

# Positive schema therapy: Integrating positive schemas into the therapeutic process

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## Abstract

**OBJECTIVE:** The article examines the concept and methods of positive schema therapy. It is based on the theory of schema therapy and adaptive schemas, which enrich the perspectives of positive psychology, positive CBT and strengths-based CBT. Based on case vignettes, show practical methods associated with this approach.

**METHODS:** A literature review was conducted on adaptive schemas, their measurement using the Young Positive Schema Questionnaire (YPSQ) and therapeutic interventions supporting the development of the Healthy Adult and Kind Parent modes. In addition, special attention was paid to integrating schema therapy methods within therapeutic interventions of positive psychology and CBT based on resources. Selected case studies of various psychological problems and disorders are presented as examples of therapeutic work using positive schema therapy methods.

**RESULTS:** Positive schema therapy has been shown in additional studies to be an effective tool for increasing emotional resilience, coping with stressful situations, and improving emotional regulation and the overall quality of life. Adaptive schemas such as self-compassion, social belonging, and emotional openness significantly support the development of the Healthy Adult mode.

**CONCLUSION:** Positive schema therapy is an innovative approach in psychotherapeutic practice, expanding clinical methods of schema therapy work. Despite limited empirical support, it has the potential to develop further, introducing new procedures to strengthen the positive aspects of client's experiences and behaviour when dealing with psychological problems.

## INTRODUCTION

### Context and the need to focus on positive aspects in therapy

In recent decades, psychotherapy has increasingly focused not only on treating problems but also on promoting positive aspects of clients' lives and resources. Researchers have turned their attention to positive emotions through research in the field of positive psychology. Positive psychology is a field of psychology that focuses on previously neglected positive themes such as happiness, love, satisfaction, joy, and well-being (Rae & MacConville 2015). The term was first used by Martin Seligman in 1998, who argued that modern psychology is inadequate because it "neglects the study and application of the things that make life worth living" (Rae & MacConville 2015). Seligman defined five elements that he believed were essential for personal well-being in life – positive emotions, engagement, relationships, meaning, and achievement. This shift reflects the need to offer a more comprehensive approach to mental health that includes not only symptom management but also the promotion of personal growth (Prasko et al. 2016; Ociskova et al. 2019).

In connection with the development of positive psychology, its principles began to be integrated into different therapeutic approaches. Of particular note is self-compassion, which has become a key element of positive psychology and is an integral part of the Compassion Focused Therapy approach. Self-compassion, which includes kindness towards oneself, awareness of one's common humanity, and the ability to be present in difficult moments, supports emotional regulation and resilience (Ackerman 2017). This approach is also highly relevant to schema therapy, where self-compassion can be a key tool for strengthening the Healthy Adult mode and overcoming maladaptive patterns.

Processing of positive memories is a developing approach in the treatment of PTSD, e.g., the Processing of Positive Memories Technique focuses on increasing

positive elements – values, affect, strengths, and thoughts, and integrating them in symptom-decreasing approaches (Contractor et al. 2022)

Originally developed to work with patients with borderline personality disorder, depression, and complex trauma, schema therapy has historically focused on identifying and accommodating maladaptive schemas that arise from the failure to fulfil basic emotional needs in childhood. Such lack of fulfilment leads to patterns of behaviour and thought that negatively impact clients' experiences (Louis et al. 2018). This approach aimed to minimise the impact of maladaptive schemas on clients' lives and to strengthen coping strategies through the Healthy Adult mode (Young et al. 2003) but often lacked systematic work with positive schemas, leading to a one-side focus on problems rather than overall growth.

However recently schema therapy not only focuses on negative schemas but also on the development of positive strengths. There is growing evidence that positive schemas may be important vehicles of therapeutic change when working with older people (Videler et al. 2020), with psychiatric inpatients, and improve life satisfaction, resilience and reduce anxiety and depression (Chi et al. 2022).

### Historical development of schema therapy: from maladaptive schemas to empowering the Healthy Adult mode

Introducing the concept of positive schemas into schema therapy broadens the client's perspective on their experiences. It strengthens their ability to cope with life's challenges by drawing on a positive view of themselves. The Young Positive Schema Questionnaire (YPSQ) development has shown that adaptive schemas, such as self-compassion, stable attachment, and realistic expectations, can play a key role in supporting the Healthy Adult mode (Louis et al. 2018; Edwards 2022). This shifts the focus from simply working with problems to strengthening resources, contributing to longer-lasting change and an increase in the client's resilience. Newer approaches, such as the "Good Enough Parenting" program, emphasise the prevention of maladaptive schemas and actively strengthen adaptive schemas that support psychological resilience and healthy functioning (Louis et al. 2021).

### Benefits of positive psychology and positive CBT

Positive psychology and positive CBT provide a theoretical framework and practical tools for focusing on clients' resources and strengths (Flückiger & Grosse Holtforth 2008; Bannink 2012). Positive psychotherapy (PPT) is a scientifically based psychotherapy that directly enhances positive emotions, character strengths, and meaning-making to reverse psychopathology and promote the experience of success, happiness, and resourcefulness (Rashid & Seligman 2018). In

contrast to traditional pathology-oriented treatment, PPT focuses on human well-being and satisfaction. The key assumption is that inducing and promoting positive emotions, awareness of one's strengths, and a sense of meaning are particularly effective in treating mental disorders because people are subject to a so-called negativity bias, especially in stressful life situations (Engelhardt *et al.* 2024). Negativity bias refers to the fact that negative thoughts, feelings, and experiences have a more significant psychological impact than neutral or positive ones (Baumeister *et al.* 2001). PPT seeks to compensate for this bias by focusing attention on positive aspects. Combining elements of traditional CBT with principles of PPT, positive CBT moves away from the traditional "what's wrong" model towards examining "what works" (Bannink & Jackson 2011; Prasko *et al.* 2016). The problem-oriented versus growth-oriented approach represents the attention paid towards the issues and deficits on one side and self-development and self-actualisation on the other (Prasko *et al.* 2016). An active attitude towards the client's resources means that the therapist and the client identify strengths and consider them during the conceptualisation and writing of the treatment plan (Dudley *et al.* 2011). This approach focuses on strengthening positive aspects, such as building self-confidence and planning positive activities, emphasising the development of long-term resilience, and supporting the client's ability to cope with stressful situations (Fava & Tomba 2009). This increases the chance of lasting improvements in quality of life and emotional well-being (Ackerman 2017; Edwards 2022). Padesky and Mooney's four-step Strengths-Based CBT model is designed to help clients build positive qualities (Padesky & Mooney 2012). This approach emphasises incorporating the client's strengths and resilience into case conceptualisation and treatment strategy selection. To achieve this, it is essential to move beyond thinking about disorder models and build on well-being and resilience models (Dudley *et al.* 2011).

Work focused on resources and positive schemas does not focus on negative beliefs (e.g., "I am incapable"). Instead, the therapist asks what kind of person the client wants to be (e.g., "I am skilful"). This shifts the discussion from problems to possible solutions.

### **Sarah, Modes, and Positive Imagery**

The work of schema therapy involves mapping and having dialogues with modes. Sarah often finds herself in the Vulnerable Child, the Demanding Critic, and the Avoidant Protector modes. The steps of schema therapy focus on strengthening the Healthy Adult mode and developing the Kind Parent mode. These modes help Sarah manage her fears and strengthen positive schemas.

**Sarah:** I am so incompetent, passive, useless... I can't go back to healthcare. I'm not good enough.

**Therapist:** It seems like one of the modes we talked about last time is speaking through you... What do you think about that?

**Sarah:** It's my Demanding Critic. I can't stop it.

**Therapist:** What you're saying sounds like the voice of your Critical mode, judging and putting you down. How do you feel about these thoughts?

**Sarah:** They make me sad. I feel completely lost and hopeless... like a little child who is afraid that she will never be able to do it. That must be my Vulnerable Child.

