Chapter 8
Schema Coaching: Theory, research and practice

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Introduction

Coaching helps individuals identify and work towards their goals using evidence-based psychological methods (Grant & Cavanagh, 2007). Coaching has grown as a business, with The International Coaching Federation 2020 study report indicating a 33% increase in the number of coach practitioners globally (over the 2015 estimate) and a total global estimated revenue from coaching in 2019 of USD 2.849 billion (ICF, 2020). Conversations and questions are at the centre of coaching (Whitmore, 2017) yet it has been argued that traditional coaches can often be engaged in inactive analytic discussions about client's concerns rather than actively addressing issues (Pugh & Broome, 2020). In contrast, schema coaching involves applying the active experiential methods of schema therapy when coaching executives (McCormick, 2016). It is a new approach where, as yet, there are few presentations or publications (Handrock, 2015; McCormick, 2016).

This chapter firstly explores the theory and the research behind schema therapy, which was developed for assisting clinically disturbed individuals, often in forensic settings. Secondly, it shows how this approach can be adapted for use in the coaching context with high functioning but troubled individuals in organisational settings.

Theoretical foundations

Schema therapy was developed by Jeffery Young and colleagues in the early 2000s (2003) and integrates a range of techniques from existing therapies and theories, including cognitive behavioural therapy, psychodynamic therapy, attachment theory and gestalt therapy (Young, 2003).

In schema therapy, a schema is an organised persistent pattern of thought and behaviour that is self-defeating or dysfunctional. The schema develops during childhood or adolescence and can impact an individual throughout his or her life (Young *et al*, 2003). For example, clients suffering from the

unrelenting standards schema have a very strong belief that they must constantly strive to meet very high internalised performance standards in order to avoid criticism. This schema frequently results in feelings of being pressured and unable to slow down, combined with exaggerated criticism of themself and others (Young *et al*, 2003).

The goal of both schema therapy and coaching is to help clients get their core needs met in an adaptive manner through changing their maladaptive schemas (McCormick, 2016).

Schema therapy has three levels of analysis:

- The schemas themselves, that is the organised persistent patterns of dysfunctional thoughts and behaviours
- Coping mechanisms which clients use in the mistaken belief that these will eliminate or reduce their pain caused by the schema
- Modes or the 'moment-to-moment' emotional states seen in therapy sessions.

One way to understand the difference between schema/coping mechanisms and modes is to draw a parallel with the concept of anxiety which can be both a long-term trait (generally feeling anxious) and a short term state (feeling more or less anxious in any particular situation) (Vera-Villarroel *et al*, 2007). For example, a client with an *instability schema* may generally believe that others around them cannot be counted on, but in a therapeutic session flip between the *vulnerable child* mode when feeling sad about their situation and the *maladaptive attack* mode when feeling angry at others' unreliability. Schema therapy may work on either the schema/coping mechanisms or the modes level or both.

Types of schema

Young and colleagues (2003, p14–17) outline five broad categories of unmet needs that lead to 18 early maladaptive schemas which they describe in client-centred language rather than in terms of psychiatric labels. These are summarised below:

- **First domain**: *Disconnection/rejection* schema, which includes five schema: abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame and social isolation/alienation.
- **Second domain**: *Impaired autonomy and/or performance* which includes four schema: dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self and failure.
- **Third domain**: *Impaired limits* includes two schemas: entitlement/ grandiosity, insufficient self-control and/or self-discipline.

- **Fourth domain**: *Other directedness* includes three schemas: subjugation, self-sacrifice, approval-seeking/recognition-seeking.
- **Fifth domain**: *Over-vigilance/inhibition* includes four schemas: negativity/pessimism, emotional inhibition, unrelenting standards/hyper-criticalness, punitiveness.

Coping styles

Due to the pain and suffering generated by the 18 schema, Young and colleagues (2003, p33) suggest that there are three coping styles which clients use in the mistaken belief that these will eliminate or reduce their pain in the long term. These coping styles are:

Schema surrender: The client gives in to the schema and acts it out without trying to change it. For example, the client with the *self-sacrifice* schema will typically fail to meet his or her own needs, regularly make sacrifices for others and in the long term feel deeply resentful towards those they have made sacrifices for.

Schema avoidance: The client reacts by trying to escape the schema. For example, a client with *defensiveness/shame* schema may become a proud competitive bodybuilder in an attempt to avoid the feelings of his or her underlying inadequacy. This strategy may work well for a few years while the client is participating in high profile competitions but in the long term may lead to greater shame when their physical prowess decreases.

