

**Introduction:** Schema Therapy (ST) is known as a new, integrative therapy, containing elements of cognitive, behavioural, gestalt and object relations therapy. So far, little effort has been made to adapt the ST for the treatment of children. Some ideas of modifications are suggested below.

## Adapted, simplified way to explain a Schema and a Mode

The way we see the world depends on the things we experienced in the past. Compare it with a pair of glasses we look through (Fig.1).

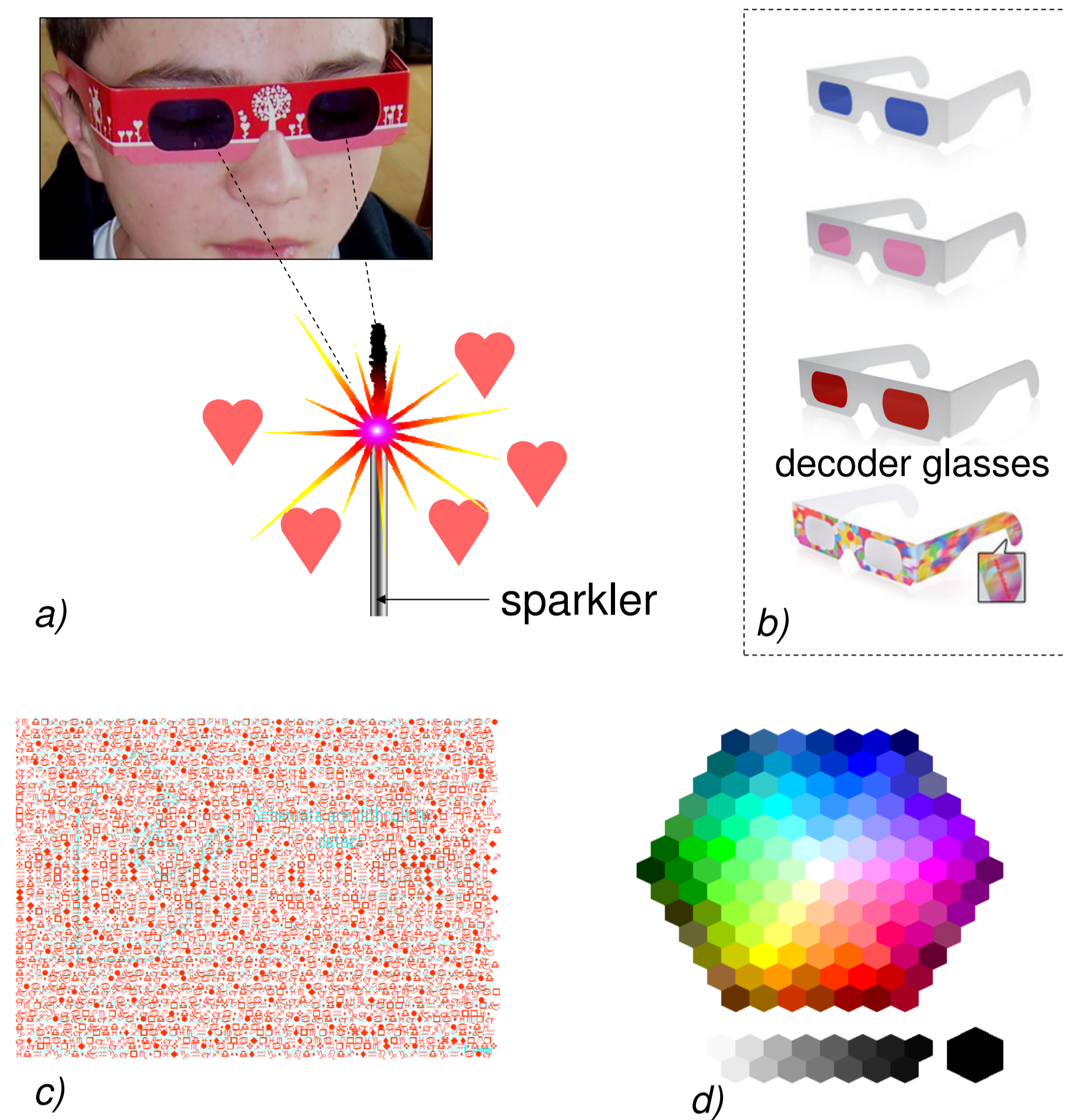
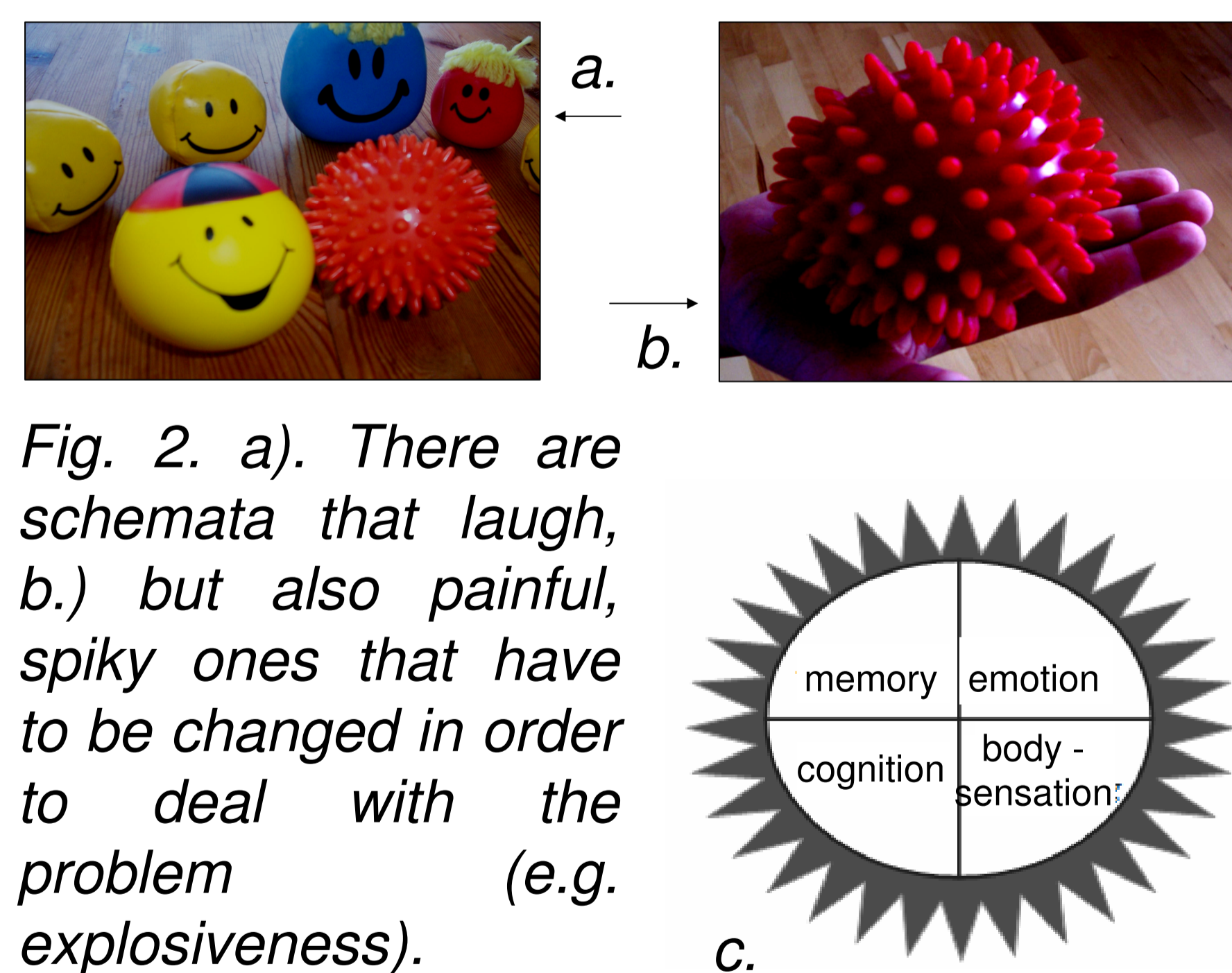


Fig. 1. a) Looking through „heart glasses“ you'll see everything light up as hearts. (b) But there are different glasses, too. Take a look through the red “decoder-glasses”: What do you see in c.) and d)? Conclusion: What you perceive depends on your glasses, and that again reflect your experiences.

