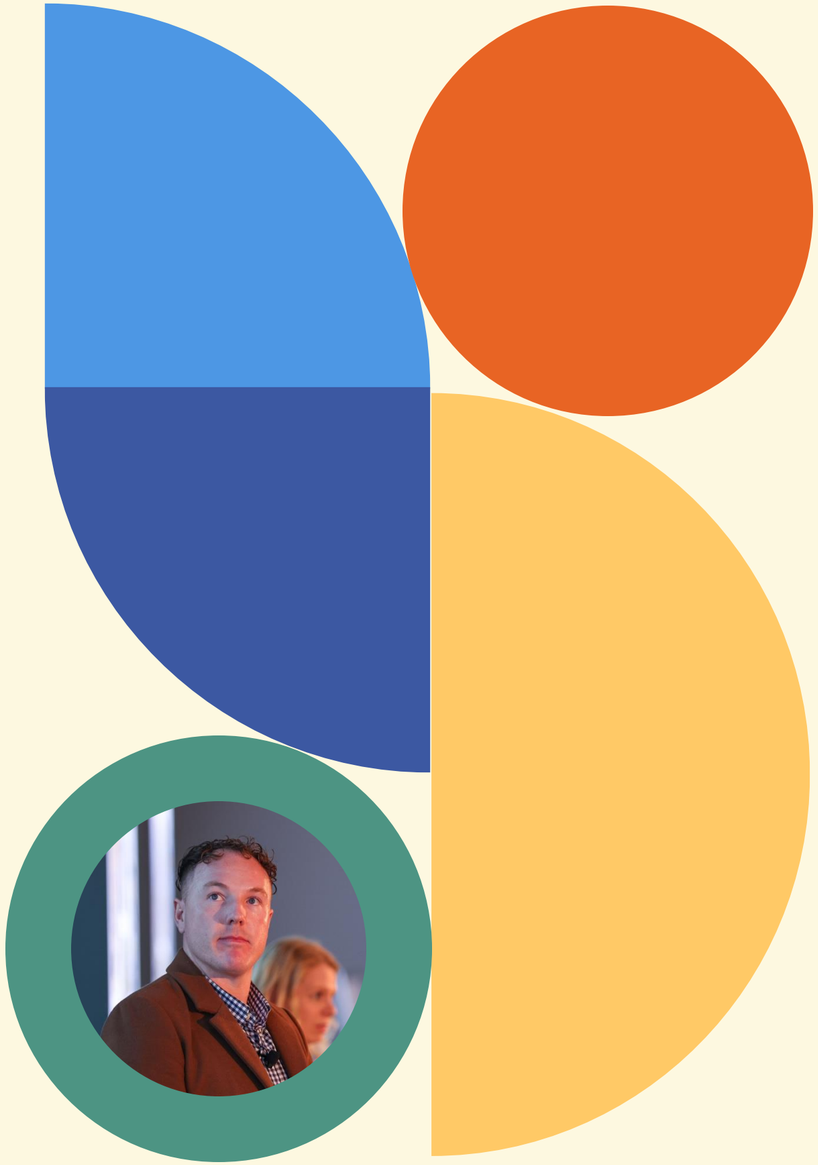
APS Festival of Psychology Gold Coast 2025

Integrating EMDR and Schema Therapy: Combining the Power of these Transdiagnostic Psychotherapies



Liam Spicer

Acknowledgement to Country

I acknowledge, with deep respect the traditional owners of this land on which we meet today.

I pay my respects to elder's past, present and emerging. I recognise and acknowledge the impacts of invasion and colonisation upon Aboriginal people and the fact that sovereignty is yet to be ceded.

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About Me

- Senior Lecturer in Psychology
- Psychologist in Private Practice
- EMDR Consultant and Training Facilitator
- ND Affirming Therapist & Autistic & ADHD myself
- Academic and Researcher
- Accredited Schema Therapist
- PhD Candidate investigating the use of Schema Therapy for Prolonged Grief

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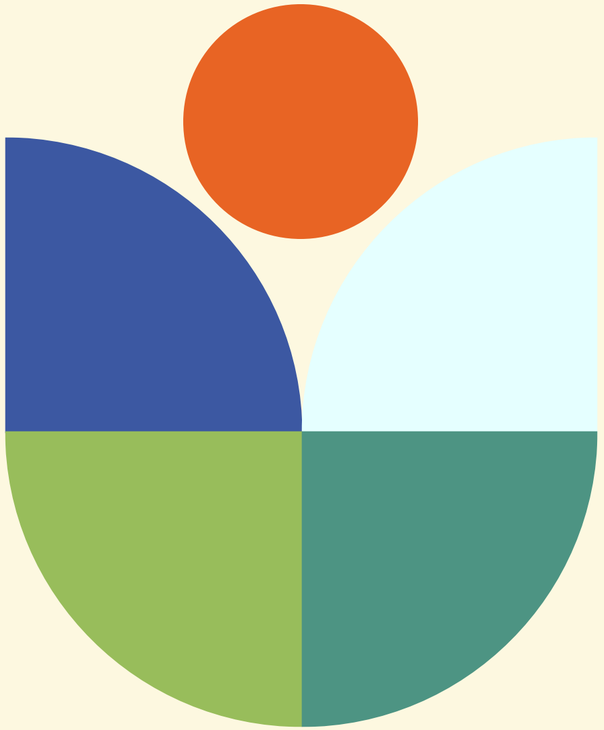
Part 1: Overview of EMDR and Schema Therapy



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EMDR Therapy

- Eye Movement Desensitisation and Reprocessing (EMDR) is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of trauma, adverse life experiences and other sources of maladaptively stored information

- Initially developed in 1989 by Francine Shapiro for PTSD– now evolved into a complete transdiagnostic psychotherapy applied with many clinical presentations

- 8 Phases of EMDR from assessment to closure and re-evaluation – not just a simple trauma reprocessing technique

- Three-pronged approach to identify and process: (a) Memories of past adverse life experiences that underlie present problems; (b) Present-day situations that elicit disturbance and maladaptive responses; and (c) Anticipatory future scenarios that require adaptive responses (Laliotis et al., 2021).

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EMDR Therapy

Phase 1: Client history and treatment planning

Phase 2: Preparation

Phase 3: Assessment of targets

Phase 4: Desensitisation

Phase 5: Installation

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Phase 6: Body Scan

Phase 7: Closure

Phase 8: Re-evaluation

The Aim of EMDR Therapy

"to identify and access the dysfunctionally stored memory network and facilitate the linkage of the memory to adaptive semantic memory networks" (Shapiro, 2018)

EMDR facilitates changes in the:

- Vividness or intensity of the memory, image, or information that is causing distress
- Affective levels of distress
- Cognitions associated with the target

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The Adaptive Information Processing Model

- Humans have an information processing system that assimilates all new experiences into existing semantic networks (Shapiro, 2001)
- Memories are the foundation of everything and have a significant influence on perception, attitudes, beliefs, and behavior
- The AIP model is not just a model of unprocessed memories, but also of positive, adaptive information, often addressed as “resource” (Hase, 2021)

