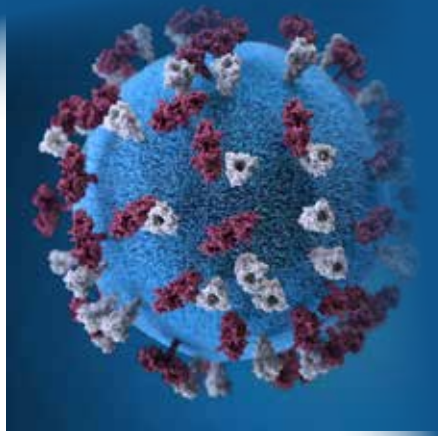
Schema Therapy Bulletin - 17



As the world struggles to figure out how to treat, contain, and manage in the face of the Corona Virus, this issues' focus on Clinical Applications of Technology in Schema Therapy seems very timely. The advent and widespread availability of computers, tablets and cellphones offers an array of helpful tools to explore, as well as a set of challenges never before anticipated. These technologies also offer innovative ways of reducing our carbon footprint, while enabling us to offer schema therapy to many people who otherwise would have no access.

Many countries have their own policies and protocols to regulate the provision of videoconferencing and other online technologies for therapeutic purposes. For example, in terms of privacy/confidentiality requirements, in the USA technologies need to be HIPAA compliant, whereas in Europe they need to be GDPR compliant. However, regular guidelines and regulations have been modified in many countries during the coronavirus crisis. The US has temporarily lifted many HIPAA compliant restrictions on Telehealth platforms, and GDPR allows for divergence from the rules during crisis, depending on where you reside and practice. Please check local updates to remain compliant. For HIPAA, see link: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Hagara Feldman and Xi Liu, in their article "Schema Anywhere: The Opportunities and Pitfalls of Delivering Schema Therapy Online" offer clear strategies to address many of the challenges of doing therapy with a client with whom you are not in the room, as well as ways to adapt traditional Schema Therapy techniques to the "on-line" modality.

Susan Simpson and Vivian Francesco, in their article "Technology as an Invitation to Intimacy and Creativity in the Therapy Connection" suggest that the distance implicit in online or video-therapy can actually lead to a stronger and more intimate therapy relationship. They discuss techniques for capitalizing on this phenomena.

Mary Guiffra, in her article "Strategies to Mindfully integrate the Missing Element in On-Line Therapy" recognizes the importance of the physical presence in the therapy room, and highlights that our bodies are present for us during On-Line therapy, even if not present to our patients. She points to the importance of being grounded in our bodies in order to be fully present in our sessions. The article also discusses the opportunities for useful distraction that our office offers both patients and ourselves, and suggests ways patients can get this relief when needed during online sessions.

Skryabina M, Borisova M, and Kudrjasova N, in their article: "The Efficiency of Schema Therapy Interventions for Binge Eating Disorder Using Social Media Platforms" describe a systematic approach to use the Schema Therapy model treat binge eating disorder. Specifically this program seeks to modify eating behaviors by identifying and correcting schema-based eating patterns.

Finally, Sally Skewes & Michiel van Vreeswijk present Secure Nest, a unique platform which provides a technology-enhanced framework for schema therapists to connect with their clients online. It provides structure through protocols and a library of modules which can be easily shared with clients. In their article "How Online Tools Can Enhance Schema Therapy Beyond the Therapy Room", through case example they illustrate how this program can benefit individuals, groups, and patients on wait lists for therapy.

And… don't miss Vivian Francesco's interview with former Board Member Remco van der Wijngaart. Learn how his career in Schema Therapy and on the ISST board has evolved, as well as how he gets his "Happy Child" groove on!

As always, if you have suggestions for future newsletter topics, or ideas of articles you'd like to submit please contact us!
Lissa Parsonnet (USA)
Susan Simpson (Scotland)

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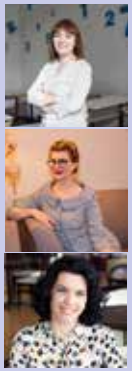
THE EFFICIENCY OF SCHEMA THERAPY INTERVENTIONS
FOR BINGE EATING DISORDER USING A SOCIAL MEDIA PLATFORM



Skryabina M, psychiatrist,
Borisova M, PhD, psychologist,
Kudrjasova N, clinical dietitian.
(Russia)

This article describes schema therapy intervention for patients with emotional eating behaviour using a social media platform (closed Facebook groups). The participants are women with both emotional and compulsive eating patterns, including orthorexia, an excessive preoccupation with healthy eating and lifestyle.
The aim of the online intervention is to normalise eating behaviour through identifying and correcting the early maladaptive schema (EMS) based patterns. The intervention is a 30-day social media based programme using the standard ST-Protocol, including ST Education, Mode Awareness, and Management. The programme tutors are certified schema therapists. Additionally, a clinical dietitian provides basic healthy eating education alongside personalized menu plans based on each participant's lifestyle and food preferences.

Our schema therapy based online treatment includes both group and one-to-one sessions employing the following highly effective approaches:

- Assessment of eating patterns
- Educational posts and live videos
- One-to-one therapeutic work targeting with eating patterns
- Group tutorials
- Individual creative assignments
- Group discussions
- Audio and video resources
- Daily live nutritional and psychological support

Participants are invited to complete YSQ-S3R and SMI questionnaires to identify any EMS patterns. The eating behaviour is evaluated using the BEB scale and EAT-26. The above are completed both pre- and post-intervention.

Initially, the participants are given the option to meet the schema 'tutors' and other participants, as well familiarise themselves with basic rules and regulations concerning group sessions including confidentiality, interactive involvement, and 'netiquette'. The education sessions are provided via facebook posts and live videos delivered by schema therapists. The participants are encouraged to ask questions and ask for further clarification.

The online format of the treatment facilitates both individual and group interactions. In practice, the schema therapy processes employed in this online setting are dynamic but essentially consistent across both group and individual contacts.

Initially, all of the participants introduce themselves and are encouraged to voice their expectations of the programme in the special welcome posts. The tutors then summarise the aims, goals, stages and all of the 'housekeeping' aspects of the programme in a separate post. There is also a special post dedicated to the Rules of group work/ interactions.

Group interaction is promoted via discussion boards (special posts). Participants complete the assignments that are designed to facilitate mode work, through using metaphoric cards, challenging critical messages, imagery rescripting, etc. In addition, participants answer the questions, react to/ answer one another's comments (e.g. discuss their modes, contemplate and reflect, create images to represent each mode, attempt to find the connection with their corresponding schemas etc.).

The daily contacts, completion of assignments and group interactions facilitate the formation of rapport, trust, and willingness to cooperate. These, in turn, lead to the creation of a sense of belonging within the group. Participants are encouraged to become actively involved, and empathic confrontation is used as a means of working with and challenging modes that interfere with connection.

Participation is stimulated by highlighting the importance of the 'rules of interaction' in the group via private messages. Ongoing support from the schema tutors focuses on discussing the difficulties and providing appropriate help as required. Experiential activities are introduced through demonstration videos (role plays with modes) and audio-recordings (e.g. Safe place meditation, a conversation between a Healthy Adult and a Vulnerable Child (personalised for each participant), work with Impulsive Child's boundaries).

