

Making Differences Work in a Romantic Relationship

TI 083

By

**Nicole Bodor & Jennifer Vane
Spring 2001**

**The Clearinghouse for Structured/Thematic
Groups & Innovative Programs**



Counseling & Mental Health Center
The University of Texas at Austin
100A W. Dean Keeton St.
Austin, Texas 78712-5731
512-471-3515 · Fax 512-471-8875
www.utexas.edu/student/cmhc/clearinghouse

Making Differences Work

Table of Contents

SECTION I : THEORETICAL BASIS FOR THE GROUP	4
The Change Model	4
Group Format	9
Population	10
Group Screening Interviews	10
SECTION II: GROUP SESSION OVERVIEW	12
Session One: Introductions and Orientation to Group	12
Session Two: Adult Attachment Styles	14
Session Three: Introduction to Early Maladaptive Schemas	17
Session Four: Schema Processes and Schema Conflict Cycles	19
Session Five: Cognitive Techniques to Begin Altering EMS	21
Session Six: Schema Flashcards and Behavior Changes	23
Session Seven: Continuing Change of Schema-Driven Behaviors	25
Session Eight: Termination	27
SECTION III: REFERENCES:	28
APPENDICES	29
Appendix A: Group Contract	30
Appendix B: Brief Relaxation Exercises	31
Appendix C: Adult Attachment Style Questionnaire and Scoring Instructions	32
Appendix D: Descriptions of Adult Attachment Styles	34
Appendix E: Young Schema Questionnaire - Short Form and Scoring Instructions	35
Appendix F: Young's 18 Early Maladaptive Schemas	40
Appendix G: Descriptions and Examples of Schema Processes	44

Appendix H: Description and Example of a Schema Conflict Cycle	45
Appendix I: Table of EMS Supporting and Contradictory Evidence	46
Appendix J: Example of Schema Flashcard	47

Making Differences Work in a Romantic Relationship TI 083

By Nicole Bodor & Jennifer Vane

Section I : Theoretical Basis for the Group

Satisfaction in romantic relationships is a challenge for many adults, and likely rests on an ability to cope with existing differences between partners. Areas of difference common to many relationships include, but are not limited to, difference in communication style, family background, spirituality, emotional expression, and ethnic or cultural background. Often times, variance exists between partners' desired level of intimacy and/or style of expressing and responding to romantic needs, differences which may prove detrimental to relationship satisfaction.

This manual will present a change model designed to address difference in adult romantic relationships. The format of this group will address two primary areas: (1.) Clarification of areas of difference in romantic relationships, and how these differences manifest into relationship conflict; and (2.) Development of alternative behaviors or patterns of thinking which will make difference work in romantic relationships.

The Change Model

Phase I. Recognition and articulation of relationship differences and conflict: adult attachment style and early maladaptive schemas (Young, 1994, 1999).

We conceptualize change as members' identification of 'areas of difference' existing within the relationship. Goals of this phase include increased insight into elements of a strong romantic relationship (e.g. communication, trust, compatible interests) and how differences in these areas may contribute to conflict in a relationship. These goals will be achieved by examining adult attachment style (Hazan & Shaver, 1987; Collins & Read, 1990), and early-maladaptive schemata (Young, 1994, 1999). Members will explore how they function in romantic relationships within these frameworks, and examine his/her partner's way of relating within these models, to increase insight surrounding difference in romantic relationships. Before these

frameworks are introduced, initial group meetings will focus on rapport building, introduction of group contracts and group structure, and developing group cohesion.

Step 1: Identification of adult attachment style

The first step of the change model focuses on identifying and discussing members' adult attachment styles. Hazan and Shaver (1987) have identified three adult attachment styles: secure, avoidant, anxious/ambivalent. This framework is based on Ainsworth's (1978) conceptualization of early childhood attachment styles with primary caregivers. Discussion may also focus on how attachment styles developed from members' family of origin.

Adults with *secure* attachment styles experience little difficulty connecting with others, and are comfortable with mutuality in intimate relationships. *Securely* attached adults are not concerned with being deserted by their partners or merging with a significant other (Hazan & Shaver, 1987).

Avoidant adults feel uneasy being close to others, and find it hard to rely on or trust others in intimate relationships. They tend to feel overwhelmed and smothered by intimacy that often accompanies romantic relationships (Hazan & Shaver, 1987).

Anxious/Ambivalent adults frequently question their partners' degree of love and commitment in the relationship, and believe they will ultimately be abandoned by their partner. Their ideal relationship consists of completely merging with another person (Hazan & Shaver, 1987). Consequently, this attachment style drives partners away from the relationship.

Normalizing each member's adult attachment style is very important in this phase as shame or criticism surrounding one's adult attachment style may hinder group cohesion. Members will also explore his/her partner's adult attachment-style.

Step 2: Understanding function of adult attachment styles in romantic relationships, and making different adult attachment styles work in a relationship. The goal of this part of the change model is to increase members' insight as to how adult attachment styles manifest in romantic relationships (e.g. What does an avoidant attachment style look like in a romantic relationship? How would this attachment style cause conflict?). The group will discuss how attachment styles may manifest conflict in a romantic relationship (e.g. a secure partner and an

anxious/ambivalent partner), and explore ways to make disparate adult attachment-styles work in a relationship.

Step 3. Identification of EMS processes . The goal of this step is to introduce members to schema theory, specifically, the definition of EMS and types of EMS. This part of the change model is based on Jeffrey Young's schema-focused therapy (1994). Bricker, Young, and Flanagan (1993) describe the EMS as:

[A] long-standing and pervasive theme that originates in childhood; defines the individual's behaviors, thoughts, feelings, and relationships with other people; and leads to maladaptive consequences. Core schemas are developed in early childhood as a result of ongoing noxious experiences, such as severe deprivation, rejection, abuse, instability, criticism, or abandonment. Early maladaptive schemas are therefore central to the person's sense of self and generate high levels of negative affect when activated (p.89).

Young suggests EMS “define the individual’s behaviors, thoughts, feelings, and relationships with other people” and that “early maladaptive schemas are therefore central to the person’s sense of self and generate high levels of negative affect when activated” (p.89). EMS serve as model(s) for later interpretations, and develop throughout ongoing life experiences as individuals base their actions, thoughts, feelings, and interpersonal relationships on these schemas (Young, 1994).

