

Schema Therapy

Case Conceptualization Form (Version 3.8)

Please type your responses into the boxes outlined next to each item.

Therapist's Name:		Date:	
Number of sessions:		Months since first session:	

*In completing this form, you are advised to pay close attention to the instructions in each section as well as to the additional instructions provided in the **Case Conceptualization Guide**, and to the way responses are set out in the **Case Conceptualization Clinical Example**.*

1. Client background information

Client's First Name/ID		Age/DOB:	
Current Relationship Status/Sexual Orientation/Children (if any):			
Occupation and Position			
Highest Educational Level			
Country of Birth/Religious Affiliation/Ethnic group			

2. Why is the client in therapy?

What are the primary factors motivating your client to come for treatment? What aspects of your client's life circumstances, significant events, symptoms/disorders, or problematic emotions/behaviors are contributing to their problems (e.g., health problems, relationship issues, angry outbursts, anorexia, substance abuse, work difficulties, stage of life)?

a. Initially	
b. Currently	

3. General impressions of the client

Using everyday language, briefly describe how your client comes across in a global sense during sessions (e.g., reserved, hostile, eager to please, needy, articulate, unemotional). Note: this item does not include discussion of the therapy relationship or change strategies.

a. Initially	
b. Currently	

4. Current diagnostic perspective on the client

Main Diagnoses: For each disorder, include the name and code using the diagnostic categories of either the ICD-11 or DSM-5-TR. Indicate here which system you are using:

1.		2.
3.		4.

5. Current level of functioning: Major life areas and lifestyle

Rate your client’s current functioning for each of the 5 life areas, and for Lifestyle self-care, in the tables below. See the **Case Conceptualization Guide** for detailed descriptions of each category, and the 6-point rating scale (1= *Not Functional/Very Low*, 6= *Very Good or Excellent Functioning*). In Column 3, briefly explain your rationale for each rating *in behavioral terms*. If your client’s prior level of functioning was significantly different from the current level, please elaborate on it here.

5.1 Life areas		
Life area	Rating	Explanation or Elaboration
5.1.1 Occupational or educational performance		
5.1.2 Intimate, romantic, longer-term relationships		

5.1.3 Family relationships		
5.1.4 Friendships and other social relationships		
5.1.5 Solitary functioning and time alone		

5.2 Lifestyle self-care: Exercise, diet, sleep patterns etc.		
Lifestyle	Rating	Explanation or Elaboration
Lifestyle self-care		

6. Major life problems

Identify three or more significant life problems (including symptoms and dysfunctional coping patterns) that, in your view, need to be understood and addressed in therapy if your client is to get relief from the distress they presented with. These problems may or may not be the ones that your client explicitly wants help with (as described in section 2).

6.1 Life Problem:

6.2 Life Problem:

6.3 Life Problem:

6.4 Other Life Problem:

7. Childhood and adolescent origins of current problems

7.1 General description of early history

Summarize the important aspects of your client’s childhood and adolescence that contributed to their current life problems and to the development of the Maladaptive Schemas and modes that you will be describing later. Include any major problematic / adverse / toxic experiences or life circumstances. See the **Case Conceptualization Guide** for more detailed guidance.

7.2 Evaluation of unmet core needs

Below is a list of the core needs of a child with respect to their relationship with their parents or other caretakers, particularly in the first years of life. For each one, evaluate the extent to which the need was met, based on your description of the history in section 7.1, using this scale:

- X = not enough information to evaluate
- 0 = hardly at all: extreme failure to meet this need
- 1 = to a very limited extent
- 3 = to a moderate extent
- 5 = to a very large extent.

Put your rating in the space provided, then:

- a. Briefly refer to the origins of the unmet need, based on information from the life history and other sources - see the **Case Conceptualization Guide** for suggestions about this. Where appropriate refer to different life phases: for example, infancy, early childhood, middle childhood, adolescence.
- b. List the Early Maladaptive Schema(s) to which the unmet need contributed. **Do not give any further explanation here** as you will be asked for more information about specific schemas in section 8.