As the group progresses, leaders start emerging amongst the participants – these are usually those who complete the assignments, tutorials, and post comments first. Their active role tends to motivate other group members to participate and experiment with the techniques. If participants emerge in the role of 'provocateurs', the tutors focus on their specific needs and reparenting via individual consultations and messages.
Limited Reparenting is implemented and reinforced with all the participants during individual consultations, private messages (as required) and individual daily comments within the groups.

At the end of the group, every participant creates their own 'schema-rescue' plan. All participants create flash cards to enhance work with the core schemas and modes from a mindful awareness perspective. The tutors summarise the progress that has been made by group participants, and participants give feedback about their progress at the end of the programme.

The programme includes the following:

o ST basics.

The participants are introduced to the concept of schemas as a plausible cause of emotional eating patterns. Participants are supported with identifying their own underlying schemas, affirmations and needs.

o ST correction strategies. The next step is to begin correcting the identified schemas in one-to-one sessions and to discuss the results in the group setting using online discussion platforms.

o ABC-diary. This classic approach is used throughout the programme, where therapists help the participants identify affirmations associated with schemas via analysing their emotions, thoughts, and behaviours.

o Mode Awareness and Management. The participants learn about the modes in the following sequence: Healthy Adult, Happy Child, coping styles, Child modes, Critic modes. A number of practical assignments/ practicals aim at:

- 'Mode collage' creative assignment aims to improve the awareness of different modes and stimulates further group discussions.
- 'A Safe Place' and 'Animal Strength' meditations help build and strengthen the Healthy Adult Mode.
- 'Pleasure Pie' promotes the activation of the Happy Child Mode.
- 'Pros and Cons', 'Mode Conversation' are role play/ video demonstrations addressing coping styles.
- Child Modes segment focuses on identifying and meeting basic needs. Vulnerable Child Mode is tackled via mediation techniques, video/ audio recordings, discussion of participants' childhood photos. The practical work with Impulsive/ Undisciplined Child Mode focuses on emotional reaction to irritation and anger using Zoom platform.
- Critic Mode is addressed by identifying critical messages and reducing the inner critic voice. A practical video demonstration (involving chairs) aims at rescripting inner critical messages.

o Case conceptualisation

Case conceptualisation is implemented following each participant's case followed by a group online discussion.

o Dietetic support

The evidence-based advice/ support is provided daily aiming to improve the overall quality of participants' diet providing basic nutrition education and teaching to identify hunger types.

o Personalised plan

Towards the end of the programme, each participant is encouraged to devise their own plan meeting basic needs using safer, more sustainable and feasible strategies, which they can apply long-term.

o Ongoing online support

After finishing the programme, all participants are invited to join a Facebook group providing ongoing peer-to-peer support moderated by the therapists.

In summary, schema therapy based online interventions (such as Facebook closed groups) continue to be an effective approach to address and treat emotional eating behaviour.

SCHEMA ANYWHERE:

The opportunities and pitfalls of delivering Schema Therapy online

By Hagara Feldman (Israel)
and Dr Xi Liu (Australia)

Online therapy (also known as Teletherapy, Telemedicine, Remote Therapy, Video Conferencing, etc.) is expanding rapidly as technological advancements allow for more stable and secure platforms for online communication. A PwC Health Research Institute study shows that 72% of American clients ages 18 to 44 and 43% of patients 45 and older, would opt for a virtual mental health visit over an in-office appointment (2015). Current trends suggest that Online Therapy will be routine practice in a few short years. There are many benefits of Online Therapy, including easier access to specialists; reduced travel time and costs; and continuity of care when existing clients relocate. Other reasons seen in clinical practice include seeking specialists with similar or alternative culture/language and experience of phobias that prevent travel or shame-based disorders.

In recent years a number of studies have emerged to demonstrate positive clinical outcomes for Online Therapy (Backhaus et al. 2012). Simpson & Reid (2014) reported that therapeutic rapport can be readily established in one to one video conferencing technology. Despite this, many mental health professionals hold concerns about delivering therapy outside the traditional face to face setting. For those who are interested in delivering therapy online, it is important to acknowledge that it is not simply "business as usual" and it requires consideration and adaptation.

This paper aims to provide:

1) clinical Strategies to enhance therapeutic alliance in Online Therapy;

2) strategies to adapt emotionally focused work (Imagery Rescripting and Chairwork) to the online environment.

Clinical Strategies to enhance therapeutic alliance

(A) The limited perspective: For most Online Therapy setups, both the client and the therapist only have views of each other's face and shoulders. For clients who only attend online sessions, much information is missing that would normally be readily available in face to face settings. This includes the therapy office decor, the therapist's dress or body language. For clients with a mistrust/abuse schema, this lack of perspective and physical information can trigger anxiety and discomfort. One client in our clinical experience exclaimed "I don't even know if you are a real therapist and working in a real office". A helpful strategy to alleviate this is an audiovisual tour of the therapy room at the start of therapy. The therapist can walk around the room with the laptop, showing small details of the room (even the texture of the sofa or cushion) - a perspective that the client would have had if they were to walk into the room. Further in therapy, the therapist can use this image of the room to create a safe place where they can be together and\or provide comfort via imagery.

For the therapist, the missing information of client's body language, gait when walking, general appearance and behaviour in the therapy room (such as entitlement, controlling or inhibited behaviours) can be restricting. However, there is also "extra" unique information that the therapist receives only within an online environment. For instance, the client's pets, family dynamics (a child that insists on entering the room), a display of awards or personal photos on the wall and so forth that can be useful clinical information.

(B) "Nonphysical dimension": the online environment can trigger emotional deprivation schema, whether it is for clients who start their therapy online or for clients who are in transition from face to face to online. The absence of physical contact means that the therapist won't be able to offer a hot drink or a pat on the arm when the client is distressed. However, through the use of Schema Therapy strategies, the therapist can overcome this physical barrier through imagery. Therapists can give a sense of physical connection through fantasy - imagining sitting side by side with the client, offering a blanket over their shoulders or any other gesture they would do in a face to face meeting. The imagery place where the therapist and the client meet can also be used as the client's safe place in imagery. It can be a neutral place like the beach, a bench on the street or anywhere else. It can also be the therapist's office, especially if the client has received a guided online tour of the therapy room or has attended a face to face session prior to online meetings. Encouraging clients to prearrange their space to create a 'therapeutic frame' can also be helpful. The Therapy Frame is a concept from psychoanalytic literature and is commonly referred to as the 'container' from which therapeutic work exists. Most therapists spend considerable time setting up their therapy room to create an atmosphere of stability, safety, privacy so that successful therapeutic alliance can be formed. However, this responsibility in Online Therapy lay with the client. The client can be encouraged to set aside a space that they use each session where a blanket, a glass of drink and tissues are within easy reach. See Appendix 1: "Getting Started with Online Therapy" (Liu, 2019) for further discussion on how to create a therapy frame in the online environment.