Young (1999) has identified eighteen early maladaptive schemata, which fall into five larger domains of functioning: Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance and Inhibition. Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, Social Isolation/Alienation early maladaptive schemata form the Disconnection and Rejection domain. Dependency/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, and Failure make up the Impaired Autonomy and Performance domain. Entitlement/Grandiosity and Insufficient Self-Control/Self-Discipline form the Impaired Limits domain. Subjugation, Self-Sacrifice, Approval-Seeking/Recognition-Seeking form the Other-Directedness Domain. Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards/Hypercriticalness and Punitiveness form the Overvigilance and Inhibition domain. Young developed this list based on clinical experience with long-term therapy clients; however this list continues to grow and

change. Young's original list of early maladaptive schemata was developed in 1990 and revised in 1994, 1995, and 1999.

Members will identify three to four probable EMS using self-report inventories and material gleaned from group discussions.

An important part of this step is to help members understand the role and/or meaning of the EMS in their lives. The focus eventually shifts toward the function of EMS in members' adult romantic relationships.

Step 4: Identification of EMS processes

Young (1994, 1999) identifies three schema processes unique to the early maladaptive schema: schema maintenance, schema avoidance, and schema compensation. *Schema maintenance* refers to the individual's attempt to support or endorse the schema through dysfunctional thoughts or behaviors (e.g., a person with an abandonment/loss schema seeking relationships with unavailable partners). *Schema avoidance* involves the individual's efforts to escape activation of the schema and affect accompanying the schema (Young, 1994). This may be accomplished by adopting specific thoughts, actions, or emotions designed to evade the schema (e.g., a person with a social isolation/alienation schema does not attend a social gathering to avoid feeling like an outsider, therefore perpetuating the schema). *Schema compensation* refers to the tendency of individuals to adopt certain thought patterns or behaviors in order to rectify or overcompensate for the early maladaptive schema (Young, 1994). Often these thoughts or actions appear to be the opposite of what would be expected from the schema. To some degree this process can be adaptive, however schema compensation may backfire and bring the person back to the original maladaptive schema (e.g., a person with a defectiveness/unlovability schema becomes overly confident around her peers, causing her to be negatively evaluated and feeling as if she is incapable of winning the affection of others).

The group will explore schema processes present in the relationship (e.g. maintenance, avoidance, compensation) and how both partner(s) in the relationship perpetuate schema-driven behavior via these processes.

Step 5: Examination of conflict cycles in relationship as a function of EMS and EMS processes. During this step of treatment, members will discuss how differences surrounding EMS

and schema processes manifest problems in their relationship. Using the EMS conflict cycle proposed by Young and Gluhoski (1997), members will explore how their individual and partners' EMS create a vicious perpetuating cycle.

Phase II. Alter existing maladaptive schemas using cognitive, behavioral, interpersonal, and experiential techniques.

Four types of interventions will be used during this phase of the change model: cognitive, behavioral, interpersonal, and experiential. These interventions will be adapted for group treatment using Young's (1994,1999) framework for schema-focused therapy.

Step 1: Cognitive interventions.

Cognitive interventions involve actively challenging the client's underlying early maladaptive schemata in effort to modify the dysfunctional view of self and others (McGinn & Young, 1996). Client's faulty thinking patterns are amended by introducing opposing and impartial information from their life history that disproves the schema. Clients realize the power the schema has over cognition and emotion, and how the schema becomes a self-perpetuating force.

The primary cognitive technique involves members first identifying evidence in support of each EMS; and then finding powerful evidence that disproves or contradicts the schema. Subsequently, members use these contradictory statements to help them gradually alter their EMS.

Step 2: Experiential techniques

Experiential techniques are the most powerful of all interventions in schema-focused therapy. "Imagery" is one of the most frequently used experiential techniques in this approach. In imagery exercises, clients visualize a particular scene that activates the schema, most likely a scene from childhood that contributed to its formation. The client is asked to attend to thoughts and feelings associated with the scene and describe how he or she appeared at that age, or what friends or family were present. After sitting with the image for some time, the client is encouraged to react to the situation with a new perspective, a process that facilitates detachment from the schema and new appraisals of past experiences (McGinn & Young, 1996). In

conjunction with self-report inventories, imagery is used to help group members more accurately identify each EMS and its origin.

Step 3: Interpersonal techniques.

Interpersonal techniques consist of using the group to identify, activate, and alter maladaptive schemas. Schemas which surface in the context of the group present an opportunity for the client to assess the legitimacy of the schema in session, which may involve self-disclosure or counter arguments from the group therapists or group members (McGinn & Young, 1996).

Step 4: Behavioral techniques.

Behavioral techniques address schema processes, such as schema avoidance, schema compensation, and schema maintenance. McGinn and Young (1996) identify several behavioral techniques that may be used with this approach, such as social skills, assertiveness training, systematic exposure, and behavioral programming (McGinn & Young, 1996, p.199). For the purposes of this group, members will engage in “Behavioral Pattern Breaking” (McGinn & Young, 1996, p.199). Using this intervention, clients are encouraged to reduce behaviors that maintain the maladaptive schema and promote more adaptive, healthful behaviors (McGinn & Young, 1996).

Step 5: Making “new” schemas work in romantic relationships.

In this step, members will explore the role of newly-altered EMS in their romantic relationships. The goal of this step to consider ways the relationship may change, and discuss possible reactions from members' partners.

Step 6: Preventing schema relapse and termination.

Members will fossilize gains from the group experience and discuss ways to maximize benefits of the group. The goal of this step is to prevent relapse of “old” EMS behaviors, and emphasize ways to maintain satisfying romantic relationships.

Group Format

This thematic group is intended to be an 8-week short-term psychotherapy group with 1 ½ hour weekly sessions. Each session will be designed to implement a particular stage of the change process of identifying and understanding adult attachment styles and early maladaptive

schemas. Earlier sessions will be devoted to building group cohesion and identifying problems in members' current romantic relationships. Sessions will then focus on frameworks used for understanding difference in romantic relationships (e.g. adult attachment styles and early maladaptive schemas). The latter sessions will explore ways to alter early maladaptive schemas, and maintain these gains in their relationships. In general, sessions will first focus on members' reactions to topics explored during the previous week's session; and homework assignments will be processed as a segue to the proposed session material.

Members will be encouraged to be active in each group activity and discussion. Group members will also read and sign the "Group Contract" (see Appendix A), and will be asked to adhere to all group rules for the remainder of the group experience. Activities of this group will include: disclosure surrounding current romantic relationship, completion of self-report inventories, relaxation and imagery exercises, psychoeducational presentations, group discussion, and occasional homework assignments.