7.2.1 Need for connection (nurturance, acceptance, unconditional love)		Rating	
(a) Origin(s)			
(b) Schemas			

7.2.2 Need for support and guidance in expressing and articulating needs and emotions and learning healthy socialization		Rating	
(a) Origin(s)			
(b) Schemas			

7.2.3 Need for safety, dependability, consistency, and predictability		Rating	
(a) Origin(s)			
(b) Schemas			

7.2.4 Need for compassionate, firm and appropriate guidance and limit-setting to support the learning of realistic limits and self-control

Rating	
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(a) Origin(s)	
(b) Schemas	

7.2.5 Need for support and encouragement of play, emotional openness and spontaneity

Rating	
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(a) Origin(s)	
(b) Schemas	

7.2.6 Need for affirmation of capability and capacity for development of competence (Autonomy Support)

Rating	
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(a) Origin(s)	
(b) Schemas	

7.2.7 Need for respect in developing autonomy, e.g. being afforded privacy and the freedom to learn to do things one's own way (Autonomy Granting):

Rating	
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(a) Origin(s)	
(b) Schemas	

7.2.8 Need for support and guidance in developing a sense of intrinsic worth that is not dependent on being better than others

Rating	
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(a) Origin(s)	
(b) Schemas	

7.2.9 Need for a parent/caregiver who is experienced as confident and competent

Rating	
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(a) Origin(s)	
(b) Schemas	

7.3 Possible temperamental/biological factors

List facets of temperament and other biological factors that may be relevant to your client's problems, symptoms and the therapy relationship. You are advised to read the instructions in the **Case Conceptualization Guide** carefully, as these address the difficulty in separating innate biological factors from the results of adversity and unmet needs, and the recognition of neurodiversity. See the **Case Conceptualization Guide** for a list of specific adjectives frequently used to describe temperament. It is sufficient just to list some of the adjectives from the list in the guide, but you can give a fuller explanation where appropriate.

7.4 Possible cultural, ethnic and religious factors

If relevant, explain how specific norms and attitudes from your client's ethnic, religious, and community background played a role in the development of their current problems (e.g., belonged to a community that put excessive emphasis on competition and status instead of quality of relationships).

8. Most relevant Early Maladaptive Schemas (currently)

8.1 List all the Early Maladaptive Schemas you identified in section 7.2 above.

Schemas identified in 7.2	
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8.2 Select the 4-6 schemas that you consider *most central to your client's current life problems*. The focus should be on **primary (unconditional)** schemas – you are advised to read carefully the instructions for this in the **Case Conceptualization Guide**. Specify the name of the schema, then, briefly describe your client's experience when this schema is activated with respect to such aspects as emotion, beliefs, somatic experience. **Do not go into detail about coping patterns** as these are the focus of the following section.

8.2.1 Early Maladaptive Schema:

Description of pattern when activated	

8.2.2 Early Maladaptive Schema:

Description of pattern when activated	
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8.2.3 Early Maladaptive Schema:

Description of pattern when activated	
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8.2.4 Early Maladaptive Schema:

Description of pattern when activated	
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8.2.5 Early Maladaptive Schema:

Description of pattern when activated	
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8.2.6 Early Maladaptive Schema:

Description of pattern(s) when activated	
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9. Most relevant schema modes (currently)

9.1 Healthy modes

Use the tables below to summarize the main features of your client’s healthy and adaptive functioning.

9.1.1 Happy Child mode

Summarize the extent to which your client is able to experience being peace-filled, content and satisfied, as well as genuinely spontaneous, playful, carefree, and creative. This refers to authentic experiences and does not include showing any of these qualities in a superficial way, while in a coping mode.

Capacity for naturalness and spontaneity	
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Capacity for playfulness and having fun in an innocent way	
Capacity to be creative	

9.1.2 Healthy Adult mode

Summarize your client’s Healthy Adult strengths, using the headings below. See the **Case Conceptualization Guide** for a fuller account of how the Healthy adult is conceptualized. Under each heading, include one or more examples related to specific life areas. You can also include examples related to your client’s capacity to engage in the therapy process in a mature and collaborative way. Where the capacity is compromised or limited, draw attention to this, with examples, if possible.

1. Meta-Awareness: The capacity to step back and reflect on self and others	
2. Emotional Connectedness: The capacity to be open to and experience emotions, and to be self-accepting and compassionate when experiencing emotional pain and uncertainty	
3. Reality Orientation: The capacity to make, and act on, decisions that are reality-based	
4. A Coherent Sense of Identity: The capacity to sustain a coherent sense of who one is, with respect to personal beliefs, values, attitudes and motivations	

<p>5. Self-Assertiveness and Reciprocity: The capacity to stand up for oneself, while honoring reciprocity and congruent communication</p>	
<p>6. Agency and Responsibility: The capacity to take responsibility for, personal decisions, actions and their consequences.</p>	
<p>7. Caring Beyond the Self: The capacity to engage with others, and within the society as a whole, with an open, straightforward and compassionate attitude</p>	
<p>8. Hope and Meaning: The capacity to find, and to keep, faith throughout hardships of life.</p>	

In sections 9.2 to 9.4 below, identify the modes that are most central to an understanding of your client's current life problems, and follow the instructions on how to present your responses.