(C) Technical challenges: the technological aspect of the online environment may be intimidating for the therapist and the client. Directing the client to use the video conferencing application for the first time, dealing with WIFI disconnections, laptop power outages and so forth, can happen regularly in Online Therapy. These difficulties can also easily trigger almost any schema from all of the five domains. For example, someone with a Defectiveness schema may feel "my therapist must think I'm such an idiot for not being able to use the program". This may lead to greater unhelpful compliance or overcompensation with blaming or self-aggrandizing. For another client, this may trigger their Abandonment schema and think "oh no, my therapist will get tired of me and leave". Or an Entitlement schema, "I lost therapy time with the disruption, my therapist better make up for that". However, by addressing the client's responses to these technological challenges from a schema activation perspective, the therapist can turn these challenges into therapeutic opportunities. This may enrich the conceptualisation or provide a platform for limited reparenting.

(D) Diversity and Cultural Issues: While it is not uncommon for therapists to have different cultural backgrounds to their clients. When working online, it is more common than not that therapists and their clients live in vastly different circumstances. Combining this with different seasons, time zones and customs, it is easy for the differences to exacerbate Social Alienation or Emotional Deprivation schemas. It is helpful to try and learn some history and cultural values of the client's home country, especially the way they affect attitudes towards emotions, autonomy and other central values in Schema Therapy. Try to differentiate between one's own personal schemas as well as those that are embedded within the culture e.g. display of emotions, independence or gender role expectations. It is important for the therapist to maintain an open and curious attitude and work carefully to avoid directing clients to engage in a way that is inappropriate for their social environment.

E) Use of transitionary objects: The possibility of Online Therapy means that therapists can provide greater continuity of care for clients as they move away or are frequently on the move for work or lifestyle. The presence of the therapy relationship as a stable base in their life can be particularly invaluable for clients who have significant attachment trauma. Although the online meetings can address the need for stability, the shift from face to face setting to meeting online, may feel like a loss of warmth and sense of closeness. In order to overcome that, it can be helpful to use a transitional object. A transitional object can be a meaningful object that serves as an external representation of the therapist and / or the connection that took place in the therapy room.

2) Adapting emotional techniques to online environment:
How can therapists safely deliver imagery work that might trigger high levels of emotional reaction, when they are not physically in the same room with their client? How do therapists facilitate Chairwork when the client is not physically with them? This section will address some general ideas and tips regarding adapting emotional focus techniques in an online environment.

Imaginary Rescripting:
Imagery Rescripting when done online is not largely different to what is done in traditional face to face settings. It is recommended to be aware of any risk issues around the possibility of destabilizing a client who is not in physical proximity. Prior to activating unpleasant emotions, move slowly and gradually, start with short pleasant imagery interactions between the therapist (or client's healthy adult) and the child mode. It is helpful to first meet their needs, without an antagonist, before full rescripts. Clinical reports have seen that clients need to have at least a small Healthy Adult mode for Online Therapy to be successful. It is unclear why this is the case. However, it is likely that it may simply be too unpredictable to do imagery work with a client without a small remnant of a Healthy Adult and if the client becomes destabilized or highly triggered, it is much harder to manage in an online environment. It is also important to pay close attention to somatic changes in the client, particularly as the therapist only has limited view via videoconferencing. It is advisable to spend significant time prior to engaging in imagery work to guide clients to use their senses or objects in the room for grounding and self-soothing.

Chairwork:
Chairwork in Schema Therapy implies, broadly speaking, the externalizing of internal parts, then place these parts onto separate 'chairs. Movement is an important factor in the efficacy of chairwork (Pugh 2017). When adapting Chairwork to an online environment, the logistics of arranging multiple chairs and enough space for movement can be challenging as the client is not in a space carefully planned by the therapist. The therapists have several options, depending on the limitations of the situation - invite the client to prepare chairs for upcoming sessions or use mobility of the chairs already in the room. For example, moving a single chair to different locations in the room; or moving to the left, center and right sides of a wide sofa. This subtle use of movement allows the 'stepping in' and 'stepping out' of modes. In addition, objects or mode cards can be used to represent modes, inviting clients to "be" the mode represented by the object.

Conclusions
It is necessary for therapists offering online schema therapy to address issues specific to the online environment. With adequate consideration of the challenges, limitations and opportunities - Online Therapy can be a highly effective form of treatment. This article aims to promote greater understanding of how emotionally focused strategies in Schema Therapy can be an important tool to bridge the 'physical divide' when working with clients online. Despite the strong public interest in Online Therapy, there is little empirical research into strategies to enhance therapeutic alliance through different therapy modalities, particularly Schema Therapy. The clinical discussion provided in this paper will hopefully spark interest in further research.

ISST Online Therapy Special Interest Group
This SIG explores both the clinical and technical aspects of delivering schema therapy via an online environment. Whether you are completely new to Online Schema Therapy or you've been doing it for a while and want to connect to a community of practitioners, join us! We are a warm, friendly and curious group from all over the world. We are committed to share resources, explore legal/logistical issues and discuss online client cases.
Meetings in 2020 are every third Tuesday of the month at 10pm Sydney time. Please contact convener Dr Xi Liu on xi.liu1@gmail.com to join the group.

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GETTING STARTED WITH ONLINE THERAPY

A guide to Online Therapy by Dr Xi Liu ~ Clinical Psychologist

In a therapy session, a lot of consideration goes into optimising the physical and emotional environment in order to establish trust, stability and comfort. These are major considerations for every therapist when they set up their office space. With online therapy, the responsibility for creating an optimal therapy environment is shared between the therapist and the client. Please feel free to discuss this with your therapist in order to choose the best location and create the best atmosphere for your online therapy.

Creating the Therapeutic Space

By the time clients step into the therapist's physical office, a lot has been done to provide a stable and consistent environment each time. This includes setting up a safe space in which the therapy work can be done. With online therapy, this needs to be set up in the client's home or other environment.
Try to commit to the same place each session - some clients have a preference for a specific couch or a place that they use each time.

- ***Avoid speaking in the car, as this may interfere with driving;***
- ***Consider what is needed to be comfortable - have tissues, glass of water or cup of tea ready***

Safety and Privacy

Therapy sessions require privacy and confidentiality. Without this, we cannot feel safe enough to look deeply.
Find a location where you can speak comfortably and freely - try to arrange a time when you are alone at home or work.

- ***Do not take a therapy call in a public place;***
- ***Avoid locations where someone can walk into the room***

Distractions

In every home there are a number of things that provide comfort and distraction. These might include food in the fridge, a cold beer in the summer, a cigarette, animals that bark or attract our attention (sometimes it is because they can feel our distress).

The therapy environment shouldn't be so relaxing that it alters the client's ability to stay focused on the (sometimes) difficult conversation. Try to find that balance between feeling comfortable and feeling too relaxed.

- ***No eating or drinking alcohol;***
- ***Try to reduce background noise and use headphones (also useful for reducing voice distortion or echo)***

checklist

- quiet and private location
- limited distractions
- use a desktop or laptop with strong Wifi connection

Mobility vs Mobiles

It is very difficult to focus on a therapy session when talking on a small mobile screen. While the mobile is the most accessible connection we have to the online world, it is also the one that is connected to every other aspect of our lives - it often alerts us to the outside world with notifications or messages. Further, when the screen is held on a lap, it moves and lurches as we move.