**Therapist:** Yes, that sounds like the voice of your Vulnerable Child who feels alone and needs support. It is natural for you to feel that way, especially after your experience with an abusive superior. But there's also a part of you that can be a Healthy Adult, who can help that child. How could you support that Vulnerable Child if you were their Kind Parent?

**Sarah:** Maybe I could tell myself that I don't have to be perfect... I can make mistakes, but I'm still good enough to try something new.

**Therapist:** Exactly. A Kind Parent could also tell you that your feelings are normal and that you deserve support. What else would you like to say to that child?

**Sarah:** I would tell them that they're not alone. We've been through something like this before and we have the strength to do it now.

**Therapist:** Great. I can see that your Healthy Adult is awakened. Now, let's look at the Avoidant Protector. How does it behave when the Critical Mode weakens you?

**Sarah:** I close myself off and tell myself there's no point in trying anything. I prefer to focus on my work in the warehouse and pretend that it is enough for me.

**Therapist:** I understand that the Avoidant Protector wants to protect your Vulnerable Child, but at the same time, it limits your growth. What could your Healthy Adult say to the Avoidant Protector?

**Sarah:** I understand why it protects me, but I want to move on. Maybe I could start with small steps that are not so scary.

### **Positive Imagery about Work**

**Therapist:** Now, I invite you to imagine a little. Close your eyes and imagine that you have managed to return to healthcare. You work in a department that suits you; you feel good there. What do you see?

**Sarah:** I see myself in paediatrics. I communicate with the parents of young patients and help the children, and I am happy to see them doing better. I work in a team where colleagues support each other. There is a calm and friendly atmosphere.

**Therapist:** How do you feel there?

**Sarah:** I am satisfied and calm. I feel that I am doing something meaningful and happy that I'm doing well.

**Therapist:** What gives you energy and supports you in being there?

**Sarah:** The support of colleagues and the fact that others can rely on me. I can see that they respect me and that I enjoy my work.

**Therapist:** What could you take from this idea as inspiration for your first step?

**Sarah:** I could contact the hospital's personnel department. I could also talk to my classmates at school and research which department might be best for me. And maybe I could sign up for a course to refresh my knowledge so I feel more confident.

**Therapist:** That sounds good. I think you have the strength and resources to go in this direction. It seems like your Healthy Adult

and Kind Parent are starting to play a bigger role in your decision-making. How about we try practising what an HR interview might look like? I'll play HR, and you try to apply for a job in the paediatric department.

**Sarah:** Okay, we can try it.

The therapist's dialogue with Sarah shows how focusing on positive schemas, such as self-compassion, contributes to a more balanced and empowering perception of oneself.

## METHOD

This article describes case studies of working with clients in schema therapy focused on strengthening positive schemas. The methodological approach is based on the concepts of schema therapy and integrates elements of positive psychology and positive CBT. The goal was to identify and strengthen clients' adaptive schemas and connect them with the Healthy Adult, Kind Parent, and Happy Child modes, thereby supporting their ability to cope with challenging situations and increasing overall self-confidence, self-efficacy, satisfaction, and quality of life. A literature review was conducted on adaptive schemas, their measurement using the Young Positive Schema Questionnaire (YPSQ) and therapeutic interventions supporting the development of a Healthy Adult mode. In addition, special attention was paid to the integration of schema therapy methods with therapeutic interventions from positive psychology and CBT based on resources. Selected case studies of various psychological problems and disorders are presented as examples of therapeutic work using positive schema therapy methods.

## THEORETICAL FOUNDATIONS OF POSITIVE SCHEMA THERAPY

### *Definition and concept of positive schemas*

Positive schemas are adaptive patterns of experiencing oneself and others, including attitudes, thoughts, emotions, motivations, and behaviours. These schemas are hypothesized to develop when individuals grow up and develop in environments where their core emotional needs are sufficiently met by primary caregivers (Taylor & Arntz 2016). These schemas enable individuals to fulfil their basic emotional needs, cope with everyday problems, and build healthy relationships. Examples of these schemas include emotional fulfilment, which refers to a sense of security and emotional support; self-compassion, which refers to the ability to treat oneself with kindness and understanding; and social belonging, which refers to a sense of acceptance and connection with others (Louis *et al.* 2018).

The importance of these schemas lies not only in their ability to reduce the influence of maladaptive schemas but, above all, in their role in supporting the

Healthy Adult mode, which can regulate emotions, take responsibility for their actions, and create meaningful and stable relationships (Young *et al.* 2003). Following the schema therapy model, these schemas are key to increasing the client's psychological resilience and overall well-being (Ackerman 2017).

Zuzana complains that she is too tired at work and no longer enjoys her job. The reason is that her supervisor is gradually transferring more and more of her work to Zuzana and is not addressing organisational problems that could threaten Zuzana's career. Zuzana usually avoids talking to her supervisor about these problems because she fears the situation will worsen. However, when she recently had to speak to her supervisor urgently, she lost control and raised her voice during the conversation. The supervisor responded in an irritated but vague manner, making promises she ultimately did not keep.

During therapy, the therapist discovered that Zuzana had been in similar situations several times in her life. For example, when her professor at university stopped providing feedback on her thesis or when her chemistry teacher at high school did not allow her to take advanced courses. In both cases, however, Zuzana acted relatively calmly and assertively. She was able to handle the situation by repeatedly reminding these authorities of what she needed and managing to remain relatively calm.

In therapy, Zuzana considered using a similar approach in her current situation. She and the therapist focused on the adaptive schemas that had helped her cope with the challenging situations described in the past. Together, they identified several key skills: the ability to extract useful procedures from past experiences and transfer them to the present, the ability to recognise her cognitive errors and replace her perspective with a more constructive understanding, and the ability to put herself in the situation. "put herself in the other person's shoes" and understand her boss's motives and needs.

The therapist then worked with Zuzana on behavioural strategies. Through role-playing, she and the therapist practised how Zuzana could express her needs and demands to her boss. They also applied the problem-solving method. Together, they also considered the next steps Zuzana could take if the planned conversation did not go well.

During this work, Zuzana realised that she had resources and strategies within her that could help her deal with challenging situations. She learned to use her adaptive skills, such as expressing herself calmly, saying what she needed, and finding constructive solutions. This strengthened her Healthy Adult mode, which helped her better cope with work challenges.

### *Development of the Young Positive Schema Questionnaire (YPSQ) and its importance in research*

The Young Positive Schema Questionnaire (YPSQ) was designed to identify and measure positive schemas, complementing the traditional Young Schema Questionnaire, which is focused on maladaptive schemas. The YPSQ contains 14 categories of positive schemas, such as optimism, realistic expectations, stable attachment, healthy self-control, and others (Louis *et al.* 2018).

**Tab. 1.** Positive schemas

POSITIVE SCHEMAS	EXPLANATION
Emotional fulfilment	The knowledge that we have someone who meets our emotional needs, such as safety, connection, and support.
Self-compassion	The ability to be kind and forgiving to yourself, especially in times of failure or during difficult situations.
Social belonging	The feeling of being accepted and having a place within groups.
Optimism	The belief is that things will generally turn out well and that there is hope even in difficult times.
Self-control	The ability to maintain routines, set goals, and persevere in achieving them.
Stable attachment	The belief that our relationships are stable, strong, and long-term.
Realistic expectations	Setting achievable goals and accepting yourself as good enough.
Self-directed development	The ability to function in everyday life independently of parents or other authorities.
Healthy self-interest	The willingness to set aside time for yourself and prioritise your needs without feeling guilty.
Competence	The belief that we are capable of handling everyday tasks and problems.
Empathic understanding	Ability to accept different opinions from other people.
Emotional openness	The ability to express one's feelings to other people.

This tool allows therapists not only to detect existing adaptive schemas but also to plan interventions aimed at developing and strengthening them. Research shows that working with these schemas can reduce maladaptive patterns and support clients' long-term psychological health (Prasko *et al.* 2016; Edwards 2022).