Population

This thematic group is intended for adults experiencing difficulty in their current romantic relationship. The inclusion criteria for this group include: 1) the individual is currently in a romantic relationship; and 2) the individual is currently experiencing difficulty in that relationship. The exclusion criteria for this group are: 1) extremely limited insight surrounding sources of conflict in the relationship; and 2) an inability to acknowledge the impact of their own actions on the relationship. As this is a short-term thematic group focused on romantic relationships, members with broader and/or deeper characterological issues may benefit from a more intensive long-term intervention. In general, this group is best suited for those individuals willing to disclose and explore difficult issues occurring in their relationships, and try new strategies of relating to their partners outside the group.

Group Screening Interviews

Individual screening interviews will be held with each potential group member. Both group leaders will be present and each interview will last approximately thirty minutes. During the screening interview, co-leaders will: 1) describe the content and framework of the group so that the potential member may assess his/her appropriateness for this group; 2) gather information surrounding the potential member's current romantic relationship;

3) assess psychological mindedness and interpersonal skills of the potential group member; 4) assess the potential member's level of insight into his/her relationship and role in that relationship;

5) assess the potential member's willingness to explore and adopt new ways of behaving in their outside relationship, and 6) review rules included in the group contract.

Section II: Group Session Overview

Session One: Introductions and Orientation to Group

Session Goals:

1. Initiate process of building group trust and rapport.
2. Introduce and discuss group contents and group structure.
3. Discuss relationship problems and perceived differences in romantic relationships (poor communication skills, family of origin, cultural/spiritual differences).
4. Present content of subsequent sessions.

Agenda:

A. Opening

- Have group members introduce themselves and briefly share with the group their reason for joining the group, and what they hope to get out of the group experience.
- Review group expectations and group contract (see Appendix A).

B. Group Discussion

- Begin discussion of difficulties people face in romantic relationships (e.g., poor communication skills, family of origin, cultural/spiritual differences).
- If members seem comfortable, allow them to disclose and elaborate on current relationship difficulties. Leaders should be sensitive to members' comfort level to disclosure within the group.

C. Overview of Theme Group

- Present general overview of theme group, including brief descriptions of subsequent sessions. Emphasize the group's purpose is to focus on self and relationship patterns, as opposed to venting about partner.
- Briefly discuss phases of group, and provide short overview of attachment and early maladaptive schemata theoretical frameworks.

Materials: Name tags, group contracts.

Session Two: Adult Attachment Styles

Session Goals:

1. Educate group members about adult attachment styles, and how this framework manifests in adult romantic relationships.
2. Assist members in identifying their own adult attachment style via imagery, psychoeducation, and self-report inventory.
3. Develop an understanding and appreciation for how members' specific attachment style influences his/her romantic relationship.

Agenda:

A. Opening

- Explore members' reactions from last week's session.
- Pass out copies of members' signed group contracts.
- Provide general overview of session content.

B. Guided Imagery

- Lead members through two guided relaxation exercises. (see Appendix B).
- Leader gives following instruction:

“Imagine a time when you were a child and you were having some *conflict with your caregiver*, maybe your mom, dad, whoever. What were you thinking? What did that feel like?” (Pause 30 seconds – 1 minute).

“Now imagine a time in your current romantic relationship when you were having some *conflict with your partner*. What were you thinking? What did that feel like?” (Pause 30 seconds – 1 minute).

“Now imagine a time in the *future when that conflict with your partner* is resolved. What are you thinking about? How does that feel? What does that look like?” (Pause 30 seconds – 1 minute)

Ask members to slowly open their eyes when they are ready to rejoin the group.

C. Processing of Imagery Exercise

Provide opportunity for members to discuss and explore the exercise. Members may be prompted with the following questions:

*What was that like for you?

*What were you feeling in each of the three imageries?

*Did you notice any similarities with what you were feeling/thinking with your caregiver, and what you were feeling/thinking with your partner?

*How did it feel to visualize the resolved conflict? What did that look and feel like?

D. Completion of Adult Attachment Style Questionnaire (Hazan & Shaver, 1987)

- Have members complete and score the Adult Attachment Style Questionnaire during the session (see Appendix C).

E. Psychoeducation of Adult Attachment Style (Hazan & Shaver, 1987)

- Hand out descriptions of adult attachment styles (see Appendix D).
- Provide mini-lecture on attachment style and creation of adult attachment styles.
- Process members’ adult attachment styles. Members may be prompted with the following questions:

*Which one of the attachment styles seems to fit you best, based on the imagery and the questionnaire?

*What does your attachment style mean for how you think about your relationship? What about how you act in your relationship?

*How can you make your attachment style work for you in your relationship?

*What attachment style seems like it fits your partner best? Is it the same or different from yours?

*What does the combination of your attachment style and your partner's attachment style mean for your relationship? Can you think of ways these styles have played out or could be played out in your relationship?

*Is your or your partner's attachment style somehow tied to your cultural or spiritual background? If so, how?

*How can you make your and your partner's attachment style work for your relationship?

The imagery may be upsetting for some members, therefore leaders should check in with members prior to ending this exercise.

F. Homework:

- Members take home the *Adult Attachment Style Questionnaire* (see Appendix C) for partners to complete.
- Have members complete *Young Schema Questionnaire – Short Form* (Young, 1999) prior to next week (see Appendix E).

Materials: Copies of members' contracts for their records, instructions for relaxation and imagery exercises, copies of Appendices B, C, D, and E.

Session Three: Introduction to Early Maladaptive Schemas

Session Goals:

1. Educate group members about nature of schemas.
2. Help members identify tentative early maladaptive schemas (EMS).

Agenda:

A. Process reactions from last week's session

- Discuss members' reactions and feelings about session on attachment style.
- Ask members to share and explore partner's responses on Adult Attachment Style Questionnaire.
- Process how the couples' attachment styles manifest in their relationship.

B. Brief Lecture on Early Maladaptive Schemata

- Nature and definition of EMS (see change model and Appendix F).
- Possible origins of EMS (family of origin and peer relationships).
- How EMS can influence you and your current romantic relationships.

C. Assessment of EMS.

- Members score Young Schema Questionnaire-Short Form (YSQ-S), and select three to four schemas with highest subscale scores. (see Appendix E for scoring instructions).
- Distribute list of 18 EMS (see Appendix F) and have members read definitions of their most prominent EMS.

D. Group Discussion.

- Provide members opportunity to process results of YSQ-S.
- Possible questions include:
 - *Do you have past or current life experiences that remind you of these schemas?

*Where do you think your schemas came from?

