



**SCHEMA THERAPY  
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OF SOUTH AFRICA**

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## **Training program in Schema Therapy**

Designed and presented by David Edwards  
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The program covers all the requirements for didactic learning and experiential exercises specified by the ISST for certification purposes. For other certification requirements, see <http://www.schematherapysouthafrica.co.za/the-schema-therapy-institute-of-south-africa/#4>. The 40 hour program is usually delivered over six days in 2 x 3 day parts. Part one is Days 1–3 and Part 2 is days 4–6. The 40 hours refer to teaching time and exclude refreshment and lunch breaks. Day 1 includes a 30 minute imagery exercise while each of the subsequent 5 days includes 3 hours of experiential exercises (2 x 90 minutes).

The courses are clinically focused and offer training in ways of working that are unfamiliar to many therapists, so are likely to be of practical value by themselves. However, to develop as a schema therapist, it is recommended that trainees leave several months or a year between the two parts and, in the interim, practice and receive supervision.

During the COVID–19 pandemic the courses are offered online usually starting with a two hour session on the afternoon of one day followed by three full days of 6 hours of training each. To get up to date information about courses offered, go to <https://www.schematherapysouthafrica.co.za/contact/> and subscribe to our mailing list, or track the workshops section of our website.

Day 1 (7 hours)  
Basic concepts, assessment and case  
conceptualization

1. Historical introduction and psychotherapy integration

- History of the concept of schema and how schemas form in implicit memory and impact everyday behaviour giving rise to projections, cognitive distortions and irrational behaviours.
- The importance of implicit memory and the challenge of engaging and working with it.
- The historical emergence of psychotherapy integration.
- Books and articles on schema therapy. A review of the main books on ST and availability of research articles that may be of interest.
- Early maladaptive schemas, how they form, how they are perpetuated. The 18 EMSs, schema domains and relation to unmet childhood needs.
- Schema modes: Categories of modes and main examples of each.
- The goals of schema therapy in schema and mode terms (schema healing, building healthy adult, re-evaluating and reducing/eliminating negative impacts of dysfunctional Parent and Coping modes).
- Schema therapy as an evidence-based practice.

2. Assessment, case conceptualization and setting up the therapy

- Conducting the assessment: case history, clinical interview, imagery, and inventories, experiential probes (e. g. with imagery).
- Building a relationship with the client and using information about this process.
- Diagnosis and its relationship to case formulation
- Conceptualization of the case: developmental analysis (role of temperamental factors, family environment, life events), EMSs and mode analysis.
- Sharing the conceptualization with the client as a basis for a collaborative approach to working together.
- Identifying goals and helping clients to set meaningful goals within their understanding of the mode model.
- Treatment planning and the four arms of clinical integration: 1) clinical principles of case management and professional ethics, 2) experiential therapy, 3) relational therapy, 4) CBT.

Experiential exercise The day will include a 30 minute group imagery exercise—safe place, bridge back to childhood memory, interact compassionately with child.

**Day 2 (6 hours)**  
**Principles of experiential psychotherapy and  
introduction to imagery, imagery rescripting and  
chairwork**

This presentation will focus on the principles of experiential psychotherapy and how these are applied within schema therapy. This will include:

- How to work in an emotion-focused way
- Body awareness and somatic focusing
- Letting meaning emerge from emotion-focused awareness rather than imposing it rationally.

This will be illustrated using clinical examples (including extracts from session recordings of an eating disorder case), in which participants will be taken through the following processes:

- case formulation and mode analysis (how EMSs emerged from the client's developmental history, how the eating disorder was driven by avoidant, surrender and over-compensatory coping modes).
- connecting with the vulnerable child
- reparenting the vulnerable child
- imagery rescripting.
- differentiating the over-compensatory coping mode from the healthy adult (HA) and using chairwork to strengthen the HA and to take on and undermine the coping mode.

The day includes two experiential exercises:

Experiential exercise 1: Safe place imagery. Affect bridge, connecting with childhood memories, rescripting (90 min).

Experiential exercise 2: Pros and cons of detached protector or other coping mode (90 min).

