile, eager to please, needy, articulate, unemotional). Note: this item does not include discussion of the therapy relationship or change strategies.

a. Initially	<ul style="list-style-type: none"> • He is friendly, cooperative, engaged in the therapy and open in discussing his problems. • However, he is generally detached from his emotions with a “deadpan” expression on his face; but he becomes visibly anxious when he talks about being abandoned by his partner.
b. Currently	<ul style="list-style-type: none"> • He is now more emotional and less anxious than he was initially, e.g. during an imagery exercise he broke down and cried.

IV. Current Diagnostic Perspective on the Patient

A. Main Diagnoses (include the name & code for each ICD-10-CM disorder)

1.	ICD-10: F43.01 Moderate acute crisis	2.	ICD-10: F61.0 Mixed Personality Disorder with traits from Borderline, Obsessive, and Narcissistic PD
3.		4.	

B. Current Level of Functioning in Major Life Areas

Rate the patient’s current functioning for each of the 5 life areas in the table below. Detailed descriptions of each life area, and the 6-point rating scale, are included in the **Instruction Guide** (1= Not Functional/Very Low, 6= Very Good or Excellent Functioning). In Column 3, briefly explain your rationale for each rating *in behavioral terms*. If the patient’s prior level of functioning was significantly different from the current level, please elaborate in Column 3.

MAJOR LIFE AREA	RATE CURRENT LEVEL OF FUNCTIONING	EXPLANATION OR ELABORATION
Occupational or School Performance	5	Is competent and responsible in his role as head of the department.
Intimate, Romantic, Longer-Term Relationships	3	Has had longer-term relationships that were relatively stable. However, he has had affairs on the side. He also becomes desperate and dysfunctional when relationships are ending.

Family Relationships	4	Sees his parents and sister frequently. They get along reasonably well with minimal conflict. However, he doesn't share his problems and feelings with his parents, and they don't show affection toward each other.
Friends & Other Social Relationships	4	Has long-standing friends, several of them dating back from early school years. However, he does not feel close or emotionally connected to them.
Solitary Functioning & Time Alone	3	<ul style="list-style-type: none"> • He handles the activities of everyday life independently (e.g. his finances, maintaining his home, making decisions) • As long as he has a girlfriend, he is comfortable being alone and pursuing hobbies and other interests. However, without a girlfriend, he is highly anxious and desperate; and can't focus enough to pursue any interests except going to the gym for distraction.

V. Major Life Problems & Symptoms

For each current major life problem or psychiatric symptom/disorder, elaborate on the nature of the problem, and how it creates difficulties in the patient's current life. Try to avoid schema terminology in describing each problem or symptom.

1. Life Problem/Symptom:

Highly anxious when an intimate relationship ends and engages in desperate behaviors.

When a partner leaves him, he becomes desperate and will do almost anything to try to win her back.

2. Life Problem/Symptom:

Has great difficulty feeling and showing love toward partners; has one-night stands while in relationships.

Cannot talk lovingly toward his partner or show affection, which eventually leads them to leave him. He does not feel love and becomes bored with the relationship eventually.

He also has one-night stands with other women to escape the feelings of loneliness and inadequacy.

3. Life Problem/Symptom:

Difficulty feeling, showing & talking about emotions with anyone.

Rarely connects with his own emotions. Does not show vulnerability with anyone other than his sister.

4. Other Life Problems/Symptoms:

- Becomes angry and aggressive toward girlfriends when they criticize him.
- Has very high standards for himself and is self-punitive when he fails to meet them.

See sections below related to Attack mode and Punitive/Demanding Parent mode.

VI. Childhood & Adolescent Origins of Current Problems

A. General Description of Early History

Summarize the important aspects of the patient's childhood and adolescence that contributed to his/her current life problems, schemas, and modes. Include any major *problematic / toxic experiences or life circumstances* (e.g., cold mother, verbally abusive father, scapegoat for parents' unhappy marriage, unrealistically high standards, rejection or bullying by peers).

Peter grew up with both parents and a sister who was 9 years older.
 Father had a serious heart condition when the patient was very young, including several hospitalizations and a stroke in front of Peter. Patient worried that his father would die imminently each time. After father had a stroke, he could no longer work; Peter felt pity for him.
 Father was never affectionate, but would take Peter to the school football games every weekend and cheer him when he played well. He pressured Peter to achieve extremely high standards in school and was very critical if he didn't. Father humiliated Peter in front of his family and friends whenever he cried, and called him a wimp and a sissy. Father was also emotionally labile, switching from being encouraging to becoming enraged and punitive.
 His mother was a housewife and focused on status. She was cold, aloof and did not protect the children. The children never saw the parents hug or kiss each other and they never received physical affection from them either.
 The sister would at times stand up for the patient against the father or divert his anger toward herself in order to protect Peter. Whenever the father was enraged, the mother would ask the sister to calm him down. She would also hug Peter when he needed comforting. When he was 7 years old, his sister moved out because of conflicts with the father; Peter then lost his only source of support and protection.