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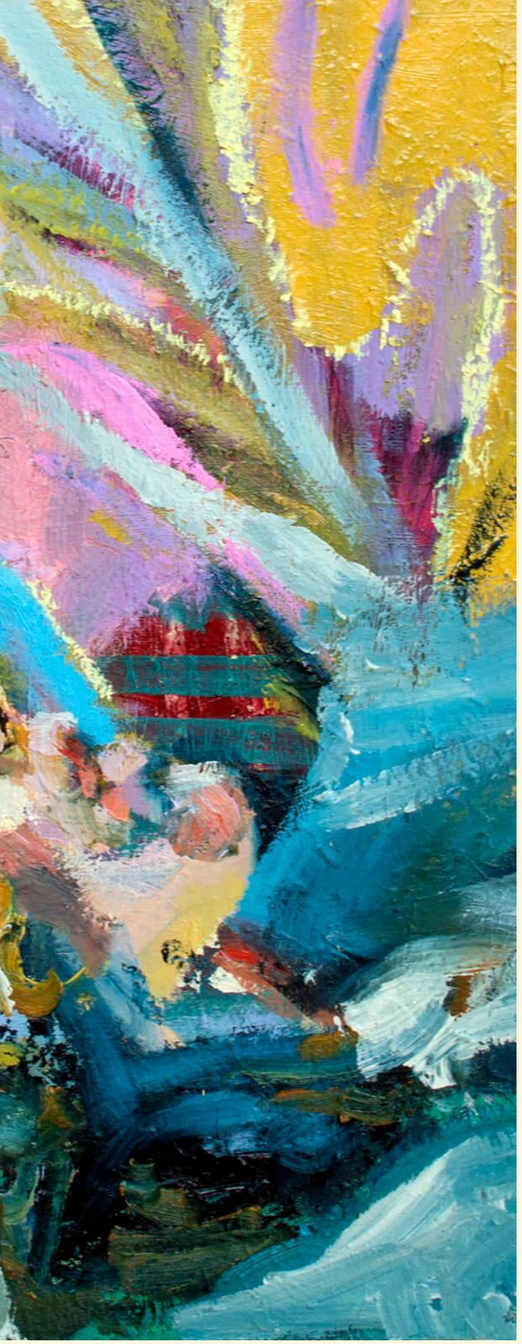
- As EMDR therapists – our work with clients can also open up new life experiences which further strengthen and build adaptive memory networks (Eg., I can trust others)

EMDR, a Transdiagnostic Psychotherapy

- EMDR is a transdiagnostic treatment approach as it is informed by the AIP model
- A transdiagnostic model requires a unified protocol with a theoretical base appliable across psychopathologies (Dominguez, 2023)
- Adverse experiences, maladaptive cognitions, and emotional dysregulation are key etiological and maintaining factors across all mental health conditions (Dominiguez, 2023)
- As an example, an umbrella meta-analysis by Hogg et al., (2023) 16,277 cases and 77,586 controls demonstrated there was highly suggestive evidence of an **association between psychological trauma at any time point and any mental disorder**



EMDR, a Transdiagnostic Psychotherapy

- Evidence suggests EMDR therapy is an effective transdiagnostic approach, as it directly addresses these predisposing and perpetuating factors such as trauma, adverse experiences, emotional dysregulation, and maladaptive cognitions (Domoniguez, 2023)

- This is an important consideration, considering many clients present with multiple clinical symptoms – anxiety, depression, phobias, trauma symptoms etc.,

- As an example, up to 78.5% of individuals with PTSD, demonstrated other co morbid conditions such as anxiety, depression, OCD, psychotic symptoms, substance abuse, and other mental health challenges

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APS Evidence Base Guidelines 2025

Table 1. NHMRC levels of evidence[38]

Level I	A meta-analysis or a systematic review of level II studies[39] that included a quantitative analysis
Level II	A randomised controlled trial. A study of test accuracy with: an independent, blinded comparison with a valid reference standard, among consecutive persons with a defined clinical presentation
Level III-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
Level III-2	A comparative study with concurrent controls: - Non-randomised, experimental trial - Cohort study - Case-control study - Interrupted time series with a control group
Level III-3	A comparative study without concurrent controls: - Historical control study - Two or more single arm study - Interrupted time series without a parallel control group
Level IV	Case series with either post-test or pre-test/post-test outcomes

- Level One for PTSD
- Level One for Depression
- Level One for Specific Phobia
- Level One for Complex PTSD
- Level One for Children PTSD
- Level Two Addiction
- Level Four Panic Disorder

EMDR Treatment Guidelines

EMDR is now widely regarded as a first range treatment for PTSD (Wilson et al., 2018)

- World Health Organisation (WHO)
- International Society for Traumatic Stress Studies
- National Institute for Health and Clinical Excellence
- Phoenix Centre Australia
- Australian Centre for Posttraumatic Mental Health
- The American Psychiatric Association
- The Department of Veteran Affairs
- The Department of Defense

EMDR, Cost Effectiveness

- In clinical practice, there is a need for trauma therapies to be applied especially in time-limited interventions
- As an example, Mavranezoulli et al., (2020) demonstrated EMDR to be the most cost-effective trauma treatment out of 11 types of intervention including CBT, psychoeducation, supportive counselling, and SSRIS
- De Bont et al., (2019) demonstrated EMDR to be more cost effective in the treatment of trauma in comparison to CBT-TF

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EMDR for Other Presentations

- Efficacy of EMDR for depression in at least 23 published studies, 12 being RCTS (Matthijssen et al., 2020) including review by Dominiguez et al., (2021) showing EMDR leading to significantly lower depression symptoms inactive controls and active treatments (eg., CBT)

- Meta-analysis by Yunitri et al., (2020) found EMDR had positive effect on reducing phobia symptoms

- EMDR has been supported with various clinical anxiety presentations (McMullen & Lee, 2024)

EMDR for Other Presentations

- EMDR as effective as CBT, and when paired with CBT for treatment of OCD (Marsden et al., 2018, Bohm & Voderholzer, 2010)
- Tesarz et al., (2019) noted several RCTs with sufficient sample size supported the positive effects of EMDR in treatment of chronic pain
- Substance Use in two RCTS showed promising effects when paired with treatment as normal and in a group setting (McMullen, & Lee, 2024)
- EMDR supported to be effective in grief and loss (Spicer, 2024; Meysner et al., 2016)
- Promising results for EMDR for fear of childbirth and postpartum PTSD in multicentre RCT, pilot RCT, and single RCT (McMullen., & Lee, 2024)

EMDR Complete Psychotherapy

EMDR 8 PHASES As cited in Schubert, 2019)	PHASED APPROACH (van der kolk, 2005)
Phase 1: Client history Phase 2: Preparation	Phase 1: Stabalisation, resourcing, and self-regulation
Phase 3: Assessment Phase 4: Desensitisation Phase 5: Installation Phase 6: Body Scan	Phase 2: Trauma reprocessing
Phase 7: Closure Phase 8: Re-evaluation	Phase 3: Integration, and consolidation of treatment gains

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EMDR Therapy Across the 8 Phases

Phase 1: History ⟷ Attunement, curiosity, action plan, goals

Phase 2: Preparation ⟷ Educator, regulator, resource, support

Phase 3: Target Assessment

Phase 4: Desensitisation → Connection, co-regulation, intuition, learning

Phase 5: Installation

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Phase 6: Body Scan

Phase 7: Closure ⟷ Reflection, growth, expansion, change

Phase 8: Re-evaluation

Some of our Limited Reparenting across the 8 Phases

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Schema Therapy

- Schema Therapy is an integrative therapy that draws upon many therapeutic models and theories of psychotherapy. It evolved from the theoretical foundation developed by Dr Jeffery Young that incorporates elements of Cognitive Behavioral Therapy, attachment therapy, Object Relations theories, Gestalt Therapy and Psychodrama (Young et al., 2003; Edwards & Arntz, 1995).

