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Introduction

Patients with personality problems are often affected by excessive emotion or, conversely, a lack of affect. Schema Therapy is about linking emotions with the triggering of schemas and modes. Through the use of cognitive-behavioral therapy techniques, experiential therapy, and interpersonal practices like limited reparenting, patients learn how to assign new meaning to their emotions and approach them in new ways. Increasingly, Schema Therapy is beginning to include mindfulness techniques in its therapeutic toolbox (e.g. see Van Genderen & Arntz, 2009; Van Vreeswijk, Broersen, & Nadort, 2012; Young, Klosko, & Weishaar, 2003). These techniques are deemed experiential in form. To date, training protocols for mindfulness in Schema Therapy have not yet been established, but the techniques to be involved in such training have been implemented in treatment with a variety of psychiatric disorders, with considerable success.

This protocol contains clear guidelines for providing mindfulness training to patients struggling with schemas and modes. Central to

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this practice is the development of attention skills. Patients are encouraged to practice observing the operation of schemas and modes, and to notice their automatic effects on behavior. Rather than attempting to change how they work, training focuses on cultivating awareness of schemas and modes. Additional areas of attention include the monitoring of emotions, physical sensations, and schema-coping mechanisms.

The protocol lays out a comprehensive program consisting of eight sessions and two follow-up sessions. It is presumed that training will be offered in a group setting, but it can be applied just as easily on an individual basis. At the following website, http://www.mfvanvreeswijk.com, patients can buy mindfulness exercises (audio files), like the ones in this book. We consider these required listening, as experience has shown the training to be more effective when participants practice on their own, outside of the group meetings.

For some patients this protocol will run concurrently with existing (Schema) therapy. Others may not yet have commenced treatment, in which case the development of schema and mode awareness will better prepare them for therapy. Certain individuals will no longer require treatment subsequent to participation in mindfulness training. This may be the case with patients who report relatively mild levels of distress or show limited motivation for treatment.

This book employs the term *participant* as well as *patient*. A conscious decision was made to use the term participant in chapters describing the mindfulness training protocol, and the term patient in others. This designation is based on the functional distinction between patients, who sign up for training, and participants, who engage in training. For the same reasons, the term *therapist* is replaced with *trainer* in chapters dealing with the protocol.

We will not delve into any in-depth discussions of the personality disorders and Schema Therapy literature, as these topics have already enjoyed thorough coverage in other books (e.g., van Vreeswijk, Broersen, & Nadort, 2012). Nor shall we consider the subject of group dynamics. Suffice it to say that experience in group-based therapy and training in personality disorders is vital for

those planning to apply this material in group settings. We also recommend training in mindfulness-based cognitive therapy and the book *Mindfulness-Based Cognitive Therapy for Depression*, by Segal, Williams, and Teasdale (2002).

The creation of this protocol was motivated by positive experience with the application of mindfulness techniques in Schema Therapy, even in cases of profound personality disorder. A pre-post study and a randomized controlled trial are currently in progress, and the results will be described in forthcoming articles.

Prior to attending "Training Mindfulness and Schema Therapy," Chantal frequently showed up at the polyclinic or crisis center following a sudden relationship breakup or impulsive self-injury.

During the initial training sessions, Chantal comments on how bored she is with the program. It's not yielding results fast enough for her. The trainers suggest that Chantal practice renewing her focus, moment by moment, on whatever feelings, thoughts, or impulses to act may occur, and to resist her tendency to react. Over the course of the training, the number of crises she reports subsides; during the follow-up period, there are barely any. Although she did not practice all of the material consistently, Chantal now considers the training to have been of great value. She has become more aware of the operation of her schemas and modes and how these put her on automatic pilot. By learning how to recognize and identify schema/mode patterns, she is developing a greater capacity for mindful decision making, reducing the amount of automatic, impulsive behavior.