

Social Isolation/Alienation

Source	Suggested Intervention
Schema Therapy A practitioner's guide	<p>The aim of the cognitive strategies is to convince patients that they really are not as different from other people as they think. They share many qualities with all people, and some of the qualities that they regard as distinguishing them are in fact universal (e.g., sexual or aggressive fantasies). Even if they are not part of the mainstream, there are other people like them. Patients learn to focus on their similarities with other people, as well as their differences. They learn to identify subgroups of people who are like them—who share the ways they are different; they learn that many people can accept them even though they are different. They learn to challenge the automatic negative thoughts that block them from joining groups and connecting to the people in them.</p> <p>Experiential strategies can help patients who were excluded as children and adolescents remember what it was like. (Some patients with this schema were not excluded as children. Rather, they chose solitude due to some preference or interest.) In imagery, patients relive these childhood experiences. They vent anger at the peers who excluded them; and they express their loneliness. Patients fight back against social prejudice toward people who are different. (This is one advantage of consciousness-raising groups: They teach group members to fight back against the hatred of others.) Patients can also use imagery to picture groups of people with whom they could fit in.</p> <p>Behavioral strategies focus on helping patients overcome their avoidance of social situations. The goal is for patients gradually to start attending groups, connect to the people there, and cultivate friendships. In order to work toward this goal, patients undergo graduated exposure through a series of homework assignments. Anxiety management can help patients cope with their usually considerable social anxiety. Social skills training can help them work to correct</p>

	any deficits in interpersonal skills. Where necessary, medication might be added to decrease the patient's anxiety.
<u>Social isolation schema responds to positive social experiences: Longitudinal evidence from vulnerable populations</u>	<p>Maladaptive schemas are modifiable in short-term therapy or even in community settings. The experience of being accepted and belonging to a social group can challenge a person's deep-seated.</p> <p>belief that they are socially isolated. Positive social experiences may act as scaffolding to help socially isolated individuals build new social group memberships. In the case of social isolation schema, this means that the experience of valuing and being valued by a group assists people to reach out to new groups, and ultimately reduces the degree to which they perceive themselves to be socially isolated.</p>
<u>Treatment Suggestions for the Social Isolation and Alienation Schema</u>	<ol style="list-style-type: none"> 1. Consider that you are not as different from other people as you may think. Make a list of qualities you share with all people. Notice that some of the qualities you might regard as unique to you are in fact universal. 2. Track and list the similarities you have with other people. Also list your differences from others. Find and enjoy people who are like you. 3. Recognize the negative thoughts about yourself that might keep you from joining groups and connecting to people. 4 Consider methods of anxiety management that can help you cope with times of social anxiety. 5. Learn social skills training to for successful interpersonal and group interaction. 6. Gradually spend more and more time with people. Try to initiate conversations and use social skills techniques and anxiety reduction to make this process easier. 7. List group situations that you avoid. Rank them in terms of how difficult they are to manage. Involve yourself in group settings

	starting with the least difficult social setting and moving to the most difficult.
<u>Social Isolation Schema</u>	<p>The therapist works with the individual to identify the reasons for the schema and modify mindsets driven by the schema.</p> <ul style="list-style-type: none"> • Exploring origins of the schema and its negative effects • Rehearsal of adaptive behavior in imagery or role-play (e.g. Behaviour in a social event) • Behavioural homework (e.g. practicing stating one's own opinion to a friend) • Involvement of friends and family to reward adaptive behavior
<u>6 Signs of Social Isolation Schema</u>	<p>The first thing to know is that, like most personal growth and change, this is a step-by-step process that takes patience and practice, and, with each effort, another small step outside of your comfort zone. Let's break it down:</p> <p>Review the past. Try to understand your history, looking for likely sources of feeling repeatedly rejected or getting the message that there's something "wrong" with you. Was it the way you were treated by your parents or a kind of scapegoat role you played in your family? Was it bullying in school?</p> <p>Change your point of view. Look at your life objectively, as though you were looking at the story of someone else, like a friend or character in a novel. Is it fair or just that someone should be treated this way? List the ways it was unfair.</p> <p>Take stock. After an honest conversation with yourself about how fair those judgments were, take stock. If you have qualities that you still believe are problematic and that are within your power to change, take a hard look at what you can do. On the other hand, it's likely that you were unfairly treated for reasons based on ignorance and prejudice: That's an injustice to overcome.</p>

	<p>Take a sober look at things, which includes the question “What if it’s not me?” You may need to look at whether the people you’re spending time with are not actually allies or good for you.</p> <p>Fight back against that inner critic through positive self-talk.</p> <p>Take action. If you believe you can make some positive changes for yourself, find others with the same goals to get support. If the reasons you were treated poorly were based on ignorance or hate, connect with your people. Look for social support from peers. There may be an online or meetup group out there made up of people who can relate and advocate for you in a supportive, dignified way.</p> <p>Start practicing. Once you have started repairing your self-esteem with the above steps, start getting more involved with people you like. Start with small exposure: Take yourself to more social activities. There may be some that are harder for you than others. Work your way up.</p>
<p><u>Loneliness is associated with maladaptive schema modes in patients with persistent depressive disorder</u></p>	<p>First, the activated mode has to be identified that is responsible for the present state. In the next step, the mode is worked on and resolved. Finally, a more functional mode is strengthened. Techniques range from relational techniques (e.g., limited reparenting, validating, confronting) to experiential techniques (e.g., imagery rescripting, chair work with the different modes, role plays) and cognitive techniques (e.g., restructuring thinking patterns)</p>

Defectiveness/Shame

Source	Suggested Intervention
<p>Schema Therapy A practitioner's guide</p>	<p>The basic goal of treatment is to increase the patient's sense of self-esteem. Patients who have healed this schema believe that they are worthy of love and respect. Their feelings of defectiveness were either mistaken or greatly exaggerated: Either the trait is not really a defect, or it is a limitation that is far less important than it feels to them. Furthermore, the patient is often able to correct the "defect." But, even if patients cannot correct it, it does not negate their value as human beings. It is the nature of human beings to be flawed and imperfect. We can love each other anyway.</p> <p>It is important for the therapist to give a lot of direct affirmation and praise, and point out the patient's positive attributes. Cognitive strategies aim to alter patients' view of themselves as defective. Patients examine the evidence for and against the schema, and they conduct dialogues between the critical schema and the healthy side that has good self-esteem. They learn to highlight their assets and to reduce the significance they assign to their flaws. Rather than being inherent, most of their flaws are behaviors they learned in childhood that can be changed, or they are not flaws at all, but rather manifestations of overcriticalness. We have found that most patients with this schema do not really have serious flaws, just extremely critical or rejecting parents. And even if the patient does have flaws, most of them can be addressed in therapy or through other means; if they cannot, they are not as profound as the patient considers them. Cognitive techniques help the patient reattribute feelings of defectiveness and shame to the criticalness of significant others in childhood. Flash cards listing the patient's good qualities are very helpful with this schema. Experientially, it is important for patients to vent anger at their critical, rejecting parents in imagery and dialogues. The therapist enters childhood images of the parent criticizing and rejecting the patient, and the therapist confronts the parent and</p>