*How did it feel to complete this questionnaire?

*How does your EMS relate to your attachment style?

*How are your EMS played out in your relationship?

E. Homework: Ask members to keep journal of events when schemas are activated, and thoughts/feelings surrounding those events. Give members copies of YSQ-S for partners to complete.

Materials: Copies of Appendices E and F.

Session Four: Schema Processes and Schema Conflict Cycles

Session Goals:

1. Introduce schema processes: schema maintenance, schema avoidance, and schema compensation.
2. Develop understanding of members' schema processes in romantic relationships.
3. Explain and identify schema conflict cycles.
4. Develop understanding of members' schema conflict cycles in current romantic relationships.

Agenda:

A. Process members reactions from last week's session

- Leaders begin group processing of reactions and feelings to last week's session. Members may be prompted with the following questions:

*Did you notice EMS at work in your current relationship? When were they apparent?

*What thoughts/feelings/behaviors were associated with your EMS?

*Were the upsetting events you experienced over the past week consistent with results on your YSQ-S? Were they consistent with feelings/thoughts you experienced during the attachment imagery exercise?

- Discuss homework from previous session. Examine partner's scores on YSQ-S, and how partners' EMS interacts with members' EMS.

B. Mini-Lecture on Schema Processes.

- Define and provide real-world examples of schema avoidance, schema maintenance, and schema compensation (see Appendix G).
- Explore schema processes present in current romantic relationship. Prompt members with the following questions:
 - *What schema processes do you and your partner display in your relationship?
 - *What schema processes do you and your partner display outside your relationship?

C. Mini-Lecture on Schema Conflict Cycles.

- Describe schema conflict cycles and how they cause difficulty in romantic relationships (see Appendix H).
- Have members identify and share probable schema conflict cycle(s) in current romantic relationship.

D. Homework:

Ask members to continue journaling events when schemas are activated, and thoughts/feelings surrounding those events. In addition, members may journal schema processes and conflict cycles observed over the coming week.

Materials: Copies of appendices G and H.

Session Five: Cognitive Techniques to Begin Altering EMS

Session Goals:

1. Gather supporting and contradictory evidence for each member's EMS.
2. Develop a greater understanding of how the EMS impacts the members' life as an individual and as a couple.

Agenda:

A. Process member's reactions for last week's session:

- Ask members to discuss times over the past week when they noticed schema processes and conflict cycles at work in their relationships.
- Explore thoughts/feelings surrounding times when schemas were activated over the past week.

B. Gathering evidence supporting and contradicting each EMS:

- Ask members to develop three columns on paper (EMS, supporting evidence, contradictory evidence). Group leaders will provide an example of this exercise (see Appendix I).
- Members break into dyads and critically examine supporting evidence of each EMS (e.g. "If I don't make a 4.0, I am a failure" *supports* an "Unrelenting Standards" EMS).
- Dyads will also identify evidence that challenges or contradicts their EMS. It is essential that these statements are powerful, personal, and concise thus turning the EMS on it's head (e.g. "My self-worth is not determined by excelling in everything I do" *contradicts* the "Unrelenting Standards" EMS).

C. Group Discussion:

- Process feelings associated with dyad exercise.
- Explore how it felt for each member to discover contradictory evidence of EMS.
- This may be an excellent time for leaders to observe and point out members' EMS being activated during group interactions.

D. Homework:

Members finish gathering supporting and contradictory evidence for each of the 3 to 4 EMSs that was not completed during the group exercise.

Materials: Copies of Appendix I.

Session Six: Schema Flashcards and Behavior Changes

Session Goals:

1. Create schema flashcards for each EMS.
2. Educate members on use of schema flashcards.
3. Develop list of new behaviors, which alter schema-driven behavior, for members to try outside of group.

Agenda:

A. Process reactions and homework from last week's session:

- Review supporting and contradictory evidence of EMS members recorded over the past week.
- Leaders should pay attention to and process any affect that is evoked from this exercise.

B. Flashcard Activity:

- Group members break into same dyads from last week and develop flashcards that contradict schemas. Leaders will provide an example of this exercise (see Appendix J).
- Leaders instruct members to carry schema flashcards with them and review them when they feel a schema has become activated. Members may also review schema flashcards on a regular basis to prevent schema-driven thoughts and behaviors from occurring in the future.

C. Altering Schema-Driven Behaviors:

- Members are asked to develop list of behaviors to challenge their EMS outside of the group. For example, a person with a "Self-Sacrifice" EMS may try not to submit to a partner's inappropriate request for help.
- Each member should come up with at least two behaviors try outside of group.
- Again, this is a good time for leaders to point out any schema-driven behavior they notice during the group process.

D. Homework:

- Members try new schema behaviors and journal thoughts/feelings surrounding their attempts.
- Utilize EMS flashcards, especially when conflict arises with partner, and develop new ones as necessary.

Materials: 3x5 index cards and markers.

Session Seven: Continuing Change of Schema-Driven Behaviors

Session Goals:

1. Solidify change made from schema flashcards and behavioral restructuring.
2. Continue focus on behavioral restructuring of EMS.
3. Begin processing termination of group.

Agenda:

A. Process reactions and homework from last week's session:

- Explore members' experience using schema flashcards
- Process members' attempts at new schema-altering behaviors

B. Group Discussion

- Leaders encourage members to explore both individual successes and failures at behavioral change. It is probable a long period of discussion will ensue around this topic.
- Solidify changes by exploring the following questions:
 - *“How did it feel to use a new and different behavior?”
 - *“Did your partner, or other people in your life, respond differently to you as result of using a schema-altering behavior? If so, how?”
 - *“How might you continue to change your schema-driven behavior in the future?”
- Again, leaders should observe and point out schema-driven behavior demonstrated by members during group process.

C. Termination

- Process conclusion of group with members
- Begin discussing ways to maximize benefits of group after termination

D. Homework

- Members try two new additional schema behaviors and “journal” thoughts/feelings surrounding their attempts.

- Utilize EMS flashcards, especially when conflict arises with partner, and develop new ones as necessary.

Materials: None

Session Eight: Termination

Session Goals:

1. Fossilize gains made from exploring and altering schema-driven behavior in romantic relationships.
2. Review ways to continue changing EMS, EMS processes, and conflict cycles in both the individual member and the relationship.
3. Process group termination and provide appropriate referrals.