- The initial objective of this approach was to treatment those diagnosed with personality disorders and pervasive maladaptive life patterns, and since its development has continued to evolve into a rich, and complete transdiagnostic therapeutic model and approach (van Vreeswijk et al., 2024).

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Schemas & Mental Health

Meta-analyses reveal schemas to be associated with adverse experiences (Pilkington et al., 2021) and a wide range of various clinical presentations such as PTSD, depression, social anxiety, substance use, bulimia, personality disorders, agoraphobia, psychosis (Thimm & Chang, 2022) & prolonged grief (Spicer et al., 2024)

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Schemas Therapy – Research Summary

Schema therapy has been demonstrated to be effective for a wide range of clinical presentations:

- borderline personality disorder (Ball, 2007; Farrell et al., 2009)
- substance use disorder (Ball et al., 2005; Lacy, 2024)
- agoraphobia (Gude, & Hoffart, 2008)
- panic disorder (Hoffart & Sexton, 2002)
- eating disorders (Simpson et al., 2010; Simpson & Smith, 2020)
- and post-traumatic stress disorder (Cockram et al., 2010; Arntz et al, 2013)

APS Level 1 Evidence for BPD, Level 2 for Depression

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Schemas Therapy – The Core Model

- The schema model comprises both an assessment/education phase and a change phase which consists of four components (Young et al., 2003). These are limited re-parenting, cognitive, experiential, and behavioural components (Young et al., 2003).

- Schema therapy aims to identify and address early maladaptive schemas (EMS), which are self-defeating emotional and cognitive patterns formed when essential emotional needs are unmet during formative years and persists across the lifespan (Young et al. 2003).

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Schemas Therapy – The Core Model

Young's 5 Core Emotional Needs	Lockwood's 7 Core Attachment Needs	Dweck's 7 Needs
Safety and Nurturance	Emotional Nurturance & Unconditional Love	Acceptance
Play and Spontaneity	Play and Emotional Openness	
Autonomy , Competence, Identity	Autonomy Support	Competence
Freedom to Express Needs Opinions and Emotions	Autonomy Granting	Control
Realistic Limits and Self-Control	Dependability	Predictability
	Intrinsic Worth	Self-esteem/Status
	Confidence and Competence	Self Coherence

Lockwood, ISST Conference, 2024

Schemas Therapy – 9 Core Needs Model

- More recently it has been proposed there is a 9-core need model.

- Need for Connection (Nurturance, Acceptance, Unconditional Love)
- Need for Support and Guidance in Expressing and Articulating Needs and Emotions, and Learning Healthy Socialization
- Need for Safety, Dependability, Fairness, Consistency, and Predictability
- Need for Compassionate, Firm, and Appropriate Guidance and Limit-Setting to Support the Learning of Realistic Limits and Self-Control
- Need for Support and Encouragement of Play, Emotional Openness, and Spontaneity
- Need for Affirmation of Capability and Capacity for Development of Competence (Autonomy Support)
- Need for Respect in Developing Autonomy (e.g., Privacy and Freedom to Learn to Do Things One's Own Way)
- Need for Support and Guidance in Developing a Sense of Intrinsic Worth (Not Dependent on Being Better Than Others)
- Need for a Parent/Caregiver Who Is Experienced as Confident and Competent (a Healthy Role Model)

A Quick Look at the 20 Schemas

- Young identified 18 EMS that sit in five schema domains. More recently however, Yalcin et al.,

(2022; 2023) identified 20 EMSs in their research.

Emotional Deprivation	The expectation that others will not adequately meet one's needs for nurturance and support
Abandonment	The expectation that one will eventually be abandoned by significant others
Mistrust	The expectation that one will be abused, humiliated, or manipulated by others
Social Isolation	The belief that one is different from others and does not belong within a community
Defectiveness	The belief that one is fundamentally flawed, unworthy, or unlovable
Failure	The expectation that one will inevitably fail, or is fundamentally inadequate compared to others
Dependence	The belief that that one is completely hopeless, dependent on others, and is incapable of making everyday decisions on their own
Vulnerability to Harm	The belief that the world is dangerous, and that disaster can strike at any moment
Enmeshment	Excessive emotional involvement with others due to the belief that one cannot cope without the other
Subjugation	Excessive submission of one's needs to avoid punishment, abandonment, and rejection.

Self Sacrifice	Excessive sense of duty to meet the needs of others to the sacrifice of one's own needs
Fear of Losing Control	A belief that dire consequences will result from failing to maintain control of emotions
Emotional Constriction	Excessive over control of emotions due to feelings of shame and embarrassment of all emotions
Unrelenting Standards	The belief that one will be harshly criticised if they do not meet very high (often internalised) standards of performance or behaviour often at the expense of gratification
Entitlement	The belief that one is superior to others and is entitled to special privileges and rights
Insufficient Self Control	Difficulties exercising self-control to achieve goals, low frustration tolerance, and inability to control urges and impulses
Approval Seeking	Excessive focus on gaining the attention, recognition, and approval of others often at the expense one's own sense of self
Negativity	An increased focus on the negative aspects of life, whilst minimising the positive
Punitiveness (Self)	The belief that oneself should be punished for any mistakes or imperfections; hypercriticalness towards one's self
Punitiveness (Other)	The belief that others should be punished for any mistakes or imperfections; hypercriticalness towards others

Yalcin et al., (2022; 2023)

Schemas Therapy – Schemas to Modes

Schemas may lie dormant until triggered by particular events or situations.

For example, in relationships, a critical or dismissive remark from a friend or intimate partner may trigger schemas associated with rejection, abandonment, or abuse.

A schema can be triggered by watching a scene from movie or reading a story in a magazine that is thematically related to the schema. Activation of a schema that is usually dormant can trigger a sudden rush of intense and confusing feelings.

Schemas Therapy – Schemas to Modes

We may respond to schema activation in certain ways:

Surrender: Sometimes we simply experience the schema as it is, with its associated emotions and ways of thinking and behaving. For example, a person with an emotional deprivation schema may feel lonely, unloved, and unlovable and wonder if they will ever have an experience of loving relationship, or whether they are incapable of it.

Avoidance: Because schemas are associated with emotionally painful states, individuals actively avoid situations that might trigger them. A person with an abandonment schema may avoid getting emotionally close to anyone at all due to the intense pain that any separation or break in the relationship might cause.

Overcompensation/Inversion: When they overcompensate, individuals adopt strategies that contradict the schema to such an extent that it becomes invisible. A person who, as a child, felt flawed and worthless becomes a perfectionist.

Why Schema Therapy and EMDR?

- Schema Therapy and EMDR are both effective psychotherapeutic approaches for a wide range of clinical presentations
- Both are focused on the root cause of psychological issues
- Both are highly adaptable therapy approaches
- Both can compliment each other well and ensure meeting of all needs therapeutically
- The AIP model and Schema model work in synergy

Benefits of a Combined Approach

- The Integration of EMDR, and Schema Therapy is not uncommon, with experts in the field discussing the power of combining these therapies over 20 years ago (Young, Blasko, & Behary, 2002)

- Limited research and literature on the combination of these therapies so far (Daniels et al., 2025; Tapia et al., 2017; Liu & Spicer, in press)

- Integrating EMDR and Schema Therapy provides a holistic treatment framework that encompasses emotional, cognitive, and behavioral aspects of mental health.