	<p>comforts, protects, and praises the Rejected Child. Eventually, patients are able to play this role themselves: They enter the image as the Healthy Adult who stands up to the critical parent and comforts the Rejected Child. Behavioral strategies—particularly exposure—are important to treatment, especially for avoidant patients. As long as patients with Defectiveness schemas avoid intimate human contact, their feelings of defectiveness remain intact. Patients work on entering interpersonal situations that hold the potential to enhance their lives. Behavioral strategies can also help patients correct some legitimate flaws (i.e., lose weight, improve their style of dress, learn social skills). In addition, patients work on choosing significant others who are supportive rather than critical. They try to select partners who love and accept them. Behaviorally, patients also learn to stop overreacting to criticism.</p> <p>They learn that, when someone gives them a valid criticism, the appropriate response is to accept the criticism and try to change themselves; when someone gives them a criticism that is not valid, the appropriate response is simply to state their point of view to the other person and affirm internally that the criticism is false. It is not appropriate to attack the other person; it is not necessary to respond in kind or to fight to prove the other person wrong. Patients learn to set limits with hypercritical people and stop tolerating maltreatment. Patients also work on self-disclosing more to significant others whom they trust. The more they can share themselves and still be accepted, the more they will be able to overcome the schema.</p> <p>Finally, patients work on decreasing compensatory behaviors. They stop trying to overcompensate for their inner sense of defectiveness by appearing perfect, achieving excessively, demeaning others, or competing for status.</p>
Treatment Suggestions for the Defectiveness and Shame Schema	<p>1. Challenge the idea that you are defective by examining and listing the evidence for and against personal defectiveness.</p>

	<p>2. List and remember your personal assets to reduce any significance you assign to perceived flaws.</p> <p>3. Learn that what are flaws are usually behaviors learned in childhood and can be changed.</p> <p>4. Recognize that thoughts of defectiveness are usually inappropriate self-perceptions that are formed by the critical language of significant others.</p> <p>5. Identify memories of criticism by parents. Use EMDR to eliminate the negative emotions and self-perceptions created by this criticism.</p> <p>6. Examine and nurture relationships that hold the potential to enhance your positive self-perceptions.</p> <p>7. Choose relationships that are supportive rather than critical. Find and select partners who love and accept you.</p> <p>8. Find a balance when dealing with criticism. Accept valid criticism and try to change accordingly. Dispose of false criticism by affirming to yourself internally that the criticism is false.</p> <p>9. Set limits with critical people and do not tolerate maltreatment.</p> <p>10. Self-disclose to people you trust. The more you share and are accepted, the more you will overcome this schema.</p> <p>11. Decrease the overcompensating behaviors of trying to appear perfect, achieving excessively, demeaning others, or competing for status.</p>
<p><u>Treatment/Therapy for the Defectiveness/Shame Schema</u></p>	<p>Notice when your defectiveness/shame schema is triggered. The defectiveness/shame schema may not necessarily impact every domain of your life. Perhaps you only feel inadequate whenever you're at work, or only feel flawed within personal relationships. It's important to work out how much your</p>

schema influences you, and in which domains, in order to properly address it.

Stop comparing yourself to others. People rarely broadcast their faults and failings for everyone to hear, and this is especially true on social media. People on social media portray themselves the way they wish they were rather than how they actually are. If you find that you compare yourself with others more after using social media, try to limit your access to a set amount of time per day and unfollow accounts that make you feel bad about yourself. Instead, try practicing gratitude for the positive things in your life by listing something you are grateful for each day. These things don't have to be monumental. For example, you could be grateful it didn't rain on your walk to work, or that you got the last cookie in the pack. However, whenever you get into the habit of practicing gratitude you will begin noticing the good things in your life more often.

Practice self-compassion. Recognize that everyone is worthy of love and respect, regardless of how flawed they think they are. Understand that you came to the belief that you are defective because it made sense to you as a child. Acknowledge that you are no longer a child and you no longer have to think like this. When your defectiveness/shame schema is activated, try talking to yourself as you would a cherished friend. We are often far more generous with our love and compassion when we talk others through a problem. Allow yourself the same love and compassion. Recognize that you are more than any of your perceived failings and make a list of your positive attributes and qualities. Nothing is too small or insignificant to make the list. Refer to this list when your defectiveness/shame schema is triggered. The time has come to celebrate your achievements and wins in life.

Be mindful of the company you keep. Ask yourself if those closest to you are reinforcing your schema, and make changes if necessary. Try to surround yourself with

	<p>people who respect and treat you well. If you have been socially isolating, try a group activity based on something you usually enjoy doing by yourself. For example, if you enjoy hiking, try joining a hiking group. It will be easier to make conversation if you're engaging in an activity you already enjoy and that others share an interest in.</p>
6 Signs of Defectiveness Schema	<p>Study your history. Journal about the likely childhood sources of your defectiveness schema.</p> <p>Change perspective. Try to look at "Little You" through an objective lens: should any child have been treated this way? How was your childhood experience unfair? Think specifically of how any child in your situation would have deserved better, and consider that it was not your destiny, but rather a misfortune you can move on from.</p> <p>Write it down. In your daily life, notice when feelings of shame are triggered, and make note of them. Try to take a more neutral view and be kind to yourself.</p> <p>Boundaries! Focus on developing your skills for managing boundaries in relationships. Because you avoided getting close to others, you may never have had the practice we all need with managing healthy boundaries.</p> <p>Practice. Learning how to be open to love and vulnerability takes practice. When you feel fear or panic about getting close to people, remember you are in control of your boundaries, and you can take small risks of being vulnerable with someone. Work your way up.</p>