- ***Use laptop or desktop that is set up on a stable surface;***
- ***If you need to use a mobile phone, turn off notifications and place mobile on a stable surface.***

www.LifeTherapy.org

TECHNOLOGY AS AN INVITATION TO INTIMACY AND CREATIVITY IN THE THERAPY CONNECTION

Susan Simpson and Vivian Francesco

There is vast potential for the use of technology to enhance therapeutic connection by introducing creative approaches to bonding and intimacy.

It is the integration of technology with creative approaches that underpins the power of online therapy in cultivating an intimate environment. As technology advances, there are increasing opportunities for schema therapists to develop innovative ways of working, as well as reaching those who geographically would otherwise have minimal access to treatment.

As cyberspace is controlled by neither the therapist nor the client, the therapeutic relationship becomes more democratic, facilitating a more fluid and free dynamic to develop. This enables the client to become empowered to actively participate in and actively create ownership of the therapeutic process. The therapist's role can shift in this manner from being the expert to becoming more of a facilitator of therapeutic dialogue. This arrangement seems to more accurately mirror the parenting process [especially for older children] thus fostering a more authentic "reparenting" process while facilitating the development of the client's "healthy adult".

Online therapies can enhance the therapeutic relationship by providing a blank canvas for the expression of parts of the self that have previously been concealed or unrecognized (Dunn, 2014). Clients are unrestricted by their physical selves and the way they perceive others to view their physical selves, thus freeing them to express their authentic experience and in particular their vulnerabilities without feeling unsafe or exposed.

Both online and video-therapy may provide sufficient "separateness" to allow clients to begin to experience some intimacy without experiencing it as intrusive and without their sense of identity being threatened. For some, this may represent a novel opportunity to develop a close interpersonal connection in a safe setting while still retaining some sense of personal control (Simpson, 2003; Simpson, 2009).

Videoconferencing as a means of reducing inhibition and enhancing intimacy

The use of secure video conferencing platforms (e.g. Zoom, VSee, Facetime) by schema therapists has grown exponentially in recent years, for the remote provision of both psychotherapy and clinical supervision. Despite fears by some that using video conferencing might interfere with the development of the therapy relationship and effectiveness of treatment (e.g. Rees & Stone, 2005), systematic reviews indicate the opposite – in fact, therapeutic alliance (Simpson & Reid, 2014) and outcomes (e.g. Backhaus et al., 2012; Hilty, 2013; Richardson et al., 2009) are roughly equivalent compared with in-person settings.

Many clients experience video therapy as less embarrassing and confrontational than in-person contact thus facilitating the expression of difficult feelings (e.g. Mitchell et al., 2003; Simpson et al., 2005). This may be particularly relevant to those with a high level of schema activation in the disconnection and rejection domain, including mistrust/abuse, defectiveness, social isolation, and emotional inhibition. Clients often cite feeling 'less scrutinized', 'less self-conscious' and a greater sense of personal control (Simpson et al., 2002) in video-therapy, which may be particularly important when dealing with shame-related issues (e.g., sexual abuse, body-image disorders) (Simpson, Deans, & Brebner, 2001; Simpson et al., 2005). Further, those who experience overwhelming emotions associated with social interactions and intimacy such as those with Avoidant Personality Disorder, Social Phobia, and Autistic Spectrum Disorders can experiment with developing intimacy at a safe distance via videoconferencing, before moving on to in-person connections (Reynolds et al., 2013). Video-therapy groups (i.e. multiple clients/therapists connecting via videoconferencing) can also provide a safe first step for tolerating being 'seen', and learning to connect with a 'community' of others at a safe distance, before taking the next step of engaging in-person group activities within their own personal lives.

So how can schema therapists make the most of the potential of video-therapy in the context of limited reparenting? According to the 'online calming hypothesis' (Reynolds et al., 2013), a therapeutic relationship that is conducted via video link may actually provide an ideal reparenting setting, through facilitating emotional presence and connection. Video-therapists may need to develop new more 'active' skills and adjustments in the way they express empathy and warmth (Tuerk, et al., 2010), such as through checking in more regularly with their clients for clarification regarding the meaning of gestures and facial expressions, to facilitate greater attunement to their clients' emotional states (Bischoff et al., 2004; Simpson, Richardson & Reid, 2016). A safe and empathic connection is truly the cornerstone of a powerful therapeutic alliance within the Schema Therapy model and this alliance can develop equally effectively online as in person. In fact, greater accessibility can enhance this bond in an online format. The limited reparenting bond creates an opportunity for identifying triggers and self-defeating, maladaptive reactions in a less confronting and self-conscious way online.

Therapists can enhance the therapeutic bond by finding a balance of flexibility and creativity. Hand and facial gestures are the most effective way of conveying warmth and empathy, especially as the client is usually unable to see their therapist's whole body posture. This is especially important for limited reparenting in the context of video conferencing – and can be exaggerated slightly more than one might show in an in-person setting (Lozano et al., 2015).

The first session is particularly important in building rapport. To orient themselves, therapists can also ask the client about their position in the room, what else they can see in the vicinity and their level of comfort. This can help the therapist to gain a sense of the client's surroundings, as well as to convey interest in their environment and enhance rapport. The therapist should enquire about the sound and image on the client's screen at the remote site, and provide feedback to ensure that sound and picture are clear at the therapist's end . The therapist can show the client where they are situated by scanning the room with the camera, and this can also alleviate any concerns that there may be someone else present in the background – especially important for working with clients with a strong Mistrust/abuse schema and/or *Paranoid Overcontroller coping mode*.

There is also evidence that clients tend to be more actively involved in video-therapy sessions, which may be linked to the equalizing effect of being situated in their own "territory" with responsibility for their own remote control and screen (e.g. Day & Schneider, 2002; Simpson, 2009). Some videoconferencing platforms offer clients the option to zoom the therapist in and out, and to make the image of themselves and the therapist larger, or smaller, or even to remove the picture altogether and rely on audio communication.

It has been my (VF) personal experience to work in an audio-only format with a client who was recently tragically left quadriplegic following an automobile accident. Our bonding has provided the gateway to a rapport marked by hope and trust which has proven to be far more valuable than physical presence. In fact, it is one of the most concentrated engagements with limited reparenting that I have experienced as it takes profound strength to build a "Healthy Adult" self from such a vulnerable place. In this relationship I use the analogy of painting a blank canvas as a creative reparenting tool. Another client has a progressively debilitating disease such that he has become wheelchair-bound, leaving him feeling desperately 'stuck'. This has been a case where painting a blank canvas through audio-only communication along with an abundance of creative imagination has proven to be empowering for the Vulnerable Child, while building the Healthy Adult. These clients' physical limitations and restrictions have stimulated an extra layer of creativity and therapeutic intimacy, whereby they are able to feel 'seen' in an emotional and spiritual sense. Through audio-only communication, clients are no longer seen through the visual barrier created by their physical disabilities, and connection and intimacy are heightened.

