empathy and urge to be helpful and provide guidance. I feel I must be careful of this too, as my own urge perhaps to self-sacrifice, while perhaps somewhat helpful up to a certain point (the client feels my genuine care), risks thwarting development of her autonomy and competence.

Initial Therapy Objectives

Therapy Objective 1: Help the client to reduce her feelings of Defectiveness and set more realistic standards for herself; reduce the constant feeling of 'pressure' and increase self-compassion in the Healthy Adult mode. This seems to be an obvious initial target in the therapy as this problem often shows up in the therapy room and is central to her problems. This will involve targeting her Demanding Critic mode and its underlying themes of defectiveness and unrelenting standards and building her healthy compassionate side.

Therapy Objective 2: Build a sense of competence and mastery in everyday activities, and work/achievement strivings. This will involve working to reduce her reliance on her Surrender and Avoidant modes, and gradually encouraging her to build a (Healthy Adult) commitment in order to increase engagement with competence- and mastery-related tasks. This will of course involve negotiating a hierarchy that perhaps starts with everyday functioning (e.g., feeling confident enough to cook regular meals for the children), and eventually looking at higher-order tasks such as feeling confident enough to think about engaging in meaningful employment, which is a key medium- to long-term goal for her. It is likely that, as she reduces her reliance on these coping modes, she will need considerable therapy focus to help her manage and heal her Demanding Critic and Vulnerable Child modes.

Therapy Objective 3: Increasing independence and autonomy and asserting her needs. This will involve reducing her over-reliance on Avoidance and Surrender mode behaviour as a starting point, then starting to communicate more openly regarding her need for autonomy, independence, and competence, with significant others. Those around her will need to develop an understanding that, while they may be trying to help, by doing things for her they ultimately maintain her sense of incompetence. As the client is encouraged to express her needs more, and as she becomes stronger, it will be important also to support her to confront issues to do with verbal abuse and stonewalling in her relationship. This will involve helping her confront her fears of abandonment (Vulnerable Child mode) and Critic mode messages (that she is worth a better relationship).

to the therapist. The mode map can be conveyed in a number of ways, but we have found relaying it as a narrative can be particularly helpful, starting with the developmental origins. For example, 'From what I can understand, things were not easy for little Samira growing up. It was really hard for her to get her needs met in important ways . . . especially when it came to . . .'. The therapist finishes the narrative by explaining the presenting key problem areas as resulting from these developmental experiences and adaptations.

Once the mode map has been completed in collaboration with the client, the therapist encourages the client to familiarise themselves with the map. Mode awareness is a key attribute of the Healthy Adult mode, and reviewing the map develops mode awareness. Typically, early in treatment the sharing of the mode map is coupled with setting take-home tasks involving some form of self-monitoring or 'mode monitoring'.

Often, the final task in a mode-mapping session is to make some explicit links between the client's mode map and an initial set of planned treatment objectives. Clients will often ask directly at this stage 'OK, so now what? How do I fix this?'; you will need to be able to offer them some plausible and appropriate response about the initial plan and focus for