Schema compensation: The client reacts in exactly the opposite way to which the schema may suggest. For example, a client with a *negativity/pessimism* schema may develop an unrealistic positivity that is defended in an exaggerated manner, however, in the long term, this may lead to the person taking risks that are life-threatening in the mistaken belief that nothing can go wrong.

Schema modes

Roediger *et al* (2018, p39) suggest that when Jeffery Young (Young *et al*, 2003) was treating disturbed clients he:

> *'found that the schema model was too complicated and that some clients "flipped" (rapidly) between different schema, coping styles and mood states (during the therapy session).'*

This led to the classification of these schema modes or the emotional state changes (Young *et al*, 2003, p37).

Roediger *et al* (2018, p40) summarises the types of schema modes as follows:

- **Child modes**, which involve the client expressing basic and often primitive emotions when attachment or self-assertiveness needs are not

met. The child modes include: vulnerable, angry, enraged, impulsive, undisciplined and happy.

- **Inner critic modes** are the client's pervasive internalised core negative messages, beliefs and judgements that he or she has developed over a lifetime. Inner critic modes include both the punitive and demeaning critic.
- **Maladaptive coping modes** are the behaviours aimed at trying to deal with the dysfunctional child and inner critic modes. These coping modes would have been temporarily effective in childhood but are maladaptive in the long term. They include: compliant surrender, detached protector, detached self-soother, self-aggrandiser and bully/attack.
- **Healthy adult mode** is the client's executive function that displays effective coping behaviour.

The conceptual model of schema assessment and change

Young and colleagues (2003) presents an overview of this process which is summarised below.

Assessment and education phase

In this first phase the therapist helps educate the client about the schemas, assists him or her to identify their own schemas and to understand their origin in childhood and adolescence. Clients also learn to identify their own maladaptive coping styles (surrender, avoidance or compensation) and to understand how these coping styles perpetuate the schema. For example, a client may learn about the subjugation schema and how allowing domination by their boss, wife and friends represents a surrender to this schema.

Change phase

Throughout this phase the therapist uses a mix of cognitive, experiential, behavioural and interpersonal strategies depending on the needs of the client. There are no rigid protocols to follow in schema therapy.

Cognitive techniques

As long as the client believes that their schemas are necessary, they will not change, so the therapist helps them to identify and challenge their schema. The client and therapist work together to build up a rational case against the schema. During this process the client also begins to understand that they are not inherently defective, incompetent or a failure but rather they learned as a child to behave in a certain way that is now ineffective.

Experiential techniques

These involve the client fighting the schema on an emotional level. Using imagery techniques, they learn to express anger and sadness about what happened to them as children. With the help of the therapist, they learn to stand up to parents and other authority figures in order to protect and comfort the vulnerable child. For example, forcefully telling the feared bully to stop and leave them alone!

Behavioural pattern breaking

The therapist and client work together to develop homework assignments that replace the ineffective coping behaviour. These involve rehearsal of new behaviours in imagination and in safe circumstances combined with the use of cognitive techniques to confront the inner critic and fear of failure. For example, a client with unrelenting standards may practise doing work assignments to an acceptable but not perfect level while telling themselves that this will not lead to catastrophic consequences.

Research

Jacob & Arntz (2013) reviewed studies that used schema therapy to treat patients with borderline personality disorder, which is a condition characterised by impulsiveness, a long-term pattern of unstable relationships, a distorted sense of self and unusually intense emotional reactions. After conducting a meta-analysis of the first five studies in Table 8.1, Jacob & Arntz (2013) concluded that schema therapy demonstrated preliminary effectiveness in the treatment of borderline personality disorder patients in both inpatient and outpatient settings and using individual, group and combined therapy. Schema therapy was also rated positively by both patients and therapists (Reiss *et al*, 2013).

Table 8.1: Sample of schema therapy efficacy research studies

Study	Summary
Nordahl & Nysaeter (2005)	Analysed results from six single cases of schema therapy with borderline personality disorder patients.
Giesen-Bloo *et al* (2006)	Conducted a random controlled trial comparing schema therapy to transference-focused psychotherapy in 86 patients over a period of three years and a one-year follow-up.
Farrell *et al* (2009)	Compared the effects of group schema therapy with 32 borderline personality disorder outpatients where this therapy was given in addition to treatment as usual, with a control group of 16 patients that received only treatment as usual.