Experiential Schema Therapy techniques such as chair work can be easily adapted for video therapy, such as by incorporating puppets, drawings, photographs – or literally standing in different positions that are visible on the screen. If confronting the Punitive (Inner Critic) mode, the client can be invited to show an image/drawing of the Punitive mode that is placed in its own 'spot' or chair, or simply point the camera at an empty chair. Alternatively, the therapist and client can both move into different standing positions (still visible to the other on the screen) to play the role of different modes. Placing the Punitive Mode on a chair on the therapist's side of the screen allows the client a feeling of distance and 'protection' that can give them an added boost of courage to access their anger and inner power to fight back.

When using chair work to access the Vulnerable Child, the client can hold a picture or drawn image of themselves as a child to help them to tune into this side of themselves. The therapist can invite the client to place two chairs in view of the screen, one in front of the other. The one behind will have the picture of the Vulnerable Child, whereas the one in front will be the Detached Protector (or other coping mode), acting as the 'security guard' blocking contact between therapist and Vulnerable Child. The therapist can direct the client to move back and forth between these chairs, just as they would in a face-to-face setting. Alternatively, placing the Vulnerable child on the client's side of the screen, and the Detached Protector chair on the therapist's side of the screen can provide distance that facilitates greater intimacy between the client and their own vulnerability, and defusion from their coping mode.

Enhancing Intimacy through Storytelling in online Avatar-Based Technologies

Virtual technologies and avatar-based virtual world platforms may also provide a low-risk space in which clients are free to experiment with "playing out" different sides of the self and new behaviors while observing others' reactions. Online therapy platforms such as Pro Real (http://www.proreal.co.uk/) provide an ideal platform whereby the client can develop an understanding of their own modes, including those which are dissociated and outside of their conscious awareness. The therapist sits by the client's side, while they create their world, using either a Blank [Virtual] Platform or a Storytelling Virtual World that is inhabited with castles, rivers, waterfalls, cross-roads, mountains, cliffs and other aspects of nature. The client can choose avatars to represent their modes, and change the size, color, and posture according to the character of each mode. Alternatively, they can use mini-floating heads (inner voices) to represent the modes. Avatars can also be used to represent relationships with others in a person's life. A range of symbols is available, which enables the client to play with different ways of representing the conflicts and tensions in their relationships through symbolism. The avatar-based world can be used by the client to explore current dilemmas and to disentangle complex schema-driven intra- and inter-personal relationships. It can also be used to formulate goals and strengthen hope, as the therapist supports the client in painting a magical fantasy future which can, in turn, create hope and forward movement.

Creative painting of their world can make the client's inner voices more tangible, and observable, and introduces a sense of play, whereby they can be experiment with different options. For example, they can banish their Punitive Mode (Inner Critic) to a point on the horizon, or delete it altogether. Playing with the concept of avatar–modes introduces creativity into the process and facilitates defusion with coping modes, and connectivity with one's own vulnerability and emotional needs from a safe position of disembodiment. The therapist sits at the client's side, asking questions that prompt creativity and help the client to begin to explore their inner world through the blank canvas of the screen. This enables an authentic "being with"/ bonding experience wherein limited reparenting takes place as the client feels the therapist by his/her side, assisting in telling the story of their inner world through the avatar-based screen-world.

When therapy takes place in cyberspace, boundaries need to be flexible enough to embrace the benefits that psycho-technologies offer while providing a stable base for containment, affective attachment, attunement, and safety. Therapists who are able to develop boundaries in new and unconventional settings such as in cyberspace must cultivate an ability to work with what is unknown and learn from their clients about the therapeutic significance and meaning of new forms of dialogue. By directly exploring the client's internal experience and reactions, the opportunity for deeper understanding and dialogue arises. By being open to working with boundaries in a creative and conscious way, the therapist can facilitate the opportunity for a level of closeness or bond that might otherwise not be possible.

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HOW ONLINE TOOLS CAN ENHANCE SCHEMA THERAPY BEYOND THE THERAPY ROOM

Sally Skewes (Australia) & Michiel van Vreeswijk (Netherlands)

As the possible ways of using technology expand and grow, so too do our opportunities for enhancing the experience of schema therapy for both therapists and clients. The opportunity to collaborate in a shared safe place online can strengthen connection between sessions, enliven and intensify the therapy experience.

Secure Nest provides a technology-enhanced framework for schema therapists to connect with their clients online, unlike any other tools available. It provides structure through protocols and a library of modules which can be easily shared with clients, it allows flexibility for therapists to use the tools and resources in a way that suits their individual needs (and those of their clients) and it brings client-directed activities to the forefront, a system designed to empower clients and lighten the load for therapists where possible.

Imagine having a short-term group or individual protocol which could be provided to your clients in a healthcare setting which has limits on the number of sessions available. Envision having a library of educational material introducing clients to core schema therapy concepts and a growing number of mindfulness and imagery exercises which can be assigned to clients at relevant points throughout therapy. What if there was an online platform which measured your clients' progress over time and which can automatically populate your client's case conceptualisation using the mode model through a self-guided schema assessment? These are just some of the benefits you can bring to your schema therapy practice through Secure Nest.

We recently recorded a series of videos (available here) for schema therapists which demonstrate some of the key features available on the platform. The outcomes of working with online schema therapy tools, such as Secure Nest, are presented in our article through three of the different ways you can work with Secure Nest, with individual schema therapy clients, in a self-education format and in group schema therapy. Through the use of case examples this article illustrates each of these models.

Using Secure Nest with individual schema therapy clients

Aurora's presenting difficulties stemmed back to early disconnection in her family, where she learned family dynamics consisted of alienation, e.g. "them vs her", where she had a feeling of being ganged up on and a lack of support from her family. She experienced a lack of love, with no recollection of being told "I love you" early in life. Aurora felt humiliated and judged as family members would laugh and mock her when she attempted new skills. This fostered a sense of self-consciousness that sadly should not exist.

Aurora felt invisible in her family of origin. Without a parent who was emotionally present, a deep sense of sadness and distress set in as a young child.

A long traumatic list of "perfect storm" events later in life reinforced the above messages as Aurora experienced abusive intimate relationships and a reaction of blame from her family, as though she deserved it. Never did Aurora experience her family protect or defend her.

Ultimately Aurora realised that the pattern of emotional neglect was repeating in life. She was sad and ashamed to admit that not having her voice and needs respected resulted in her adapting to not sharing. This perpetuated the pattern where she was alone and invisible.

Aurora did not want to be seen in a vulnerable state and naturally this occurred in therapy and in her work too. She worked in a highly competitive, stressful, profession and is someone who does not believe in quitting or failure. Aurora knew how to suffer in order to achieve her goals.

Secure Nest became a shared safe place to experience connection

I needed to provide a corrective emotional experience for Aurora's lack of safety, her feeling that she was undeserving of any love, respect, or attention.

Aurora needed a personalised approach to therapy that really "got" Aurora and stimulated her inherent creative expression and independence to develop self-confidence.

Secure Nest provided an avenue for Aurora to experience a connection with me beyond the therapy room. My Journal, a tool within Secure Nest, became a shared safe place for authentic and transparent communication between client and therapist.

Importantly, journal entries could only be initiated by the client and therefore there was space for Aurora, which was required and was separate from the therapist's agenda.

