Case Conceptualization in Schema Therapy for C/A integrated with Ellis' ABC model
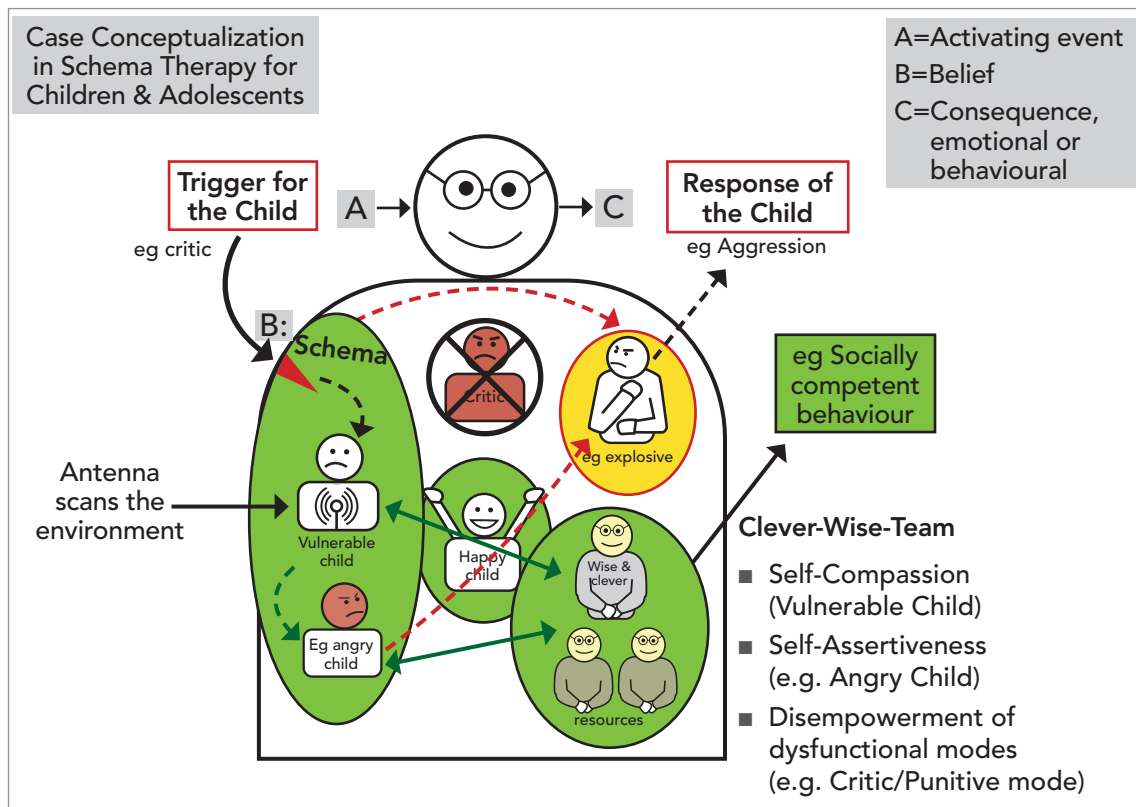
In Schema Therapy (ST), the psychoeducation of modes and schemas plays an important role. When working with Children and Adolescents (CA), we encounter clients who are still in the natural process of emotional and cognitive development, so the capacity to understand theoretical models is limited.

Similarly, adults who are suffering from severe mental health disorders or emotional crisis might also be, to a certain extent, cognitively and/or emotionally "blocked" and therefore overwhelmed by abstract models consisting of the commonly used circles, squares, ellipses and other geometrical figures.

In ST-CA we have had good results visualizing the mode model with small man-like figures that are positioned inside a bigger figure to represent the whole person.

Now, when a difficult situation or thought (A: activating event) hits the client's painful "wound" (schema), first the small figure, the *Vulnerable Child mode* is activated. After this activation other figures (modes) come, one after another, into play and at the end of the dynamic mode process a specific mode for the client's problematic behavior (dysfunctional coping mode) comes to the fore and dictates the client's feeling or behaviour (C: emotional or behavioural consequences).

Pictorial representation of Schemas und Modes

Step-by-Step Procedure (integrating Ellis's ABC model)	
Concept of the …	Possible questions
1. Happy mode	In which situations are you really happy, what makes you happy?
2. Clever & Wise mode; Resource modes	What are your strengths, what have you already achieved, what are your hobbies? What are you interested in and/or in which areas are you really good in?
3. Define the problematic behavior (C for response in the ABC model)	Why are you coming to me? What exactly is the problem behavior? If there is no insight, go ahead with point 4, otherwise continue with 5.
4. Is there any insight that the problematic behavior is dysfunctional or needs some modification?	Why do other people think that your feeling/behavior is a problem? Reality Check: Work out the disadvantages, create motivation for a change.
5. Name situations in which the problematic behavior occurs (A for activating event/ situation), If possible try to generalize what exactly the difficulty is.	In which situations does the problematic feeling/behavior occur, in which not? What exactly is the difficulty in these situations (for example, criticism of others, threat, uncertainty etc).
6. Exploring the schema and drawing it as a wound or emotional painful button (like "B" in the ABC model)	How do you feel or what do you think first? For example, "they want to make me feel bad", "they do not like me", etc.; Draw a "wound" and name it according to the first affect / first cognition (e.g., "Do-not-like-me"- Button or -Glasses) Possibly: Where do you know that feeling from? Have you experienced something like this before? (Issue can be explored later)
7. Conceptualize dysfunctional mode as a generator (producer) of the problematic feeling/behaviour	What happens after your "wound" has been irritated? Which part or mode of yours will come out then (dysfunctional mode, C-generator in ABC model)
8. Conceptualize Vulnerable Child mode	Basic idea: If anyone feels hurt, left alone, overwhelmed, treated bad, then everyone would feel the pain of one's own wound; possibly talk about one own example: What does hurt or offend me as a therapist? What do I perceive as mean, unfair, unjust?
9. Introduce the Angry-enraged or Anxious Child mode (as quite normal feelings, when we get into trouble)	Usually we are frustrated, and feel anger, right? Or we feel anxious, do you know something like that as well?
10. Establish connection to the dysfunctional mode	If the Angry-enraged or Anxious Child mode does not get help (for example, by Clever & Wise mode or from other people), then they get in contact to dysfunctional modes. Understandable, isn't it?!

Concept of the …	Possible questions
11. Understanding and appreciation of the dysfunctional mode with need-check (need-behind-the-symptom)	Why is the so called dysfunctional mode sometimes not so bad; what does this mode do on a need-level? Try to understand how the needs are satisfied
12. Confrontation with the short-term results and aftereffects of the dysfunctional mode	What exactly happens on the outer stage and inner stage, especially the vulnerable child? usually isolation: on the inner stage often a kind of systematic "bullying", e.g. by inner critic / punitive mode; on the outer stage, withdrawal of others, e.g. peers / caregivers.
13. Developing and strengthening of Clever & Wise mode (Alternatives); strategy that can also satisfy the previously identified core needs.	Which modes could help in the situation, or which modes would have to come together, so that the core needs are taken into account?

Then, the concrete interventions can be planned based on this case conceptualization: Which mode needs our support (or intervention) most, and then, and then. These considerations become the Golden thread for the treatment.