

Schema coaching techniques part 2: Schema case conceptualisation and psychoeducation

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The role of the coaching psychologist is fundamentally that of facilitator of change, however when clients are stuck and troubled it can be helpful to use appropriate psychotherapeutic techniques. This should only be done after the coach has suitable training and after addressing the relevant ethical issues. This paper is the second in a series on the techniques of schema coaching and it explores schema case conceptualisation and schema psychoeducation. These are the first two techniques set out in the octagon model of schema coaching. Case conceptualisation is an important starting point in schema coaching as it generates the rationale and framework, underpinned by evidence, used to understand the client's issues and to plan future coaching. Case conceptualisation has the following phases, generating the initial understanding based on the presenting issues, the psychosocial assessment including understanding of the social context, physical health, history, mental state, risks and strengths, the understanding of the origins of the presenting issues, the development of need statements and finally the formulation of goals. Case conceptualisation also includes the analysis and mapping of modes or mood states seen in the initial coaching sessions. The mode map is a simple diagram of the dynamic forces operating between the child, inner critic and healthy adult modes. By contrast, psychoeducation is the phase that provides information and support so that the client can better understand and cope with their Early Maladaptive Schema (EMS). Psychoeducation helps the client to understand the nature of basic human needs, how these can be met or thwarted, and how a range of life patterns develop. It helps the client to clarify their EMS that are at the heart of their presenting issues and to understand how these arose, how they impact their lives and how they can be treated.

Keywords: Coaching psychology; Schema therapy; Schema coaching; Coaching techniques; Case conceptualisation; Schema psychoeducation.

THE role of the coaching psychologist is fundamentally that of facilitator of change, learning and development rather than expert, counsellor, teacher, therapist or trainer (Ives, 2008; Zeus & Skiffington, 2000). Coaching psychologists establish a collaborative, egalitarian and client-focused relationship, rather than one based on authority. They work with the non-clinical population and focus on the achievement of a clear stated goal, rather than problem analysis (Ives, 2008). However this is not all that coaching is, and for example, over a decade ago, Cox et al. (2011) in *The Complete Handbook of Coaching*

outlined a wide range of psychotherapeutic approaches that could be helpful to coaches. These included the Psychodynamic, CBT, Gestalt, Existential, Ontological, Narrative, Transpersonal and Transactional Analysis approaches. However, the use of psychotherapeutic techniques in coaching raises a number of important ethical questions and Brennan and Wildflower (2011) provide a useful framework to consider these and so the range of issues includes:

- Competence: has the coach been adequately trained in the area by a reputable organisation, do they have regular supervision with a suitably quali-

fied individual and do they undertake regular formal reflective practice?

- Limits: does the coach stay within their limits of competence and refer clients on to other professionals where appropriate?
- Consent: has the coach undertaken sufficient psychoeducation so the client is able to make an informed decision about proceeding with the proposed therapeutic approach?
- Integration: has the coach presented the transition into the use of the therapeutic approach in a coherent integrated manner which the client understands?
- Confidentiality: has the client agreed with the coach about confidentiality in their relationship? What is the nature of the confidentiality agreement between coach, client and the organisation?
- Misrepresentation: is the coach representing their experience, qualifications and capability to the client and the organisation in a fair and balanced manner?
- Bias: is the coach aware of their own biases in advocating a particular therapeutic approach and are mitigation measures being undertaken?

Overall it is critical that coaching psychologists do not uncritically use psychotherapeutic techniques without considering the existing evidence of their relevance, applicability and effectiveness.

Despite these challenges, coaching psychology has made considerable advances by adapting and adopting evidence-based methods from psychotherapy and clinical psychology, for example, using the techniques of solution-focused therapy (Berg, 1994) in solution focused coaching (Grant, 2019). This paper is part of a series that builds upon an early example of adapting the techniques of schema therapy and applying these in the form of schema coaching with executives is outlined by McCormick (2016, 2022).