B. Specific Early Core Unmet Needs

For Items 1-3 below, specify the patient's most relevant core unmet needs. Then briefly explain how specific origins from section VI.A. above led to the need not being met. List any other core unmet needs in Item 4.

1. Specific Early Unmet Need: Stability and reliability of attachments.

Origin(s)	<ul style="list-style-type: none"> Father's ongoing, serious heart condition led patient to fear that his father could die at any time. Father's unpredictable temper and angry outbursts led the patient to feel that the father was completely cutting him off and abandoning him emotionally.
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2. Specific Early Unmet Need: Unconditional acceptance and praise.

Origin(s)	Father was harsh and punitive. The patient never felt loved for who he was. The only time he felt accepted by his father was when he met his father's standards in sports or in school. Neither parent praised him.
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3. Specific Early Unmet Need: Love, nurturing and attention.

Origin(s)	Parents never hugged each other, nor were they ever physically affectionate toward the patient. They never said they loved him.
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4. Other Early Unmet Needs: Validation of emotions and needs.

Origin(s)	Father humiliated the patient for expressing feelings and for crying.
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C. Possible Temperamental / Biological Factors:

List facets of temperament – and other biological factors – that may be relevant to the patient’s problems, symptoms & the therapy relationship. (See the **Instruction Guide** for a list of specific adjectives frequently used to describe temperament. It is sufficient just to list adjectives from the Guide that you believe are part of the patient’s basic temperament or “nature”, rather than situation-specific.)

Even-tempered; cooperative; resourceful; conscientious; energetic; social.

D. Possible Cultural, Ethnic and Religious Factors

If relevant, explain how specific norms and attitudes from the patient’s ethnic, religious, and community background played a role in the development of his/her current problems (e.g., belonged to a community that put excessive emphasis on competition and status instead of quality of relationships).

He grew up in a community that valued status and achievement above everything else.

VII. Most Relevant Schemas (Currently)

For Items 1-4, select the 4 schemas that are *most central to the patient’s current life problems*. First specify the name of the schema. Then describe how each schema plays itself out currently. Discuss a specific type of situation in which the schema is activated and describe the patient’s reactions. What negative effect(s) does each schema have on the patient? List any other relevant schemas in Item 5.

1. Specific *Early Maladaptive Schema* :

Abandonment (very high)

This schema is primarily activated when a partner threatens to leave him, or actually ends the relationship. Peter reacts with extreme panic, and will do almost anything to keep the girlfriend from leaving or to get her to come back. He also avoids getting too emotionally close to them, as a way of avoiding the pain of abandonment in case they leave.

As a result of this pattern, his girlfriends do not feel that he is sufficiently connected to them and eventually leave him. Furthermore Peter becomes emotionally dysfunctional for months after break-ups.

2. Specific *Early Maladaptive Schema* :

Emotional inhibition (high)

Peter is emotionally inhibited most of the time, and almost never shows vulnerability in relationships. By not allowing himself to share his feelings, Peter ends up feeling lonely most of the time, in spite of having long-term friendships. This inhibition also prevents him from experiencing love toward partners.

3. Specific *Early Maladaptive Schema* :

Emotional deprivation (high)

Peter does not show love or affection toward others, nor can he experience these feelings when girlfriends express love for him. As a result of this pattern, he feels empty and alone, even when he is in a relationship.

4. Specific *Early Maladaptive Schema* :

Defectiveness (high)

Peter is extremely sensitive to criticism from others, and is also very self-critical. He becomes angry and aggressive toward girlfriends when they criticize him. He also puts himself down and feels unworthy after the break-up of a relationship.

5. Other Early Maladaptive Schemas
(optional) :

- Unrelenting Standards
- Punitiveness

VIII. Most Relevant Schema Modes (Currently)

For Items 1-6, select the modes that are most central to the patient's current life problems. First label the mode (e.g., Lonely Child, Self-Aggrandizer, Punitive Parent). Then explain how this mode plays itself out currently. What types of situations activate the mode? Describe the patient's behaviors and emotional reactions. Which schema(s) often trigger the mode? What negative effect(s) does each mode have for the patient? (If a mode does not apply to the patient, leave it blank. You can add additional modes in *Section D*.)