Agenda:

A. Process reactions and homework from last week's session:

- Explore members' attempts at new schema-altering behaviors

B. Group Discussion and Termination

- Discuss strategies members can use to continue changing their EMS, specifically in regards to how it impacts their romantic relationships.
- Topics may include: noticing EMS at work in your relationships, gathering evidence in supportive of and in contradiction to your EMS, developing new EMS flashcards, and journaling about successful attempts at new behaviors.
- Ask members to reflect on group experience and what gains were made from the group.
- Leaders focus on issues surrounding termination, such as feelings of loss, sadness, and progress.

C. Referrals

- Leaders provide verbal and written referral sources (e.g. individual treatment and/or thematic/process groups).

Section III: References:

Ainsworth, M.D.S., Belhar, M.C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. Journal of Personality and Social Psychology, 58(4), 664-663.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of Personality and Social Psychology, 52(3), 511-524.

McGinn, L.K., & Young, J.E. (1996). Schema-focused therapy. In P.M. Salkovskis (Ed.), Frontiers of Cognitive Therapy. New York: Guilford Press.

Young, J.E. (1994). Cognitive therapy for personality disorders: A schema- focused approach (Revised edition). Sarasota, FL : Professional Resource Press.

Young, J.E. (1999, November). Innovations in treating challenging cases: Schema-Focused Therapy. Workshop at the 52nd annual convention of the Texas Psychological Association, San Antonio, TX.

Young, J.E., & Gluhoski, V. (1997). A schema-focused perspective on satisfaction in close relationships. In R. Sternberg & M. Hojjat (eds.), *Satisfaction in close relationships* (pp. 356-381). New York: Guilford Press.

Appendices

Appendix A	Group Contract
Appendix B	Brief Relaxation Exercises
Appendix C	Adult Attachment Style Questionnaire and Scoring Instructions
Appendix D	Descriptions of Adult Attachment Styles
Appendix E	Young Schema Questionnaire - Short Form and Scoring Instructions
Appendix F	Young's 18 Early Maladaptive Schemas
Appendix G	Descriptions and Examples of Schema Processes
Appendix H	Descriptions and Examples of a Schema Conflict Cycle
Appendix I	Table of EMS Supporting and Contradictory Evidence
Appendix J	Example of Schema Flashcard

Appendix A: Group Contract

1. Members will treat matters that occur in the group with the utmost confidentiality. This applies to the names and identities of group members, as well as names and identities of other persons that members discuss. Material discussed by group members is also completely confidential.
2. Members are expected to attend very week, to arrive on time, and to stay for the entire session. Regular attendance is important for group cohesiveness.
3. Members will notify the group in advance if they are considering leaving the group. It is important to give the group an opportunity to discuss the possibility of a departure, and to discuss alternative ways of meeting group members' needs.
4. As a member, you are agreeing to work actively on the issues that brought you to the group. This includes attempting homework assignments, disclosing as much as you feel comfortable about issues that you are struggling with, as well as sharing thoughts, feelings, and reactions that arise during the group.
5. Members agree to use the relationships in the group therapeutically - not socially. Therefore, for as long as you are a member of this group, the only contact with other members of the group will be during the weekly group meeting. If by chance outside contact occurs, members are asked to inform the group and to discuss it as necessary to avoid interfering with the safety or comfort level of the group.
6. Strong emotions such as anger or despair should be expressed in ways that are not harmful to any of the group members or leaders.
7. Members agree to notify group leaders in the event that significant health changes or difficulties occur.

I am committed to the above therapeutic goals and rules for group.

Signed _____ Date _____

Adapted from "Group Contract" (May 1991)

The University of Texas at Austin Counseling and Mental Health Center

Appendix B: Brief Relaxation Exercises

General Directions: For both of these exercises, it is best to be seated, eyes closed, feet flat on the floor or crossed at the ankles, and hands resting comfortably in the lap. Begin each exercise with a deep breath that you let out gently. As you let it out, feel yourself beginning to relax already.

Gentle Arousal: After the exercise, slowly and gently activate by breathing a little more deeply, wiggling your fingers and toes, and opening your eyes at your own rate.

Breathing Your Body Away (General directions first) Gently focus your attention on your feet and legs. Be aware of all the sensations from your feet and legs. Now, inhale a long, slow breath, and as you do, breathe in all the sensations from your feet and legs. In your mind's eye, imagine that you are erasing this part of your body. Now, as you exhale, breathe out all those sensations. Once again, breathe in your feet and legs, and exhale it from your body, so that, in your mind you can see only from your hips up. Now, with another long breath, breathe in all the parts of your body to your neck, and, as you exhale, breathe it away...Now, beginning with your fingers, breathe in your fingers, hands, wrists, and arms, and exhale them away...Now your neck and head...as you breathe in, imagine your neck and head being erased and, now, breathe them away. Let's go back over the whole body in one breath, beginning with the feet. A long slow breath in, and as you do, erase any little parts that still remain. Now, a long slow breath out, as you exhale all the remaining parts. Just sit quietly for a minute and enjoy feeling yourself relax deeper and deeper. (Gentle Arousal)

A Favorite Scene, Place, or Person (General directions first) As you're sitting quietly, recall, in your mind, the most relaxing thought you can. Perhaps it's a favorite place, a vacation spot, or a favorite retreat of some sort; or it might be a person with whom you feel at peace, or some scene — a meadow, or whatever works for you. Take a few seconds to get that in mind...Now, see or imagine that in your mind. Be sure to feel those good feelings you have when you are in that place. Just let them take over your whole awareness...If your thoughts wander, just take them gently back to that peaceful, relaxing place. (Gentle Arousal)

Adapted from "Some Brief Relaxation Exercises" Handout: Texas A & M University Student Counseling Services (May 2001).

Appendix C: Adult Attachment Style Questionnaire and Scoring Instructions

Attachment Style Measure

Please answer the following questions on a scale from 1 to 5, with 1 being “not at all characteristic” and 5 being “extremely characteristic”.