The schema approach was developed by Young et al., (2003) and enhanced by Roed-

iger et al. (2018) into a highly integrated model which uses a range of techniques from psychodynamic, gestalt and cognitive behavioural therapy, and from attachment theory. It uses these techniques to help the client understand their Early Maladaptive Schema (EMS), to address these and build their *healthy adult*. The schema approach is recognised as a valid conceptual and treatment approach for a wide range of emotional disorders (Jacob & Arntz, 2013). However, it has very specific utility and as McCormick (2022) states:

‘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.’ (p.190)

McCormick (2023a) outlined the range of schema techniques, and these have been grouped into the Schema Octagon. This paper is the second in a series on the use of the schema approach in coaching. The first paper introduces the concepts of schema therapy and their relevance to coaching. This paper details two critical techniques, case conceptualisation, which is used to gain a full understanding of the client, their presenting issues and goals, and schema psychoeducation which is used to help the client understand the concepts and utility of the schema coaching phase.

Case conceptualisation

The concept of case conceptualisation has been derived from work within psychotherapy and is commonly used in a range of therapies including cognitive behavioural therapy (Passmore & Oades, 2015). It:

‘... aims to describe a person’s presenting problems and a theory to make explanatory inferences about causes and maintaining factors that can inform interventions. First, there is a top-down process of cognitive behavioural theory providing clinically useful descriptive frameworks. Second the formulation enables

practitioners and clients to make explanatory inferences about what caused and maintains the presenting issues. Thirdly case formulation explicitly and centrally informs intervention.' (Kuyken, et al., 2009, p.42).

Case conceptualisation is very important in coaching as this generates the rationale and framework, underpinned by evidence, used to summarise the coach's analysis of the client's presenting issue and to plan future treatment (Passmore & Oades, 2015).

Moone and Glenister (2017) suggested that case conceptualisation organises large amounts of complex information gathered during the assessment phase which helps to build shared understanding and lays the foundation for identifying strengths, needs and goals. They suggested that case conceptualisation has the following phases:

1. The initial understanding developed from the presenting issue.
2. The psychosocial assessment consisting of understanding the social context, physical health, history, mental state, risks and strengths.
3. The conceptualisation of the presenting issue and its origins.
4. The identification of strengths and formulation of need statements.
5. The development of goals.

These authors proposed that the key skills in case conceptualisation are agenda setting, communication, active listening, using reflective statements, questioning and affirmation.

Stysz & Soroko (2021) undertook a study to reconstruct the main ideas used by psychotherapists when undertaking case conceptualisation. The authors used graphic conceptual maps of a specific case to understand the process. Two questions were asked: how do psychotherapists build an understanding or model of the client, and what conceptual tools (categories, assumptions, ideas) do they use? Fourteen conceptual maps from psychotherapists were used in the study. Four major themes were identified in the case conceptualisation process: parental figures were pivotal

in understanding the client, the basic assumptions the client made about the world were key, immersion in the client's inner world was important to build understanding and finally the psychotherapist needed to be tolerant of inconclusiveness. The authors concluded that case conceptualisation is crucial for psychotherapists to understand the client, to monitor their practice and to direct their attention and reflection.

McCormick (2022) suggested that in schema coaching the case conceptualisation process usually starts by taking a life history and using this to understand the client's Early Maladaptive Schema (EMS) and to start to formulate a treatment plan. Schema case conceptualisation topics and questions are set out below.

- Current presenting issues and life patterns. Useful questions include: What is it that has brought you to coaching? What are your current challenges and opportunities for growth? How long have your current issues been relevant for you? Are there persistent patterns in your career that you wish to change?
- Developmental origins – relationships with mother, father, siblings, peers. Useful questions include: Who in your early life impacted your development? How important were your mother, or father in the development of your presenting issues? What impact did your siblings or peers have on your current circumstances? Who else was important in the development of this issue for you?
- Core childhood memories or images. Useful questions include: If you could pick just one memory from your childhood that seems to be at the heart of this issue, what is it? What is the most enduring image you have of your early life? Can you tell me the story about how this issue first arose?
- Likely EMS experienced by the client. Useful questions include: Do you think you fundamentally feel supported by others? Do you want to feel more confident and successful? Do you really wish to slow down and get better balance in your life?