- In essence, EMDR effectively processes and desensitizes traumatic memories or other sources of maladaptively stored information, whilst Schema Therapy provides a strong model focused on meeting needs, reducing early maladaptive schemas, and working with modes to resolve blocks and barriers in treatment, whilst building healthy patterns and resilience (Shapiro, 2014; Young et al., 2003).

Benefits of a Combined Approach

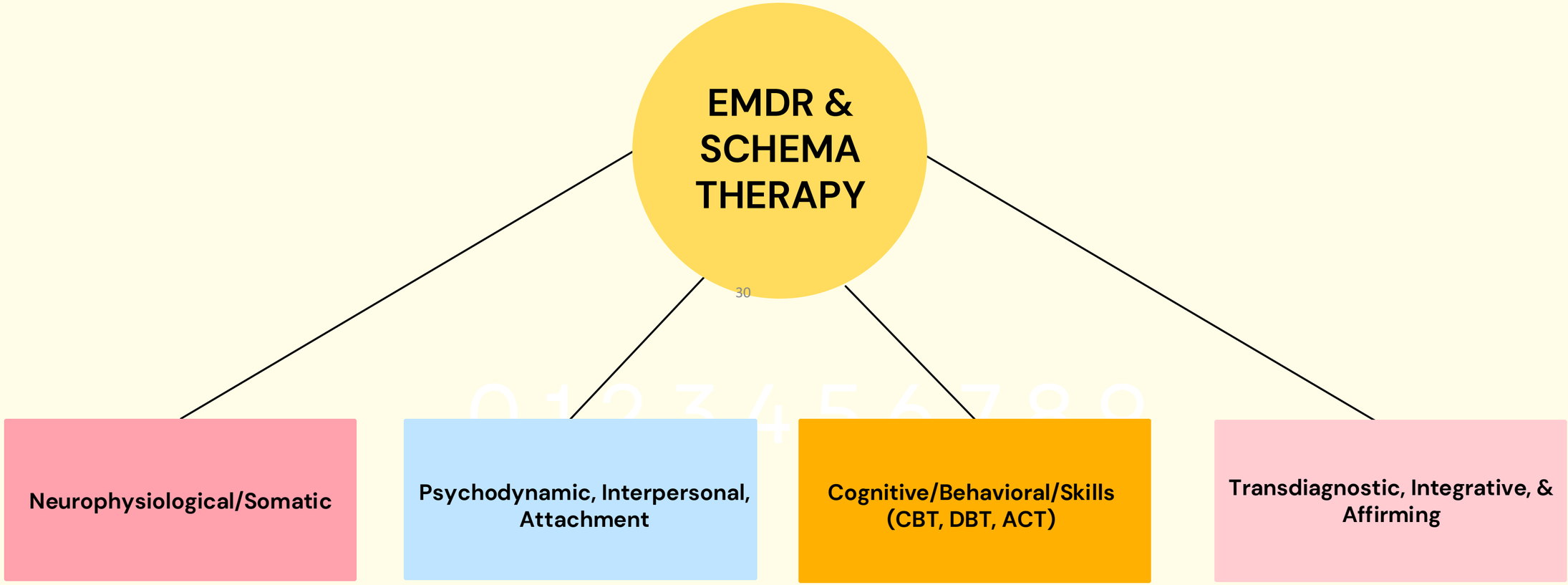
- The benefits of an integrated EMDR and Schema Therapy approach, is that firstly, significant emphasis is both put on understanding unmet needs, yet at the same time which information may have been maladaptively stored causing schema development.

- The schema therapy model including the mode approach can result in a more specific and targeted framework therapeutically regarding conceptualisation and also gives a solid platform for working with “parts” of self (schema modes) in the therapeutic space.

- One other major benefit among others is that experiential interventions can be employed based on what is needed the most at that dynamic point in time in the therapy space.

Integrating Schema Therapy & EMDR

"Combining aspects of each often yields better results than using either one alone"
(Young, Zangwhill, & Behary, 2002)



Part 2: Assessment and Preparation

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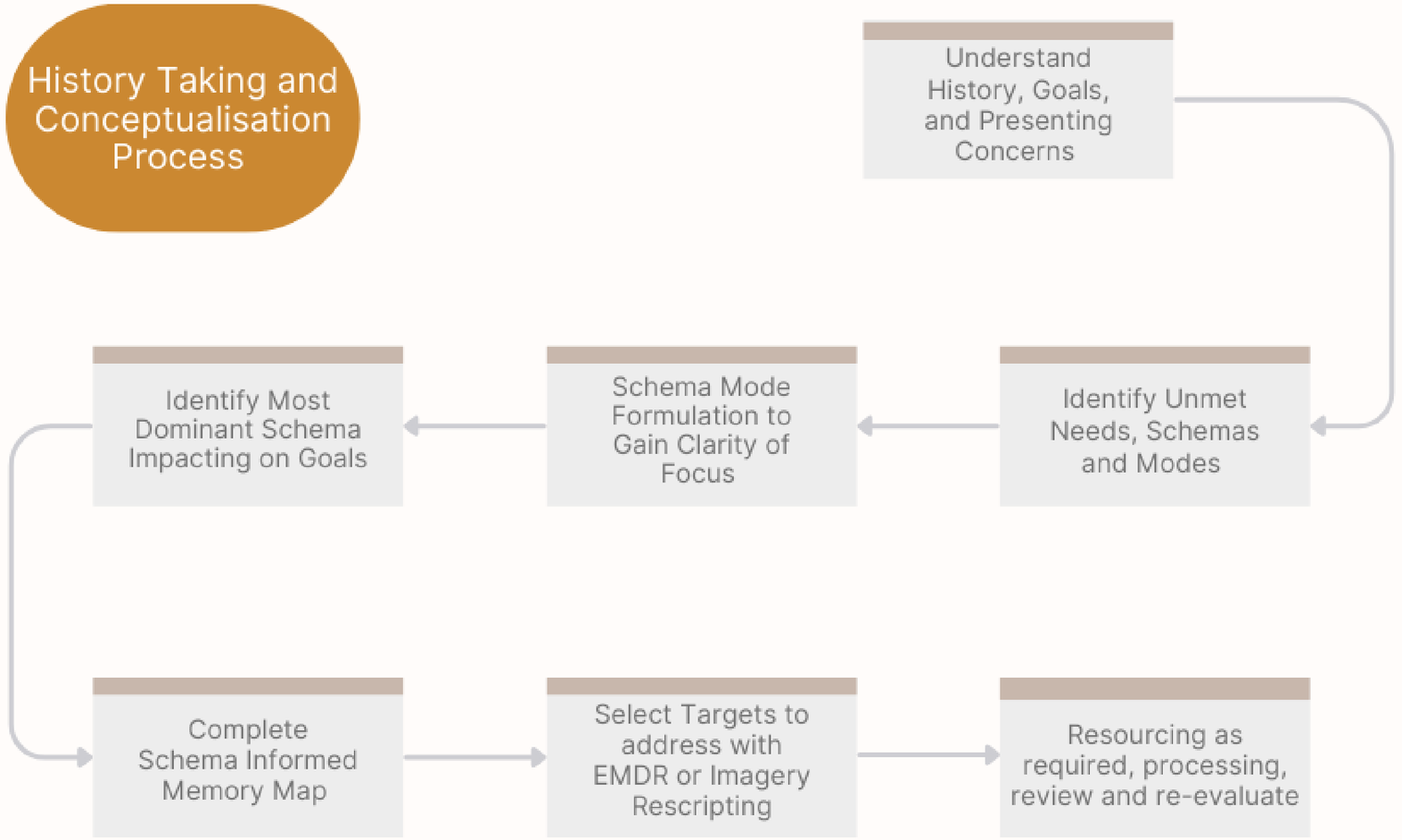
Conceptualisation builds Connection