Abandonment/Instability

Source	Suggested Intervention
Schema Therapy: A Practitioner's Guide	<p>Cognitive strategies focus on altering the patient's exaggerated view that other people will eventually leave, die, or behave unpredictably. Patients learn to stop catastrophizing about temporary separations from significant others. Additionally, cognitive strategies focus on altering the patient's unrealistic expectation that significant others should be endlessly available and totally consistent. Patients learn to accept that other people have the right to set limits and establish separate space. Cognitive strategies also focus on reducing the patient's obsessive focus on making sure the partner is still there. Finally, cognitive strategies address the cognitions that link to other schemas—for example, changing the view that patients must do what other people want them to do or else they are going to be left; that they are incompetent, and need other people to take care of them; or that they are defective, and other people will inevitably find out and leave them.</p> <p>In terms of experiential strategies, patients relive childhood experiences of abandonment or instability in imagery. Patients reexperience through imagery memories of the parent who left them, or of the unstable parent who was sometimes there and sometimes not. The therapist enters the image and becomes a stable figure for the child. The therapist expresses anger at the parent who acted irresponsibly, and comforts the Abandoned Child; then, patients enter the image as Healthy Adults and do the same. They express anger at the parent who abandoned them and comfort the Abandoned Child. Thus, patients gradually become able to serve as their own Healthy Adults in the imagery.</p> <p>Behaviorally, patients focus on choosing partners who are capable of making a commitment. They also learn to stop pushing partners away with behaviors that are too jealous, clinging, angry, or controlling. They gradually learn to tolerate being alone.</p>

	<p>Countering their schema-driven attraction to instability, they learn to walk away from unstable relationships quickly and to become more comfortable in stable relationships. They also heal their linked schemas: They stop letting other people control them; they learn to become more competent in handling everyday affairs, or they work on feeling less defective.</p>
<p><u>Abandonment Schema: Understanding and Coping Strategies</u></p>	<p>To cope with abandonment schema, it's important to engage in self-reflection and examine the underlying beliefs and behaviors that contribute to the schema. This can be done through therapy, journaling, or self-help books and resources.</p> <p>It's also important to challenge negative self-talk and to recognize and validate your own worth and deservingness of love and security. This can be done through positive self-affirmations and surrounding yourself with supportive people who reinforce your self-worth.</p> <p>In therapy, individuals with abandonment schema can also work on developing healthy coping skills and building resilience to feelings of abandonment. This may involve learning healthy communication skills, setting boundaries, and practicing self-care.</p>
<p><u>Treatment Suggestions for the Abandonment Schema</u></p>	<ol style="list-style-type: none"> 1. Challenge any exaggerated view you have that other people will eventually leave you, die or behave unpredictably. 2. Watch how you respond to the temporary separation from others. Attempt to stay calm and not catastrophize the event. 3. Decease the unrealistic expectation that others should be endlessly available to you and totally consistent with you. 4. Learn to accept that other people have the right to set limits and establish separate space. 5. Watch for and reduce any behaviors you use to make sure other people in your life remain by you.

	<p>6. Challenge and decrease the view that you must do what other people want you to do so they do not leave you.</p> <p>7. Actively choose partners who can make a commitment to you and become more comfortable in stable relationships.</p> <p>8. End pushing partners away with jealous, clinging, angry or controlling behaviors.</p> <p>9. Walk away from unstable relationships quickly and learn to tolerate being alone.</p> <p>10. List times that you have experienced abandonment in your life, especially I childhood. Use EMDR to eliminate the negative emotions and self-perceptions created by those events.</p>
<p><u>Early Maladaptive Schemas: Abandonment</u></p>	<p>Be mindful of the company you keep. Ask yourself if the people closest to you are reinforcing your schema, and make changes if necessary. Try to surround yourself with people who understand you and help you feel safe.</p> <p>Be aware of your tendency to catastrophize It is natural to explain the behavior of others to ourselves using “stories” or “hypotheticals,” especially when we are worried. However, it is important to notice if you have a tendency to jump to the worst case scenario and give these stories too much credence. Try to give your loved ones the benefit of the doubt when they act differently to how you would like. It does not necessarily mean they are planning to leave you. Alternatively, if you are worried that others will leave you through illness or death, try to rationalize how likely it is to happen in the moment and find evidence to contradict your fear.</p> <p>Develop a mindful practice People with the abandonment schema may experience a great deal of anxiety around their relationships. Additionally they may catastrophize about others leaving them through illness and death. It is beneficial to sit with these feelings and thoughts and</p>

	<p>accept them for what they are. It is also important to recognize that they are not facts or representative of the present situation. If you experience high levels of anxiety related to the abandonment schema, try meditation and mindfulness. These practices train the brain to focus attention on the present and let other thoughts and feelings go.</p>
<p><u>How to Heal Abandonment Trauma</u></p>	<p>Below are the main steps to healing abandonment:</p> <ul style="list-style-type: none"> * Understand your childhood abandonment. * Monitor your feelings of abandonment. Identify your hypersensitivity to losing close people; your desperate fears of being alone; your need to cling to people. * Review past relationships, and clarify the patterns that recur. List the pitfalls of abandonment. Were you too clingy? Was your partner overprotective or unstable? Did you leave them before they could leave you? Do you keep picking volatile, unreliable partners because of great chemistry? Did your possessiveness or jealousy drive them away? What patterns do you see? * Avoid uncommitted, unstable, or ambivalent partners even though they generate high chemistry. * When you find a partner who is stable and committed, trust him/her. Believe that he/she is there for you forever, and will not leave. * Do not cling, become jealous, or overreact to the normal separations of a healthy relationship. The best way to achieve this is by working on yourself. You will find you have plenty of resources and you can survive alone, even flourish. Take it one day at a time.

Negativity/Pessimism

Source	Suggested Intervention
Schema Therapy: A Practitioner's Guide	<p>Many cognitive techniques can be helpful with this schema: identifying cognitive distortions, examining the evidence, generating alternatives, using flash cards, conducting dialogues between the schema-driven and the healthy sides. The therapist helps patients make predictions about the future and observe how infrequently their negative expectations come true. Patients self-monitor their negative, pessimistic thinking, and practice looking at their lives more objectively, based on logic and empirical evidence. They learn to stop exaggerating the negatives and focus more on the positives in their lives. Patients note corresponding changes in mood.</p> <p>When patients have a past history of negative events, cognitive techniques can help them analyze these events and learn to distinguish the present and future from the past. If a past, negative event was controllable, then the therapist and patient can work together to correct the problem so that it does not happen again. If the event was not controllable, then the event has no bearing on the future. Logically, there is no basis for pessimism about a future event, even if the patient has experienced uncontrollable negative events in the past.</p> <p>Therapists can use experiential techniques to help patients resolve underlying feelings of emotional deprivation about painful events from their past. If patients express anger and grief about these events in imagery, with the therapist empathizing, then they are often able to leave these events behind them. Rather than being stuck in unresolved grief, they can begin moving forward once again in their lives.</p> <p>Patients can conduct behavioral experiments to test their distorted, negative beliefs. For example, they can predict the worst outcome and measure how much of the time they are right; they can test the hypothesis that worrying leads to a better outcome; or they</p>