Using the YPSQ also opens the way for further research in positive schema therapy (Table 1). For example, it may help researchers understand how different types of positive schemas influence resilience and long-term treatment outcomes, which is essential for further developing this therapeutic approach (Louis *et al.* 2021).

The table is inspired by the concept of the Young Positive Schema Questionnaire (YPSQ) and reflects its key categories (Louis *et al.* 2018).

#### Alena exploring her positive schemas

Alena has been in the process of Schema therapy for almost a year. She is well aware of many of her EMS: Abandonment, Defectiveness/Shame, Unrelenting Standards/Hypercriticalness, Practical incompetence/Dependence, and Pessimism/Worry. As well as seeing leading Schema Modes. But she finds it very difficult to stand up to her Critical mode, both when it demands unrealistic achievements and when it criticizes her for not achieving them. The therapist sees that it is difficult for the client to see her strengths and to activate Healthy Adult Mode. Although objectively she copes well with work demands, can inspire her team as a leader, solves everyday problems and is good at quickly making decisions and acting. The therapist decides to talk about positive schemas in one of the sessions and offers to fill out the YPSQ. The next time, the results were discussed, and it was revealed that the client has notable the following EAS: Optimism, Competence, and Empathic understanding.

**Alena:** I don't understand anything! We talk all the time that I am pessimistic, and I feel it is the truth because I am a real worrywart and the future seems very depressing to me. But now it turns out that I am an optimist. I still believe that I am the biggest failure and incompetent mock, but this is where the Competence scheme comes into play. Isn't that contradictory?

**Therapist:** It seems to me that it is essential that you talk about this. And indeed, at first glance, it may seem like a big contradiction. However, I would like to remind you that last time we talked about the fact that positive schemes can coexist with EMS. There are situations where the Healthy Adult is in charge of your inner world and all these positive things are turned on, and there are situations where the Critic takes over the management of your personality, and your insecurity and self-doubt are activated. How does that sound to you?

**Alena:** Yes, right, you said something like that. But it sounds so strange!

**Therapist:** Can you think of an example from your life where you are optimistic?

**Alena:** Yes, of course, at work I am quite optimistic and, actually, self-confident. In fact, I am a different person with my team! I like who I am there. You know, sometimes I even work overtime because I like the feeling that I am succeeding!

**Therapist:** Great observation! I also hear that your Healthy Adult is very present at work.

**Alena:** Wait, I suddenly realized something important! Finally, it occurred to me that I am multifarious! That what I am like at work is not just a casual pretence and that counts! I don't do well in my private life, but I do well professionally. And that is not unimportant!!! My eyes just opened! I really had no idea that my positive sides were as strong as my weaknesses. And that I don't have to change my whole self! This is so relieving!

Later in the therapy session, the client discusses with the therapist how this discovery can be used to strengthen their Healthy Adult Mode in other areas of life. The client feels surprised and happy that EAS was reviewed.

## POSITIVE SCHEMAS AND HEALTHY ADULT

### *The role of the Healthy Adult in the process of integration of positive schemas*

The Healthy Adult mode integrates positive schemas into the patient's experience and behaviour. In schema therapy, the Healthy Adult mode is the part of the personality that can observe one's experience, meet emotional needs, manage daily challenges, and take responsibility for decision-making (Young *et al.* 2003). Strengthening this part of the personality allows clients to integrate positive schemas, such as Self-Compassion, Social Belonging, or Realistic Expectations, into their lives (Louis *et al.* 2018).

Schema therapy uses many techniques that support the growth of the Healthy Adult mode, such as imagining safe places or scenes, practising mindfulness techniques, and reworking core memories through narrative rescripting. These interventions help clients to increase their resilience to stress and ability to form healthy (Young *et al.* 2003; Romano *et al.* 2020).

In this way, clients reduce the influence of maladaptive schemas, learn to draw strength from the positive aspects of their lives, and develop new coping methods (Young *et al.* 2003).

### **Stefany and Working with Modes, Positive Schemas, and Chairwork**

This dialogue combines mode work, identification of positive schemas and specific action planning to help Stefany return to work. Chairwork (role-playing) helps her practice practical communication skills with her boss.

**Therapist:** Hello, Stefany. How was your week since our last meeting?

**Stefany:** Bad. I'm depressed again. My boss called me and said I should come back to work. She told me a lot was happening and that she couldn't handle it without me.

**Therapist:** I understand that's a lot of pressure. There's a lot of work, and it seems like your boss considers your presence crucial. Does she believe that you can handle a lot of work so that she can rely on you?

**Stefany:** Yes, I've always been reliable... When I'm well, I'm very active.

**Therapist:** That's good to hear... It sounds like you're proud of that...

**Stefany:** Yes, I am. I'm a good worker.

**Therapist:** Yes, I can see that you are proud of it. How do you feel when you remember that?

**Stefany:** It feels worse now because I feel miserable, but otherwise, yes, I am proud of it.

**Therapist:** So, you feel disappointed that things are worse now... On the other hand, you are proud that you are a reliable and efficient worker. Can you say that even now, despite your depression, you can manage something?

**Stefany:** Well, I am doing something... I clean the house and read bedtime stories to my children, John and Lucy. I am no longer as "dead" as I was four weeks ago.

**Therapist:** That sounds like a significant change in a month. Can you appreciate that you are now managing these things? Tell me more about how that feels... What is it like for you to overcome it?

**Stefany:** Yes, I can admit it. When I think about it, I feel proud that I can do it for a while... When I realise that I am getting out of depression, it makes me feel good. It is something to be proud of.

**Therapist:** I completely agree with you. I am proud of you, too. I am happy to see your progress.

**Stefany:** I don't know if I could return to work yet. But maybe I could try.

**Therapist:** I see that you are brave. How do you feel now about the possibility of returning to work? Is there any way to make it easier for yourself? What has helped you in the past when you returned to work after a depressive episode?

**Stefany:** I have had two episodes of depression, after which I have returned to work. I was always afraid initially, but I managed it in the end. As I did before, I could tell my boss that I needed to take it slow. I want to help, but she can't rush me. She knows me well, and we have a good relationship. She has always helped me, and I think she will help me now. My husband is also very supportive. He helps me a lot. I have a lot of people who support me, and my children encourage me. I think I could do it.

**Therapist:** What would you say if we tried to role-play a conversation with your boss? I will play the boss, and you tell me what you want to say to her.

**Stefany:** Okay, let's try it.

### **Chairwork: Role-playing with the boss**

**Therapist** (as boss): Hello, Stefany. I'm glad you came in. There's a lot of work right now, and I need you back. We can't do it without you.

**Stefany:** Hello. I understand there's a lot of work, but I'd like to discuss how we can best manage my return to the workplace.

**Therapist** (as boss): That sounds reasonable. How can I help you?

**Stefany:** I need to be able to come back gradually. I think it would be best to start with reduced shifts for two or three days a week. I would also appreciate it if we could stay in touch and continuously evaluate how I'm doing.

**Therapist** (as boss): That sounds like a good plan. Do you have any other support, such as from family?

**Stefany:** Yes, my husband supports me and helps me at home. I'm also in contact with a therapist who is helping me cope with this situation.

**Therapist** (as boss): That's great. I think if we work together, your return should go smoothly. What do you think? Can we agree on a date for you to start?

**Stefany:** Yes, I suggest starting next Monday, if that is possible.

**Therapist** (in the role of boss): Okay. I will expect your return and prepare my colleagues to provide you with as much support as possible.

**Therapist** (out of role): Stefany, how did it feel to express your needs and hear a positive response?

**Stefany:** It was nice. I feel more confident that I can handle it, knowing that I can have a gradual return.

**Therapist:** Great. Do you think this could inspire your actual conversation with your boss?

**Stefany:** Yes, definitely.

### Strengthening adaptive schemas as a key to developing a resilience approach in therapy

Adaptive schemas, such as emotional openness, stable attachment, and healthy self-interest, are key factors in building resilience. Resilience enables individuals to cope with stressful situations and restore positive functioning after challenging events (Prasko *et al.* 2016; Louis *et al.* 2021). Strengthening these schemas allows clients to find sources of stability and balance even in difficult life situations (Prasko *et al.* 2016).