Mark Brayne: ”Conceptualisation, Conceptualisation, Conceptualisation”

- **What are unmet needs**
- **What are the modes we may be working with**
- **Key maladaptive schemas**
- **Attachment history**
- **Cultural factors**
- **Religious and Spiritual Factors**
- **Current lifestyle factors**
- **Traumatic events or any sources of maladaptively stored information**
- **Level of adaptive information**
- **Positive schemas**
- **Healthy adult behaviors**

Integrated EMDR & Schema Therapy



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Gaining Information for Schemas/Clusters Targets and Modes

History and Attunement: Being curious of what the client reports, what they do not report, how they are responding to this information, and from your interactions, both verbal and non-verbal does there seem to be clear themes that need processing first (eg., client reporting that their main goal in therapy is feeling less anxious which is caused by feeling like a failure at work and you notice how they talk about themselves in session)

Questionnaires: structured assessments can give us insight into the nature of someone's history, but also the impact as well to be able to ascertain or determine what area of targets we might start with
(eg., Young Schema Questionnaire Revised -Yalcin et al., 2022) International Trauma Questionnaire etc.)

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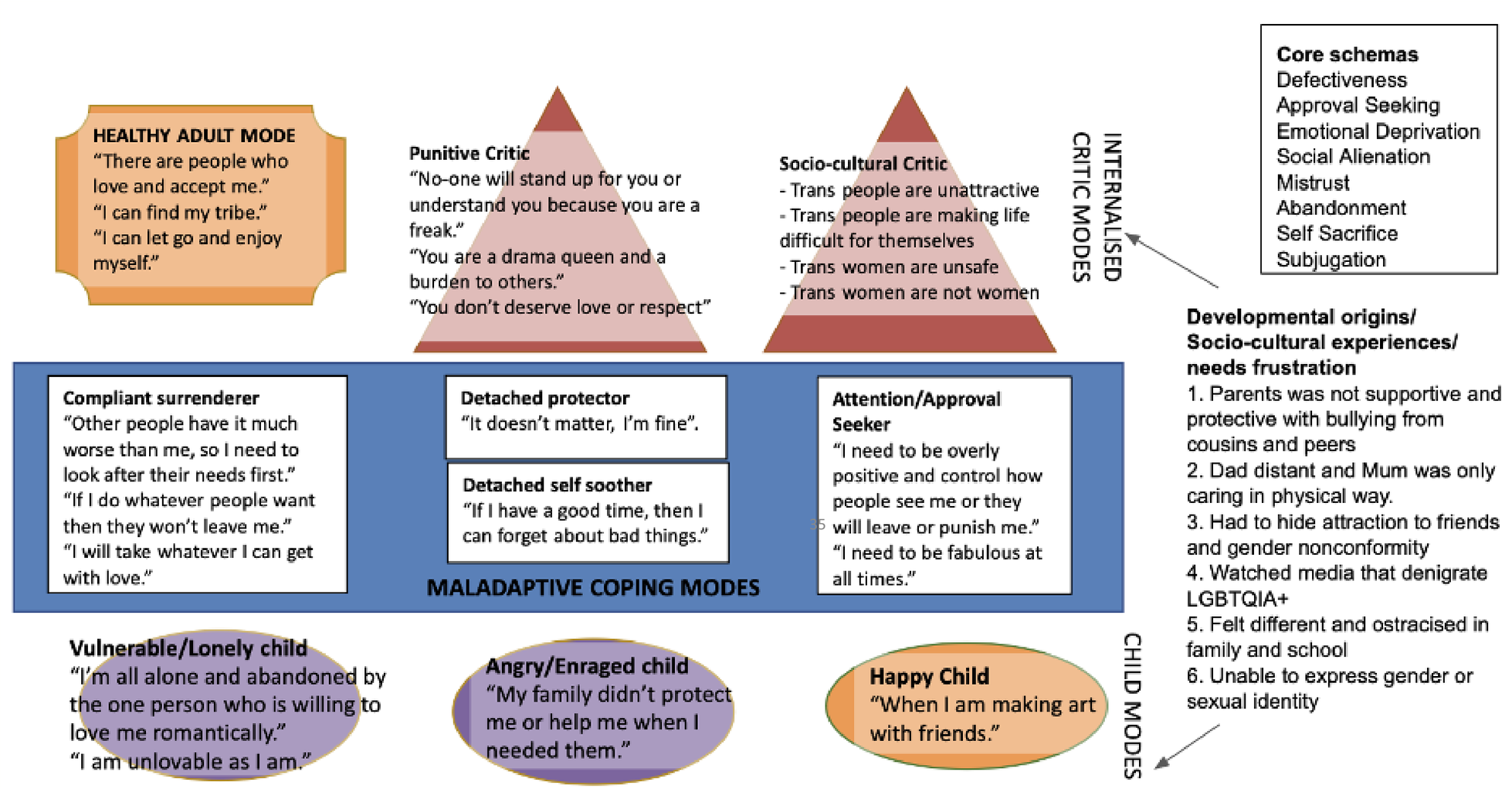
Mode Map to Inform Conceptualisation



Liu & Spicer, Integrating Schema and EMDR with Trans Individuals – In Review

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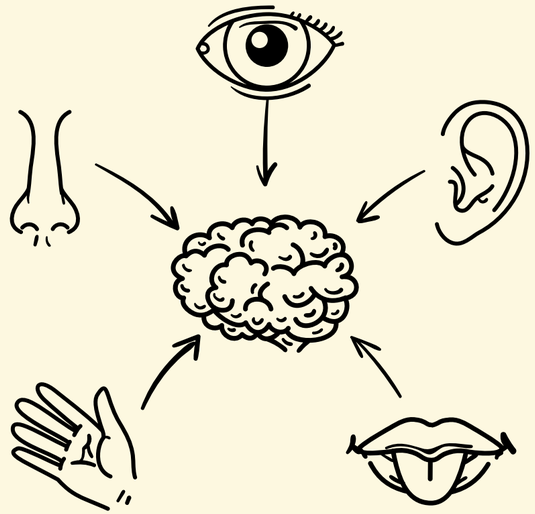
Gaining Information for Themes/Schemas/Clusters Targets

Timeline: this can give us a narrative of the client's life and we can be curious about key themes and events and how they relate to the current most pressing goal

Memory mapping: this can be done in a general sense identifying various themes or even in a more structured way if we have already been able to come to an understanding with our clients about the key theme/schema/cluster to process first

Schema Memory Mapping



- Commonly applied target assessment method
- Used in research on EMDR (eg., IREM study) and well tolerated)
- If we are taking a thematic/schema/cluster approach can be more specific in our assessment and use schema focused memory map (Lee)