Table 8.1: Sample of schema therapy efficacy research studies

Study	Summary
Nadort *et al* (2009)	Used a random controlled design and compared individualised schema therapy with telephone crisis support provided by the therapist.
Dickhaut & Arrant (2013)	Conducted a pilot study over a two-year period assessing a combination of individual and group schema therapy.
Carter *et al* (2013)	Used a random controlled design and comparing schema therapy to cognitive behavioural therapy in the treatment of depression.
Malogiannis *et al* (2014)	Conducted a single case series without a control condition to investigate the effectiveness of schema therapy in treating chronic depression patients.
Bamelis *et al* (2014)	Used a multicentre randomised controlled trial (RCT) of the clinical effectiveness of schema therapy for personality disorders.
Dickhaut & Arntz (2014)	Conducted a pilot study that used the combination of group and individual schema therapy for borderline personality disorder.
Renner *et al* (2013)	Used a one group pre/post design to investigate short-term group schema cognitive-behavioural therapy for young adults with personality disorder features.
Bernstein *et al* (2012)	Used a multicentre randomised controlled trial of schema therapy for forensic patients with personality disorders.
Reiss *et al* (2014)	Reported on the results of three pilot studies of inpatient schema therapy with patients with severe borderline personality disorder.
Van Vresswijk *et al* (2014)	Used a one group pre/post design to investigate changes in symptom severity, schemas and modes in heterogeneous psychiatric patient groups following the use of short-term schema cognitive-behavioural group therapy.
Videler *et al* (2014)	Used a one group pre/post design to investigate the effects of schema group therapy in older outpatients.

In 2015 Bakos *et al* published a more extensive systematic review of the effectiveness of schema therapy. They identified 3,200 published research abstracts and then excluded:

i. studies with participants younger than 18 years old
ii. research involving treatment in fewer than 10 sessions, and
iii. case studies with three participants or fewer. That left only nine studies which were used in the systematic review. They concluded that the effectiveness of schema therapy was preliminary but that favourable treatment results were reported for personality disordered patients. They noted that empirical support for schema therapy was growing but there was a need for more randomised controlled trials to increase generalisation of findings.

Avramchuk & Hlyvanska (2018) evaluated the literature using dialectic behavioural therapy, mentalisation-based therapy and schema therapy methods to overcome borderline personality disorders. They found 309 articles in total and selected those with:

i. subjects having a mean age of 18 years or older
ii. a diagnoses of borderline personality disorder
iii. randomised controlled trials (RCTs)
iv. publication in English.

Thirty-three studies were examined and they concluded that all three therapeutic methods could be usefully used for patients with borderline personality disorder. However, schema therapy produced one of the longest periods without recurrence of co-morbid states and lowest dropout rates. They also concluded that schema therapy could provide these patients with greater benefit in terms of improved quality of life compared to other psychotherapies (Avramchuk & Hlyvanska, 2018).

Körük & Özabacı (2018) undertook a meta-analysis of 35 studies with schema therapy and depression in their titles. These studies all included an experimental group (a control group was not used as a criterion, but improvements between post-test and pre-test scores were analysed) and they specified the number of sessions, session duration and session process (number of weeks of therapy). Using these criteria, seven studies were analysed (Hashemi & Darvishzadeh, 2016; Heilemann *et al*, 2011; Malogiannis *et al*, 2014; Renner *et al*, 2016; Wegener *et al*, 2013; Gheisari, 2016; Rashidi & Rasooli, 2015). Körük & Özabacı (2018) concluded that schema therapy had a high level of efficacy in the treatment of depressive disorders and this effect was not significantly impacted by the country or culture the work was undertaken in, the type of depressive disorder, the number of participants, the number of sessions, the type of session (individual or group), the duration of the session (minutes), or the number of sessions per week.

Nick *et al* (2019) conducted a systematic review of psychological interventions for individuals with borderline personality disorders in forensic settings. Their nine selected studies used a range of therapies including

schema therapy and six of these studies reported improvements in overall symptoms for all therapy types. They concluded that in the forensic setting, it is challenging to draw any firm conclusions about the effectiveness of any one form of intervention over another, nor about which intervention may best suit a particular setting.

In later research, Koppers *et al* (2020) examined the effectiveness of group schema cognitive behavioural therapy on patients with both personality disorders and depressive symptoms. This type of schema therapy proved to be effective for a broad group of these patients. However, the majority of patients did not achieve full symptom remission.