Aurora described how she experienced connection in My Journal.

"You're the first person who's ever said to me that you just want to sit beside me so that I'm not alone. It's a new experience."

In an online space the disinhibition effect was evident, which encouraged Aurora to reach her Vulnerable Child, to establish more direct contact with me, and to share in a way that would not be possible in person due to intense shame.

In session corrective emotional experiences were consolidated through encouraging reflection using the Homework tool within Secure Nest.

"There is definitely an element of comfort felt by experiencing your presence. Whilst adult Aurora is rather reluctant to let anyone into the safe place because she's learnt it's safest when alone Little Aurora felt a great sense of relief because finally her distress was seen, heard and responded to."

Aurora's self-confidence and autonomy were supported step by step through exploring the unique qualities of her Healthy Adult and building on these experiences in situations between sessions using mode diaries.

Therapist reflection

George Lockwood (Lockwood, 2008) describes how, "Limited reparenting parallels healthy parenting, and involves the establishment of a secure attachment through the therapist, within the bounds of a professional relationship, doing what she can to meet these needs.*

The therapist's regulation of the client's affect becomes internalised by the client and forms a healthy adult mode modelled on the therapist's. This healthy adult mode becomes a strong foundation for the establishment of autonomy."

In my experience, the use of Secure Nest enhances the key steps of limited reparenting. Firstly, it reaches the Vulnerable Child mode and provides reassurance. Next, it strengthens the connection between therapist and client as Secure Nest itself can act as a transitional object between sessions, serving as a link to the therapist. Finally, it invites collaboration and promotes autonomy.

**Lockwood, George, Posted on Dec 27, 2008 on Limited Reparenting.*

Using the Secure Nest self-education program with clients on a waiting list

Anna was on a waiting list for schema therapy and I suggested that the Secure Nest self-education program could provide an opportunity to become familiar with the key schema therapy concepts to prepare for our work together.
Anna was guided through the self-education program using the inbuilt emails and prompts.

Working through the three week self-education program

Anna completed schema and mode assessments and was guided to listen to relevant schema mindfulness recordings.
Anna connected with her Vulnerable Child through imagery and was led through an audio reflection exercise (1 of over 40 inbuilt audio recordings), which helped her to connect with unmet needs in her life.
Anna was then guided to prepare her safe place, following an imagery exercise. Anna described her safe place in a My Journal entry on Secure Nest.

"I went to the beach - as a child we used to go and spend whole summers on the beach and they were happy times."
Anna then creatively drew her personal experience of schemas, modes and core childhood memories in Artful Sparks (an art tool within Secure Nest).
Anna became more aware of the childhood origins of her schemas and unmet needs, which she continued to explore through journaling within Secure Nest.
"I've been going through My Modes today and it's a really effective way of understanding some stuff rooted in the past."
Anna became aware of current triggers (linked to schemas) that relate to presenting problems by completing mode diaries on the platform.

Therapist reflection

As Anna's therapist I felt so informed when we met for the first time as I had received updates on her journey and activities as she completed the self-education program.
I had the feeling of knowing Anna and being able to plan our time together in session effectively, including planning goals for change during the therapy process.

Overall, I had a lot of information about Anna's personal experience of her modes.
As part of the self-education program Anna had been invited to connect with her Vulnerable Child – and even before commencing schema therapy, Secure Nest had become a shared safe place.

Using Secure Nest to provide blended group schema therapy

Secure Nest also offers the opportunity for group members and the co-therapists to view each other's progress and homework assignments as well as having a platform where group members can interact with each other in a safe digital group environment.

A group of 8 clients were introduced to a time-limited blended schema therapy group. The presence of emotional deprivation, self-sacrifice and abandonment schemas, and Demanding Parent, Detached Protector and Impulsive Child modes were strong in the group. To introduce how to work with blended schema therapy it was described that sharing in Secure Nest (in Group Notes) and sharing homework and progress was as important as it was to share in live group sessions. The co-therapists explained that group members do not have to respond to everybody every time they share although their schemas might say otherwise and that every group member has the personal responsibility to ask for support for their Vulnerable Child from a Healthy Adult perspective.

How the narrative developed using Secure Nest over the therapy journey

Group rules and group tasks were written on Secure Nest for every group member to read. Two of these group tasks were:

1. As a group we work on creating a healthy balance between the Vulnerable Child, Happy Child and Healthy Adult. We do this by sharing our emotions and thoughts and listening respectfully to each other, and asking for what our fellow group members need from us.

2. As a group we work within a safe mini-society where schemas and maladaptive modes can be triggered in interactions with each other and where we then try to learn from it together. We do this by acknowledging that we all have our own histories which play a part in the presence of trigger situations and which we can heal together by accepting that we want to learn from each other.

The group chose a picture which represented the schema therapy group for them, which was uploaded to Secure Nest. Group members wrote down their individual goals in Secure Nest. During the blended schema therapy group they became more aware of how the group could be of help to reach their goals, which they then wrote down in Secure Nest so each group member would be able to see it.
Weekly progress was measured (using inbuilt Ratings) and homework assignments were uploaded by the group members. At the end of the blended schema therapy group in their evaluation, group members mentioned that after the first stage of getting to know Secure Nest and an initial hesitation to use new technology they really appreciated having this safe opportunity for contact with each other on a shared schema therapy platform. It helped them to connect more with each other and to stimulate each other to keep up the good work or reduce avoidance.

Co-therapists reflection

In the beginning of the blended schema therapy group the group had to be actively stimulated to reflect on themselves and share the reflections not only in live group sessions but also within Secure Nest. For some group members, the Demanding Parent mode said that they always had to share the same amount of information and had to respond to each individual group member.

It was especially important for the group members to express to each other that they would not show the information which was put on Secure Nest to other people who were not part of the schema therapy group. When this was explicitly stated and the group was actively stimulated to use Secure Nest by the co-therapists there was a lot of activity.

Initial worries the co-therapists had in relation to how to mediate online communication between group members were revealed to be unnecessary. Group members were very respectful when they wrote to each other and sometimes the co-therapists even had to stimulate the group to also empathically confront each other online.

Summary

These stories illustrate how Secure Nest can help to guide therapists and clients through the journey of schema therapy. Our article illustrates three journeys that are possible with the support and guidance of the blended individual and group protocols and the three week self-education program. Please feel free to visit securenest.org if you would like to create a free trial account to experience a new way of working with your clients.

STRATEGIES TO MINDFULLY INTEGRATE THE MISSING ELEMENT IN ONLINE THERAPY

By Mary Guiffra, Consultant and schema therapist specializing in couples, parenting, family, and stress/trauma. (America)

Sure, your smart human brain is online. You are listening carefully: identifying core emotional needs; early maladaptive schemas; coping styles and modes the person on the screen has used to make sense of his or her life. But are you truly there? Are all your senses taking in this new client or patient before you? Are you fully present in your own body so that he or she can sense you across the hundreds or thousands of miles that separate you? Are you grounded in your own body as you turn on your Zoom or Skype app?