1. I find it difficult to allow myself to depend on others. _____
2. People are never there when you need them. _____
3. I am comfortable depending on others. _____
4. I know that others will be there when I need them. _____
5. I find it difficult to trust others completely. _____
6. I am not sure that I can always depend on others to be there when I need them. _____
7. I do not often worry about being abandoned. _____
8. I often worry that my partner does not really love me. _____
9. I find others are reluctant to get as close as I would like. _____
10. I often worry my partner will not want to stay with me. _____
11. I want to merge completely with another person. _____
12. My desire to merge sometimes scares people away. _____
13. I find it relatively easy to get close to others. _____
14. I do not often worry about someone getting too close to me. _____
15. I am somewhat uncomfortable being close to others. _____
16. I am nervous when anyone gets too close. _____
17. I am comfortable having others depend on me. _____
18. Often, love partners want me to be more intimate than I feel comfortable being. _____

To add up your scores:

Ax-scale:

(6) _____ + (8) _____ + (9) _____ + (10) _____ + (11) _____ + (12) _____ = _____

S-scale:

(3) _____ + (4) _____ + (7) _____ + (13) _____ + (14) _____ + (17) _____ = _____

Av-scale:

(1) _____ + (2) _____ + (5) _____ + (15) _____ + (16) _____ + (18) _____ = _____

From the following sources:

Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. Journal of Personality and Social Psychology, 58(4), 644-663.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of Personality and Social Psychology, 52(3), 511-524.

Appendix D: Descriptions of Adult Attachment Styles

Adult Attachment Types:

1. *Secure* - I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.
2. *Avoidant* - I am somewhat uncomfortable being close to others; I find it difficult to trust them, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.
3. *Anxious/Ambivalent* - I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

Note: From the following sources:

Collins, N.L., & Read, S.J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58(4), 644-663.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511-524.

Appendix E: Young Schema Questionnaire - Short Form and Scoring Instructions

YSQ - S1

Name _____ Date _____

INSTRUCTIONS:

Listed below are statements that a person might use to describe himself or herself. Please read each statement and decide how well it describes you. When you are not sure, base your answer on what you emotionally **feel**, not on what you **think** to be true. Choose the **highest rating from 1 to 6** that describes you and write the number in the space before the statement.

RATING SCALE:

- 1 = Completely untrue of me
- 2 = Mostly untrue of me
- 3 = Slightly more true than untrue
- 4 = Moderately true of me
- 5 = Mostly true of me
- 6 = Describes me perfectly

1. _____ Most of the time, I haven't had someone to nurture me, share him/herself with me, or care deeply about everything that happens to me.
 2. _____ In general, people have not been there to give me warmth, holding, and affection.
 3. _____ For much of my life, I haven't felt that I am special to someone.
 4. _____ For the most part, I have not had someone who really listens to me, understands me, or is tuned into my true needs and feelings.
 5. _____ I have rarely had a strong person to give me sound advice or direction when I'm not sure what to do.
- *ed
6. _____ I find myself clinging to people I'm close to, because I'm afraid they'll leave me.
 7. _____ I need other people so much that I worry about losing them.
 8. _____ I worry that people I feel close to will leave me or abandon me.

9. _____ When I feel someone I care for pulling away from me, I get desperate.

10. _____ Sometimes I am so worried about people leaving me that I drive them away.

*ab

11. _____ I feel that people will take advantage of me.

12. _____ I feel that I cannot let my guard down in the presence of other people, or else they will intentionally hurt me.

13. _____ It is only a matter of time before someone betrays me.

14. _____ I am quite suspicious of other people's motives.

15. _____ I'm usually on the lookout for people's ulterior motives.

*ma

16. _____ I don't fit in.

17. _____ I'm fundamentally different from other people.

18. _____ I don't belong; I'm a loner.

19. _____ I feel alienated from other people.

20. _____ I always feel on the outside of groups.

*si

21. _____ No man/woman I desire could love me one he/she saw my defects.

22. _____ No one I desire would want to stay close to me if he/she knew the real me.

23. _____ I'm unworthy of the love, attention, and respect of others.

24. _____ I feel that I'm not lovable.

25. _____ I am too unacceptable in very basic ways to reveal myself to other people. *ds

26. _____ Almost nothing I do at work (or school) is as good as other people can do.

27. _____ I'm incompetent when it comes to achievement.

28. _____ Most other people are more capable than I am in areas of work and achievement.

29. _____ I'm not as talented as most people are at their work.

30. _____ I'm not as intelligent as most people when it comes to work (or school).

*fa

31. _____ I do not feel capable of getting by on my own in everyday life.

32. _____ I think of myself as a dependent person, when it comes to everyday functioning.

33. _____ I lack common sense.

34. _____ My judgment cannot be relied upon in everyday situations.

35. _____ I don't feel confident about my ability to solve everyday problems that come up.

*di

36. ____ I can't seem to escape the feeling that something bad is about to happen.
37. ____ I feel that a disaster (natural, criminal, financial, or medical) could strike at any moment.
38. ____ I worry about being attacked.
39. ____ I worry that I'll lose all my money and become destitute.
40. ____ I worry that I'm developing a serious illness, even though nothing serious has been diagnosed by a physician.

*vh

41. ____ I have not been able to separate myself from my parent(s), the way other people my age seem to.
42. ____ My parent(s) and I tend to be overinvolved in each other's lives and problems.
43. ____ It is very difficult for my parent(s) and me to keep intimate details from each other, without feeling betrayed or guilty.
44. ____ I often feel as if my parent(s) are living through me--I don't have a life of my own.
45. ____ I often feel that I do not have a separate identity from my parent(s) or partner.

*em

46. ____ I think that if I do what I want, I'm only asking for trouble.
47. ____ I feel that I have no choice but to give in to other people's wishes, or else they will retaliate or reject me in some way.
48. ____ In relationships, I let the other person have the upper hand.
49. ____ I've always let others make choices for me, so I really don't know what I want for myself.
50. ____ I have a lot of trouble demanding that my rights be respected and that my feelings be taken into account.

*sb

51. ____ I'm the one who usually ends up taking care of the people I'm close to.
52. ____ I am a good person because I think of others more than of myself.
53. ____ I'm so busy doing for the people that I care about, that I have little time for myself.
54. ____ I've always been the one who listens to everyone else's problems.
55. ____ Other people see me as doing too much for others and not enough for myself.

*ss

56. ____ I am too self-conscious to show positive feelings to others (e.g., affection, showing I care).
57. ____ I find it embarrassing to express my feelings to others.
58. ____ I find it hard to be warm and spontaneous.

59. ____ I control myself so much that people think I am unemotional.

60. ____ People see me as uptight emotionally.

*ei

61. ____ I must be the best at most of what I do; I can't accept second best.

62. ____ I try to do my best; I can't settle for "good enough."

63. ____ I must meet all my responsibilities.

64. ____ I feel there is constant pressure for me to achieve and get things done.

65. ____ I can't let myself off the hook easily or make excuses for my mistakes.

*us

66. ____ I have a lot of trouble accepting "no" for an answer when I want something from other people.

67. ____ I'm special and shouldn't have to accept many of the restrictions placed on other people.

