

Schema Therapy Case Conceptualization Form

2nd Edition
Version 2.22

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

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

I. Patient Background Information

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

II. Why is the Patient in Therapy?

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

a. Initially	
b. Currently	

III. General Impressions of the Patient

Using everyday language, briefly describe how the patient 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	

IV. Current Diagnostic Perspective on the Patient

A. Main Diagnoses (include the name & code for each ICD-10-CM disorder)

1.		2.	
3.		4.	

B. Current Level of Functioning in Major Life Areas

Rate the patient's current functioning for each of the 5 life areas in the table below. Detailed descriptions of each life area, and the 6-point rating scale, are included in the **Instruction Guide** (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 the patient's prior level of functioning was significantly different from the current level, please elaborate in Column 3.

MAJOR LIFE AREA	RATE CURRENT LEVEL OF FUNCTIONING	EXPLANATION OR ELABORATION
Occupational or School Performance		
Intimate, Romantic, Longer-Term Relationships		

Family Relationships		
Friends & Other Social Relationships		
Solitary Functioning & Time Alone		

V. Major Life Problems & Symptoms

For each current major life problem or psychiatric symptom/disorder, elaborate on the nature of the problem, and how it creates difficulties in the patient's current life. Try to avoid schema terminology in describing each problem or symptom.

1. Life Problem/Symptom:

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2. Life Problem/Symptom:

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3. Life Problem/Symptom:

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4. *Other* Life Problems/Symptoms:

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VI. Childhood & Adolescent Origins of Current Problems

A. General Description of Early History

Summarize the important aspects of the patient's childhood and adolescence that contributed to his/her current life problems, schemas, and modes. Include any major *problematic toxic experiences or life circumstances* (e.g., cold mother, verbally abusive father, scapegoat for parents' unhappy marriage, unrealistically high standards, rejection or bullying by peers).

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B. Specific Early Core Unmet Needs

For Items 1-3 below, specify the patient's most relevant core unmet needs. Then briefly explain how specific origins from section *VI.A.* above led to the need not being met. List any other core unmet needs in Item 4.

1. Specific Early Unmet Need:

Origin(s)	

2. Specific Early Unmet Need:

Origin(s)	

3. Specific Early Unmet Need:

Origin(s)	

4. *Other* Early Unmet Needs:

Origin(s)	

C. Possible Temperamental / Biological Factors:

List facets of temperament – and other biological factors – that may be relevant to the patient’s problems, symptoms & the therapy relationship. (See the **Instruction Guide** for a list of specific adjectives frequently used to describe temperament. It is sufficient just to list adjectives from the Guide that you believe are part of the patient’s basic temperament or “nature”, rather than situation-specific.)

D. Possible Cultural, Ethnic and Religious Factors

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

VII. Most Relevant Schemas (Currently)

For Items 1-4, select the 4 schemas that are *most central to the patient’s current life problems*. First specify the name of the schema. Then describe how each schema plays itself out currently. Discuss a specific type of situation in which the schema is activated and describe the patient’s reactions. What negative effect(s) does each schema have on the patient? List any other relevant schemas in Item 5.

1. Specific *Early Maladaptive Schema* :

2. Specific *Early Maladaptive Schema* :

3. Specific *Early Maladaptive Schema* :

4. Specific *Early Maladaptive Schema* :

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5. Other *Early Maladaptive Schemas* (optional) :

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VIII. Most Relevant Schema Modes (Currently)

For Items 1-6, select the modes that are most central to the patient's current life problems. First label the mode (e.g., Lonely Child, Self-Agrandizer, Punitive Parent). Then explain how this mode plays itself out currently. What types of situations activate the mode? Describe the patient's behaviors and emotional reactions. Which schema(s) often trigger the mode? What negative effect(s) does each mode have for the patient? (If a mode does not apply to the patient, leave it blank. You can add additional modes in *Section D*.)

A. Child Modes

1. *Vulnerable Child* Mode :

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2. *Other Relevant Child Mode(s)*:

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B. Maladaptive Coping Modes

3. *Surrender* Mode :

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4. *Detached / Avoidant* Mode:

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5. *Overcompensating* Mode:

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C. *Dysfunctional Parent* Mode

6. *Dysfunctional Parent* Mode:

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D. *Other Relevant Mode(s)*
(optional)

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E. *Healthy Adult* Mode

Summarize the patient's positive values, resources, strengths & abilities:

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IX. The Therapy Relationship

A. Therapist's Personal Reactions to the Patient

Describe the therapist's *positive & negative reactions* to the patient. What patient characteristics/behaviors trigger these personal reactions? What therapist schemas and modes are activated? What impact do the therapist's reactions have on the treatment?

B. Collaboration on Therapy Objectives & Tasks

1. Rating for *Collaboration on Objectives & Tasks*:

See Instruction Guide for an explanation & a detailed Rating Scale from 1-Low to 5-High.

2. Briefly describe the collaborative process with this patient.

What positive and negative factors/behaviors serve as the basis for your rating in 1 above?

3. How could the collaborative relationship be improved?

What changes could the therapist and patient make to bring this about?

C. Reparenting Relationship & Bond

1. Rating of the *Reparenting Relationship and Bond*:

See the Instruction Guide for an explanation & Rating Scale from 1-Weak to 5-Strong.

2. Briefly describe the *Reparenting Relationship & Bond* between the patient and therapist.

Elaborate on the *patient's* behaviors, emotional reactions, and statements in relation to the therapist that serve as indicators of how strong (or weak) the reparenting bond feels for the patient.

3. How could the *Reparenting Relationship & Bond* be strengthened?

Which unmet needs could the therapist fulfill more deeply or completely? What specific steps could the therapist take to make the bond stronger for the patient?

D. 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 the patient?

X. Therapy Objectives: Progress & Obstacles

For Items 1-4, list the *most important therapy objectives*. Be as specific as possible. For each objective, describe how the Healthy Adult mode could be changed to meet it. Then, discuss the progress thus far, and describe any obstacles. You can add additional objectives in Item 5.

(Objectives can be described in terms of: schemas, modes, cognitions, emotions, behaviors, relationship patterns, symptoms, etc.)

1. Therapy Objective:

Schemas and modes to target	
Progress & obstacles	

2. Therapy Objective:

Schemas and modes to target	
Progress & obstacles	

3. Therapy Objective:

Schemas and modes to target	
Progress & obstacles	

4. Therapy Objective:

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Schemas and modes to target	
Progress & Obstacles	

5. Other Therapy Objectives:

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Schemas and modes to target	
Progress & Obstacles	

XI. Additional Comments or Explanations (Optional):

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