Peeters *et al* (2020) found that the combination of schema therapy and exposure to the source of fear with response prevention is a viable treatment for patients with chronic anxiety and co-morbid personality disorder.

Schema therapy has more recently been used outside the clinical and forensic setting. Shahsavani *et al* (2020) concluded that schema therapy was effective in reducing migraine severity at post-test and follow up.

Eckhard *et al* (2020) used a random controlled trial with 12 couples and found that couple imagery re-scripting based on schema therapy had strong positive effects on the felt closeness and mood of both partners.

When considered in total, the research support for the efficacy of schema therapy to treat a wide range of psychological disorders is growing but there is a need for more large scale random controlled trials to demonstrate broader utility. As the use of schema techniques in coaching is in its infancy there is a need to build empirical support in this area.

Practice

Much of what has been discussed so far in this chapter relates to the application of schema therapy and its impact on clinical populations. In this section I will explore how the schema approach can be adapted to coaching clients. Schema coaching involves using the conceptual model and approach with executives who are generally functioning well in many areas of their lives, but who have a small number of critical personal flaws which they want to change (McCormick, 2016). I will start by comparing and contrasting schema therapy and schema coaching, and move to consider the practices used within schema coaching.

Comparing and contrasting schema therapy and schema coaching

Schema therapy and schema coaching both aim to help clients get their core needs met in an adaptive manner through challenging their maladaptive schemas and by learning more functional ways of coping. However, table 8.2 describes how they differ:

Table 8.2: Differences between schema therapy and schema coaching

Schema therapy	Schema coaching
A widely practised approach with a range of promising research demonstrating its effectiveness.	A new approach that has, as yet, no research demonstrating its effectiveness.
Used with clinical and forensic clients who typically have moderate to severe dysfunctions.	Used with executives and other business leaders who are typically high functioning but have a small number of core dysfunctions.
Uses a wide range of schema definitions to address the broad variety of dysfunctions seen in forensic and other clinical settings.	This coaching typically involves a limited number of schema such as *unrelenting standards, subjugation, self-sacrifice, approval-seeking/ recognition-seeking.*
Clients often use a range of coping mechanisms to try to reduce the impact of schema (surrender, avoidance or compensation).	Clients typically only use the surrender coping.
Clients are more likely to switch between schema modes in a therapeutic session.	While analysing modes is still very useful, clients are less likely to switch rapidly in any session between schema modes.

Practice of schema coaching

Schema coaching draws on the following five phases and methods from schema therapy.

1. Assessment and education phase

The opening phase of schema coaching aims to help the client to:

- understand their dysfunctional life patterns
- identify the early maladaptive schema, coping styles and predominate modes
- learn about the origins of the schema (Rafaeli *et al*, 2011, p81).

The process usually starts by taking a life history, using this to understand the client and form a case conceptualisation. This builds an understanding of:

- the client's major problems or life patterns
- the origins of these
- the core childhood memories or images
- the client's unmet needs
- the most relevant schema and their triggers
- how the client copes
- the most relevant schema modes seen in the therapeutic sessions (Reedier *et al*, 2018, p62).

The coach may use a range of questionnaires such as: the Young Schema Questionnaire, the Young Parenting Inventory, the Young Compensation Inventory or the Young-Rygh Avoidance Inventory (Roediger *et al*, 2018, p66). These can help to better understand the schema and the relevance of them.

The coach and client jointly draw up a summary of the maladaptive behaviour and its origins which provides an agreed reference point for the ongoing work (Roediger *et al*, 2018, p58).

Using this case conceptualisation method, the coach helps the client understand that he or she is not alone in suffering from the maladaptive schema, that such schema are not uncommon in the population and how together they can treat the problem using the schema tools and methods.

This phase may also include mode monitoring or helping the client understand how he or she switches between emotional states in the session, sometimes feeling vulnerable, at other times angry. Roediger *et al* (2018, p70) sets out a process for developing descriptive mode diagrams, which are charts to show the relevant modes displayed by the client and the movement between these. The process involves the coach:

- introducing the need for drawing a chart to show the various modes
- summarising what has been learned from the client's history
- communicating to the client how this has left him or her with unmet needs
- describing the modes and their functions
- educating the client about the healthy adult mode
- gaining informed consent to use experiential schema exercises.