	<p>can test whether predicting negative outcomes or positive outcomes feels better.</p> <p>Therapists can teach patients with a Negativity/Pessimism schema “response prevention” techniques to reduce their overvigilance about making mistakes. Patients gradually learn to become less obsessive about avoiding mistakes and to engage in fewer unnecessary behaviors designed to prevent mistakes, and then observe the increase in satisfaction and pleasure they gain from implementing these changes.</p> <p>Instructing patients not to complain to others can be a helpful behavioral homework assignment</p> <p>Limiting the time spent worrying by scheduling “worry time” is a behavioral strategy that helps many of these patients. They learn to notice when they are worrying, and then postpone the worrying until the prescribed time.</p> <p>The therapist can focus on providing validation for past negative events, being careful not to support complaints or negative predictions about the future.</p>
<p><u>Treatment Suggestions for the Pessimism and Worry Schema</u></p>	<ol style="list-style-type: none"> 1. Track and list of how infrequently your negative expectations come true. 2. Notice and list how often you have negative or pessimistic thinking. Ask a trusted friend or spouse to help with this list. Then practice looking objectively at your life and notice its positives. 3. As you stop exaggerating the negatives in your life and focus instead on the positives, notice how this change impacts how you feel. 4. If a past negative experience was within your control, problem solve how to correct the problem so it will not happen again. 5. Notice and experience that there is no basis for pessimism about a future event even if

	<p>you have experienced uncontrollable negative events in the past.</p> <p>6. Challenge the idea that it is okay to assume a pessimistic perspective about a future event, so you avoid being disappointed. Recognize that if you expect something to go wrong and it does go wrong then you do not necessarily feel better having worried about it. Also, recognize that if you expect something to go right and it goes wrong that you do not feel that much worse.</p> <p>7. Notice that whatever you gain by anticipating negative outcomes does not outweigh the cost of living day to day with chronic worry and tension.</p> <p>8. List the advantages and disadvantages of assuming the worst. Then experiment with both positions, observing how each position effects how you feel mood.</p> <p>9. Have an imaginary dialogue between your negative pessimistic side and your positive optimistic side. Notice the benefits of taking a more positive stance toward life.</p> <p>10. Watch yourself to see if you engage in unnecessary behaviors designed to prevent mistakes. Decrease those behaviors and notice how it impacts how you feel.</p> <p>11. Challenge yourself to not complain. Have a friend or trusted spouse agree to confront you if you do complain.</p> <p>12. Ask directly to get your needs met. Then assess if complaining is an indirect way to attempt to get your needs met.</p> <p>13. Schedule activities just for fun. While doing these fun things notice that life is not about preventing “bad things” but is about getting “good things.</p>
How Negativity “Protects” You From Really Living Life	<p>Understand your history. Write a narrative of your childhood in the third person. What did this kid have to cope with growing up? Did they go through a period of hardship and emotional neglect or worse? During that</p>

	<p>period, did it make sense to be negative? Understand that, now that you're an adult, you do not have to stay stuck in a negative outlook. You can provide for yourself in ways that children cannot.</p> <p>Do a cost-benefit analysis. Cognitive behavioral therapy offers a simple but powerful tool called the "cost-benefit analysis." Make a simple chart with four columns, with the first labeled "negative thought," the second "costs of having that thought," the third "benefits of having that thought," and the fourth "Likely outcome of following the thought." This will help you see in black and white whether it makes sense to heed a negative outlook.</p> <p>Accept that failure is a necessary step toward success. Writers and artists understand that their first efforts on a new project will stink but that they can build out of these "failures" a final product they are proud of. The key is tolerating initial efforts being "bad."</p> <p>Learn to cope with feelings of rejection and disappointment. Like failure, rejection and disappointment are feelings that belong to a larger picture of thriving. We must experience these feelings while living a fulfilling life, rather than completely avoid them as though they are unacceptable. Consider what makes these particular feelings so intensely difficult for you. Consulting a therapist may help.</p>
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Mistrust/Abuse

Source	Suggested Intervention
Schema Therapy: A Practitioner's Guide	<p>Cognitively, the therapist helps to reduce patients' overvigilance to abuse. Patients learn to recognize a spectrum of trustworthiness. In addition, patients work to alter the extremely common view of themselves as worthless and to blame for the abuse (a blending of the Mistrust/Abuse and Defectiveness schemas). They stop making excuses for the abuser and place blame where it belongs.</p> <p>Experientially, patients relive childhood memories of abuse through imagery. Because this is usually an upsetting process, patients need a good deal of preparation and time before undertaking it. The therapist waits until the patient is ready. Venting anger is of primary importance in the experiential work. It is especially important for patients to vent anger at the people who abused them during childhood, rather than continually direct anger at the people in their current lives, or at themselves. In imagery of childhood abuse, patients express all the emotions that were strangled at the time. The therapist enters the images of abuse to stand up to the perpetrator, and protect and comfort the Abused Child. This helps the patient internalize the therapist as a trustworthy and effective caretaker. Patients also work in imagery to find a safe place, away from the abuser. This could be an image from the patient's past, or an image the therapist and patient construct together, perhaps of a beautiful natural scene or of soothing lights and colors. Finally, patients visualize themselves being open and authentic with trustworthy significant others. Once again, the thrust of treatment is first to help patients make the sharp distinction between the people in the past who deserve the anger, and people in the present who do not; then, to help patients express anger in therapy sessions toward the people in the past who deserve it, while treating well those people in their current lives who treat them well.</p>

	<p>Behaviorally, patients gradually learn to trust honest people. They increase their level of intimacy with appropriate significant others. When appropriate, they share their secrets and memories of abuse with their partner or close friends. They consider joining a support group for abuse survivors. They choose nonabusive partners. Patients stop mistreating others and set limits with abusive people. They are less punitive when other people make mistakes. Rather than avoiding relationships and remaining alone, or avoiding intimate encounters and staying emotionally distant from people, they allow people to get close and become intimate. They stop gathering evidence and keeping score about the things other people have done to hurt them. They stop constantly testing other people in relationships to see if they can be trusted. They stop taking advantage of other people, thus prompting others to respond in kind.</p> <p>The patient's intimate relationships are an important focus of treatment. He or she learns to become more trusting and behave more appropriately with significant others, such as lovers, friends, and coworkers (assuming the other person is trustworthy). Patients become more selective, both in whom they choose and whom they trust in their lives outside sessions. It is often helpful to bring the partner into therapy as well, so the therapist can give the patient examples of how the patient is misconstruing the partner. Some patients with this schema have become so abusive that they are seriously mistreating others. These patients need the therapist to serve as a model of morality and to set limits. Getting patients to stop mistreating others is an important behavioral goal.</p>
Treatment Suggestions for the Mistrust Schema	<p>Treatment Suggestions for the Mistrust Schema</p> <p>1. Recognize and list the times when you are too fearful and over vigilant to what you see as abuse.</p>