In traditional face to face therapy, some degree of sensory connection and grounding to the earth just happens. Unless we are disconnected, preoccupied or fearful, our clients generally get a sense of us. Of course, we are astute cognitively and they hear that. But they also get a sense of us through office surroundings: how they feel in our chairs; the experience as they look around our office; paintings on the walls; colors and textures; how we dress and move; even how we smell. If we shake their hand, they touch us and feel warm or cool sensations. They sense us and our surroundings, even if they are not aware of it. On a deeper level they feel us and if we are grounded and present, it soothes the abandoned or neglected child within or the child whose parents lived in their heads, disconnected from the neck down.

In our offices, there are many distractions to help avoid or titrate scary sensations, feelings, thoughts, images, emotions or instinctive behaviors that are activated. For example, the blue paint on your wall was the color of a childhood room in which a trauma occurred. The resulting unwanted image, memory, sensation, thought or feeling may be reduced or eliminated if the client can focus on the beautiful plant in the corner of your office. But on-line, there is no escape. Closing one's eyes, looking away, finding a distraction, when the other person is literally in your face, is challenging. Schemas trigger, modes and masks appear, coping styles pop out quickly. It is different in the office where it is easier to avoid your intense focus and attention. But on the computer or iPhone screen you are truly in their face every moment. Very distant couples are sometimes advised to have discussions while driving or taking a walk to reduce the likelihood of over-reactivity from that expression or "that look". Not sure if there is research to support that but it works for some partners. Perhaps simply moving their bodies helps? Just found research by Gasper, Street, Windsor et al in Psychological Science 25 (12),1136-2146. They found that a passenger can restrict conversation during those times when a driver's full attention is needed.

If your client has a well-developed healthy adult, she can find a distraction, even on-line. She can excuse herself for a moment to get a glass of water or use the rest room. She can look away. Maybe she might share that her vulnerable or angry child is being triggered. Interestingly, A family dog starts to bark or the cat might scurry across the screen as they sense that your client is getting triggered. Sometimes, mammalian instinct surpasses our smart cognitive brain.
Still, Schema Therapy deals with personality disorders in which complex early trauma often lurks. The likelihood is that the client might lash out, avoid, freeze or dissociate to reduce strong internal responses from the stimuli that initiated the cascading stimulus-response reaction.
What are we to do in on-line therapy? There are several effective strategies.

Before turning on your computer, take a few minutes to stand up and take a breath. Move awareness to your body. Feel your feet on the floor. Notice the solidity of the ground against your feet. Allow yourself to sense that experience in your body. If you have time, move your fingers and toes, ankles and wrists, knees and hips, shoulders and head, clock-ways and counter-clock-ways. In Schema Therapy, we do some of this instinctively: by standing up and having a healthy adult talk with child or parent modes; by encouraging the healthy adult to hug or soothe a child mode; moving chairs around as we do chair work. All of this keeps us in our bodies and aware of sensations, both ours and the client/patient's. It is very useful in office work. It is essential for on-line work if you plan to do more than psychoeducation or teaching the healthy adult mode parenting skills. Chair work and standing up to talk with modes is especially important for on-line work. Some therapists use objects to do it while others coach from the screen while the therapist directs the chair arrangement etc

However, if no healthy adult is on-line, it is risky to do intense mode work or work on early attachment, abandonment or abuse traumas until you have connected to the client in a sensory way, through images and sensations that come up naturally. Then it must be titrated very slowly, labeled and integrated gradually before upping the ante. For early trauma work on modes, it is essential to work very slowly and develop more healthy adult self. Overwhelm is not conducive to healthy adult development. As with a parent and a young child, attachment is a physical, sensory, emotional and imaginal process. It cannot occur just cognitively. You connect by being present to yourself first and then to the client/patient. To do this you tune inside and see what is going on within your body. Identify the sensations you are feeling, the thoughts, images or meanings they convey to you. By attaching and helping clients/patients to notice and label their feelings and thoughts, images and sensations you help them differentiate self and develop their healthy adult. Together you discover the meanings and schemas developed through culture, family, racial, religious or gender conditioning.

Before turning on Zoom or Skype, get yourself grounded to the earth. An intensely powerful refrigerator needs a ground or earth plug to ensure that an outage or explosion does not occur when it is fully charged. A lamp does not. Same with humans. We use our human ground, our feet and bodies to connect with the earth. Before starting a session or when the intensity increases, you need to ground more to mother earth. So does your client. Feel your feet on the floor. Your butt on the seat. Encourage your client to do the same. You can teach them across the screen.

You can also begin by modeling and teaching the client how to use resources or even distractions to titrate intense feelings, emotions, sensations or even thoughts and images that threaten to overwhelm. I remember when one of my four children was very young, and we were in a situation where they were ready to go off on a tantrum, I would get very intrigued, look up at the sky or a tree or something interesting, point my arm in that direction and in a surprised, excited voice say, "What is that?" Curiosity always won. They stopped the budding tantrum, looked in the direction I was pointing and became interested in the new curiosity. Each of them is still a very curious adult. Of course, sometimes a hug works best but not always. You need to model the behavior you want. I wanted out of control tantrum to turn into the feeling of curiosity. It distracted them from frustration to the possible. If you want an activated person to feel calmness, you need to shift to feeling the emotion of calmness yourself before turning on the screen or during the session. If you get cognitive, so will they. Sometimes that is what is needed but not always.

With complex trauma and personality disorders, cognitive discussion is usually insufficient unless it also addresses the subcortical brains for emotions, sensations, feelings of safety etc. However, with recent trauma, it is sometimes useful to get an initial cognitive orienting of what happened. In that case, the event may not lead to PTSD. Still, to keep repeating the event over and over with no sensory, emotional or imagery work can be re-traumatizing. Each time the event is discussed, it re-activates the experience and if not addressed on subcortical, sensory levels, it goes deeper and deeper leading to dissociation and even DID. On-line work demands even closer attention to grounding and re-orienting. With trauma, a person loses a sense of orientation to the present. They are either stuck in the past or fearful of it occurring in the future.

A strategy I use in the office is especially effective with on-line therapy. Whenever a person starts getting activated, invite them to scan the room and let their eyes rest on something. "Don't just focus, rather softly let your eyes rest wherever they land." Try it yourself. Then close your eyes and sense what you are feeling inside. You take a deeper breath and begin to settle into your body more. So too your on-line client. It slows down the intensity that was developing and you can continue the work without overwhelm. Orienting works both on and off- line. On-line your client looks away from the screen as he scans the room slowly. It feels more natural in the office than on a small screen. But you can coach your on-line client how to look away from you and activate the instinctive orienting response on-line.

When studying Somatic Experiencing trauma work with Dr. Peter Levine, I was intrigued to learn that one way of helping a person slow down the intensity of emotions, feelings, images or sensations is to use resources. In his work, you pendulate from resource to trauma each time a person starts to get triggered. You gradually increase the intensity of the resource which will drop the person into trauma of similar intensity. This slowly increases a person's capacity to hold intense emotions, sensations, images and behaviors without acting out. For example, before starting the work, you collect a data bank of resources: positive experiences; helpful or loving past or present people; imaginary helpers like Superman or Wonder Woman; beloved animals, real, stuffed or cartoon; music, art or literature; work, creative projects or careers. In SE, you ground, orient, slowly pendulate from experiencing the resource to experiencing a little of the trauma and then back to the resource. As the person's capacity to contain and release the trauma increases, you pendulate less and allow them to experience a sense of containment, a sense that they can process whatever life throws their way. People can indeed get stronger at the broken places. They can become more empathic also. New therapists are often intrigued to see that intensely positive feelings can kick a patient or client into intense reactivity. It is not so much the content of the event. It is the intensity that is stimulated. A great sexual experience can be followed by a fight. The positive intensity may have dropped them into a trauma of similar intensity.