An example of a case conceptualisation is set out below:

Case study – an example of case conceptualisation

Alice was a successful, 43-year-old project manager. She was regarded as highly intelligent and very capable at both analysing problems and inspiring her team to address these. She had successfully managed a range of projects, yet in her biggest and most challenging project, the head of the organisation funding the project complained to Alice's manager that she seemed to lack the necessary confidence to lead the project. After much discussion it was agreed that Alice would remain as project manager but that she would receive coaching to address the issue of a perceived lack of confidence. In the first session she disclosed that her enduring childhood memory was of her father taking her to netball games every week but never showing any enthusiasm for Alice's playing or the outcome of the game. Based on the case conceptualisation the coaching sessions focused on addressing the emotional deprivation, as well as helping Alice change her hesitant language and passive body language. This highly focused analysis of the situation provided a clear framework for the coaching to move beyond a discussion about the quality of the funder's judgement and Alice's relationship with her manager.

2. Experiential techniques

The purpose of experiential techniques is to allow the client to get in touch with the emotions connected to their maladaptive schema and to enable the coach to begin to reparent the client so he or she can start to heal these painful memories. Reparenting involves the coach actively assuming the role of a parental figure to assist the client to resolve problems and trauma caused by defective, even abusive, parenting (Young *et al*, 2003).

Imagery is the primary experiential technique used in schema coaching. Young *et al* (2003) suggests devoting a whole hour to the first imagery session with a client and include the following steps: presenting the rationale for the experiential approach and answering any questions, undertaking the imagery exercise and then spending time to process what happened in the session.

It can be very helpful to start and finish an imagery session with an imaginary safe place. This is very important for clients who are fragile or traumatised as it gives them a simple and non-threatening way to start and end the exercise (Young *et al*, 2003). For example, a safe place may involve the client imagining he or she is lying on a favourite beach sunbathing on a warm day with a cooling sea breeze.

Once a safe place has been established, the coach can encourage the client to explore an upsetting childhood image that has been identified in the case conceptualisation phase. After exploring the childhood image, the coach may ask the client to explore a current or adult situation that feels the same. In this way the coach helps the client to see the link between the childhood memory and their present adult life. After returning to an imaginary safe place the coach can help the client interpret the experience in schema terms (Young *et al*, 2003). For example, exploring a childhood scene of being ignored by a parent after a significant achievement and then exploring an adult scene of being ignored by a boss after completing a challenging

assignment, may help the client understand the link between these events and to the emotional deprivation schema.

Imagery work for reparenting is particularly helpful for almost all clients, particularly those with disconnection and rejection schema. The process involves three steps:

1. After the client is fully engaged in an imagery experience the coach asks permission to enter the imaginary situation and speak directly to the client's vulnerable child.
2. The coach helps to validate the client's feelings and find out what the client needs at that time. It may be the client wants to be told he or she is a good child or that they deserve a hug or they have permission to play.
3. The coach encourages the client to access the nurturing part of themselves and to strengthen their healthy adult (Young *et al*, 2003).

Imagery exercises can also be used to help clients break unhelpful patterns, especially when the client suffers from the *failure* schema. For example, an imagery exercise may involve suggesting to the client that he or she do something that they would normally avoid such as asking for recognition from a boss or spouse. The exercise can involve the client using his or her healthy adult to stay and master the situation thereby breaking through their typical avoidance patterns (Young *et al*, 2003).

The section above illustrates the rich range of powerful experiential techniques that the schema coach can draw upon.

3. Transformational chairwork

Chairwork refers to a collection of techniques that use chairs to help clients better gain perspective on themselves in the here-and-now (Kellogg, 2015). It was first used in psychodrama (Moreno, 1946) and popularised through Gestalt therapy (Perls, 1969). It is one of the main schema therapy techniques used in mode work (Roediger *et al*, 2018).

There are a range of different ways in which chairwork can be used in schema coaching. It is very helpful in exploring and better understanding troubling historical events. For example, it may be used to help a client explore the circumstances surrounding the trauma generated by their mother picking them up late from kindergarten. The coach may ask the client to close their eyes and explore being four years old and waiting for her mother to arrive. Then the coach may ask the client to sit in a separate chair, play the role of her mother and talk about what happened that day. Finally, the coach may ask the client to sit in a third chair and explore the issue from the perspective of the healthy adult. Using this mode, the client may talk to her vulnerable child about why her mother was late and provide a rational explanation and reassurance (Roediger *et al*, 2018).