	<p>2. Think about a full spectrum of trustworthiness of others. Using this thinking to guide you, consciously allow yourself to trust others when they deserve it.</p> <p>3. Keep yourself from taking responsibility for things that are not your fault. Also, be sure to not make excuses for an abusive person's behavior. Thoughtfully place blame where it belongs.</p> <p>4. Learn proper assertion skills for appropriately venting anger and other strong, negative emotions.</p> <p>5. Gradually learn to trust honest people. Act on this by sharing appropriate details about yourself and secrets and memories with a partner or friend.</p> <p>6. Select non-abusive friends and partners. Also, keep from mistreating others and set limits with abusive people.</p> <p>7. Be less punitive when other people make mistakes. When appropriate, actively try to be forgiving instead.</p> <p>8. Slowly let other people get close to you. Begin with emotional and communicative closeness. Use learned assertion skills.</p> <p>9. Keep yourself from gathering evidence and keeping score regarding the things people have done to hurt you.</p> <p>10. Keep yourself from testing others to see if they can be trusted.</p> <p>11. Do not take advantage of other people. This behavior will increase the likelihood that others will respond in kind.</p> <p>12. List traumas that involved abuse to you. If it is too difficult to create a list, tell a therapist so he or she can make the list. Use EMDR to decrease the negative emotions and self-perceptions created by these memories.</p>
Early Maladaptive Schemas Mistrust/Abuse	Strengthen your connection with the present

	<p>You are no longer a child in the care of adults. You are in control of your life. The behavior you needed in order to survive as a child does not have to be the behavior you choose to have as an adult. While these statements are true, they can be difficult to remember when your mistrust/abuse schema is triggered. In order to strengthen your connection with the present, try meditation and mindfulness. Meditation and mindfulness train your brain to focus your attention on the present and let other thoughts and feelings let go.</p> <p>Be mindful of the company you keep Ask yourself if the people closest to you are reinforcing your schema, and make changes if necessary. Try to surround yourself with people who treat you well.</p> <p>Take small steps in trusting others Using your judgment, take a risk in trusting someone with something small. Maybe you ask your partner to make dinner or ask a work colleague you are sharing a project with to write up the meeting notes. When your trust is rewarded, make sure to take note and build upon these small wins.</p>
<p>6 Signs of Mistrust/Abuse Schema</p>	<p>The idea of letting go of the mistrust/abuse schema can seem a lot like saying to yourself, “Hey, how about just going into the world completely defenseless and vulnerable to anyone deeply hurting you?” To the stress response part of your brain, this sounds utterly reckless. People with this schema often have a hard time deeply connecting with a therapist, because as the therapist tries to help them build trust, they just kind of go along with the program without deeply believing in a trusting relationship. An experienced therapist will see these signs, respect where they come from, and meet the client where they are, helping them become more aware, and building trust step-by-step, out of the skepticism and guardedness.</p> <p>It's hard to discuss mistrust/abuse schema without discussing complex trauma, and the idea that, as a matter of survival, people with this schema often detach or dissociate from</p>

	<p>certain thoughts, beliefs, or feelings. So you may have the experience of consciously wanting to trust your spouse, but criticizing yourself for not being able to, which leaves you feeling flawed.</p> <p>To find a hopeful way out of mistrust/abuse schema, there are two major goals:</p> <p>It's important to take in the idea that what you experienced as a child doesn't have to be the rules for living as an adult. Then you can focus on training yourself to have different boundaries, and start testing the idea that you can trust others after you use good judgment about their character first.</p>
<p><u>The Mistrust and Abuse Schema: Feeling Like a Target of Abuse</u></p>	<p>Those who've been victims of abuse develop a particular sensitivity. They're more adept at detecting environmental threats, no matter how small. In effect, they're hypersensitive. The objective of schema therapy is to help them reduce their excessive monitoring of the environment.</p> <p>The memories victims have of their abusive situations are distressing for them. In fact, they're sometimes so painful that, when they remember them, they feel extremely angry. Especially when they think of their abusers. The objective of schema therapy is to promote the expression of their hidden anger and allow it to surface. To this end, it uses narrative strategies. For example, letter writing.</p> <p>Going slowly is the key. That's because trusting others again is far from easy. It needs to be done gradually and, above all, safely. Therefore, schema therapists work from behaviors that imply intimacy. The client needs to be able to share their memories and secrets with someone with whom they feel comfortable. They must also set boundaries regarding the aspects that hurt them. How about you, do you know how to defend yourself? Because knowing how to defend yourself is important if you feel like you're a target of abuse. It's also helpful to make use of assertive communication. In addition, setting boundaries is useful. That said, you</p>

	must accept the fact that there will be times when these are repeatedly and deliberately crossed. Consequently, you must consider whether it's worth continuing in these kinds of relationships.
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Self-Sacrifice

Source	Suggested Intervention
Schema Therapy: A Practitioner's Guide	<p>One major goal is to teach patients with the Self-Sacrifice schema that all people have an equal right to get their needs met. Even though these patients experience themselves as stronger than others, in reality, most of them have been emotionally deprived.</p> <p>An important goal of treatment is to help patients with a Self-Sacrifice schema to recognize that they have needs that are not being met, even though they are not aware of them; and that they have as much right to get their needs met as anyone else. Despite any secondary gain that the schema might bring, these patients are paying a high price for their selfsacrifice. They are not getting something they need deeply, which is to be cared for by other human beings.</p> <p>Another goal of treatment is to decrease the patient's sense of overresponsibility. The therapist shows patients that they often exaggerate the fragility and helplessness of other people. Most other people are not as fragile and helpless as the patient thinks they are. If the patient were to give less, the other person would usually still be fine. In most cases, the other person is not going to fall apart or experience unbearable pain if the patient gives less.</p> <p>Another goal of treatment is to remedy patients' associated emotional deprivation. The therapist encourages patients to attend to their own needs, to let other people meet their needs, to ask for what they want more directly, and to be more vulnerable instead of appearing strong more of the time. In terms of cognitive strategies, the therapist helps patients test their exaggerated perceptions of the fragility and neediness of others. In addition, the therapist helps patients increase their awareness of their own needs. Ideally patients realize that they have needs—for nurturance, understanding, protection, and guidance—that have long gone unmet. They are taking care of others but not allowing others to take care of them.</p> <p>the therapist helps patients become aware of other schemas that underlie their self-sacrifice. As we have noted, patients with a Self-Sacrifice schema almost always have some degree of underlying emotional</p>

deprivation. Defectiveness is also a common linked schema: These patients “give more” because they feel “worth less.” Abandonment can be a linked schema: Patients self-sacrifice in order to prevent the other person from abandoning them. Dependence can be a linked schema: Patients selfsacrifice so that the parent figure will stay connected to them and keep taking care of them. Approval-Seeking can be a linked schema: Patients take care of others to get approval or recognition