- The situations that act as schema triggers. Useful questions include: Thinking back over the last month what is an example of a situation that you want to feel differently in? What day-to-day events cause these feelings to come up?
- Schema coping behaviours and modes. Useful questions include: Having read about the range of EMS, which ones are most relevant to you? How powerful are your *healthy adult* and *inner critic* voices under these circumstances? Do you think your *healthy adult* is able to exert an influence over your mind at a time like this?
- How is your schema impacting your thinking and behaviour? Useful questions include: What do you think you are doing that helps overcome your challenges? What opportunities do you have to counter your schema-based thinking? When your spouse gets angry, who does she remind you of and what gets triggered for you? How would you like to be living your life in one year from today?
- The client's *inner critic* forms because of the internalised beliefs of significant others.
- The way the client copes with their issues was the best way of dealing with them in the past but now these ways of coping have become maladaptive.
- Learning how to empower the *healthy adult* in coaching can help the client to better deal with issues and find ways to meet their core human needs.

Case study – an example of a case conceptualisation

Jerri was a very capable engineer who had led a design team for the last ten years. Her team were tendering for a major project when the client made a comment to Jerri's manager that he was concerned at the level of confidence Jerri displayed in a recent presentation. The client felt that Jerri was too hesitant and lacked the assertive leadership style that they were looking for. The client wanted Jerri replaced as the design lead. After considerable debate the client accepted Jerri as the design lead provided she undertook executive coaching to enhance her confidence and develop her leadership style. Jerri came to coaching frustrated that despite the fact that she had led a team for ten years she was seen as lacking confidence and she felt that the client's judgement was simply sexism at its worst.

In the first session the coach noted Jerri's quiet manner and her often hesitant language and Jerri agreed that she did come across like this but felt she was very capable at both analysing problems and inspiring her team to address these. In exploring her family background, the coach found that Jerri's parents were both very successful busy professionals but that for much of her childhood she had grown up alone and often felt very lonely. This resulted in Jerri responding by being hesitant and withdrawing, developing little social confidence and an *Abandonment EMS*. Based on the case conceptualisation the coaching sessions therefore focused on using the schema approach

Roediger et al. (2018) suggested that case conceptualisation involves the coach seeing through the lens of assessment and forming an understanding of what is needed. The case conceptualisation can introduce an independent 'third party' or perspective into the therapeutic relationship. The client can come to see their presenting issue is not who he or she is but that the schema is the cause and this helps to give the individual some distance from their concerns. The conceptualisation helps the coach and client to reorient themselves based on a mutual understanding expressed in a common language. In formulating the schema case conceptualisation Roediger et al. (2018) suggested the following key ideas about the schema model are important.

- Two core human needs involve attachment and assertiveness, so the frustration of these leads to EMS.
- EMS drive the client's current feelings, thinking and behaviour even if the person is not aware of them.

to understand and address her EMS. The coaching only then focused on her hesitant language and passive body language and the opportunities to improve these. Jerri had a fascination for psychology and was very interested in the schema approach. She was also highly motivated to 'prove the client wrong'. The case conceptualisation was critically focused on the underlying issue and providing a clear evidence base for coaching. The approach can be contrasted with, for example, coaching that might have focused on the client's poor judgement and Jerri's relationship with her manager.

The schema coaching helped Jerri understand that her childhood loneliness had resulted in her appearing hesitant and unassertive as an adult. Her *inner critic* frequently told her that 'I will always be alone' and this resulted in her trying to cope by withdrawing and distancing herself by saying 'I am fine by myself'. As a result of the coaching, she was able to strengthen her *healthy adult* and say to herself 'I was alone as a child, but I will now learn new and effective ways to interact, lead my team and make this project successful'.

The outcome of three months schema coaching was that Jerri was able to gain greater awareness of her often quiet and unassertive style, the origin of this, and then to develop a range of alternative more direct and frank behaviours that she could call upon when needed. From her manager's perspective Jerri had clearly gained in confidence and had a greater range of leadership behaviours that she could call upon. From the client's perspective the project was on time and on budget, so they were very pleased with this and with Jerri's performance.

