

DEFECTIVENESS & SHAME SCHEMA (DS) FORMULATION & TREATMENT GUIDE

DEFINITION & TREATMENT AIMS

Clients typically

See themselves as:

- Defective, flawed, inferior and “not good enough”
- Unlovable/broken
- Overly responsible for their problems

DS vs the Failure schema (FA)

- DS: core sense of defectiveness/worthlessness
- FA: lacking achievement/success in important areas relative to peers

Treatment aims to heal this schema

- Increase self-esteem & self-acceptance/worth
- See themselves as worthy of love despite being imperfect
- Reduce avoidance due to fear of exposure

CLIENT PRESENTATION & UPBRINGING

Clients may present as

- Comparing self to others and chronic shame
- Jealous/competitive & sensitive to criticism
- Secretive due to shame about having flaws exposed and being judged
- Having partners who are critical & rejecting

If clients have this schema, look out for

- Unrelenting Standards, Entitlement & Failure
- Narcissistic traits to compensate for DS
- Avoidant modes to avoid feelings of shame
- Perfectionistic over-controller

Upbringing

- Critical or rejecting parents
- Parents devalued or humiliated them
- Parents may have compared them to others

TREATMENT STRATEGIES TO PROMOTE SCHEMA HEALING

Chairwork

- Ask the client to speak from the DS schema (chair 1) (i.e., I'm no good). Next, ask them to respond from the perspective of a loved or admired person (chair 2), which accesses the healthy adult mode (HA) of others to build their own HA. Write down these healing messages adding your own. Give them to the client to review for homework
- Express anger to parents/adults in childhood who contributed to feeling defective, this may uncover core unmet needs to be met from HA
- If a critic mode is detected in the room, place it on an empty chair and conduct empathic confrontation with the critic noting the impact on the vulnerable child mode (VC)

Imagery (relevant child mode: rejected child)

- Rescript memories where the client felt defective. Confront parents/others who contributed to the schema and soothe/meet needs for the rejected child. Over time, the aim is for the client's HA to soothe the VC
- Variant: ask the client to imagine the people they love surrounding them, what reassuring words would they say/want the client to know?
 - Next, ask the client's permission to enter the image & offer reparenting messages

Reparenting/healthy adult messages in imagery

- You are worthy just for being you
- None of us are perfect, but you are enough
- You matter just as you are, independent of achievements

Limited reparenting throughout therapy

- Acknowledge client flaws but always be caring and non-judgemental
- Be genuine about own fallibility, disclosing appropriate mistakes to the client & model HA response (i.e., mistakes are not a reflection of my worth, but they are an opportunity to learn)
- Provide voice recordings with reassuring messages for them to listen to when the schema is activated

Cognitive

- Compare evidence for and against the schema
- Jointly create a list of strengths & add to them
- Challenge distorted cognitions related to receiving feedback

Behavioural

- Address genuine flaws (e.g., poor spelling)
- Practise embracing schema healing relationships
- Set limits on those who genuinely reject them

SYNTHESIZED, ADAPTED AND EXPANDED FROM THE FOLLOWING SOURCES AND MY OWN CLINICAL EXPERIENCE

Roediger, E., Stevens, B., & Brockman, R. (2018). *Contextual schema therapy*. Oakland, CA: Context Press.
Young, J.E., Klosko, J.S. & Weishaar, M.E. (2003). *Schema therapy: a practitioner's guide*. New York: Guilford Press.



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DETACHED PROTECTOR MODE (DPR) FORMULATION & TREATMENT GUIDE

DEFINITION & TREATMENT AIMS

This mode

- Attempts to protect the vulnerable child from the pain of schema activation by emotionally withdrawing and disconnecting from their feelings and needs
- Detaches from other people

Detached Protector (DPR) vs Healthy Adult (HA)

- DPR: may act appropriately but feels empty, disconnected from feelings and needs
- HA: acts appropriately but can express their feelings and needs

Treatment aims

- Create enough safety for the DPR to allow access to the vulnerable child mode
- Replace psychological avoidance with healthy

MODE PRESENTATION

Signs to help spot the mode in the room

- Ranges from engaging in superficial topics and intellectualising, to in extreme forms dissociation
- Affect is incongruent (“I’m fine or I’m “soldiering on”) with content (e.g., losing their job)
- Seems calm/matter of fact, blunted affect
- Appear to be superficially benefitting from therapy
- Rejects or dismisses experiential work
- Closed body language (e.g., decreased eye contact)
- Countertransference: boredom, irritation, distractibility due to lack of emotional connection

If clients have this mode, look out for + tips

- Coping modes are associated with secondary schemas (e.g., emotional inhibition). Also, identify and treat the primary schemas (e.g., emotional deprivation) and needs behind the DPR

TREATMENT STRATEGIES

Chairwork

- To build understanding of the detached protector (DPR), interview it (chair 1) exploring its developmental origins (e.g., when did you come into the client’s life and why?), childhood/current functions (e.g., how it helped then vs now?). Invite the healthy adult (HA) to explore costs (chair 2) to relationships, wellbeing. Ask the vulnerable child (VC) how they feel (e.g., invisible) (chair 3)
- Strengthen the relationship between the DPR and the HA. Explore the DPR’s fears (chair 1) (e.g., the VC can’t tolerate intense feelings). HA (chair 2) to respond to these fears and create safety through compassion and practical strategies (e.g., begin imagery with less triggering memories). Therapist to model HA first by taking turns with the client

Imagery

- Ask the client to imagine a recent time they felt the urge to pull back from emotions and float back to childhood where they felt the same urge. Address the antagonist (e.g., it’s not ok to shame them for expressing feelings or suffocate them with your own.) Normalise healthy emotional expression to the child. Reparent and meet needs (e.g., to be heard). Use safe place imagery
- If the DPR blocks imagery, connect them back to the VC or ask the client to imagine the DPR in the image and empathically confront the DPR

Reparenting/healthy adult messages in imagery

- You kept them safe growing up and I’m glad you were there. We both want to keep them safe, would you be willing to let me help them be safe in other ways?

Limited reparenting and ideas

- Evoke the VC at the beginning of the session (what’s been the hardest thing for little you, can you please close your eyes and connect with the feeling this raises in your body?)
- Build awareness of the DPR. Ask the client to name it. Call it out in session (e.g., did the DPR’s emerge?), invite them to join you in solutions to manage it and finally use empathic confrontation (e.g., I know this part helped you as a kid when there was no one to help you manage your feelings, but now it blocks your healing, let’s work out how to help)
- Create safety for the VC by gradually increasing the intensity of therapeutic work, checking in with the DPR/VC regularly to ensure it’s not too intense, and exploring what they need to feel safe enough to engage in therapy and experiential work

Cognitive & Behavioural

- Teach emotional literacy, notice body sensations, label, and express feelings (see [feelings wheel](#))
- Explore and challenge fears associated with expressing emotions (e.g., will lose control)
- Use a schema therapy flashcard

SYNTHESIZED, ADAPTED AND EXPANDED FROM THE FOLLOWING SOURCES AND MY OWN CLINICAL EXPERIENCE

Arntz A. & Jacob, G. (2012). *Schema therapy in practice: An introductory guide to the schema mode approach*. Chichester: Wiley-Blackwell.
Cutland Green T.J. & Heath G. *Schema therapy toolkit video set: 19 expert demonstrations of schema therapy*. www.schematherapytoolkit.com.
Hunter T. (2020). Detached protector mode. The intimacy series, <https://tinyurl.com/intimacywebinars>.
Simpson S. (2022). Working with helpless surrenderer modes in schema therapy. <https://tinyurl.com/ST-HSM>.



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