68. ____ I hate to be constrained or kept from doing what I want.

69. ____ I feel that I shouldn't have to follow the normal rules and conventions other people do.

70. ____ I feel that what I have to offer is of greater value than the contributions of others.

*et

71. ____ I can't seem to discipline myself to complete routine or boring tasks.

72. ____ If I can't reach a goal, I become easily frustrated and give up.

73. ____ I have a very difficult time sacrificing immediate gratification to achieve a long-range goal.

74. ____ I can't force myself to do things I don't enjoy, even when I know it's for my own good.

75. ____ I have rarely been able to stick to my resolutions.

*is

Scoring Instructions for YSQ-S: (to be distributed AFTER completion of the YSQ-S)

There are no known norms for the YSQ-S, therefore the numbers to the left of each group of items should be summed. A group of items are those items appearing before the abbreviation with the asterisk (e.g. *et, *ab) and are listed below. Members should focus on those 3 to 4 EMS with the highest value of summed items in that group.

- Items 1 – 5 comprise the Emotional Deprivation EMS
- Items 6 – 10 comprise the Abandonment EMS
- Items 11 – 15 comprise the Mistrust/Abuse EMS
- Items 16 – 20 comprise the Social Isolation/Alienation EMS
- Items 21 – 25 comprise the Defectiveness/Shame EMS
- Items 26 – 30 comprise the Failure EMS
- Items 31 – 35 comprise the Dependence/Incompetence EMS
- Items 36 – 40 comprise the Vulnerability to Harm and Illness EMS
- Items 41 – 45 comprise the Enmeshment EMS
- Items 46 – 50 comprise the Subjugation EMS
- Items 51 – 55 comprise the Self-Sacrifice EMS
- Items 56 – 60 comprise the Emotional Inhibition EMS
- Items 61 – 65 comprise the Unrelenting Standards EMS
- Items 66 – 70 comprise the Entitlement EMS
- Items 71 – 75 comprise the Insufficient Self-Control/Self-Discipline EMS

Note: From www.schematherapy.com/id54.htm

Adapted from Young Schema Questionnaire - Long Form.

Young, J.E. (1999). Cognitive therapy for personality disorders: A schema- focused approach (third edition). Sarasota, FL: Professional Resource Press.

Appendix F: Young's 18 Early Maladaptive Schemas

1. *Abandonment/Instability*. The perceived instability or unreliability of those available for support and connection. Involves the sense that significant others will not be able to continue providing emotional support, connection, strength, or practical protection because they are emotionally unstable and unpredictable (e.g., angry outbursts), unreliable, or erratically present; because they will die imminently; or because they will abandon the patient in favor of someone better.
2. *Mistrust/Abuse*. The expectation that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage. Usually involves the perception that the harm is intentional or the result of unjustified and extreme negligence. May include the sense that one always ends up being cheated relative to others or “gets the short end of the stick.”
3. *Emotional Deprivation*. Expectation that one's desire for a normal degree of emotional support will not be adequately met by others. The three major forms of deprivation are:
 - a. Deprivation of Nurturance - Absence of attention, affection, warmth, or companionship.
 - b. Deprivation of Empathy - Absence of understanding, listening, self-disclosure, or mutual sharing of feelings from others.
 - c. Deprivation of Protection - Absence of strength, direction, or guidance from others.
4. *Defectiveness/Shame*. The feeling that one is defective, bad, unwanted, inferior, or invalid in important respects; or that one would be unlovable to significant others if exposed. May involve hypersensitivity to criticism, rejection, and blame; self-consciousness, comparisons, and insecurity around others; or a sense of shame regarding one's perceived flaws. These flaws may be private (e.g., selfishness, angry impulses, unacceptable sexual desires) or public (e.g., undesirable physical appearance, social awkwardness).
5. *Social Isolation/Alienation*. The feeling that one is isolated from the rest of the world, different from other people, and/or not part of any group or community.
6. *Dependence/Incompetence*. Belief that one is unable to handle one's everyday responsibilities in a competent manner, without considerable help from others (e.g., take care of oneself, solve daily problems, exercise good judgement, tackle new tasks, make good decisions). Often presents as helplessness.
7. *Vulnerability to Harm or Illness*. Exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it. Fears focus on one or more of the following:

(a) Medical catastrophes - for example, heart attacks, AIDS; (b) Emotional Catastrophes - for example, going crazy; (c) External Catastrophes - for example, elevators collapsing, victimized by criminals, airplane crashes, earthquakes.

8. *Enmeshment/Undeveloped Self*. Excessive emotional involvement and closeness with one or more significant others (often parents), at the expense of full individuation or normal social development. Often involves the belief that at least one of the enmeshed individuals cannot survive or be happy without the constant support of the other. May also include feelings of being smothered by, or fused with, others or insufficient individual identity. Often experienced as a feeling of emptiness and floundering, having no direction, or, in extreme cases questioning one's existence.

9. *Failure*. The belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers, in areas of achievement (school, career, sports, etc.). Often involves beliefs that one is stupid, inept, untalented, ignorant, lower in status, less successful than others, and so on.

10. *Entitlement/Grandiosity*. The belief that one is superior to other people; entitled to special rights and privileges; or not bound by the rules of reciprocity that guide normal social interaction. Often involves insistence that one should be able to do or have whatever one wants, regardless of what is realistic, what others consider reasonable, or the cost to others; or an exaggerated focus on superiority (e.g., being among the most successful, famous, wealthy)-in order to achieve power or control (not primarily for attention or approval). Sometimes includes excessive competitiveness toward, or domination of, others: asserting one's power, forcing one's point of view, or controlling the behavior of others in line with one's own desires-without empathy or concern for others' needs or feelings.

11. *Insufficient Self-Control/Self-Discipline*. Pervasive difficulty or refusal to exercise sufficient self-control and frustration tolerance to achieve one's personal goals, or to restrain the excessive expression of one's emotions and impulses. In its milder form, patient presents with an exaggerated emphasis on discomfort-avoidance: avoiding pain, conflict, confrontation, responsibility, or overexertion-at the expense of personal fulfillment, commitment, or integrity.

12. *Subjugation*. Excessive surrendering of control to others because one feels coerced-usually to avoid anger, retaliation, or abandonment. The two major forms of subjugation are:

- a. Subjugation of Needs - Suppression of one's preferences, decisions, and desires.
- b. Subjugation of Emotions - Suppression of emotional expression, especially anger.