„A life pattern (~schema) can be positive (~lifebridge) like a smiling ball (2a) or negative (~lifetraps) like a painful, spiky ball (2b), consisting of 4 basic components: memory, cognition, emotion and body sensation (2c). Feel the difference“.



**Perspective:** One of the major possible problems is the conflict of loyalty. Some schemata (e.g. abandonment, mistrust, abuse, emotional deprivation) are precarious, and should be prepared thoroughly with the parents before. In our opinion it is important to emphasise positive experiences of the childhood (lifebridges): In order to improve the compliance we suggest a relation of 4:1 (lifebridges:lifetraps). Lifebridges could be basic safety, connections to others, autonomy, self-esteem, self-expression, realistic limits. A list of positive schemata would be helpful, in comparison to the already defined maladaptive schemata. The cognitive and behavioural elements of ST like using the flashcard, self instructions, role playing, homework, diary with detailed time schedules are important tools for children, too.

**Urgent request:** Our study group is looking for people who have ideas or experiences with ST for children/youth, know something about studies or could help us in any way to improve the adaption of ST for younger patients. Thank you.

## Mode-Modell for Children

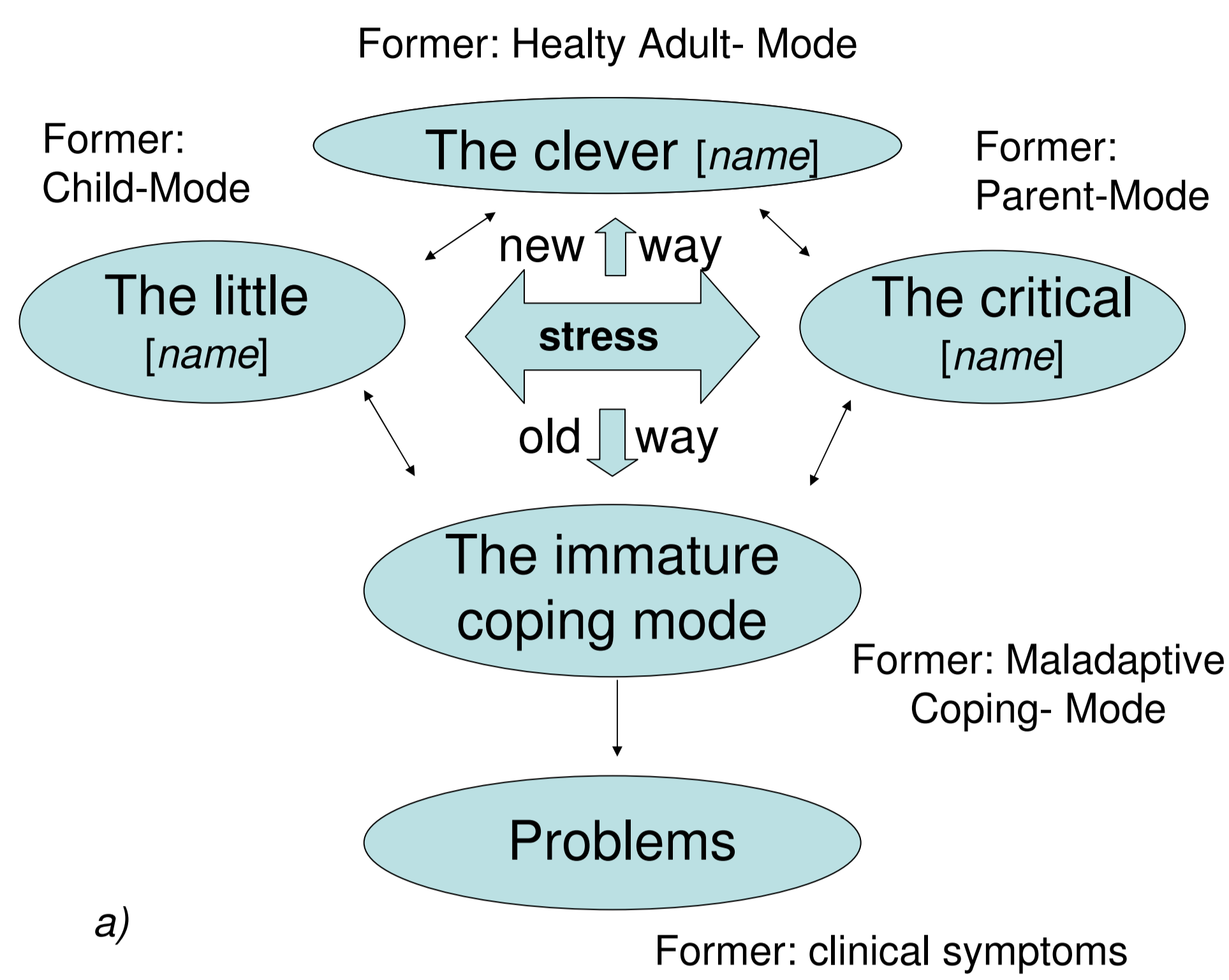


Fig. 4a. Mode-Modell: In order to work with the mode-modell that is easier to understand, we suggest to change the terms as seen above, guiding now along the new way (upward) to relieve the stress between the little ... and the critical... [name].

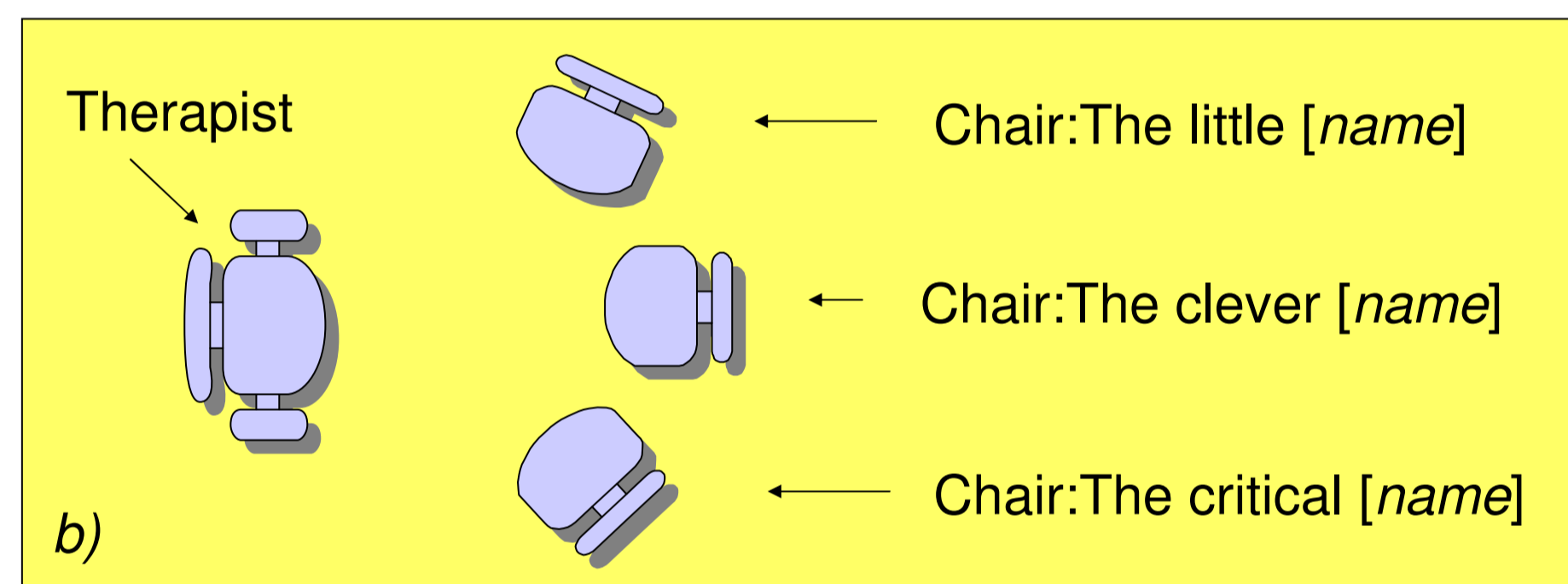


Fig 4b. Dialogue: The therapist encourages the child to use typical dialogues of the „chair owner“ getting in contact with primary feelings of the „little ...“.