A. Child Modes

1. Vulnerable Child Mode: Abandoned Child

This mode is activated by his Abandonment schema, and is triggered when a partner breaks up their relationship.

See the section on the Abandonment schema for more details about this mode (*VII.1*.)

2. Other Relevant Child Mode(s): Lonely Child

This mode is activated by his Emotional Deprivation schema, and is triggered when he is alone and does not have a girlfriend.

B. Maladaptive Coping Modes

3. Surrender Mode: Desperate Pleaser mode

This mode is activated by the Abandonment schema, and is triggered when girlfriends threaten to leave him. Peter will do almost anything to win a girlfriend back. For example, to convince one of his girlfriends to return to him, he sold his condominium because she didn't like it.

4. Detached / Avoidant Mode: Detached Self-Stimulator

Peter's Abandonment and Emotional Deprivation schemas activate this mode. These schemas are triggered when he is alone or when girlfriends threaten to leave him.

He detaches by distracting himself through excessive work, fitness training, keeping himself busy with chores and one-night stands.

5. Overcompensating Mode: Attack mode

This mode is activated by his Defectiveness schema, which is triggered when a girlfriend criticizes him. As a result many girlfriends eventually leave him.

C. Dysfunctional Parent Mode

6. Dysfunctional Parent Mode: Punitive/Demanding parent

His Unrelenting Standards and Punitiveness schemas activate this mode. These schemas are triggered when he believes that he has not met his professional goals, and when he loses control of his feelings. At these times, Peter scolds himself for being a bad person and blames himself for being a loser.

D. Other Relevant Mode(s)
(optional) N/A

E. Healthy Adult Mode

Summarize the patient's positive values, resources, strengths & abilities:

Generally kind, reliable, helpful to friends and family, has longstanding relationships with his friends. Intelligent. Has staying power when it comes to his education and work. Has a healthy lifestyle regarding diet and exercise and is very good at managing his finances.

IX. The Therapy Relationship

A. Therapist's Personal Reactions to the Patient

Describe the therapist's positive & negative reactions to the patient. What patient characteristics/behaviors trigger these personal reactions? What therapist schemas and modes are activated? What impact do the therapist's reactions have on the treatment?

I like the patient and can see his need for therapy to overcome his long-term psychological difficulties. I want to help him, because I can see the little boy terrified of his father's violence and yet fearful that he will die. I see the hurt and emotionally deprived boy within him. I also respect how hard he has worked to achieve as much as he has done.

I need to be aware of my self-sacrifice schema/mode, which is triggered by his despair and neediness in his current life situation. He tries to extend the length of the session to continue our connection and avoid the feeling of abandonment when the session ends. My failure to set limits leads to sessions dragging out well beyond the scheduled time. In the future I will end the sessions on time even when he is reluctant to leave.

B. Collaboration on Therapy Objectives & Tasks

1. Rating for Collaboration on Objectives & Tasks:

4

See Instruction Guide for an explanation & a detailed Rating Scale from 1-Low to 5-High.

2. Briefly describe the collaborative process with this patient.

What positive and negative factors/behaviors serve as the basis for your rating in 1 above?

It's positive that he has started therapy and attends every session despite the long drive to the clinic. He completes questionnaires, engages in the conceptualization process and is willing to participate in experiential exercises. At each session, we decide together on the agenda item to discuss and work on and I offer him choices where appropriate. The patient likes this as it makes him feel respected and cared for which, in turn, enhances his motivation to engage in the therapy.

During the course of therapy, he has developed an intellectual understanding of his life problems, but still is reluctant to acknowledge how his detachment in relationships is preventing him from feeling love and

emotional connection. As long as his current relationship is not threatened and he does not feel abandoned he is reluctant to come for therapy on a weekly basis. Therefore we do not have enough therapy time to work consistently on the detachment itself.

**3. How could the collaborative relationship be improved?
What changes could the therapist and patient make to bring this about?**

Use empathic confrontation to remind him consistently that the long gaps between sessions do not allow enough time for us to address his detached, self-centered behavior with his girlfriend. Therefore, it is only a matter of time before she will leave him as other girlfriends have. Then he will be abandoned and feel desperate again. Hopefully my constant reminders will persuade him to come more often.

C. Reparenting Relationship & Bond

1. Rating of the *Reparenting Relationship and Bond* :

4

See the Instruction Guide for an explanation & Rating Scale from 1-Weak to 5-Strong.