A second approach is to work with two chairs to strengthen the client's healthy adult. For example, the coach and client may sit side by side and explore the client's demanding critic mode. The client would then move to a second chair and with the coach's assistance address the critic. When the client becomes more comfortable at talking back to their critic the coach can move away from guiding him or her to simply asking questions such as, 'How does it feel when you tell your demanding critic to be quiet and get lost?' (Roediger *et al*, 2018, p182).

Chairwork can also be used to help the client explore the mode map that was developed in the case conceptualisation phase. For example, the coach can put the client's inner critic mode voice in one chair, then sit side by side with the client to support the vulnerable child mode and interact with the inner critic. If the client becomes angry, he or she can sit in a third chair and act out the angry child mode. Finally, a healthy adult mode chair can be added and the client can provide reassurance and guidance to the various child mode chairs (Roediger *et al*, 2018).

4. Emotional regulation techniques

These help the client to engage in more functional and self-caring behaviours. There are three groups of emotional regulation techniques: cognitive, perception-focused and physical techniques (Roediger *et al*, 2018).

Cognitive techniques

These help the client to think differently about their difficulties and include:

- counting down numbers – eg, counting down from 100 by 7s
- expressive writing – spending 15 minutes writing down whatever comes to mind
- mindfulness of the breath – a simple meditation technique focusing on breathing.

Perception-focused techniques

These help the client to focus on other areas not just focus on their struggles:

- 5-4-3 grounding exercise – the client starts by noticing five things he or she can see, four things he or she can hear and three things he or she can feel on their skin.
- focused attention – encouraging clients to describe exactly what they see – eg, the sun shining on the lawn outside and the two birds flying by
- listening to music – using headphones to flood the mind.

Physical activities

These help distract the client from their challenges and include:

- using physical activity eg, intense exercise to distract from unwanted emotions

- light physical pain – using a rubber band to snap on the wrist as a means of distraction
- 4–8 breathing – breathing in to the count of four and out to the count of eight.

5. Schema homework

These are activities the client undertakes between coaching sessions to strengthen their healthy adult and to better manage dysfunctional thoughts, feelings and behaviour. They include:

- the *schema flash card* on which the client writes down: the triggering situation and the resulting emotion, the link between the emotion and the schema, the dysfunctional thoughts that arise to maintain this link, the challenging of these unhelpful thoughts, the coping actions undertaken and the outcome
- the *talking back diary* – this involves drawing two columns on a piece of paper and labelling one inner critic and the other healthy adult. The client can then practise writing out the dialogue between the two modes and so strengthen their use of the healthy adult
- another technique involves writing a *never-to-be-sent letter* to a parent or other individual who caused the schema. The letter can help the client express their anger, sadness etc as well as reinforce their own coping through building up their Healthy Adult (Young *et al*, 2003, p135).

Case study – working with schema

Brian is a 38-year-old, well built, immaculately dressed partner in a major law firm. He had been a very successful student at law school and after serving as a summer clerk he was recruited by a leading firm immediately after graduation and so began his stellar career. He was one of the youngest members of the firm to be made partner, built himself an enviable reputation in the marketplace as a top litigator and was rewarded in the top remuneration range by the firm. Despite all his obvious success he had started to become deeply troubled over the last two years. This had been triggered by two very able senior associates who worked for him resigning at the same time and complaining to the People and Culture Department in their exit interviews about being unable to work with Brian who they described as hypercritical and completely unsupportive. About a year later it was compounded by an important client complaining to the firm's CEO that Brian was very difficult to work with and that his relentless attention to detail was unhelpful and unwanted. The final straw that drove Brian to seek executive coaching was when he had an argument with his wife about his over-critical and unsupportive interaction with his eldest son. Brian was horrified to come to the conclusion that he was perpetuating the perfectionist style that he had learned from his own father and was now inflicting on his son.

In the first few sessions of coaching, it became clear that this pattern of perfectionism was both long standing and deeply engrained for Brian. At this point the coach introduced the concept of schema coaching and specifically the *unrelenting standards* schema. It was a turning point for Brian who could relate to the concept and was immediately impatient to make progress. The coach discussed a range of options with Brian and it was decided that they would hold an extended all day one-on-one coaching session together and see how much progress they could make.