The therapist highlights the imbalance of the “give get ratio”: the ratio of what patients are giving to what they are getting from significant others in their lives. In a healthy relationship between equals, what each person gives and gets should be approximately equal over time. This balance does not have to occur in each separate aspect of the relationship, but rather in the relationship as a whole. Each person gives and gets according to his or her abilities, but the overall balance is approximately equal. A significant imbalance in the ratio of giving and getting is usually unhealthy for the patient. (The exceptions are relationships of nonequals, such as parents and children. Patients who sacrifice for their children, for example, do not necessarily have a Self-Sacrifice schema. To have the schema, patients have to sacrifice across many relationships as part of a general pattern.)

Experientially, the therapist helps patients become aware of their emotional deprivation, both in childhood and in their current lives. Patients express sadness and anger about their unmet emotional needs. In imagery, they confront the parent who deprived them—the self-centered, needy, or depressed parent who did not nurture, listen to, protect, or guide them. They express anger about becoming a parentified child: Even if unintentional on the part of the parent, it was not fair that they were put in this role. Patients acknowledge their lost childhood. In imagery, they express anger toward significant others who deprive them in their current life, and they ask for what they need.

Behaviorally, patients learn to ask to have their needs met more directly, and to come across as vulnerable instead of strong. They learn to select partners who are strong and giving rather than weak and needy. (Patients with this schema are often drawn to weak

	<p>and needy partners, such as people who are drug addicts, depressed, or dependent, instead of partners who can give to them as equals.) In addition, patients learn to set limits on how much they give to others.</p> <p>One treatment strategy that would be unhealthy for patients with other schemas can be very helpful for patients with Self-Sacrifice schemas: Patients keep track of how much they are giving and getting with significant others. How much are they doing for, listening to, and taking care of each person, and how much are they getting in return? When the balance is off—as it usually is for patients with the Self-Sacrifice schema—they can aim to make the ratio more equal. They can give less and ask for more.</p>
<p><u>Take Care of Everyone but Yourself?: Self-Sacrifice Schema</u></p>	<p>You can overcome the limitations of self-sacrifice schema while sticking to your values and preserving your compassion. Here are five steps:</p> <p>Consider areas of life where you make sacrifices for others which make you feel good, but which others don't really need. Try to limit them to provide yourself with more free time.</p> <p>Make a list of the things you would like to do in your life but keep putting off and then start planning ways to do them with the time you saved by using a planner.</p> <p>Remind yourself that you don't need to sacrifice in order to receive love and be fulfilled. You deserve those things without being transactional.</p> <p>Journal about how you find meaning in life. Allow yourself the possibility that you can be a good person while also taking care of yourself and accepting care from others.</p> <p>Practice standing up for yourself when you believe you are being exploited or taken advantage of. Start small and work your way up.</p>
<p><u>Treatment Suggestions for the Self-Sacrifice Schema</u></p>	<p>Treatment Suggestions for the Self-Sacrifice Schema</p> <ol style="list-style-type: none"> 1. Think about and recognize if you have an exaggerated perception of fragility and neediness in others. 2. Increase an awareness of your own needs by listing them. Think especially about your need for nurturance, understanding, protection, and guidance.

	<p>3. Evaluate if your relationships have an imbalance of “give and take”. Outside of reasonable caretaking situations, the balance should be approximately equal over time.</p> <p>4. Experientially express sadness and anger about unmet emotional need using imagery. Confront those who deprived you.</p> <p>5. Consider and assess if you were a “parentified child” caused by those in power putting adult demands on you in your childhood. Acknowledge the memories and feelings of the loss of childhood because of this. Use EMDR to decrease the negative feelings and self-perceptions related to these memories.</p> <p>6. Use imagery to express anger toward people in your life who willfully deprived you and/or demanding too much from you.</p> <p>7. Ask for what you need directly. Be careful to present yourself in a clear and strong way if that change is necessary for you.</p> <p>8. Select partners and friends who are capable and giving rather than incapable or demanding. Set limits on how much you give to others.</p> <p>9. Challenge yourself to occasionally be vulnerable with others rather than being the “strong one”.</p> <p>10. Keep from rationalizing the tendency to please others so much.</p>
<p><u>The sacrifice you might not know you’re making</u></p>	<p>Recognise the warning signs</p> <ol style="list-style-type: none"> 1. Do you have a sense that more and more people are relying on you for help? 2. Are you starting to feel weary, stressed or confused? 3. Are you starting to feel tired and worn out? Perhaps even on the brink of running on empty? 4. Is your physical health starting to suffer? Are you noticing pain, headaches, fatigue or gastrointestinal problems? 5. Have you developed unhealthy habits to help you cope, like overuse of medication, food, alcohol or other drugs?

	<p>Find someone like-minded who will understand your experience to talk with. It is quite common amongst people who hold the trait of self-sacrifice at their core, to find it difficult to let others know they are struggling. Finding someone who operates similarly to you, who will understand where you are coming from and why it is so difficult to ask for help, can be helpful.</p> <p>Find a way to prioritise yourself over others. Being a good colleague and team player is about showing up, being willing to do the work and putting your best effort forward. Absolutely. But to do that, you must take care of yourself, which will inevitably mean that sometimes, you will need to prioritise yourself over others, especially when your physical or mental health has taken a hit. Try to take a step back and hold a view to the longer-term. Use your reflective skills to help you determine which personal and professional changes are required to maintain job engagement, satisfaction, and wellbeing.</p> <p>Take small steps. Try to make incremental decisions that choose good mental health and wellbeing before work/others. Whether it's a decision to take your breaks today and sticking to it or leaving work on time to go and do an activity that you enjoy after work, it will all add up over time to give your physical and mental health the priority it deserves.</p>
<p>9 Ways Women Can Go from Self-Sacrifice to Self-Soothing</p>	<p>Learn about yourself</p> <p>Knowing when you are triggered will help enormously in changing your behavior. Make a list of the situations in which you're most likely to put the needs or feelings of others ahead of your own. Many individuals with the self-sacrifice schema have an exaggerated perception of how helpless others are and rationalize their want to help them. By making this list you will become aware of when you are most likely to succumb to your schema. Next, work out what your wants and needs are. While no-one can get what they want all the time, your needs should be non-negotiable. What do you need to do in order to feel fulfilled and content? Start with smaller needs that are within your control. Maybe it is an hour's painting time once a week, or perhaps it is a cup of coffee undisturbed first thing every morning. Over time, you can begin to think about what your needs are on a larger scale. What are the non-negotiables within your relationships and what are</p>

you willing to work on with others? Examples of non-negotiables are respect, fidelity, honesty, etc.