Recent studies also emphasize the significance of incorporating adaptive schema work for older adults. Activating positive schemas, rather than solely reducing maladaptive ones, may play a vital role in enhancing emotional resilience and overall psychological well-being (Videler *et al.* 2020; van Donzel *et al.* 2021). It might be a crucial therapeutic mechanism of change, especially for older adults, who may encounter a return of maladaptive schemas as a result of age-related stresses such as social isolation or loss of autonomy (Videler *et al.* 2020). For example, in a study on older adults with Cluster C personality disorders, strengthening adaptive schema was associated with greater improvements in the Healthy Adult mode, leading to better-coping strategies and improved psychological resilience (Videler *et al.* 2018). Another study revealed the presence of positive schemas to be important for inpatients diagnosed with major depressive disorder or generalized anxiety disorder. Positive schemas are associated with greater life satisfaction directly and through the mediation of increased resilience and reduced anxiety/depression (Chi *et al.* 2022).

Techniques that focus on adaptive schemas, such as planning positive activities or imagining successful situations, support clients in implementing these schemas into their daily lives. For example, imagining a “healthy figure” can help build self-confidence and positive self-esteem, leading to more stable emotional regulation and better relationships with others (Edwards 2022; Ackerman 2017).

#### **David, Identifying Resources and Transferring Them to Other Areas**

David, a 25-year-old, does not work but lives on unemployment benefits with his girlfriend and her parents. He suffers from borderline personality disorder. He is unable to force himself to get up in the morning or do anything. He underestimates himself, self-harms, worries about not knowing what he wants in life, is often suicidal, has strong fears and worries, and sometimes experiences panic attacks. His girlfriend also suffers from borderline personality disorder. They met in a psychiatric ward. His girlfriend goes to work and protects him, but her parents blame her for letting David move in with her, which he hears, and then his suicidal tendencies worsen.

#### **Situation:**

Living with his girlfriend and her parents, he says, exacerbates his feelings of worthlessness because he hears their arguments

about him and his stay with them. His girlfriend is supportive, but she also suffers from borderline personality disorder, which complicates the situation. David feels lost, aimless, and worthless, which affects his ability to take even basic steps to improve his life.

#### **1. Identifying Resources and Positive Schemas**

**Therapist:** David, last week you talked about how hard it is for you to get up in the morning. Today I would like to find out what has helped you cope with difficult situations in the past. Can you tell me about a hobby or activity that you used to enjoy?

**David:** I used to have an aquarium. I would take care of the fish, clean the tank, and plan what to buy for them. I enjoyed it when everything was in order and the fish were healthy.

**Therapist:** That sounds great. Your aquarium maintenance shows that you did something regularly and responsibly. Do you think it could be one of the positive schemas we've talked about? Look at this list here. Which positive schemas you see here could possibly be related to this?

**David:** Well, it's a small thing.

**Therapist:** Did you do it regularly, repeatedly? Did you think it needed to be done?

**David:** Yes. It could be related to the fact that I'm responsible for the fish at least.

**Therapist:** You're right, this reflects your positive schema of responsibility and planning. What did you enjoy most about it?

**David:** I guess it was the feeling of having something under control. When I saw the fish thriving, I was happy.

**Therapist:** I can see that it made you happy when your efforts led to positive results. How did you handle situations when something didn't work out, like when the fish got sick?

**David:** At first, I was angry, but then I started looking for something to do. Sometimes I had to treat the fish or adjust the water. When things got better, I felt better.

#### **2. Transferring positive schemas to everyday life**

**Therapist:** Notice that you had a system for dealing with problems. When a complication arose, you looked for a solution and gradually managed it. Do you think we could use this approach now, for example, to help with getting up every day?

**David:** I don't know, but maybe.

**Therapist:** What if we created a plan, similar to how you planned to take care of the aquarium? What would your ideal day look like?

**David:** I would get up at eight in the morning, make breakfast, and maybe go for a short walk. Then I could help a friend or try to search for something on the Internet.

**Therapist:** That sounds like a good start. How could you simplify the plan to make it as accessible as possible?

**David:** Maybe I could start by just setting my alarm for eight and getting up.

**Therapist:** Great. And what if it doesn't work out for you? What would your Healthy Adult tell you?

**David:** That it doesn't matter, I can try again tomorrow.

#### **3. Role-playing and working with the Healthy Adult**

**Therapist:** How about we try out a rough scenario where you wake up in the morning and overcome your reluctance? I can

play your Critical Mode and you respond to me as your Healthy Adult.

**David:** Okay, I'll try.

**Therapist:** (Playing Critical Mode.) "You're useless, you won't be able to get up again and your girlfriend will be mad at you."

**David:** (As the Healthy Adult.) "That's not true. It won't be perfect right away. I can try again tomorrow and make at least a little progress."

**Therapist:** Excellent! Your answer shows that your Healthy Adult can face the Critical Mode and find a realistic solution.

#### 4. Reflection and conclusion

**Therapist:** How do you feel now that we've tried to plan the first steps?

**David:** Maybe it won't be that bad. I can start with the little things.

**Therapist:** Exactly. Your positive schemas of responsibility and planning are still inside you. It's important to gradually activate them. How about setting a goal for this week to get up at eight and make breakfast?

**David:** I could do that.

**Therapist:** Great. And if that doesn't work, remind yourself that your Healthy Adult can plan the next steps and find solutions.

#### Key Elements of Therapy

##### 1. Modes:

- Vulnerable Child: Appears in David's feelings of helplessness and self-harm.
- Critical Mode: Amplifies his feelings of uselessness and devalue.
- Healthy Adult: Reinforced through planning, role-playing, and reflection.

##### 2. Positive schemas:

- Self-confidence: Activated through small successes.
- Responsibility: Reinforced by transferring skills from aquarium care to everyday life.
- Support: Reminded by practising realistic self-talk.

##### 3. Strategy:

- Identification of adaptive schemas.
- Step-by-step planning of specific steps.

The significance of these approaches lies in the fact that clients learn not only to reduce the influence of maladaptive schemas but also to effectively draw

strength from their internal resources, supporting their long-term psychological health and resilience to future challenges (Romano *et al.* 2020; Young *et al.* 2003).

## PRACTICAL STRATEGIES IN POSITIVE SCHEMA THERAPY

### Identifying and activating positive schemas: mapping resources and working with positive memories

One of the first steps in positive schema therapy is identifying and activating positive schemas through mapping the client's resources and reflecting on the timeline of positive memories, thus supporting their adaptive functioning. The therapy focuses on uncovering the client's internal and external resources that support their adaptive functioning. Internal resources include, for example, abilities, strengths, skills, and values, while external resources include social support or the availability of opportunities in the client's environment (Ocisková *et al.* 2019). For example, the therapist can help the client map positive experiences from the past that show their ability to cope with difficult situations and connect with them in the current challenges. Such as process strengthens self-confidence and opens up new possibilities for using resources in the present (Prasko *et al.* 2016). It is called a Life review intervention, and it emphasizes positive schemas and sources of resilience that can be used to counterbalance the effects of early maladaptive schemas (Bhar 2014). In the Life review and Positive schema activation techniques, the client is encouraged to recall and reinforce past experiences that align with positive schemas (e.g., "I am capable," "I am worthy of love"). Also, chair-work can be used to encourage a dialogue between the client's Healthy Adult mode and the positive aspects of their identity to strengthen adaptive patterns of self-perception (Videler *et al.* 2020).

### Developing new adaptive schemas using techniques such as role-playing, rescripting, and imagination

Developing new adaptive schemas involves using advanced therapeutic techniques that allow clients

**Tab. 2.** Multiple questions which can help in activity planning (accommodated according to Prasko *et al.* 2016 with permission)

- Which activities do you find fun or relaxing?
- Why do these activities feel rewarding to you?
- How do you feel when engaging in them?
- How do you plan activities you enjoy that are meaningful to you?
- Which activities provide feelings of achievement, peace, and balance?
- What do you need to fulfil them in real life?
- Could you do them more often, or find ways to make them even more enjoyable or rewarding?
- What can you do about it?
- With whom could you engage in these activities?
- Who could participate to make it even more enjoyable?
- How do you feel while and after you engage in these activities?
- What could you do to enjoy them more often?