In the case of the failure schema

“Which experiences from the past made you feel or think you are a failure”
“Is that the first time, or have you felt this way other times”

You can continue mapping out a range of experiences that are related to that theme and belief which can then provide a framework for some targets

This is a similar process for creating the theme/schema/cluster list - essentially the same exercise but may not be drawing it out as visually and generally if you are putting targets under certain themes to clarify a starting point

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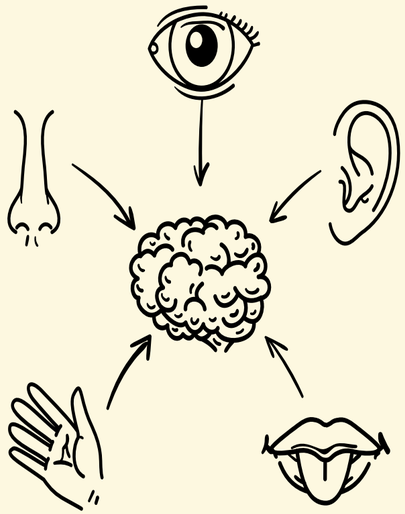
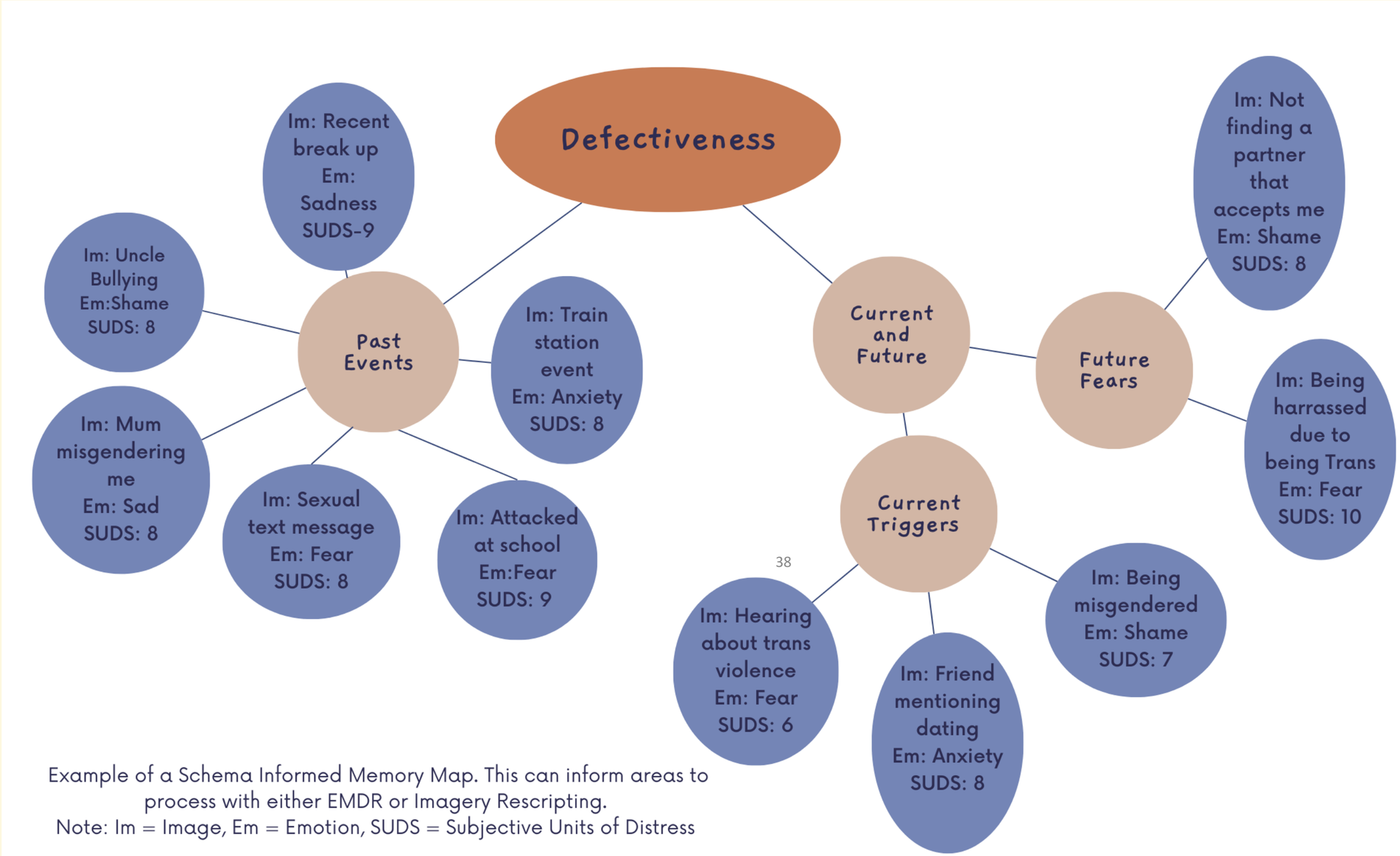
Schema Memory Mapping





Example of a Schema Informed Memory Map. This can inform areas to process with either EMDR or Imagery Rescripting.
Note: Im = Image, Em = Emotion, SUDS = Subjective Units of Distress

- Liu & Spicer, in press

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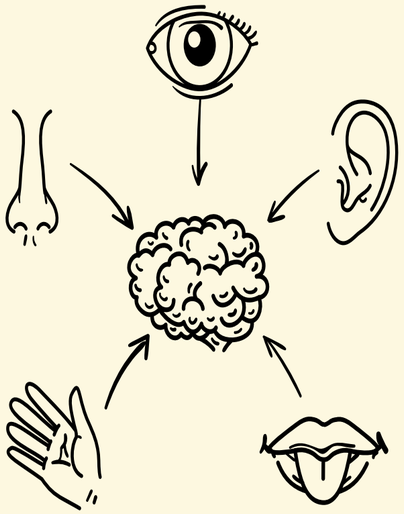
Social Isolation	Social Belonging
I am different I don't belong I am a loner I don’t fit in anywhere	I am okay as I am I can fit in with others I can connect with others I belong and am accepted. I fit in with my community
Defectiveness	**Healthy Self Worth***
I am terrible I am worthless I am shameful I am fundamentally flawed I don't deserve love I am a bad person I am not good enough I deserve only bad things I am permanently damaged I am ugly (my body is hateful) I am a disappointment I deserve to die I deserve to be miserable I am not lovable	I am valuable and worthy I accept myself as I am I am good enough I am fine as I am I am worthy I am worthwhile I am honourable I am a good person I am a loving person I am deserving (fine/okay) I deserve good things I am fine (attractive) I am okay just the way I am I deserve to live I deserve to be happy I am loveable



Adapted from Pilkington

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Part 3: Preparation

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Inner Home Resourcing

This advanced EMDR ego state approach can be a beautiful integration of EMDR and Schema Therapy and is adapted from Schmidts DNMS Strategy

Two key parts of this that I utilize for preparation work is:

1. Internal Home – not the same as calm place in EMDR basic training – more developmentally aimed for vulnerable young parts as a healing space internally

2. Healing Team – specific to what the young parts need – not just about building up the healthy adult – this is essentially aiming to provide some reparative attachment healing experiences internally