Learn to be assertive

People with the self-sacrifice schema often rationalize their behavior as helpful and necessary. They feel they are being kind and generous. Of course, this is true. However, the issue is that there are no boundaries on your giving and your own needs and feelings end up neglected. It can be hard to stand up for ourselves, especially if we have been raised to believe it is a desirable quality to put others ahead of ourselves. Yet, it is important to be honest with ourselves and others about our needs and feelings if we want things to change. Set some limits on what you're happy to help with and how often. For example, maybe you are happy to help your elderly neighbor with their computer, but only on the weekends. Practice saying "no" to requests that you do not want to do. Start small and work up to bigger requests. If it is too difficult to say no at first, put some distance between when you are asked and when you give your definitive reply. This might look like saying, "maybe. I need to check my calendar." Doing so gives you time to properly assess whether you can actually help the person without it being an inconvenience to you. In a similar vein, ask for help when you need it. Start small and work up to larger requests. Furthermore, assertiveness requires selecting friends and partners that are capable and independent, and distancing yourself from relationships which are one-sided. Healthy relationships have an equal balance of give and take over time.

Express yourself

You may have strong feelings of anger and frustration with how you have been treated in the past. Likewise, you may have feelings of guilt for wanting to put your own needs and feelings first. In order to lessen the impact of these emotions, find ways to express them externally. Try keeping a journal and writing down anything that comes to mind. Although you may be self-conscious at first, with practice it will get easier. One exercise you can do is to write a letter expressing how you really feel to a person who has angered you by taking advantage of you – you don't have to send it, it's just a healthy outlet for your feelings. You can also use music and/or art in a similar way.

Therapy for habitual self-sacrifice

The questions that get answered in therapy

What parts of yourself you had to sacrifice in order to preserve your caregiver's willingness to take care of you?
e.g. Parents were joy-less so experiencing happiness felt like a betrayal to the family.



What did you have to believe about yourself in order to make the sacrifice feel necessary?
e.g. "When I'm happy it comes at the expense of Mom and Dad" and "I'm responsible for their well-being"



Is it finally safe to reclaim your strength/talents/perspective? If therapist provides enough evidence then you can answer 'yes'.
e.g. "I see how sad it was that my parents couldn't experience joy but I do not need to mirror their joylessness anymore. Other important people like it when I'm happy."



How are you trying to disprove that grim belief in therapy?
e.g. Does your therapist seem like a generally happy person? How does he/she react when you get a little happy?

Insufficient Self-control/Self-Discipline

Source	Suggested Intervention
Schema Therapy: A Practitioner's Guide	<p>The basic goal is to help patients recognize the value of giving up shortterm gratification for the sake of long-term goals. The benefits of venting one's emotions or doing what is immediately pleasurable are not worth the costs in career advancement, achievement, getting along with other people, and low self-esteem.</p> <p>Cognitive-behavioral treatment techniques are almost always the most helpful strategies with this schema. The therapist helps patients learn to exercise self-control and self discipline. The basic idea is that between the impulse and the action, patients must learn to insert thought. They must learn to think through the consequences of giving in to the impulse before acting it out.</p> <p>In homework assignments, patients go through a series of graded tasks, such as becoming organized, performing boring or routine tasks, being on time, imposing structure, tolerating frustration, and restraining excessive emotions and impulses. Patients start with simple tasks that are only slightly difficult. They force themselves to do these tasks for a limited amount of time, then gradually increase the amount of time. Patients learn techniques that help them control their emotions, such as time-out and self-control techniques (meditation, relaxation, distraction), and flash cards listing reasons they should control themselves, and methods they can use to do it. In therapy sessions, patients can use behavioral rehearsal in imagery or role-playing to practice self-control and self-discipline. They can reward themselves when they successfully exert self-control and selfdiscipline in their outside lives. Rewards might include acknowledging oneself, treating oneself with a special activity or gift, or free time.</p> <p>Occasionally, the Insufficient Self Control/Self Discipline schema is</p>

linked with another schema that may be more primary. In this case, the therapist must address the more central schema, as well as the Insufficient Self-Control/Self-Discipline schema. For example, sometimes the schema erupts because patients have suppressed too much emotion for too long. This often happens with the Subjugation schema. Over long periods of time, patients with the Subjugation schema do not express anger when they feel it. Gradually, their anger accumulates, then suddenly bursts forth in an out-of-control way. When patients display a pattern of swinging between prolonged passivity and sudden fits of aggression, they often have underlying Subjugation schemas (see the later section on Subjugation). If patients can learn to express what they need and feel appropriately in the moment, then anger will not build up in the background. The less patients suppress their needs and feelings, the less likely they become to behave impulsively.

Some experiential techniques are helpful. Patients can imagine past and current scenes in which they displayed insufficient self-control or selfdiscipline. First the therapist, then the patient, enters scenes as the Healthy Adult, who helps the Undisciplined Child exert self-control.

When Insufficient Self-Control/Self Discipline is linked to another schema, the therapist can use experiential techniques to help patients battle the underlying schema. This is especially important in patients with BPD. Because of their Subjugation schemas, these patients feel that they are not allowed to express their needs and feelings. Whenever they do, they feel they deserve to be punished by their internalized Punitive Parent. They repeatedly suppress their needs and feelings. As time passes, their needs and feelings build up, beyond their ability to contain them, and then these patients flip into the Angry Child mode in order to express them. They suddenly become enraged and impulsive. When this happens, the therapist's