**Tab. 3.** Multiple questions which can help in social skills training (accommodated according to Prasko et al. 2016 with permission)

- What would the client want others to appreciate, praise, or respect about them?
- What would the client appreciate about then people around them (relatives, co-workers, etc.)?
- What could the client praise others for, and for what would they feel respect towards this person?
- What would receiving or giving praise, respect, and appreciation look like?
- How would they and the other person feel?
- Can this change in communication lighten their own and others' moods?
- How could the client ask for an expression of appreciation, praise, or respect from important people around them?
- How do the client and their counterpart feel when engaging in such interactions?
- Could communication be further improved so that both parties feel even better?

to explore and reshape their maladaptive patterns of thought and behaviour.

Behavioural strategies that can be used for resource-oriented work include planning enjoyable and moderately challenging activities, self-rewarding, or social skills training, such as positive assertions (Table 2). Compared to standard CBT and schema therapy approaches, the focus is on the positive aspects of the activity (Prasko et al. 2016).

A therapist can ask clients to imagine what it would be like to do some activities and how they could enjoy them best (Ociskova et al. 2019). Role-playing helps clients explore new ways of behaving in a safe environment, which supports their ability to apply these strategies in real life. In social skills training, emphasis is placed on positive social exchange. Besides regular role-playing exercises, the therapist helps the clients to focus more on their strengths and to learn the positive aspects of communication (Table 3).

The therapist and the client continue by playing roles and reflecting on them. Roles can then be reversed if needed (Prasko et al. 2016). Another way of working with behavioural resources is to involve existing resources in problematic situations. A client may be resourceful in one life area but does not use those resources in another. As a result, feeling lost and helpless afterwards. For example, one depressed client often behaved non-assertively and in a self-defeating way. However, when he gave a lecture about a topic in his field of expertise, he switched modes and suddenly acted assertively, spoke openly and clearly, and set healthy boundaries when needed. One of the therapeutic tasks was to expand his ability to use resourceful behaviour in other areas of his life, not just at work (Prasko et al. 2016).

Behavioural resources that help clients function in some life areas can be transferred to problematic ones (Ociskova et al. 2019). With this approach, we do not simply reinforce existing resources or build new ones, but we extend their effect to problematic areas the client faces. Clients usually respond positively to this approach to their issues. They realise they are capable and can use their resources in various challenging situations. Their confidence grows.

Rescripting traumatic memories allows the client to rewrite negative emotional responses to the past and

create new, positive stories about themselves (Prasko et al. 2016).

### **Working with imagery rescripting Veronica's pregnancy-related trauma**

This approach involves working with Veronica's past trauma when she lost her baby in the fourth month of pregnancy after artificial insemination. It focuses on calming the Vulnerable Child mode, rewriting the traumatic event through guided imagination, and strengthening positive schemas of care, reliability, love, and hope. In a positive imagination, Veronica focuses on calmly coping with the pregnancy, supporting her husband, and promoting the positive development of her child.

#### **Therapeutic situation:**

Veronica tried to get pregnant through artificial insemination, but she miscarried in the fourth month of pregnancy. This loss had a profound impact on her - she experienced sadness, hopelessness, and guilt. She is now considering a new procedure but fears repeating the same scenario. She fears losing her baby, even though she desires pregnancy. Therapy focuses on rewriting the traumatic event and creating a positive image of managing the pregnancy.

#### **Rescripting of a traumatic experience**

**Therapist:** Veronica, the thought of another pregnancy makes you anxious. How do you feel when you think back to your experience?

**Veronica:** I feel sad. I feel guilty about having the miscarriage, and I feel scared that it will happen again.

**Therapist:** I understand that this is very painful for you. What you are describing is the voice of your Critical Mode, which places unreasonable expectations on you and blames you for things that are beyond your control. If you look at this situation through the eyes of the Vulnerable Child, what would you need to feel better?

**Veronica:** I would need someone to tell me it was not my fault. And that I did what I could.

**Therapist:** That makes sense. What if we went back to the moment when you had a miscarriage and imagined that you had supportive figures around you—like your husband or someone else who could have supported you? What would they say to you?

**Veronica:** My husband would hug me and tell me he loves me. That we can get through anything together, and maybe you would say to me I am strong and that it wasn't my fault.

**Therapist:** Exactly. That's how your Loving Parent and Healthy Adult could support the Vulnerable Child deal with this painful situation. How do you feel now, imagining that?

**Veronica:** I feel calmer. Like I'm not alone in this.

### Positive Future Imagination

**Therapist:** Now, I want to invite you to imagine that you are pregnant again. Close your eyes and try to imagine that your pregnancy is going smoothly and harmoniously. What do you see?

**Veronica:** I see myself taking care of myself. I am calm and balanced. My husband takes care of me, prepares healthy food, and we talk.

**Therapist:** That is a beautiful image. What do you see next?

**Veronica:** I see the baby growing in my womb. He swims there and feels safe. Suddenly, he starts kicking. It is a pleasant feeling.

**Therapist:** How do you feel when you imagine this?

**Veronica:** I feel joy and peace.

**Therapist:** That is wonderful. Now, let's move on to the moment of birth. Imagine how your body naturally leads the baby into the world. What do you see?

**Veronica:** I see the baby coming into the world. He is strong and healthy. I hold him in my arms, I breastfeed him, and we cuddle.

**Therapist:** What emotions do you feel?

**Veronica:** I feel gratitude, joy, and love.

### Connecting imagination with positive schemas

**Therapist:** Veronica, your positive schemas of care, love, and trustworthiness are strong in this image. Can you imagine how you could use these resources now as you prepare for a new procedure?

**Veronica:** I could remind myself that I did everything possible and am not alone. My husband supports me, and I can care for myself, so I am calm and at ease.

**Therapist:** That is a great plan. Your Healthy Adult can support you by reminding you of your strength and capability. If fears arise, what could you tell yourself?

**Veronica:** That it is normal to be afraid, but that I can do it. And that I deserve to succeed.

**Therapist:** Exactly. You can use this image as a source of strength and peace. You are ready to move forward.

This procedure combines the rescripting of past trauma with positive imagery of the future. It focuses on strengthening the Healthy Adult mode and positive schemas that will help Veronica cope with her fear of the new procedure and pregnancy.

Imagery, such as imagining a supportive figure or a situation in which the client will succeed, supports the integration of adaptive schemas into the client's inner world. These techniques allow the client to experience new perspectives and stronger emotional connections with adaptive schemas (Young *et al.* 2003; Prasko *et al.* 2016). Imagery rescripting with positive schemas can highlight previous experiences of resilience and successful problem-solving (Videler *et al.* 2020)

### Working with childhood injustice and imagery rescripting with Klara

Klara is a 35-year-old woman with borderline personality disorder, who has two small children, preschool age, and is divorced. Her mother helps her with the children, with whom she has a very close, almost symbiotic relationship. Her mother is on disability pension due to depression. She currently helps Klara a lot, but Klara is unable to function without her. She does not clean the house, and she has problems taking the children to kindergarten herself. She has had serious problems in the last two years, when her boyfriend, the father of the children, left her and stopped being interested in the children. Klara loves her children and accuses herself of not being able to take care of them much. However, she can go to work, although she is dissatisfied there because she works as a cleaner, even though she has a high school diploma. She often argues with her superior.

### Identification of the problem situation

**Therapist:** Klara, how did you feel today?

**Klara:** This morning, I felt like I couldn't handle anything at all. The kids were restless, fighting over toys, and I was yelling at them. Then I thought to myself what a terrible mother I was.