Case study – working with schema

The day began with a discussion about schemas and how they develop. A detailed family history was made and the case conceptualisation was undertaken with a central focus on the unrelenting standards schema. After a morning tea break, Brian and the coach began on a period of experiential work. Brian was able to vividly recall his father's angry impatience when he was a child and described how, after a period of feeling deeply intimidated, he found that gaining top grades at school, doing all his household chores before being asked and being very tidy in his appearance, seemed to keep his father's criticism at bay, at least in the short term. Brian was able to recall and recount in the first person present tense an important incident of paternal criticism. This incident was used in a limited reparenting phase in which the coach modelled the healthy adult and sternly talked back to Brian's father and told him to 'lay off and just let Brian grow up'. This had a powerful effect on Brian who was close to tears at the end of this work. After a lunch break the coach assisted Brian to once again recall the same emotional event, but this time, talk back to his father himself. Despite Brian's initial reluctance to do so, he overcame his concerns and found the experience very helpful. Towards the end of the session, the coach introduced the schema flash cards and Brian was rapidly able to use these to challenge the schema and foster more healthy coping strategies. The session ended with Brian developing a clear action plan to talk over the coaching day with his wife, gain her support for his efforts to change, have regular one-on-one catch ups with each of his staff and to focus on listening to them and being supportive – rather than being critical. He would regularly use the schema flash cards when he found himself exasperated by his son, his team or his clients.

Brian and the coach met on a regular fortnightly basis for the next two months and despite a number of times when he reverted back to his old style, he made steady progress. His relationship with his wife and son improved a great deal and he had no further staff resignations. He recognised that he would need to continue to work at change and that vigilance was essential if he was to maintain the improvements.

Emma was a 32-year-old, successful pharmaceutical sales representative who had one young son and a supportive marriage. The Young Schema Questionnaire indicated unrelenting standards, self-sacrifice and pessimism. A detailed family history revealed a father who was an entrepreneur and salesman who had a career that ranged from great success to complete business failure. In times of crisis, he deserted his family for months at a time. Emma's mother was superficially calm, self-sacrificing and sharply compartmentalised her life to protect her children from her deep underlying anxiety generated by the marital turbulence. Emma was diagnosed with life-threatening Type 1 Diabetes from an early age, and this resulted in the need to continuously monitor and adjust her blood sugar and food intake.

When undertaking the case conceptualisation, it became clear that Emma was unable to identify many clear childhood memories that related directly to the unrelenting standards, self-sacrifice or pessimism schemas. She knew a range of traumatic childhood stories that had been told to her by her siblings, including one about being chased around and held down by her sister so her mother could inject her with insulin. It became clear that working to counter the schema directly would not be useful. However, the coach noted that during the session Emma moved between mood states, at times being vulnerable and crying, at others being very critical and later being highly demanding of herself. So, the coach decided to focus on mode work and together they identified and drew up a mode map of vulnerable child, compliant surrender, demanding parent and healthy adult. The client talked through a recent challenging customer meeting and how she had felt inadequate and very exposed. Discussing this experience enabled the exploration of the vulnerable child mode, the associated pain and the need for self-care and compassion. The coach then used chairwork to explore the relationship between the vulnerable child and the demanding parent. This was then used to strengthen

Case study – working with modes

the healthy adult and reduce the unhelpful impact of the demanding parent. This process was painful but powerful for the client. After an hour debriefing, Emma and coach explored possible ways that she could implement change within her extremely demanding lifestyle. She also expressed gratitude for being heard and for the steps towards being the healthy adult. The session lasted five hours. A three-week follow-up indicated that progress was being made, with the client being more caring and compassionate towards her vulnerable child as well as using her healthy adult mode to reduce the impact of the demanding parent.

Extended schema coaching sessions

As a coach working with senior executives, I have often found that the typical coaching hour is not enough time to address critical issues. Some clients will vent for an hour, finding this very cathartic but making little real progress. Others need more time than an hour to process complex issues. Many executives who enter schema coaching have been struggling with their inner issues for many years and so want to progress rapidly on these. For these reasons I have started to use extended coaching sessions, sometimes 3 or 4 hours but often a whole day. The client comes to my office at 9am and leaves at 5pm leaving us time to work systematically and thoroughly on their challenges.

Before any extended schema session starts, there is a need for a series of preliminary one-hour sessions. Schema coaching begins with a sound understanding of the challenges the client is bringing to coaching and what they hope to achieve. These insights can be used to determine the usefulness of the schema approach for any individual case. Early sessions should include providing the client with an understanding of what schema coaching is, how it works and what it can achieve. It can often be useful to give the client reading on the schema approach, such as *'Reinventing Your Life: The Breakthrough Program to End Negative Thinking and Feel Great Again.'* (Young & Klosko, 1993). Undertaking a psychological risk assessment before beginning schema coaching is also important.