We can utilize our knowledge of unmet needs, and schemas (both positive and negative to inform this)

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Meeting Relational Needs

EXPERIENCE	PRESENCE
SHAMING	VALIDATION
REJECTING	ACCEPTANCE
ENMESHING	FREEDOM TO INDIVIDUATE
MISATTUNED	ATTUNED, EMPATHIC RESPONSES
VERBALLY ABUSIVE	RESPECTFUL COMMUNICATION
EMOTIONALLY UNAVAILABLE	COMFORT AND SUPPORT
DANGER	SAFETY

Adapted from S.J Schmidt DNMS (2022)

Inner Home Resourcing Demo

AIP Informed Resourcing

- The AIP model is not just a model of unprocessed memories, but also of positive, adaptive information, often addressed as “resource (Hase, 2021)
- Positive info can include images, thoughts, feelings, physical sensations, thoughts
- When accessed they can be strengthened through BLS
- In session moments of connection, feeling heard, new insights, relational sense of safety – these can all be used as resources to strengthen and tap in (Hase, 2022)

Our work with clients can also open up new life experiences which further strengthen and build adaptive memory networks (Eg., I can trust others)

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MALADAPTIVE SCHEMA	POSITIVE SCHEMA
Emotional Deprivation	Emotional Fulfilment
Abandonment	Stable Attachment
Mistrust	Trusting*
Social Isolation	Social Belonging
Defectiveness	Healthy Self Worth*
Failure	Success
Dependence	Healthy Self Reliance/Competence
Vulnerability to Harm	Basic Healthy and Safety/Optimism
Enmeshment	Healthy Boundaries/Developed Self
Subjugation	Healthy Assertiveness*
Self Sacrifice	Healthy Self Interest/Self Care
Fear of Losing Control	Emotional Stability and Control*
Emotional Constriction	Emotional Openness and Spontaneity
Unrelenting Standards	Realistic Expectations
Entitlement	Empathic Consideration
Insufficient Self Control	Healthy Self Control/Self Discipline
Approval Seeking	Self-Directedness
Negativity	Healthy Optimism
Punitiveness (Self)	Self Compassion
Punitiveness (Other)	Compassion for Others

Positive Schemas for Resourcing

Positive Schemas: Positive schemas consist of positive memories, cognitions, beliefs, bodily sensations, and neurobiological reactions regarding oneself and one's relationship with others (Louis et al., 2018).

Important to mention as if we can be more specific with the theme, we are targeting in EMDR, we can also be more specific with the resourcing we need to do to prepare for this.

Positive Schemas

POSITIVE SCHEMA	DEFINITION
Emotional Fulfilment	The belief that you have someone in your life who meets your emotional needs of attachment, connection and safety.
Stable Attachment	The belief that your relationships are stable and enduring.
Trusting*	The belief that you can have a healthy level of reasonable trust in others
Social Belonging	The belief that you belong and are accepted within groups.
Healthy Self Worth*	The belief that you are worthy and valid as a person.
Success	The belief of being capable and competent in how you define success.
Healthy Self Reliance/Competence	The belief that you are capable of managing tasks based on your capacity.
Basic Health and Safety/Optimism	The belief of having health and safety relevant to your true environement.
Healthy Boundaries/Developed Self	Belief in your ability to set and maintain appropriate limits in relationships and self-identity.
Healthy Assertiveness*	The confidence to express one's needs and rights respectfully and clearly.
Healthy Self Interest/Self Care	Belief in the importance of prioritizing one's own well-being and needs.
Emotional Stability and Control*	The capacity to manage and regulate emotions effectively.
Emotional Openness and Spontaneity	The willingness to express and experience emotions freely and naturally.
Realistic Expectations	The ability to set achievable and practical goals and standards.
Empathic Consideration	The practice of understanding and being considerate of others' feelings and perspectives.
Healthy Self Control/Self Discipline	The ability to regulate impulses and maintain focus on long-term goals.
Self-Directedness	The ability to take initiative and make decisions independently based on capacity.
Healthy Optimism	The tendency to have a positive and hopeful outlook on life.
Self Compassion	The practice of being kind and understanding towards oneself.
Compassion for Others	The ability to show kindness and empathy towards others.

Resource Development Installation

Positive Schemas: Positive schemas consist of positive memories, cognitions, beliefs, bodily sensations, and neurobiological reactions regarding oneself and one's relationship with others (Louis et al., 2018).

Important to mention as if we can be more specific with the theme, we are targeting in EMDR, we can also be more specific with the resourcing we need to do to prepare for this.

RDI refers to a set of EMDR-related protocols which focus exclusively on strengthening connections to resources in functional (positive) "memory networks" (Leeds & Shapiro, 2000; Shapiro, 1995) while deliberately not stimulating dysfunctional (traumatic) memory networks.

Positive Schema Resource Development Installation

What would your healthy parts need to manage this situation or address this in therapy?

Eg., competence, strength, sense of trust (Be curious about the antidote to the schema of concern)

Can you think about a time in your life you have felt this way? Or

Is there someone else that represents this quality for you?

As you connect with this quality, where do you feel it in your body? What are you noticing?

Now focus on this – engage in short sets of BLS while strengthening

Then you can link to verbal or sensory cue (positive belief or imagining holding this resource in hand)

Engage in mini future template with this resource and notice that healthy part of you engaging in that behaviour (going to the gym, speaking up at work)

Part 3: Relationship, Processing and Experiential Work

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The Therapeutic Relationship in EMDR Therapy

- EMDR is defined as a client-centred approach (Shapiro, 2001)
- EMDR is an integrative approach that requires the development of a “firm therapeutic alliance (Shapiro, 2017)
- The preparation phase of EMDR involves establishing a therapeutic alliance... (Shapiro, 2007)
- Therapist and method interact equally (2001)

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Limited Reparenting

Schema therapists argue that it is the establishment of a limited reparenting relationship that provides the safety and containment required for the client to have an early focus on experiential work.

Limited Reparenting provides clients with corrective emotional experiences within the therapeutic relationship, aiming to meet the unmet needs from their childhood and promote healthier emotional development (Young et al., 2003). Hayes (2023) suggests limited reparenting can assist with:

1. Overcoming Maladaptive Coping Modes

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2. Providing In Vivo Opportunities for Schema Healing

3. Socializing the Client to Experiential Work

4. Enhancing the Case Conceptualization:

Change Phase: Processing Information

- This is a particularly critical phase of an integrated EMDR and Schema Therapy approach, with appropriate collaborative selection of a range of various experiential techniques suited to a client's needs and goals.
- This can include interventions such as EMDR reprocessing across all three prongs (past, present, and future), Imagery Rescripting, and Chairwork. Choices should be rooted in a thorough conceptualisation of the client including their life history, attachment, past trauma, schemas and modes, and any other relevant assessment factors such as social support, interests, strengths etc.