**Therapist:** That must have been really challenging. You mentioned that you yelled at yourself, that you were a "terrible mother." Do you think that could be the Critical Mode that is blaming you in that situation?

**Klara:** I guess so... It keeps telling me that I am doing everything wrong.

**Therapist:** Let's take a moment to look at where this feeling came from, whether it could have come from earlier, in childhood or adolescence. Try to remember the first situation that comes to mind when you felt so helpless and unfairly blamed in childhood or adolescence.

**Klara:** That happened many times. The first time, I think... When I was about eight years old. I was at my grandmother's house, playing with my cousin. He broke the vase and said in front of Grandma that I did it. Grandma scolded me and said I was clumsy. It wasn't my fault at all. It was unfair. Even though I cried because I didn't do it, Grandma yelled at me.

### Rescripting a painful memory

**Therapist:** That must have been hard for a little girl.... What would you have needed most at that time?

**Klara:** I would have needed someone to believe me and stand up for me.

**Therapist:** Who could have stood up for you in this situation? Who would you have trusted to do it if he were there?

**Klara:** Definitely Grandpa. He loved me very much.

**Therapist:** Close your eyes and try to imagine that you are at Grandma's again. Your cousin breaks the vase and accuses you. What happens next?

**Klara:** Grandma scolds me. But Grandpa enters. He says: "Wait, Klara wouldn't do that. Let's find out what happened."

**Therapist:** What does Grandpa do?

**Klara:** She says I broke it, but Grandpa sticks up for me. He says: "Klara is smart, she would never do something like that. It was an accident that Tony caused. Tony, look at me and tell me what happened?"

**Therapist:** What happens next?

**Klara:** Tony confesses. Grandpa hugs me and says: "I'm proud of you for being so brave. None of this was your fault."

### Reinforcing Positive Schemas

**Therapist:** How do you feel now when you imagine it that way?

**Klara:** It's a relief. I don't feel so wrong anymore.

**Therapist:** That's great. Your Healthy Adult can now see that you were innocent then and that there was something about you that others could be proud of. How could you use this feeling today when you feel like a "terrible mother"?

**Klara:** I could remind myself that I am doing my best and that my children love me.

**Therapist:** Exactly. Your grandfather supported you in your imagination, and now you can take on the role of a Healthy Adult and support yourself. What would your Healthy Adult say to you?

**Klara:** He would say, "You are a good mom. Even though it is hard, you are doing everything you can, and that is important."

### Reflection and transfer to practice

**Therapist:** How could you apply this new perspective when Critical Mode appears?

**Klara:** I could remind myself of this imagination. And also try to focus more on what I am doing well.

**Therapist:** That is a great idea. And how about we try practising how to handle stressful situations with children next time so that you feel more confident?

**Klara:** I would really like that.

### Key elements of therapy

1. Modes:

- Vulnerable child: This appears in Klara's feelings of helplessness and guilt.
- Critical mode: Amplifies her blaming and low self-esteem.
- Healthy adult: Reinforced by imagination and the transfer of positive schemas to current problems.

2. Positive schemas:

- Support: Secured in the imagination by the figure of the grandfather.
- Self-confidence: Reinforced by reflecting on successes and using the support of the Healthy adult.
- Justice: The painful memory of unfair accusations is overwritten.

3. Strategy:

- Imagining and rewriting the traumatic event.
- Reflecting on the positive aspects of motherhood.
- Planning to practice coping skills in stressful situations.

This approach helps Klara manage feelings of guilt and low self-esteem and gradually build her ability to cope with everyday challenges as a mother and caregiver.

### Creating new perspectives through imagery rescripting

During imagery rescripting a traumatic event, the client learns to view the event from a new perspective, offered by the Healthy Adult mode. This process can help to reduce the influence of maladaptive schemas and allow the client to activate adaptive schemas, such as self-esteem or realistic expectations.

### Behavioural approaches: Planning positive activities and social skills training

Behavioural strategies play a key role in implementing positive schemas into everyday life. Planning positive activities involves structured engagement of the client in activities that bring joy, meaning, or a sense of accomplishment. These activities may include relaxation exercises, creative activities, or social events (Ociskova *et al.* 2019). Record of these positive, self-affirming autobiographical memories of activities during everyday life may provide a tool to support the regulation of depression (Haag *et al.* 2024).

Social skills training helps clients improve interpersonal communication, assertiveness, and the ability to form healthy relationships. Attention is paid to conflict management and strengthening positive communication, such as expressing appreciation and respect for others (Ocisková *et al.* 2019). In this way, therapy supports the client's ability to use positive schemas in interactions with others.

### Working with Positive Imagery and Self-Esteem with Esther

This interview focuses on Esther, who is nervous about an upcoming meeting with her boss- She plans to ask for a pay raise. The therapist works with her modes (Critical Mode, Vulnerable Child, Healthy Adult) and uses imagery to reinforce positive schemas of self-confidence, support, and competence.

**Therapist:** How are you feeling today, Esther?

**Esther:** I'm nervous. I have scheduled a meeting with my boss to ask for a pay raise. I know I'm doing a good job, and I am entitled to one, but I'm still worried. What if I look greedy? What if he cuts my salary instead? Or think I'm a slacker? You never know...

**Therapist:** I understand that this is an important situation that is causing you anxiety. It sounds like your Critical Mode is speaking out loud right now and undermining your self-esteem. What would you need most in this situation to get through it?

**Esther:** I would probably want someone there to support, praise, and tell me I can do it. Maybe my husband, Phillip. Of course, that's impossible. It probably wouldn't look good if I came there with my husband cheering me on (laughs).

**Therapist:** (Laughs) That would be pretty unusual. Imagine Phillip saying, "You can do it, Esther! Great argument! She's my girl!" Would he even clap?

**Esther:** (Laughs) Maybe. But my boss would probably think that I am joking.

**Therapist:** Probably. But I like the way you created that supportive scenario. I see that you look more relaxed now. Bringing Phillip with you might not be the best idea, but what about imagining him next to you? Do you think that would help?

**Esther:** I think so. I could imagine him standing next to me, supporting me, and giving me good arguments for a raise. I think I would feel more confident.

**Therapist:** Great. What if you closed your eyes and imagined Phillip standing beside you, supporting you, and doing everything you needed to make you feel calmer and more confident?

**Esther:** Okay. (She closes her eyes and describes in detail how she imagines her husband's support.)

**Therapist:** I like what you described. I would like to suggest that we take it a step further. The fact that you can vividly imagine Phillip's support tells me you can calm and support yourself. What would you say if we re-imagined the situation now, but this time, you said the encouraging words Phillip said in the previous imagination?

**Esther:** I don't know how it would work, but I can try. I've never been very good at encouraging myself, but I know my boss well, so that shouldn't be a problem. (Esther closes her eyes and imagines the whole situation. This time, she supports herself and creates strategies to convince her boss that the pay raise request is fair.)

**Therapist:** What you described sounded very natural. It also seemed easy for you. I can see that it relaxed you. How do you feel now?

**Esther:** It's not as bad as I thought. It takes a little practice. I'm not used to this kind of self-support.

**Therapist:** That's okay. How about we make it an action plan assignment? You could record a supportive message on your phone and play it a few times before the meeting. What do you say?

**Esther:** Yes, I could try that.

**Therapist:** Great.

### Interview Analysis

#### Modes:

**Critical Mode:** Esther worries that she will appear greedy or her boss will reduce her salary. The therapist helps identify this mode and mitigate its influence.

**Vulnerable Child:** Appears in Esther's insecurity and nervousness before an important situation.

**Healthy Adult:** The therapist supports Esther in taking responsibility for her self-confidence and developing realistic and supportive strategies.

#### Positive Schemas:

**Self-Confidence:** Esther learns to support herself in challenging situations.

**Support:** Esther uses the idea of support from her husband as a source of calm and security.

**Competence:** Esther reminds herself that she is doing a good job and that her request for a raise is justified.

#### Practical Strategies:

Esther uses her imagination to create a positive image of a meeting with her boss.