Mode mapping

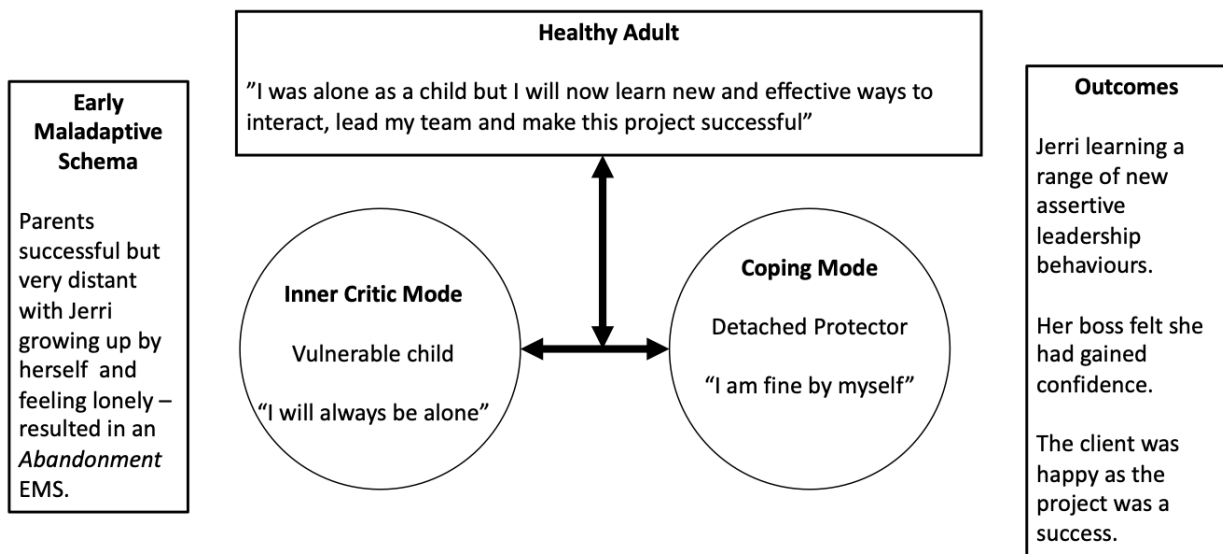
McCormick (2022) noted that in schema coaching mode (or mood) shifts by clients in sessions is much less rapid and common than in schema therapy with members of the clinical population. However, the mode concept is still very useful and movement between *child*, *inner critic* and *healthy adult* modes can

often be seen in schema coaching sessions. Mode mapping is often an important part of case conceptualisation. Roediger et al. (2018) indicated that there are six steps in the case conceptualisation of modes as set out below.

1. Introduce the concept of modes to the client, e.g. 'We have now discussed the mood changes you feel in our sessions and I would like to help you understand what is going on a lot more. Would that be a useful step forward?'
2. Summarise what the case conceptualisation has revealed so far, e.g. 'You have told me how powerful your *inner critic* is and how it sabotages your forming friendships.'
3. Communicate the idea that this has left the client with some unmet needs, e.g. 'This *inner critic* has stopped you forming the sorts of relationships you want and so you feel isolated and unsupported. Is that right?'
4. Describe how the client seems to have coped with the mode, e.g. 'Because your *inner critic* has been so ferocious in the past it has resulted in you feeling it is not worth taking the risk of asking for help. Does that seem to be the case?'
5. Inform the client about the *healthy adult* mode, e.g. 'Many clients find that they can moderate the *inner critic* and reduce its impact by strengthening that part of themselves we call the *healthy adult*. Would that be useful for you?'
6. Gain consent to begin the experiential phase of schema coaching, 'Shall we spend some time now working to build your *healthy adult*?'

In case conceptualisation, the mode map is a simple diagram of the dynamic forces operating between the *coping*, *inner critic* and *healthy adult* modes. In the situation above the map would include the client's need for attachment, the fear generated by the *inner critic*, the movement away from potential relationships, development of the *Abandonment EMS*, the resulting feelings of loneliness

Figure 1: Mode map for Jerri.



and sadness. The map can then be supplemented with the *healthy adult* addressing the *inner critic*, reducing its negative thinking, the understanding of attachment needs and the move towards wider social connection.

Case conceptualisation draws on the elements above to summarise the coach's analysis of the client's presenting issue and to plan future treatment.

An illustrative mode map is presented in figure 1.

Schema psychoeducation phase

Psychoeducation is the phase of schema coaching that provides information and support so that the client can better understand and cope with their EMS. Psychoeducation is often used for clients with serious mental disorders, including dementia, schizophrenia, clinical depression, anxiety disorders, eating disorders, and personality disorders (Tay et al., 2016). It provides important information and resources for clients in an empathic and supportive environment.