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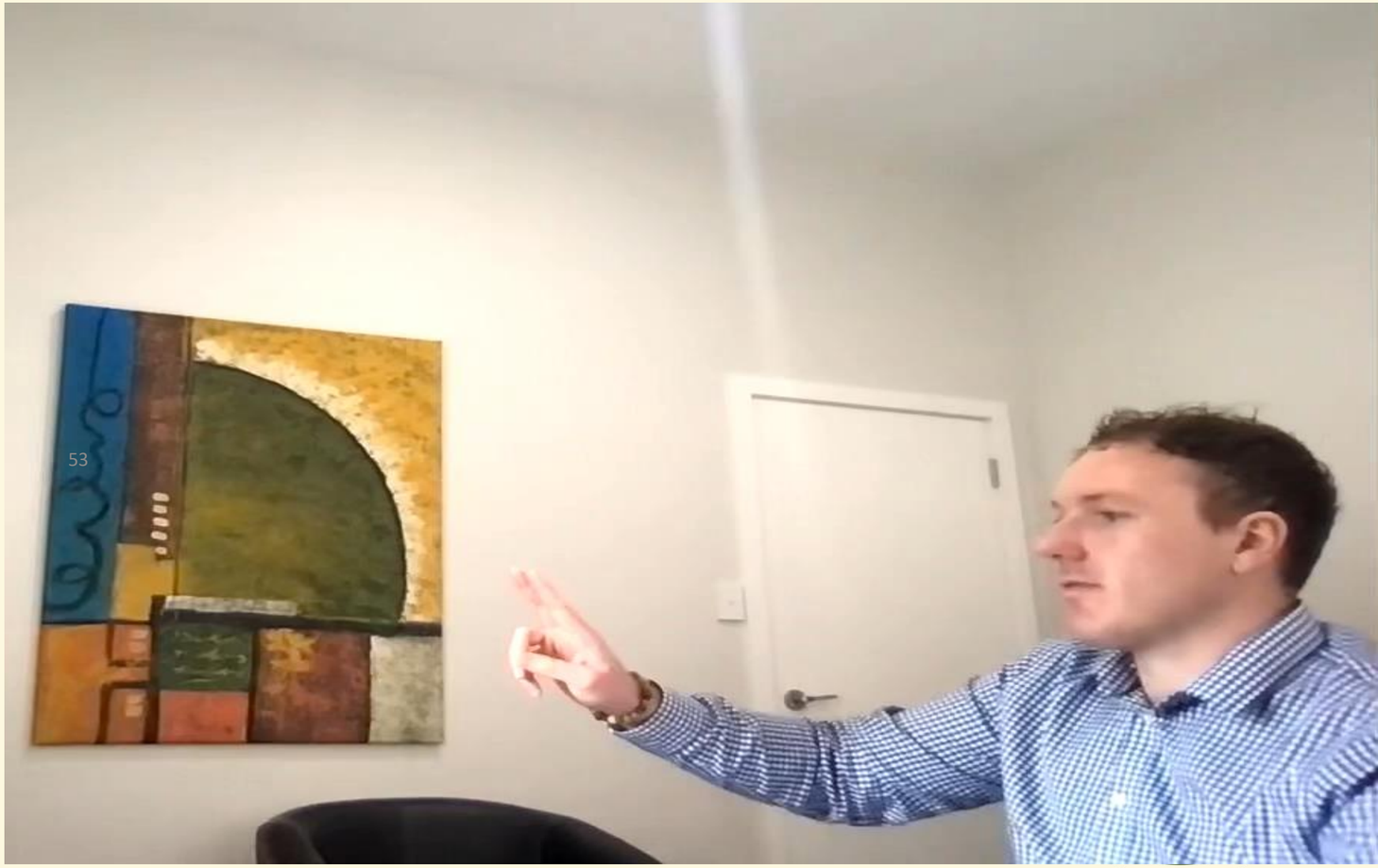
EMDR Reprocessing

- In relation to the specific EMDR reprocessing phases of treatment which encompass activation, desensitisation, installation, body scan, and closure, processing of “targets” need to be informed by an individual’s goals and presenting concerns.

- The ultimate goal of this core component of EMDR therapy is “to identify and access the dysfunctionally stored memory network and facilitate the linkage of the memory to adaptive semantic memory networks (Shapiro, 2018).



Imagery Rescripting

Imagery Rescripting involves revisiting distressing memories and altering their outcomes to foster healing and reduce the emotional impact of past traumas (Arntz & Weertman, 1999).

A typical imagery rescripting protocol consists of two phases of processing. In the first phase, an upsetting trauma event is identified, and the therapist enters the image, providing safety, validation, and care. In many childhood abuse and neglect cases, as clients often have had inadequate role models for what fulfilling these needs should look like. During the second phase, the therapist encourages the client (as an adult) to enter the image and manage the abusive antagonist and situation

Schema Informed Interweaves

Interweaves can fall under many categories:

1. Educational/informative (what would the healthy adult say about this…)
2. Somatic (e.g., where is that sitting in your body)
3. Parts/modes (e.g., Chairwork as interweave or preparation)
4. Imagery (what does little you need right now)

In an integrated EMDR and Schema Approach we can also use some imagery at the end of desensitisation to meet the need once the distress has bee reduced

“Is there anything else that little part of you needs right now”?

Attachment Focused EMDR (Parnell/Brayne)

If there was one thing you could change today?

1. Image
2. When connecting with that, what's the emotion?
3. Wheres that happening in your body?
4. What thought/belief goes with that?

Drop back in time, go back as far as you can, tell me the very first place you land…

Check new image, emotion, belief – go with that
What does the child need, who can do that, imagine that….

Slowing Down as Growth Unfolds

In these active change components of therapy clients report “new things” - these adaptive insights can feel uncommon or may feel in conflict with maladaptive networks that still exist

In an EMDR and Schema context lets consciously:

- Bring these new levels of awareness, insight, changes, reflections, and emotions to light
- We can really encourage in our closure to reflect on noticing these changes in the next week – we can build in relational focused adaptive tasks – “I want you to read this flash card we created together that says – “I am good enough” as you noted this was a key takeaway from today's session
- Never forget the power of a quick text

Creating Behaviour Change

To integrate a mini–Future Template (Schubert), say:

- "Can you think of a time in the next day, or week or so, when this situation is likely to happen, or you may be activated again?"
- "Can you picture it in your head … and hold that image of the situation in mind with the words ___ (repeat the PC)."

Engage in 2 sets of BLS, holding the future image in mind with the PC each set.

- At the end of the first set you could say, did those words (the PC's) get stronger, weaker, or stay the same.
- Then one last time, hold the future image with the PCs and one last EM set

We can follow this up with mental movie imagery rehearsal further strengthening the networks – eg., dropping off that resume

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RISE UP MODEL EMDR AFTERCARE (Spicer, 2023)

- Model to use after EMDR sessions for aftercare – Build in Schema Focus

- **R – Reflections** – what was the best thing you learned about yourself today and any other reflections
- **I – Information** – what came up after the regarding thoughts, feelings, images, sensations
- **S – Skills –** what skills do you have and can you use between sessions if needed
- **E – Empathy** – what did you notice about yourself and how did you care about yourself after the session

- **U – Useful** – please list any other useful information or questions that came up after the session
- **P – Personal** – how has your personal life been in relation to sleep, daily living, and engagement with life

Growth Promoting Therapies

EMDR facilitates learning on multidimensional emotional, cognitive, and physiological levels (Shapiro, 2017)

Schema Therapy is also focused on deep, long-lasting change, promoting healthy growth and resilience

We must not be just satisfied with removing overt suffering – our clients deserve more than that – to love, beyond, excel, find meaning

Thank you!

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Presenting at EMDRIA – California – September 12th on this topic

Presenting at Schema Connect Conference Sydney November 7th on Schema Therapy with Autistic and ADHD Individuals