She records an encouraging message to play before an important meeting.

## INTEGRATING POSITIVE SCHEMAS INTO CLINICAL PRACTICE

### *Case studies demonstrating the use of positive schemas in various disorders*

Positive schemas have proven to be a valuable tool in working with various disorders, including depression,

anxiety disorders, and personality disorders also in older age (van Donzel *et al.* 2021). For example, in a client with depression, adaptive schemas associated with his professional achievements were identified, which helped create a plan of activities aimed at restoring his self-confidence. The therapy involved mapping the resources the client had previously used to cope with difficulties and reactivating them through specific planning of steps to achieve work goals. (Ocisková *et al.* 2019).

### Working with Adaptive Schemas with Dan

This story illustrates how a depressed client can identify and reactivate adaptive schemas associated with his professional success. Therapy focuses on strengthening the Healthy Adult and promoting positive schemas of self-confidence, competence, and work focus.

#### Situation:

Dan, a 35-year-old client, suffers from depression that affects his ability to work. Before the onset of depression, he was a successful project manager and had a reputation as a reliable and capable worker. However, he currently feels paralysed and has lost confidence in his abilities. The therapist works with Dan to identify and reactivate his adaptive schemas associated with past professional successes.

### 1. Mapping Resources and Adaptive Schemas

**Therapist:** Dan, in previous sessions, we focused on how depression affects you. Today, we would like to explore your strengths and past achievements. Can you think of a time when you accomplished something difficult and were proud of yourself?

**Dan:** Well, when I think about it, I've always been good at managing projects at work. I led a team, I planned tasks, and I coordinated deadlines. It felt good when we completed something. But now I feel like I can't do it anymore.

**Therapist:** The fact that you were a successful project manager shows your adaptive schemas—confidence, organisation, and team leadership. Let's explore this in more detail. What helped you handle difficult situations back then?

**Dan:** I always had a plan. When a problem came up, I would break it down into smaller parts and look for solutions. And I had a good team that I could rely on.

**Therapist:** That sounds like a great strategy. Do you think you could use this skill again, even though you're struggling with depression?

### 2. Planning Specific Steps to Regaining Self-Confidence

**Therapist:** How about we create a plan similar to what you did at work, but this time focused on your personal goals?

**Dan:** We can try. But I don't know if I can do it.

**Therapist:** I understand it can be challenging, but your Healthy Adult has done things like this before. Let's start small. What might your first goal be?

**Dan:** I would like to try writing an email to a former colleague of mine. Maybe he could tell me if they want someone to do a small project somewhere.

**Therapist:** That's an excellent idea. What might your plan look like to reach this goal?

**Dan:** First, I need to remember everything we did together to know what to write to him. Then, I could write a draft of the email and leave it overnight. In the morning, I would review it and send it.

**Therapist:** That sounds like a great process. What would help you send the email?

**Dan:** Maybe I should remind myself that this colleague has helped me before, and I have nothing to lose.

### 3. Activating Positive Schemas Through Reflection

**Therapist:** Can you think of a specific success that made you feel good?

**Dan:** Yes, we completed a big project that was behind schedule. It was stressful, but we managed it in the end. The clients were happy, and my boss praised me.

**Therapist:** That's a great example. What qualities did you use to get through it?

**Dan:** I was organised, communicated with my team, and stuck to a plan even when things got complicated.

**Therapist:** These qualities are still there. How could you use them when looking for a new job opportunity?

**Dan:** I could list companies that interest me and plan when I'll contact them. I could also try a few smaller projects to get back on track.

### 4. Homework and Conclusion

**Therapist:** Our goal is to rebuild your confidence gradually. How about you list your past successes at home and add the qualities you used to achieve them?

**Dan:** That sounds reasonable.

**Therapist:** Great. And once you have the list, we can focus on specific steps to apply those qualities to the current situation. Your ability to organise and plan is one of your greatest resources.

### Key Points of Therapy

#### Modes:

**Vulnerable Child:** Appears in Dan's feelings of insecurity and inadequacy.

**Healthy Adult:** Reinforced through planning and reflection on his abilities.

**Critical Mode:** Identified and mitigated when Dan questions his competence.

#### Positive Schemas:

**Confidence:** Reinforced through reflection on past successes.

**Competence:** Activated through planning and specific steps.

**Support:** Dan reminds himself of supportive relationships with colleagues and clients.

#### Strategies:

Map resources and adaptive schemas.

Step-by-step planning of specific steps.

Homework focused on reflection and resource activation.

In the case of anxiety disorder, positive schemas were used to strengthen the client's ability to cope with social situations. Role-playing and imagining situations in which the client successfully copes with interactions with others helped to develop more adaptive behaviour and strengthened his self-confidence in real situations (Prasko et al. 2016).

### Working with Olivia and Her Social Phobia

This story illustrates how positive schemas and techniques, such as imagination and role-playing, can be used to enhance the self-esteem of a client with an anxiety disorder. Therapy focuses on identifying the Vulnerable Child and Critical Modes, strengthening the Healthy Adult, and developing positive schemas of competence, support, and acceptance.

#### Situation:

Olivia, a 21-year-old college student, sought therapy for her social phobia. She is anxious about interacting with others, especially her peers at school, and fears that she might be rejected or criticised. These fears often lead her to avoid social situations, which exacerbates her loneliness and low self-esteem. In therapy, the therapist focuses on developing Olivia's positive schemas and improving her skills in coping with social situations.

### 1. Identifying Vulnerable Child and Critical Modes

**Therapist:** Olivia, you said you avoided group discussions at school last time. What made you do that?

**Olivia:** I was nervous. I thought that others would think I was stupid if I said something.

**Therapist:** It sounds like you are being controlled by Critical Mode, which convinces you that others will criticise you. What do you think your Vulnerable Child needed at that moment?

**Olivia:** I needed to hear that it's okay to make mistakes and that the world won't fall apart even if something isn't perfect.

**Therapist:** That's an important realisation. What if we worked today on how your Healthy Adult could support and encourage your Vulnerable Child?

### 2. Role-playing to boost self-confidence

**Therapist:** What if we tried out a situation where you were in that group discussion? I can play the role of your classmate, and you could give your opinion. What do you think?

**Olivia:** That sounds scary, but I could probably try it.

**Therapist:** Great. Imagine we are in a classroom. The topic has been assigned, and you want to contribute your opinion. What would you say?

**Olivia:** (Nervously) I think I could say something like, "I think this concept has practical applications."

**Therapist:** That sounds great! What do you think your classmate might say?

**Olivia:** He might say, "That's an interesting perspective."

**Therapist:** Exactly! How do you feel about that?

**Olivia:** I guess it's not as bad as I thought.

**Therapist:** Your Healthy Adult supports the Vulnerable Child to gain more confidence. How about we try the situation again, but with a little more courage in your speech?

### 3. Positive Scenario Imagination

**Therapist:** Olivia, what if we imagine you feeling calm and confident in a group? Close your eyes and imagine you are speaking in front of your classmates. How do you feel?

**Olivia:** I imagine that I am calm. I give my opinion, and the others listen to me – some nod. No one criticises me.

**Therapist:** That sounds very positive. How do you feel now?

**Olivia:** I feel more confident.

**Therapist:** Excellent. Your Healthy Adult has just created an optimistic scenario reinforcing the schemas of competence and acceptance. We could use this favourable scenario as homework. How about recording it on your phone and playing it a few times before the following group discussion?

**Olivia:** That might help.

### 4. Reflection and Planning

**Therapist:** How do you feel when we reflect on your accomplishments today?

**Olivia:** I am surprised. I thought it would be harder. Maybe I can say something in the group next time.

**Therapist:** That's a great goal. How about we plan a small step for next week? Maybe just ask a question or agree with someone else's opinion.