**Day 3 (7 hours)**  
**Cognitive techniques / Working with the relationship**

**1. Cognitive techniques**

The following will be presented with clinical examples:

- Self monitoring of thoughts, emotions and behaviours.
- Schema and mode diaries for analyzing every day trigger situations.
- Responding to cognitive distortions (thought records, flashcards)
- Re-evaluating introjects (particularly Punitive and Demanding Parent)
- Cognitive techniques as part of building the HA

Experiential exercise 3: Therapist confronts and sends away the punitive parent (90 min).

## 2. Working with the relationship (1)

The significance of relational work in schema therapy with a focus on:

- Historical sources: interpersonal psychotherapy (Sullivan), Object Relations Therapy, Relational psychoanalysis (Aron, Safran).
- Therapist's experience of and expression of care for the client, limited reparenting.
- Therapist's monitoring of own experiences of client and therapist's self care
- Identifying and attending to alliance ruptures.
- Empathic confrontation of Parent modes and Coping modes

Experiential exercise 4: Working with the relationship: Reality testing distortions about therapist, therapist expressing concern and care (90 min).

Day 4 (7 hours)  
Attachment theory, trauma and borderline personality disorder

### 1. Attachment theory and what it means for the process of schema and mode change

- History of attachment theory
- Secure and insecure attachment
- Disorganized attachment, dissociation and rigid mode formation
- Personality disorders and disturbed attachment
- Psycho-education about needs and rights of children

### 2. An introduction to simple and complex trauma:

- Trauma, dissociation and triggering
- Simple and complex trauma and relationship to attachment theory
- Main features of BPD, diagnosis, developmental origins, modes
- The importance of emotional processing
- Schema therapy model for working with BPD
- Commonalities with cognitive therapy for PTSD (Ehlers and Clark)
- Safe place imagery, affect bridge and connecting to childhood memories

Experiential exercise 5: Connecting and working with the angry child (90 min).

Experiential exercise 6: Empathic confrontation: Not doing homework, coming late etc. (90 min).

Day 5 (6 hours)  
Working with the relationship (2) / Narcissistic and  
cluster C personality disorders

1. Working with the relationship (2)

This continues the focus on how we work with the relationship in schema therapy with particular focus on:

- Distinguishing between accurate empathy and triggering of therapist's Schemas.
- Dealing with obstacles in treatment when therapists' schemas become activated
- Appropriate use of self-disclosure
- Limit Setting and empathic confrontation of problematic and high risk behaviours.

Experiential exercise 7: Limit setting: confronting problematic/high risk behaviours such as unsafe sex, cutting, overdosing etc. (90 min).

2. Narcissistic and Cluster C personality disorders

- Introduction to Personality disorders and DSM-5
- Narcissistic personality: case example
- Dependent personality disorder: case example

The case material taken from DVD training materials will include extended examples of identifying and re-evaluating coping modes, re-parenting the vulnerable child, empathic confrontation, evoking imagery, imagery rescripting and chair dialogues.

Experiential exercise 8: Dealing with therapist's schemas triggered by work with a particular client (90 min).

Day 6 (7 hours)  
Behavioural pattern breaking / Other applications of  
schema therapy

1. Behavioural pattern breaking

- Understanding maintaining factors in case formulation and the importance of breaking vicious cycles.
- Use of CBT techniques within schema therapy.
- Bottom up and top down schema change.
- Timing of the introduction of behavioural interventions
- Review of some of the most valuable insights from contemporary CBT and their relationship to specific problematic behaviours.
- Role-playing alternative adaptive behaviours
- Use of homework in general and with respect to behavioural assignments in particular.

Experiential exercise 9: Planning and practicing new behaviours (90 min).

2. Other applications of schema therapy

An update on the ever expanding range of applications of schema therapy to clinical problems will be given and information about available resources that participants can follow up. In some cases detailed clinical examples will be given that illustrate the approach to case formulation or intervention and how schema therapy is tailored to the particular context.

- Group schema therapy
- Schema therapy for couples
- Schema therapy with children and adolescents
- Schema therapy and addiction
- Axis I disorders for which imagery rescripting has been shown to be valuable: Social Phobia, OCD, depression.
- Schema therapy for bipolar disorder
- Schema therapy for antisocial personality

Experiential exercise 10: Reviewing YSQ and / or SMI with a client and making developmental links in a case conceptualization (90 min).