9.2 Child modes (Do not include the Happy Child)

9.2.1 Vulnerable Child Modes

In the top row, identify the main features of your client's Vulnerable Child or list specific Vulnerable Child subtypes that are important for the conceptualization (e.g. Lonely Child, Abandoned Child, Shamed Child, Terrified Child, Abused Child, etc. ...). Then, on the right, list the main schemas related to each mode or subtype you identify.

In the rows below, marked Ex 1, Ex 2, and Ex 3, give two or three examples of what happens when these modes are activated. See the **Case Conceptualization Guide** and the **Clinical Example**, for a guide to what is needed under a, b, and c.

Vulnerable Child mode or subtype:	Schema(s) that coincide with the mode

Ex 1	a) Activated mode and example of a triggering situation	
	b) Experience of vulnerability (emotions, images, thoughts) while in the Child mode	
	c) Coping mode (if any)	

Ex 2	a) Activated mode and example of a triggering situation	
	b) Experience of vulnerability (emotions, images, thoughts) while in the Child mode	
	c) Coping mode (if any)	

Ex 3	a) Activated mode and example of a triggering situation	
	b) Experience of vulnerability (emotions, images, thoughts) while in the Child mode	
	c) Coping mode (if any)	

9.2.2 Other Child Modes

At the top, describe one or more other child modes such as the Angry Child, Enraged Child, or Impulsive Child. Then, on the right, list the main schemas related to each mode or subtype you identify.

Use the rows marked Ex 1, and Ex 2 to give one or two examples of what happens when these modes are activated. See the **Case Conceptualization Guide** and the **Clinical Example** for a guide to what is needed under a, b, and c.

Other Child modes	Schema(s) that coincide with the mode (if any)

Ex 1	a) Activated mode and example of a triggering situation	
	b) Experience of vulnerability (emotions, images, thoughts) while in the Child mode	
	c) Coping mode (if any)	

Ex 2	a) Activated mode and example of a triggering situation	
	b) Experience of vulnerability (emotions, images, thoughts) while in the Child mode	
	c) Coping mode (if any)	

9.3 Dysfunctional Parent modes

See the **Case Conceptualization Guide** for a definition and comprehensive list of possible parent modes. In the table below, list the most prominent parent modes you have identified, whether these are distinct or blended with other parent features.

For each mode, give one or two examples of the kinds of messages (explicit or implicit) that the child picks up from the internalized parent.

Parent mode or feature	Examples of explicit or implicit messages to the child

9.4 Maladaptive coping modes

In the table below, list the most prominent coping modes you have identified, and classify them under the broad categories of Detached/Avoidant, Surrender, Overcompensator, etc. In the right-hand column, list schemas that coincide with each mode (if any). See more detailed instructions in the **Case Conceptualization Guide**.

a) Coping mode category	b) Coping mode	c) Schemas that coincide with the mode

Select **up to three** of these coping modes and describe in detail your client’s experience when in the mode, using the tables below. See the **Case Conceptualization Guide** for details of what is required in each of the sections a – e.

9.4.1 Name of mode

(a) Example of a situation	
(b) Experience and behavior while in this mode	
(c) What the mode is coping with in the Child	
(d) Perceived value of this mode for client	
(e) Problematic consequences	

9.4.2 Name of mode

(a) Example of a situation	
(b) Experience and behavior while in this mode	
(c) What the mode is coping with in the Child	
(d) Perceived value of this mode for client	
(e) Problematic consequences	

9.4.3 Name of mode

(a) Example of a situation	
(b) Experience and behavior while in this mode	
(c) What the mode is coping with in the Child	
(d) Perceived value of this mode for client	
(e) Problematic consequences for client	

10. Mode sequencing and schema perpetuation

In this section you should show how a trigger event can set in motion a sequence of modes that unfolds over time, sometimes in response to the reactions of others to behaviors early in the sequence. Identify and name all the modes involved – child modes, parent modes, and coping modes. Healthy modes may also be involved but the focus is on sequences that lead to schema perpetuation, and so do not end in the Healthy Adult mode.

Give at least three examples of events in your client's life that show how their dysfunctional modes are perpetuated. These should illustrate one or more of the specific Life Areas identified as problematic in section 4.2 above. You can introduce new examples, or, if you like, you can repeat examples you already used in section 8.4 above (where the main focus was on a single coping mode).

Describe the trigger situation and then, provide the specific information referred to in each of the rows (a) to (e) below. For details and examples of what is required in each row, see the **Case Conceptualization Guide** and the **Case Conceptualization Clinical Example**.