Usually involves the perception that one's own desires, opinions, and feelings are not valid or important to others. Frequently presents as excessive compliance, combined with hypersensitivity to feeling trapped. Generally leads to a build up of anger, manifested in maladaptive symptoms (e.g., passive-aggressive behavior, uncontrolled outbursts of temper, psychosomatic symptoms, withdrawal of affection, "acting out," substance abuse.)

13. *Self-Sacrifice*. Excessive focus on voluntarily meeting the needs of others in daily situations, at the expense of one's own gratification. The most common reasons are to prevent causing pain to others, to avoid guilt from feeling selfish, or to maintain the connection with others perceived as needy. Often results from an acute sensitivity to the pain of others. Sometimes leads to a sense that one's own needs are not being adequately met and to resentment of those who are not taken care of. (Overlaps with concept of codependency).

14. *Approval-Seeking/Recognition-Seeking*. Excessive emphasis on gaining approval, recognition, or attention from other people, or fitting in, at the expense of developing a secure and true sense of self. One's sense of esteem is dependent primarily on the reaction of others rather than on one's own natural inclinations. Sometimes includes an overemphasis on status, appearance, social acceptance, money, or achievement- as a means of gaining approval, admiration, or attention (not primarily for power or control). Frequently results in major life decisions that are inauthentic or unsatisfying; or hypersensitivity to rejection.

15. *Negativity/Pessimism*. A pervasive, lifelong focus on the negative aspects of life (pain, death, loss, disappointment, conflict, guilt, resentment, unresolved problems, potential mistakes, betrayal, things that could go wrong, etc.) while minimizing or neglecting the positive or optimistic aspects. Usually includes an exaggerated expectation-in a wide range of work, financial, or interpersonal situations-that things will eventually go seriously wrong, or that aspects of one's life that seem to be going well will ultimately fall apart. Usually involves an inordinate fear of making mistakes that might lead to financial collapse, loss, humiliation, or being trapped in a bad situation. Because potential negative outcomes are exaggerated, these patients are frequently characterized by chronic worry, complaining, or indecision.

16. *Emotional Inhibition*. The excessive inhibition of spontaneous action, feeling, or communication-usually to avoid disapproval by others, feelings of shame, or losing control of one's impulses. The most common areas of inhibition involve: (a) inhibition of anger and aggression; (b) inhibition of positive impulses (e.g., joy, affection, sexual excitement, play); (c) difficulty expressing vulnerability or communicating freely about one's feelings, needs, and so on; or (d) excessive emphasis on rationality while disregarding emotions.

17. *Unrelenting Standards/Hypercriticalness*. The underlying belief that one must strive to meet very high internalized standards of behavior and performance usually to avoid criticism. Typically results in feelings of pressure or difficulty slowing down, and in hypercriticalness toward oneself and others. Must involve significant impairment in pleasure, relaxation, health, self-esteem, sense of accomplishment, or satisfying relationships.

Unrelenting standards typically present as (a) perfectionism, inordinate attention to detail, or an underestimate of how good one's own performance is relative to the norm; (b) rigid rules and "shoulds" in many areas of life, including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with time and efficiency so that more can be accomplished.

18. *Punitiveness*. The belief that people should be harshly punished for making mistakes. Involves the tendency to be angry, intolerant, punitive, and impatient with those people (including oneself) who do not meet one's expectations or standards. Usually includes difficulty forgiving mistakes in oneself or others because of a reluctance to consider extenuating circumstances, allow for human imperfection, or empathize with feelings.

Note: From Young, J.E. (1999). Cognitive therapy for personality disorders: A schema-focused approach (third edition). Sarasota, FL: Professional Resource Press.

Appendix G: Descriptions and Examples of Schema Processes

Schema Maintenance - The individual's attempt to support or endorse the schema through dysfunctional thoughts or behaviors.

Example: a person with an abandonment/loss schema seeking relationships with unavailable partners.

Schema Compensation - Refers to the tendency of individuals to adopt certain thought patterns or behaviors in order to rectify or overcompensate for the early maladaptive schema. Often these thoughts or actions appear to be the opposite of what would be expected from the schema. To some degree this process can be adaptive, however schema compensation may backfire and bring the person back to the original maladaptive schema.

Example: a person with a defectiveness/unlovability schema becomes overly confident around her peers, causing her to be negatively evaluated and feeling as if she is incapable of winning the affection of others.

Schema Avoidance - The individual attempts to escape activation of the schema and affect accompanying the schema. This may be accomplished by adopting specific thoughts, actions, or emotions designed to evade the schema.

Example: a person with a social isolation/alienation schema does not attend a social gathering to avoid feeling like an outsider, therefore perpetuating the schema.

Note: Adapted from Young, J.E. (1999). Cognitive therapy for personality disorders: A schema- focused approach (third edition). Sarasota, FL: Professional Resource Press.

Appendix H: Description and Example of a Schema Conflict Cycle

Melissa's parents pressure her to get married



Melissa's Dependence EMS is triggered



Melissa moves to the Dominate pole



David's Mistrust EMS is triggered by Melissa's domination



David moves to the isolate pole



David and Melissa are stuck in a vicious cycle of Domination and Isolation

David has a *Mistrust/Abuse* EMS as a result of abuse in his family of origin. Melissa has a *Dependence/Incompetence* EMS as a result of her parents' being overprotective of her as a child. Melissa's sense of vulnerability helps David trust her, which attracts David to Melissa. Melissa is receiving pressure from her parents to marry, and begins to feel frightened and worried she will be alone. Thus, Melissa's *Dependence* EMS is triggered, and her extreme behavior causes David's *Mistrust/Abuse* EMS to become activated.

Note: From Young, J.E., & Gluhoski, V. (1997). A schema-focused perspective on satisfaction in close relationships. In R. Sternberg & M. Hojjat (Eds.), *Satisfaction in close relationships* (pp. 356-381). New York: Guilford Press.

Appendix I: Table of EMS Supporting and Contradictory Evidence

Early Maladaptive Schema (EMS)	Evidence Supporting EMS	Evidence Contradicting, Challenging EMS

Appendix J: Example of Schema Flashcard

SELF-SACRIFICE EMS

Front

My self-worth is not determined by how much I do for others....

I am not responsible for other people's happiness....

People will love and respect me if I let them do things for themselves.

It is important for me to tend to my own needs, and it is okay if my needs come before others' needs.

Back

Note: From

Young, J.E. (1999, November). Innovations in treating challenging cases: Schema-Focused Therapy. Workshop at the 52nd annual convention of the Texas Psychological Association, San Antonio, TX.