2. Briefly describe the *Reparenting Relationship & Bond* between the patient and therapist.

Elaborate on the *patient's* behaviors, emotional reactions, and statements in relation to the therapist that serve as indicators of how strong (or weak) the reparenting bond feels for the patient.

In the first sessions he showed so much anxiety and panic that he couldn't take in any reparenting from me. He now makes eye contact and is more open in talking about his problems and dysfunctional behaviours. His desire to extend sessions beyond the scheduled time is an indication of how strongly attached he feels.

He allowed me to put my hand on his shoulder when he was crying during an imagery session. After this, he began to hug me and accepted my hugging him at the beginning and end of sessions.

3. How could the *Reparenting Relationship & Bond* be strengthened?

Which unmet needs could the therapist fulfill more deeply or completely? What specific steps could the therapist take to make the bond stronger for the patient?

The only problem in the reparenting bond now is that the patient detaches from me (and everyone else) in between sessions and therefore loses the emotional connection when he is away from me. Because he is detached at these times he does not experience and is not aware of his need for the reparenting bond. Therefore, he does not feel motivated to come to sessions more frequently.

In the future I will suggest that we text each other on a regular basis between sessions to re-establish the bond and break through his detachment. I could also ask him to record imagery exercises that include reparenting for him to listen to between sessions.

D. Other Less Common Factors Affecting the Therapy Relationship (*Optional*)

If there are any other factors that significantly influence, or interfere with, the therapy relationship (e.g., significant age difference, cultural gap, geographic distance), elaborate on them here. How could they be addressed with the patient?

Peter has to travel more than one hour in each direction to my office. This leads him to miss some sessions when his work demands are too high, creating gaps that are too long between sessions.

X. Therapy Objectives: Progress & Obstacles

For Items 1-4, list the **most important therapy objectives**. Be as specific as possible. For each objective, describe how the **Healthy Adult mode could be changed to meet it**. Then, discuss the **progress thus far, and describe any obstacles**. You can add additional objectives in Item 5. (Objectives can be described in terms of: schemas, modes, cognitions, emotions, behaviors, relationship patterns, symptoms, etc.)

1. Therapy Objective:

Weaken his panicky and detached reactions to abandonment by girlfriends. Stop his desperate attempts to please girlfriends when they leave him.

Schemas and modes to target	Schema: Abandonment Modes: Abandoned Child, Desperate Pleaser, Detached Self-Soother/Self-Stimulator.
Progress & obstacles	<p>Progress: Peter is less panicky when girlfriends threaten to leave him. But he still texts them compulsively and goes too far in trying to please them.</p> <p>Obstacle: He will not follow suggestions to reduce texting or spend more time alone, because his emotional reactions to Abandonment are still too strong.</p>

2. Therapy Objective:

Help him to feel and express more love, affection, and vulnerability with his partners; discuss his feelings more with friends and partners; and stop having compulsive one-night stands when he is alone and does not have a girlfriend.

Schemas and modes to target	Schemas: Emotional Deprivation, Emotional Inhibition. Modes: Lonely Child, Detached Self-Stimulator.
Progress & obstacles	<p>Progress: Peter has made progress in discussing his feelings with friends and partners, but not with the other components of this objective.</p> <p>Obstacles: Peter is still so uncomfortable and unfamiliar with physical affection (e.g., touch, holding, kissing) that he avoids homework assignments to show affection toward girlfriends. When he is not in a relationship, his Emotional Deprivation is so strong that he cannot stop the compulsive one-night stands, despite my attempts to discourage them.</p>

3. Therapy Objective:

Help him to reduce his feelings of Defectiveness; set more realistic standards for himself; be less punitive toward himself; and stop his angry outbursts when girlfriends criticize him.

Schemas and modes to target	Schemas: Defectiveness, Unrelenting Standards, Punitiveness. Modes: Punitive/Demanding Parent mode, Attack mode.
Progress & obstacles	<p>Progress: Peter is significantly less self-critical. He no longer has angry outbursts toward his girlfriends. However, he still has very high standards and sometimes devalues himself.</p> <p>Obstacle: His standards are so deeply engrained from childhood that it will take more time in therapy to set more realistic goals.</p>

4. Therapy Objective:	N/A
Schemas and modes to target	
Progress & Obstacles	

5. Other Therapy Objectives:	N/A
Schemas and modes to target	
Progress & Obstacles	

XI. Additional Comments or Explanations (Optional):



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