10.1 Trigger situation:	
a) Child and parent modes activated (or avoided or hidden by the coping)	
b) Coping mode(s): Name and behavior	
c) Mode sequence	
d) Effect of coping on the situation, on other people, and/or on the client	
e) Explain how the coping is self-defeating / schema-perpetuating	

10.2 Trigger situation:	
a) Child and parent modes activated (or avoided or hidden by the coping)	
b) Coping mode(s): Name and behavior	
c) Mode sequence	
d) Effect of coping on the situation, on other people, and/or on the client	
e) Explain how the coping is self-defeating / schema-perpetuating	

10.3 Trigger situation:

a) Child and parent modes activated (or avoided or hidden by the coping)	
b) Coping mode(s): Name and behavior	
c) Mode sequence	
d) Effect of coping on the situation, on other people, and/or on the client	
e) Explain how the coping is self-defeating / schema-perpetuating	

11. The therapy relationship

11.1 Therapist’s personal reactions to the client

Describe your personal reactions to your client, **both those that are facilitative for the therapy and those that are problematic**. For facilitative reactions, briefly describe how they contribute to a meaningful therapeutic relationship. For problematic reactions, identify the characteristics/behaviors of your client that trigger them. When this happens, what schemas and modes are activated in you? What impact do your reactions have on the treatment, particularly with respect to your capacity to offer reparenting to this client?

11.2 Collaboration on therapy objectives and tasks

See the **Case Conceptualization Guide** for a detailed definition of collaboration, and for details of the scale (from 1 to 5) to be used for making your rating below.

11.2.1 Rating of degree of collaboration on objectives and tasks:

11.2.2 Describe the collaborative process with the client

Explain the basis for your rating by describing the ways in which you and your client have been able to work together that have been positive, with respect to contributing to effective collaboration, and aspects of the relationship that are problematic, in that they interfere with effective collaboration. See the **Case Conceptualization Guide** for some suggestions.

11.2.3 How could the collaborative relationship be improved?

Where collaboration is moderate or low, identify the barriers and obstacles to collaboration and outline what changes need to be made to address them. See the **Case Conceptualization Guide** for more detailed suggestions.

11.3 Reparenting relationship and bond

11.3.1 Rating of the reparenting relationship and bond:

Read the definition of the Reparenting relationship and bond in the **Case Conceptualization Guide** and then use the rating scale described there (from **1-Weak** to **5-Strong**) to make your rating. Type the rating into the box above.

11.3.2 Describe the reparenting relationship and bond between the client and therapist

Give a description of your client's behaviors with you, the therapist, that are relevant to their openness to receiving reparenting. Provide details and examples of your client's behaviors, emotional reactions, and statements in relation to you that serve as indicators of how weak or strong the reparenting bond is.

11.3.3 How could the Reparenting Relationship and Bond be improved or strengthened?

Where the reparenting bond is not strong, explain what seem to be the obstacles to there being a stronger bond, whether these come from your coping modes or those of your client. What specific steps could you take to strengthen the bond?

11.4 Other less common factors impacting on the therapy relationship (Optional)

If there are any other factors that significantly influence, or interfere with, the therapy relationship (e.g., significant age difference, cultural gap, geographic distance), elaborate on them here. How could they be addressed with your client?

12. Therapy objectives: interventions, progress and obstacles

Select at least four therapy objectives that are central to your work with this client. Objectives should be such that you, as the therapist, can help your client work towards them by working on identifiable therapy tasks. They can be described in relation to change with respect to specific schemas, modes, cognitions, emotions, behaviors, relationship patterns, symptoms, etc.

Summarize each objective and then provide further information in the rows below. See the **Case Conceptualization Guide** for more details of what is required. You can briefly refer to additional important objectives in Section 12.5.

12.1 Therapy objective:	
(a) Schemas and modes to target	
(b) Relevant Healthy adult behaviors	
(c) Interventions and rationale	
(d) Progress and obstacles	

12.2 Therapy Objective:

(a) Schemas and modes to target	
(b) Relevant Healthy adult behaviors	
(c) Interventions and rationale	
(d) Progress and obstacles	

12.3 Therapy Objective:

(a) Schemas and modes to target	
(b) Relevant Healthy adult behaviors	
(c) Interventions and rationale	
(d) Progress and obstacles	

12.4 Therapy objective:

(a) Schemas and modes to target	
(b) Relevant Healthy adult behaviors	
(c) Interventions and rationale	
(d) Progress and obstacles	

12.5 Other therapy objectives:

(a) Schemas and modes to target	
(b) Relevant Healthy adult behaviors	
(c) Interventions and rationale	
(d) Progress and obstacles	

13. Additional comments or explanations (optional):



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