To conclude, remember one key concept. For effective on-line therapy, that is not simply psychoeducational or cognitive, it is essential for the therapist to be fully present to him or herself and to the client or patient. Strategies to use before a session were discussed. They are especially useful on "those days" when you are preoccupied, tired etc. Strategies to support the on-line client feel grounded and oriented to the present were identified. There was a discussion of how resources are used to reduce emotional intensity or acting-out, without shutdown or overwhelm, when working on-line. These strategies can be used in the office but are essential for effective on-line depth or trauma work. With personality disordered clients, avoid any depth work until you have the semblance of a healthy adult mode on-line.

GETTING TO KNOW MEMBERS OF OUR ISST COMMUNITY:

Interview with Remco van der Wijngaart by Vivian Francesco

Tell us a little bit about yourself

My name is Remco van der Wijngaart and I live in Maastricht in the southern part of the Netherlands together with my wife Marion and my 2 children, daughter Robin and son Arthur.
I've worked in an outpatient clinic for 21 years where I have had the privilege of working with my colleagues Arnoud Arntz, David Bernstein and Hannie van Genderen. After they went to work in different places, I decided in 2017 to start my own private practice where I continue to see my patients on Mondays and Tuesdays. The rest of the week I teach both in the Netherlands and abroad.

Since you were a member of the ISST Executive Board from 2016 until 2018, what position did you have on the board and what made you decide to run for exactly that position?

I was Vice President of the EB and I deliberately chose that position since it involved organizing the Schema Conference for the ISST called Inspire 2018. I thought that my skill in organizing an event like that far exceeded my desire to do the huge amount of administrative work that is related to the other positions on the EB. It was my naive opinion that this seemed to be a bit like organizing a big party which I'd done a couple of times before
Little did I know Inspire 2018 turned out to be a hell of a job but one that I'm glad I accepted! The memory of the silent disco party at the end of 3 great days is still one that brings a smile on my face...

How did you get your training in Schema Therapy and how has it enriched your work

My training as a schema therapist started quite early in my process of becoming a psychotherapist; I was just 1 year into my training as a CBT therapist when I was honored to participate in the first training in ST by Dr. Jeffrey Young. That training was the start of the treatment study on the effectiveness of ST in treating Borderline patients.
That study also proved to be the launching of a rapid development of ST leading to an implementation study in which I trained other therapists, a study on ST for Cluster C disorders as well as training and rating of therapists in the study of David Bernstein's forensic field.
I started to offer training in ST in the Netherlands together with Hannie van Genderen. After the first audio-visual production, "Schema therapy, working with Modes" which was launched in 2010 and which I co-produced together with David Bernstein, I got more and more invitations to train in other countries. Since then I've traveled to 15+ countries teaching Schema Therapy. After several other audio-visual productions on Schema Therapy, I recently finished a Dutch book on Imagery Rescripting, which hopefully will be translated very soon into English. The research for this book made me realize a couple of important things: First of all, I am impressed by how much research exists on Imagery Rescripting. Second, I have also become even more aware of the importance of research for a deeper understanding and preservation of the model.

What do you see in the future for the evolution of Schema Therapy and the ISST?

What I envision for the future of ST is not just the rapid growth of therapists being inspired by the model across the world but also a growth of research into the theoretical fundamentals of the model, like basic core emotional needs, and the working mechanisms of methods and techniques that are considered to be so essential for ST, like imagery rescripting and chair work. I see this as an essential condition to keep the model sound and healthy. Studies like these also require that therapists be trained and supervised to follow the study protocol. In my own experience, this is an extremely positive aspect of participating in research requiring therapists to commit themselves to the study protocol. Although that commitment to the protocol sometimes feels like losing some of your clinical freedom, actually it helps you to learn to focus your therapeutic skills. Further research can help build awareness of what we need to keep in our model as it is and what we need to change to improve the effectiveness of the model even more.

What do you enjoy doing in your free time?

In my free time I try to be a good husband and father. Although I do have the capacity for this, it's a challenge to balance the need to be with my family with all the wonderful opportunities teaching in schema therapy provides. When weather conditions are favorable, I like to spend time in our garden, sitting beneath the apple tree, talking to my wife and children. Just to see green leaves and grass and my family's faces feels like being in a safe place after all the traveling and interactions with others.

How do you connect to your Happy Child mode?

I would have to say that music and dancing is the gateway to my happy child. I play guitar and piano but to really let go and enjoy life means for me that I put on music really loud and dance. My daughter has that same expressive way of being happy so the happiest moments are, like last week, when both of us danced around together like crazy!
I've participated in flamenco dancing for many years and this dance form is helping me to connect more to my strength, becoming the man I am besides the little boy I still carry around in life.

Are there any other thoughts or ideas you would like to share with the ISST community?

My only other thought to share is how grateful I am to have found in ST a framework and language that helps me to make sense of all the emotions and experiences that sometimes feel like strong, even overwhelming currents in life. This language supports us in helping others find ways to handle these strong currents and not get overthrown and drown in them. This insight feels like a privilege to me. At the end of the day, we all have to try to make our time in life as good as we can and help each other in that process.

IMPORTANT DATES FOR YOUR DIARY

Forthcoming ISST Conference

(i) Copenhagen' INSPIRE - postponed until 2021
(ii) INSPIRE 2020 Virtual Conference: May 28 - 30, 2020

Recently recorded webinars, now available on the ISST website:

- Topic: 'Transformational Chairwork and the Four Dialogues'
  Presenter: Scott Kellogg

- Topic: 'Strengthening the Healthy Adult '
  Presenter: Eckhard Roediger

ISST
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ISST Webinar Series
(hosted by Susan Simpson, Chris Hayes and Andrew Phipps)

Topic:
The role of the Healthy Adult in
Creating Intimacy and Connection
Presenter: Tracey Hunter
Host: Andrew Phipps
Date: 31st March, 2200 UTC
(1st April, 00:00 CET) (1st April, 09:00 AEDT)

Topic:
Phase Based Schema Therapy
Presenter: Rosi Reubsaet
Host: Chris Hayes
Date: 16th June, 1200 UTC, (2pm CET)

Topic:
Pushing for Anger in Cluster C Personality Disorders
Presenter: Ruth McCutcheon & Saskia Ohlin
Host: Andrew Phipps
Date: 30th September, 10:00 UTC,
(11am London time)

Topic:
Interweaving EMDR with Schema Therapy for
Trauma Processing
Presenter: Graham Taylor
Host Chris Hayes
Date: 1st Dec, 12:00 UTC (20:00 Perth, Australia)