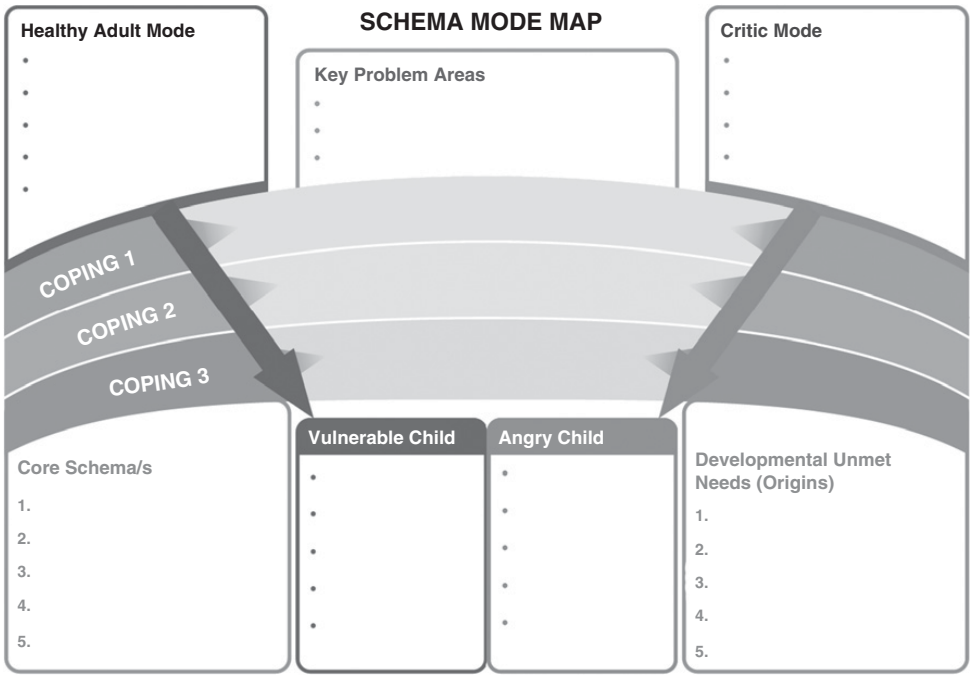

Figure 4.1 Template/example of a schema mode map

Box 4.2 Example of How to End a Mode Mapping Session

Therapist: So Samira, now that you are more aware of your modes, I wonder if you could try to use this awareness to try to understand when your modes get triggered and what mode(s) you are in when you are experiencing these problems? Perhaps it would be a good idea for you to take a photo of your mode map, and even put it on your phone as a screensaver, as a reminder of your map, and a prompt to think about your schemas and modes when things get triggered for you?

intervention based on the *Initial Therapy Objectives* identified in the full case conceptualisation. Figure 4.1 is an example of a template that can be used for mode mapping, but various formats have been used for this purpose. Figure 4.2 shows a completed mode map for Samira using a format devised by Simpson [3]. As you can see, there is considerable creative licence in generating these maps. The goal is to generate an engaging map of the client's predominant modes, their strength or dominance, and their relationships.

Concluding Remarks

This chapter has illustrated the two key tasks that bridge the transition from time focused mainly on assessment to time focused mainly on therapy. We have illustrated how detailed and comprehensive the therapist's conceptualisation should be, which provides a marked contrast to

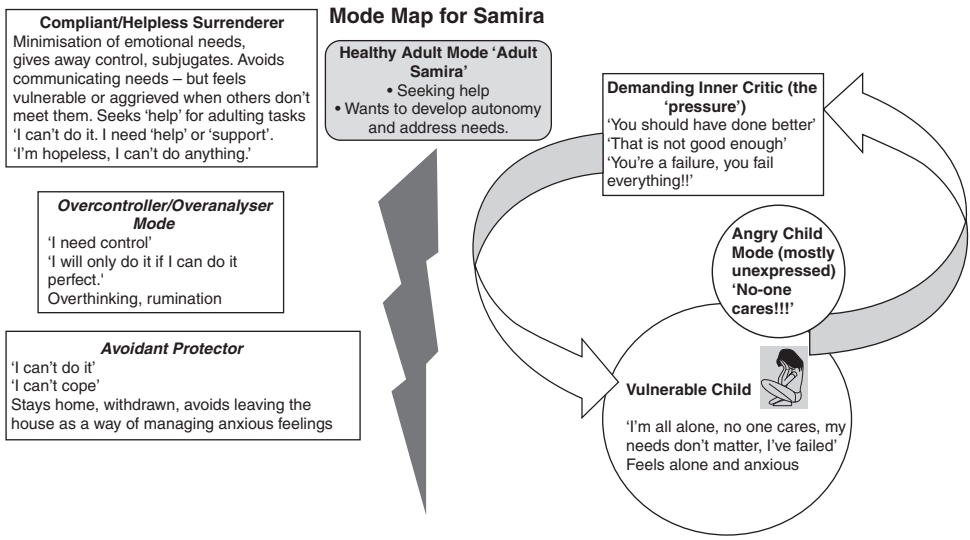

Figure 4.2 Example of a completed mode map

those usually developed in short-term psychotherapies. The therapist aims to identify the key targets of any psychotherapeutic assessment – presenting problems, client goals, possible psychological disorders and socio-occupational functioning – and the predisposing factors of temperament and early socialising and child-rearing experiences. The therapist then seeks to understand how problems are perpetuated and progress stymied by the operation of schemas and modes. The therapist collaborates with the client to produce a user-friendly, workable initial understanding of the client's progression from their early history to their current challenges, via a shared narrative and visual mode map. Care and attention during this mapping process are critical for ensuring that the client feels seen and heard, and to lend focus and direction to treatment. Schema therapy – as a long-term, multicomponent therapy – can be overwhelming for both client and therapist. The conceptualisation makes this manageable.

In the next chapter, we aim to help beginning (and more advanced) schema therapists try envision what a long treatment programme might entail, and explain in more detail how the conceptualisation guides therapy.

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