	<p>general approach is to allow the patient to vent fully, empathize, and then reality-test.</p>
<p><u>Early Maladaptive Schemas</u> <u>Insufficient Self-Control</u></p>	<p>you can also use self-help exercises such as Stop-Think-Act. This exercise encourages you to think before you act on impulse. Placing a thought between an urge and an action can help prevent maladaptive methods of coping with the beliefs of the insufficient self-control schema.</p>
	<p>The objective of the intervention is to help recognize the intrinsic value of waiting. In other words, they need to do without immediate reinforcement to achieve their larger goals in the medium and long term.</p> <p>Techniques used in schema therapy</p> <ol style="list-style-type: none"> 1. Carry out a cognitive restructuring. This means they learn the consequences of giving in to the impulse before it abducts them. In Louise's case, between the emotion of frustration that she feels and the impulse to abandon everything and do something else (which she'll later abandon), what's she thinking? 2. Tasks between sessions. For example, getting organized and forcing themselves to complete tasks, even if they're monotonous and cause boredom. They must learn to be punctual and to structure their routine according to certain activities. The goal is to tolerate frustration. Therefore, they have to get in touch with this emotion. 3. Meditation strategies. They allow the individual to reach enjoyable and relaxing states. Moreover, they're useful for distracting themselves and are recommended in schema therapy. 4. Sometimes, the therapist may make cards containing reminders pointing out the reasons why self-control is important as well as the methods (restructuring, relaxation, or frustration tolerance) that they've taught the patient. 5. The ability to reward achievements. When the patient is capable of self-

	control, they should give themselves a small gift. It could be an activity, a verbal recognition, or something material.
<u>Treatment Suggestions for the Insufficient Self-Control and Self-Discipline Schema</u>	<p>Treatment Suggestions for the Insufficient Self-Control and Self-Discipline Schema</p> <p>1. Do the “Stop-Think-Act” exercise. Do this by putting a thought between an impulse and the action. Think through the consequences of giving in to the impulse before acting it out.</p> <p>2. Challenge yourself to have more self-discipline and self-control by actively changing your approach to completing the tasks listed.</p> <p>Organizing your time, possessions, and finances.</p> <p>Performing what seems like a boring task.</p> <p>Being on time for commitments.</p> <p>Imposing structure on things in your life that do not have enough structure.</p> <p>Reasonably tolerating times of frustration.</p> <p>Restraining emotions and impulses that feel excessive and cause poor behavior.</p> <p>Begin by completing the tasks that are slightly difficult. Gradually challenge yourself to do these tasks for a longer amount of time. Then gradually increase the amount of time you can spend on the task until you are doing it for as long as you think you should.</p> <p>3. Learn techniques that help you remain centered and able to control your emotions. Use time-outs, meditation, and relaxation exercises as ways to help you achieve this goal.</p> <p>4. Make a list of the advantages of better controlling your emotions and structure.</p>

	<p>Also, make a list of the disadvantages of not being controlled or structured.</p> <p>5. Use imagery to foresee the successful completion of self-control and organization. List how this imagery makes you feel.</p>
Self-Discipline	<p>Follow these five steps to start developing your self-discipline:</p> <p>1. Choose a Goal Begin by choosing just one goal that you want to focus on to develop your self-discipline. For instance, perhaps you want to start exercising every evening, or you want to read one leadership book a week to enhance your skills. You could even practice self-discipline on very small goals such as concentrating on a piece of work for an hour without checking your messages, or avoiding unhealthy food for one day. Remember, starting small is the best way to start developing your self-discipline. As your discipline gets stronger, you can spread the focus to more areas of your life. Make sure that the goal you set is SMART – Specific, Measurable, Attainable, Relevant, and Time-bound – and break the goal down into smaller sub-goals, where you can.</p> <p>2. Find Your Motivation Once you've chosen a goal, list the reasons why you want to achieve it. Try to express these reasons in a positive way. So, instead of saying, "I want to exercise three times a week to lose weight," say "I want to exercise so that I have the energy to play with my kids and work successfully." Or, instead of saying, "I want to get this task off my To-Do List," say, "I want to do this task, so that I can meet my objectives, get praise from my boss, and feel satisfied with my day's work." When you list the reasons why you want to achieve something, you'll find it much easier to get the job done.</p> <p>3. Identify Obstacles Now you need to identify the obstacles that you'll likely face when working toward your goal, and devise a strategy for overcoming each one. For instance, imagine that your</p>

	<p>goal is to read one leadership book a week to enhance your skills. In the past, you've faced a number of obstacles in reaching this goal. For example, when you find a book you like, it's hard to find time each night to read. Between work, dinner and the kids, your time is taken up until late in the evening, and you get distracted by messages coming in while you're reading.</p> <p>4. Replace Old Habits When we're developing self-discipline, we're often trying to break a bad habit and replace it with something more productive. However, if that habit is tied into a certain time of day or routine, breaking it can leave a hole. If we don't replace that habit with something else, then its absence becomes even more noticeable. A good example is if you're trying to stop yourself shopping online when you take a break at work. This bad habit destroys your focus and attention, because you're likely to be online for 20-30 minutes each time. Once you've resolved to stop, identify a new behavior that you can engage in when you need a quick break. Instead of online shopping, you could do some stretches in your office, get a cup of coffee, or take a quick walk outside. These behaviors will help to support your goal and strengthen your self-discipline, instead of leaving you with nothing to do on your break.</p> <p>5. Monitor Your Progress As you work on your self-discipline, pay attention to how you're feeling as it develops and strengthens. You might feel free, happy, proud, and energized. Also, think about keeping a journal to write down your self-discipline goals and to track your progress. This reinforces the positive changes that you're implementing in your life, and gives you a record that you can look back on to see the progress that you've made. Over time, your self-discipline will strengthen, and you'll be able to apply it to lots of other areas of your life.</p>
6 Signs Your Self-Control Issues Come From Childhood Neglect	Six Ways to Manage Your Impulsive Inner Child

	<ol style="list-style-type: none"> 1. Structure, structure, structure. To avoid triggers, plan ahead, anticipating challenges that trigger the inner child. Are you having a long day? Demanding a lot of yourself? Plan little treats or breaks throughout the day. Think of them as micro-dosing of self-care. 2. Avoid opportunities for the child to act out. If you know someone's bringing donuts to the office, go for a walk until the coast is clear. 3. Care for your inner child using self-talk and meditation. Start with small steps: just a few minutes of meditation a day. As you work your way up to longer meditation periods, you'll notice that impulsive child trying to come out. ("Come on! This is stupid! It's been long enough!") Spend quality time with your inner child, explaining that you understand they are hurt and upset and that you'll take good care of them, and your way will help them more than acting out. Have patience and kindness, but be firm. 4. Develop a toolbox of healthy forms of gratification. Keep some kind of healthy snack at hand. Have a simple meditation practiced. Text a "buddy" who will help you cope. Have a music playlist for "emergencies." Write a note to your triggered self to keep handy for later use when triggered. 5. Set goals, use a planner, and use smartphone notifications. If you're going to a party, tell yourself you'll stick to one kind of drink, and have a cut-off time in mind, then switch to seltzer with lime—whatever you like, but have that alternative planned. Use a planner to structure your time, so you don't stumble into triggering experiences. Use your notifications and alerts for pop-up reminders. 6. Recover and keep going. We are not perfect, and we cause more trouble when we expect ourselves to be. Be OK with the fact that there will be
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	times when that impulsive kid is unstoppable! Remember, they come out of an original context of a child trying to care for themself. Be compassionate with them, and allow yourself to recover from the acting out. Just get back to it when you can.