An example of a whole day one-on-one schema coaching session is set out below.

Start 9am

- Welcome the client, explain the purpose of the day, talk over the results of the initial sessions and the conclusions reached. Discuss the reading the client has done and their understanding of the schema model. Allow time for questions from the client.
- Undertake the appropriate psychometric testing such as the Young Schema Questionnaire, The Multidimensional Perfectionism Scale or similar. Score the tests and discuss the results.
- Talk over the difference between intellectual understanding and experiential understanding and how schema aims to deal with both these areas.
- Allow the client 15 or so minutes to reflect and make notes in their journal of the day.
- Have a morning coffee break.

10.30am

- Agree an imaginary 'safe place' and help the client picture the scene.
- Explore the schema, its origins, its value and implications for the future.
- Explain the nature of the limited re-parenting experiential exercise to challenge the emotional basis of the schema. Undertake the exercise with the coach confronting the imagined individual at the centre of the schema or related exercise.
- Debrief the client.
- Allow the client 15 or so minutes to reflect and make notes in their journal.

12.30pm

- Repeat the limited re-parenting exercise but have the client play the role of his or her own healthy adult and confront the imagined individual at the centre of the schema.
- Debrief the client.
- Allow the client time to make notes in their journal.

1pm *Lunch*

2pm

- Discuss the importance of cognitive distortions in maintaining the schema. Jointly work with the client on a Schema Flash Card and debrief. Have the client work on a second Schema Flash Card by themselves with support as needed.
- Debrief the client.
- Allow the client 15 or so minutes to make notes in journal.

3pm *Afternoon break*

3.15pm

- Identify the modes that are relevant to the client. Undertake chairwork to challenge the inner critic and to strengthen the healthy adult. Have the client develop and work on a second chairwork exercise with support as needed by the coach.
- Allow the client 15 or so minutes to make notes in journal.

4.30 pm

- Prepare the homework exercises – eg, more self-directed emotional challenging of the schema, the use of Schema Flash Cards, repeated chairwork, as needed.
- Review the day and the lessons learned.
- Agree a follow-up session.

5pm *Finish*

Conclusion

Schema therapy is an evidence-based approach developed by Jeffery Young and colleagues (2003) to deal with long-standing and deep-seated clinical issues, especially borderline personality disorder. The concepts and tools of schema therapy can be usefully integrated into coaching and used with troubled but functioning executives. One clear advantage of the schema approach is the wide range of therapeutic methods and tools that it uses to address maladaptive patterns. While there is very little written on schema coaching and even less research on its effectiveness, this new area appears to have promise.

Five questions for further reflection

1. **What are the limitations of the schema model?**

For anyone starting out in this area the model can seem overwhelmingly complex with the 18 schema, three coping styles and numerous modes. Fortunately, when applied in schema coaching, many of the schema such as abuse are rarely seen, the main coping style is schema surrender, and the most common modes are vulnerable child, inner critic and healthy adult. This represents a much simpler and easier to understand sub-model.

2. **Who should undertake schema coaching?**

Coaches formally trained in clinical psychology who have undertaken a schema therapy training programme and who have a supervisor with extensive schema therapy experience are best placed to undertake schema coaching.

3. **What types of client is schema coaching most suitable for?**

Traditional coaching approaches are suitable for most coaching clients, however, if the presenting issue is deeply embedded and has a long history, then schema coaching may be suitable.

4. **What are the most important elements in the schema model?**

The case conceptualisation is central to the model. Gaining a clear case history and understanding the types, origins and consequences of any schema are vital to understanding the client and shaping the coaching approach. Experientially-based, limited, re-parenting exercises are also central to breaking the hold the schema has on the client and giving the individual a way of dealing with trauma from the past.

5. **What is the future for schema coaching?**

Although schema therapy has been well documented and there is a useful level of research about its effectiveness, this is not the case for schema coaching. There is a need for schema coaching to be explored and the approach written about. Research on the effectiveness of schema coaching needs to be started. In addition, the schema model focuses on maladaptive

schema and modes yet much of the focus on coaching is positive, such as building on strengths and finding purpose in life. There is a need for schema coaching to expand into these areas for example to explore modes such as the values-guided adult, the astute adult or the compassionate parent. Given the richness of the underlying model, schema coaching has a promising future.

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