**Olivia:** I could try that.

### Key Elements of Therapy

#### Modes:

**Vulnerable Child:** Appears in Olivia's fear of rejection.

**Critical Mode:** Undermines her self-confidence and reinforces avoidant behaviour.

**Healthy Adult:** Reinforced through role-playing and imagination.

#### Positive Schemas:

**Competence:** Built through practising interactions and positive imagination.

**Acceptance:** Reinforced through realistic social interaction scenarios.

**Self-confidence:** Supported through concrete steps and reflection on successes.

#### Strategies:

Role-playing for practising social situations.

Positive scenario imagining as a tool for calming down.

Homework focused on reinforcing positive schemas.

This procedure helps Olivia gradually manage social situations and increase her self-confidence.

In borderline personality disorder, positive schemas focus on stable relationships and emotional openness. Working with the imagery of a supportive figure in the role of a Healthy Adult allowed the client to integrate these adaptive schemas into daily life better and reduce the intensity of maladaptive reactions (Young *et al.* 2003).

### Strengthening Resources and Working with Family Relationships with Mary

This story focuses on working with Mary, who comes from a challenging family background. The therapy focuses on identifying

and strengthening her resources, rewriting traumatic memories, and connecting her Healthy Adult mode with positive schemas and the ability to see things from different perspectives. The process includes steps that help Mary manage her relationships with her parents and life.

#### Therapeutic situation:

Mary comes from a family where her mother was an alcoholic, and her father was often physically aggressive. As a child, she had no one to protect her or provide emotional support. She came to therapy at the age of 22 with intense emotional instability and identity issues. What she did not realise, however, were her inner resources, such as the ability to see things from different perspectives and find positive qualities in people. These resources were evident in many situations, but she could not access them in emotionally charged situations or family contexts.

#### Working on identifying and strengthening resources

**Therapist:** Mary, last time we talked about your childhood and difficult moments with your parents. This time, I would like to focus on moments when your parents acted adaptively. Can you remember when your father or mother acted well or overcame difficulties?

**Mary:** Maybe. My father had moments when he was calm and serene. He liked science and was persistent. I remember him fixing clocks, which calmed him down, even when he was angry. And my mother? She drank a lot, but she loved culture before she started drinking. She loved going to the theatre and enjoyed it when we went as a family.

**Therapist:** Those are great insights. I can see that your Healthy Adult can now appreciate the positive qualities of your parents. How does that make you feel?

**Mary:** It's strange, but not as bad as I thought.

**Therapist:** That's important. You can see that even in difficult situations, you can find different perspectives and understand the context. This is one of your key resources. Could you write a short story about the qualities you saw in your parents and how they might be reflected in you?

**Mary:** I could try.

Imagery Rescribing from the Perspective of a Healthy Adult

**Therapist:** Today, we could take it a step further. What if you imagined your Healthy Adult entering one of those difficult situations from your childhood? For example, a time when you needed protection. What might that look like?

**Mary:** I think I would need someone to tell my dad to stop – someone to hug and comfort me.

**Therapist:** Who could that be?

**Mary:** Maybe my adult self. Or someone who could make me feel safe, like the older sister I always wanted.

**Therapist:** Great. Close your eyes and imagine yourself entering that situation as your Healthy Adult or your older sister. What's happening?

**Mary:** I see her stopping my dad. She tells him that this is not okay. And then, she hugs me and tells me I am good and do not deserve this treatment.

**Therapist:** How does that image make you feel?

**Mary:** Calmed down.

### Bringing Resources into the Present

**Therapist:** Mary, your ability to see things from different perspectives is a unique resource. Could you use it in your current relationships, such as with your parents or partner?

**Mary:** I guess I could try to understand why they act the way they do. And maybe try to stay calm and set boundaries.

**Therapist:** That's a great plan. We could write two letters—one from your Healthy Adult to your mother when you were a child, and the other as a "business card" from your Healthy Adult that summarises what's important to you now. What do you think?

**Mary:** That sounds good.

### Key Moments in Therapy

#### Modes:

**Vulnerable Child:** This appears in Mary's feelings of sadness and insecurity as a child.

**Critical Mode:** Accuses Mary of deserving the situation she is in.

**Healthy Adult:** This is reinforced through imagination and connection to positive schemas.

#### Positive Schemas:

**Security:** Reinforced by the imagery of protection and care.

**Self-confidence:** Built through letter writing and connecting with one's abilities.

**Support:** Involves understanding and accepting the parents' positive qualities and their influence on Maria.

#### Practical Steps:

Imagination rewriting traumatic situations.

Homework focused on connecting Maria's resources to current relationships.

Writing therapeutic letters to better connect with her values and resources.

#### Recommendations for therapists: balancing problem-solving and supporting client growth

Successfully integrating positive schemas into therapy requires therapists to balance problem-solving and support the client's growth. Research shows that focusing solely on problems can lead to overlooking the client's strengths, which can weaken the therapeutic alliance and reduce the effectiveness of therapy (Ociskova et al. 2019).

It is recommended that therapy begin by activating the client's resources and enhancing their perception early in the therapeutic process. The therapist should actively seek opportunities to emphasise the client's strengths while focusing on problem areas. This increases the client's motivation and supports long-term change (Prasko et al. 2016).

At the end of each therapy session, it is recommended to reflect on progress in problem-solving and successes associated with growth and integration of adaptive schemas. This balanced approach allows the client to solve current difficulties, build resilience, and cope with future challenges (Young et al. 2003).

## CHALLENGES AND LIMITATIONS OF POSITIVE SCHEMA THERAPY

#### Potential risks such as over-optimism or misunderstanding the client's context

Positive schema therapy has many benefits, but it also carries some risks. One risk is the possibility of over-optimism, where the therapist or client may underestimate the severity of problems or overlook essential aspects of the client's situation. This can lead to unrealistic expectations that can be demotivating if the client fails to achieve the intended results (Prasko et al. 2016). Another risk is the lack of understanding of the client's context. If the therapist does not consider the client's personal experiences, values and cultural or socioeconomic background, applying positive schemas may be less practical or even counterproductive. If the therapist overemphasizes the client's positive aspects, fails to reflect on their current state, and fails to show sufficient empathy, the client may feel that their problems are being trivialized and insufficiently validated in therapy. This can deepen their feelings of failure and guilt. Effective work with positive schemas requires careful adaptation of techniques to the individual client's needs, including consideration of their specific resources and limitations.

#### Limitations associated with the lack of empirical studies on this topic

Positive schema therapy is a relatively new approach; therefore, a limited amount of empirical data exists to confirm its effectiveness compared to traditional therapeutic methods. While some studies suggest a positive impact on the development of resilience and overall quality of life (van Donzel et al. 2021; Chi et al. 2022), there is still a lack of robust research that systematically evaluates the effectiveness of said approach across different populations and diagnoses (Prasko et al. 2016).

This lack of empirical data makes it difficult to standardise therapeutic procedures and limits the possibility of widespread implementation of this method in clinical practice. Future research should focus on longitudinal studies that would better map how positive schema therapy affects clients over the long term, and compare its effectiveness with other approaches, such as traditional cognitive-behavioral therapy.

## CONCLUSION

#### Summary of the benefits of positive schema therapy

Positive schema therapy offers an essential shift in the approach to psychotherapy, which, in addition to problem-solving, emphasises nourishing the client's resources, strengths, and adaptive schemas. This approach allows clients to reduce the influence of maladaptive patterns and develop healthier ways

of thinking and behaving, which supports long-term psychological resilience and improved quality of life.

This methodological approach demonstrates that working with positive schemas is an effective tool for strengthening the client's resilience and coping with problems in various areas of life.

A key benefit of positive schema therapy is its ability to integrate elements of positive psychology and traditional therapeutic techniques, which brings a new dimension to working with clients. Therapy focused on positive schemas helps clients rediscover their inner resources, strengthen the Healthy Adult mode, and build adaptive coping strategies that can be effectively used in everyday life.

## CONFLICT OF INTEREST STATEMENT

The authors declare that the article was done without any commercial or economic relationships that could be understood as a potential conflict of interest. Artificial intelligence tools (Chatgpt, openAI) were used to support language editing. The authors take full responsibility for the final content and interpretation.

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