

activation and its developmental antecedents. A useful starting point for this exercise is to ask the client to visualise a current trigger situation (e.g., an argument with a family member, a situation at work), noticing subsequent thoughts, feelings, and visceral felt sense. The client then focuses on the emotion (affect) to evoke childhood experiences (bridge) that generated similar feelings. This process is outlined in Box 3.5.

Box 3.5 Example Script: Imagery Affect Bridge for Assessment

Start: Choose a recent schema-triggering episode that the client would like to examine (e.g., triggered by a colleague at work).

Step 1. Close Eyes and Activate a Memory

Therapist: Close your eyes and take me back to this recent episode. What is happening in the image? Take some time to thicken out the image . . . What do you see (hear, smell)? Are there any characters involved in the image?

Step 2. 'Tune in' to the Client's Feelings, Specific Triggers, and Meaning Derived From the Image

Tune in to the specific feelings and felt reaction in the body.

How do you feel in this image . . . and where do you feel that in your body?

Tune in to what seems to be the main trigger in the image. What's happening for the client to feel this way? Make sure the client is immersed in the image as indicated by them speaking in the first person, using the present tense. For example: 'I'm in the lunchroom, he's over by the door laughing'. It is often quite powerful to identify the hotspot in the image:

Therapist: What is the moment here in the image that is most painful for you? . . . OK, it is the fact that he is laughing at you . . .

Tune in to the meaning/takeaway that the client derived from the experience.

What does it mean to you that this is happening?

Step 3. Affect Bridge: Float Back From the Recent Experience and Connect to a Relevant Childhood Image

OK . . . now that you are connected to that feeling . . . and that feeling in your body . . . we can let that image wash away a little bit . . . but stay with that feeling . . . the feeling of xxxx [insert feeling label/bodily sensation/schema theme/meaning].

. . . You know . . . I'm willing to bet it's not the first time you've felt this way . . . this feeling of (e.g., being not good enough, and that feeling in your throat) . . . now let's gently take that feeling . . . and take it all the way back to being a little boy/girl . . . (pause) . . . what is the first image that comes up for you connected to this feeling . . . (pause) . . . (pause) what do you see . . . ?

Step 4. Elaborate the Relevant Childhood Image

What is happening in the image . . . what's happening for little x? Take some time to thicken out the image . . . What do you see (hear, smell), are there any characters involved in the image? What does little x need in the image? How do any caregivers respond to those needs? How does that feel?

Step 5. Bring the Client Back into the Present Moment

OK . . . now let's slowly and gently . . . pan out of the image and floating back towards the present moment . . . and drifting towards the recent episode . . . just notice this recent episode as you float towards it . . . notice if there is any connection between this image and

that of the child . . . How might this image be similar to the childhood image? . . . How might it be different? (*optional: safe place imagery . . .*) and now when you are ready . . . can I get you to slowly and gently open your eyes and reorient yourself to the room . . .

Step 6. Debriefing the Exercise

Generally, the therapist will derive a lot of rich information from such an exercise directly by getting feedback from the client about their experience during the task. Some interesting reflective questions to debrief this task might include:

1. What was that like for you?
2. What did little x (the child) need in the childhood image?
3. Were your parents (or caregiver) available to meet those needs?
4. What did you need in the adult scenario?
5. Is there any connection between the two?
6. What might this say about your needs going forward?

Generally, what might ensue is an open discussion of how characteristic this kind of scenario was of their childhood experience, and how these needs and schema themes might relate to the kind of problems they experience these days. This information will go straight into any formulation.

Part II – Process Issues in Assessment

During the assessment phase, the main goal is to enable the client to describe their presenting issues and life history in their own way whilst observing how they communicate. As clients describe their difficulties, the schema therapist notices both the way in which they tell their story and the meanings they have derived from their experiences. The process of telling the story will also help to reveal the client's level of 'mindsight' – the capacity to reflect on one's own mind and that of others – or awareness, which is an indicator of the strength of a client's Healthy Adult mode. In later assessment sessions, the way in which the client has told their story can form points for discussion and shared observation, to stimulate the development of Healthy Adult mindsight, whilst providing preliminary education about schemas and modes (see Box 3.6 for examples of how to use observations of clients' in-session behaviour to identify schema therapy concepts).

Recent research indicates that coherence in retelling the details of childhood is a sign of secure attachment [31]. As the client tells their story, consider its coherence and completeness. These qualities may indicate the presence of EMS or problematic coping modes. What does the client include, and what is omitted? How much detail is given, and to what degree does the narrative sync with any expression of emotions? As schema therapists observe the client telling their narrative, they might hold in mind the following questions to guide the assessment and hypothesis testing process:

- Does the client describe their childhood in a chaotic manner (describing events disparately or haphazardly, with little use of sequence or themes of connection) or a rigid manner (describing events in an overly detailed way that is disconnected from emotion/sensory experience)? For those with a pattern of disorganised attachment characterised by emotional/physical/sexual abuse and/or neglect, memory gaps may be linked to the child using dissociative coping as a survival mechanism. These patterns may be