## Integration of Occupational Therapy

Acting and working with different materials the child is able to transform inner experiences into the material world (Fig. 5). Besides, the contents of the ST can be discussed with an additional therapist supporting the transfer into the world outside.



Fig. 5. Occupational therapy: A possibility to express inner processes.

## Integration of the Family: Which Schemata do exist?

Parents should be informed and involved into the children's ST, e.g. by investigating their own schemata. It is important to know the parent's schemata in order to avoid schema collusion between child and parent and to get a feeling of how far/deep the therapist might go. Goal: To disengage the parents from feelings of guilt is one of the major challenges tackled by the therapist. A good preparation is inevitable.



Fig. 6. Self help book „Reinventing Your Life“ (Young, Klosko, Beck) is strongly recommended to study. Possibly there is a need for a therapy by themselves.

## Schema Family Tree

In order to find out schema collusion or (unconscious) schema inheritance across generations it might be helpful to sketch a schema family tree, according to the memories of the parents. This work has to be done with caution, because too many maladaptive family schemata can be an additional burden to the members of the family the child live in (overload?).

## Guided Reparenting during Imagery

The concept of limited reparenting seems to be inappropriate for treatment of children. If it is useful that a parent (sitting behind the child) catches up missed support in upsetting childhood memories is an exciting, still open question. At any rate, the safe-place- and screen-technique should be practiced before the imagery-work starts.

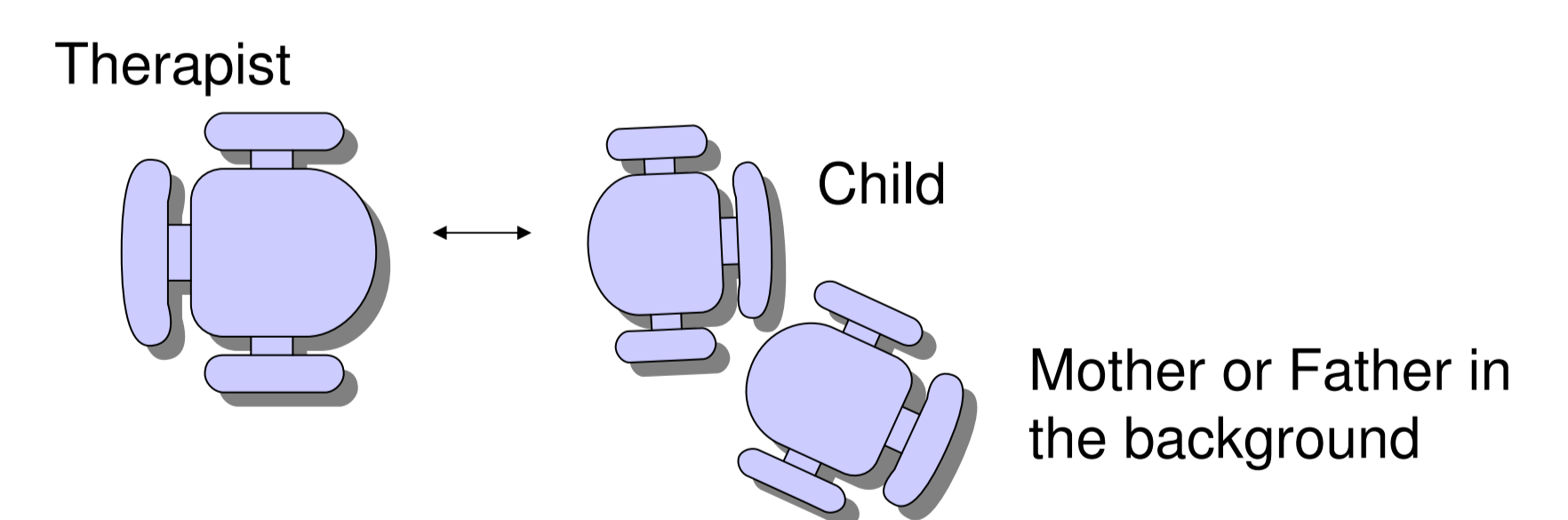


Fig. 7. During imagery the parent could support the child (e.g. by holding its hand) provided the child likes it.