



**SCHEMA THERAPY
INSTITUTE
OF SOUTH AFRICA**

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Advanced workshop in schema therapy

Online November 11-12, 2025

Offered by

David Edwards

In my advanced workshops I focus on schema therapy concepts that relate directly to clinical interventions and skills. I put a particular focus on case conceptualization and how developing a personalized and differentiated conceptualization has implications for decisions about interventions.

What's included in this workshop?

1. Powerpoint presentations on specific themes:

- **Schemas are systems of modes:** Schema therapists are often confused about the relationship between schemas and modes. In this presentation I will show how each of the early maladaptive schemas (including the newly introduced ones) can be understood as a structured system of modes: parent, child and coping. Understanding this is particularly helpful when we assist clients in understanding how their schemas, as automatic patterns from childhood that play out repeatedly, and how schema therapy can change that.
- **Authenticity and the true self:** We are familiar with the concept of the true versus the false self, going back to Winnicott. The true self is the authentic centre of experience and goes beyond schema therapy's usual understanding of the "happy child" or "contented child." Rather we need a concept of the "authentic child" and to link this to the literature on authenticity going back to Kierkegaard and Nietzsche and expressed in Winnicott's concept of the True self. Understanding this expands our concept of the "Healthy Adult."
- **Reconceptualizing the Healthy Adult:** We can think of the Healthy Adult as a suite of modes that arise in response to the question: "How would a mature person respond to this situation?" For the ISST's 2024 case conceptualization form this was conceptualized as having 8 aspects and it can be helpful to use these when evaluating the Healthy Adult features we see in our clients. This is important because building and strengthening the Healthy Adult is an important complement to the work of reparenting and healing the vulnerable child.
- **Building and using the therapeutic alliance:** Within the field of psychotherapy, the therapeutic alliance is understood to be based on three components: a bond (a mutual sense of wanting to work together), and a shared understanding of the goals of therapy and of the tasks of therapy. In schema therapy we seek to establish this firmly when we share our case conceptualisation and educate the client about their schemas and modes and how they play out in everyday life. When therapy seems to stall it is often because the therapeutic alliance is not adequately established, something that easily happens with clients with personality disorders. Here we look at some of the challenges involved in building the alliance, and how to pay attention to ruptures that occur and to set about repairing them.
- **How far back do early maladaptive schemas go?** We see maladaptive schemas already playing out in childhood, but when do they start? There is increasing evidence that the processes of attachment, which have now been studied from earliest infancy, begin even before birth, and may go back to the very beginning of individual life. The experience of a mother who is carrying a foetus in the womb impacts on the development of the unborn

child and already sets up early maladaptive schema systems which will play out and be amplified after birth. We look at how these very early memories can be accessed in therapy and how they can be rescripted in a manner similar to that used for experiences in childhood.

- **Case examples** in which I take participants through segments of actual therapy sessions while offering commentary on the moment-to-moment process, what that means for our understanding of the modes involved, and how that understanding informs decisions about what to do next.

2. Experiential exercises including a group imagery exercise.

3. On request: A live therapy demonstration if there are participants who are willing to volunteer for that. Afterwards I discuss the processes displayed in the demonstration session and the way I was conceptualizing the volunteer's conflicts or struggles.