There is limited research on the value of psychoeducation in coaching with a number of papers simply describing or advocating psychoeducation. One study (Jarosz, 2020) suggested that psychoeducation in emotional intelligence building was an important factor that contributed to the success of

their coaching programme. However this study did not separate out the impact of the psychoeducation from that of the coaching. McKay & Kemp, (2018) simply advocated the practical application of neuroscience psychoeducation in coaching. Reger et al. (2013) promoted the use of smartphone based psychoeducation for improving implementation, fidelity, and homework adherence during prolonged stimulus exposure.

There is some evidence that psychoeducation is useful in a range of other non-coaching areas. For example, Powell et al. (2022) undertook a systematic review and meta-analysis of studies evaluating the impact of psychoeducation on improving social skills of young people with ADHD. They used ten studies with 943 participants which met their inclusion criteria. They found that effect sizes were small, but the studies suggested that psychoeducation significantly improved social skills in young people with ADHD.

Dahl et al. (2019) in a systematic review found that psychoeducation led to improvement in ADHD symptoms and behavioural problems, as reported by parents.

Herrera et al. (2023) suggested that psychoeducation was an important part of the psychological treatment of schizophrenia. In this area it has been shown to reduce relapse rates, treatment non-adherence, and hospital readmission rates, in addition it increased

satisfaction with treatment, functioning, and overall quality of life (Xia et al., 2011).

However, Brouzos et al. (2021) suggested in the case of PTSD in adults, psychoeducation had little impact compared to treatment-as-usual in decreasing symptoms but that its use should be further investigated.

Although there is little evaluative research into the effectiveness of psychoeducation in schema coaching it has been suggested that it may help the client to:

Understand the nature of basic human needs, how these can be met or not met, and how a range of life patterns develop.

- Clarify the EMS that are at the heart of their presenting issues.
- Understand how the EMS arose and how they impact their lives (Rafaeli et al., 2011).

One very helpful way to educate the client about the schema approach is to recommend that they read the book *Reinventing Your Life: The Breakthrough Program to End Negative Behavior... and Feel Great Again* (Young & Klosko, 1994). In this easy to read book, schema are referred to as *lifetraps*. The book provides a wide range of case studies that clients can easily relate to and so develop both an intellectual and emotional understanding of the schema model. The book provides a useful background to EMS, coping mechanisms and modes. It then presents chapters on eleven lifetraps. Simple questionnaires are provided in each chapter to help the reader understand how that lifetraps may relate to them. The typical childhood origin of each of lifetraps is described, how the lifetraps manifest itself in relationships and specific strategies for growth.

A free downloadable client's guide to schema focused therapy can be found at Pelouin (2023). A four part free video series on schema coaching can be found at McCormick (2023b).

Once the schema coach has undertaken case conceptualisation and psychoeducation they can move on to implement a range of

schema techniques to help the client address EMS and develop ways to have their basic human needs met.

Conclusion

The role of the coaching psychologist is fundamentally that of facilitator of change however when clients are stuck and troubled it can be helpful to use appropriate psychotherapeutic techniques. This should only be done after the coach has suitable training and after addressing the relevant ethical issues. This paper is the second in a series on the techniques of schema coaching and it explores schema case conceptualisation and schema psychoeducation. These are the first two techniques set out in the octagon model of schema coaching. Case conceptualisation is an important starting point in schema coaching as it generates the rationale and framework, underpinned by evidence, used to understand the client's issues and to plan future coaching. Case conceptualisation has the following phases, generating the initial understanding based on the presenting issues, the psychosocial assessment including understanding of the social context, physical health, history, mental state, risks and strengths, the understanding of the origins of the presenting issues, the development of need statements and finally the formulation of goals. Case conceptualisation also includes the analysis and mapping of modes or mood states seen in the initial coaching sessions. The mode map is a simple diagram of the dynamic forces operating between the *child*, *inner critic* and *healthy adult* modes. By contrast, psychoeducation is the phase that provides information and support so that the client can better understand and cope with their Early Maladaptive Schema (EMS). Psychoeducation helps the client to understand the nature of basic human needs, how these can be met or thwarted, and how a range of life patterns develop. It helps the client to clarify their EMS that are at the heart of their presenting issues and to understand how these arose, how they impact their lives and how they can be treated.

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