

2014-2015 ISST CERTIFICATION REQUIREMENTS AS AN INDIVIDUAL SCHEMA THERAPIST

Qualifications to apply for Certification for those completing training after December 31, 2013:

To qualify for certification in Schema Therapy a person must fulfill the following two qualifications:

1. **Academic training**: Hold at least a master's degree in psychology, clinical social work, psychiatric nursing or a counseling area that leads to licensing; or a medical degree with psychiatric residency (or residency equivalent if it is defined differently in that country).
2. **License or certification for practice**: In countries that certify or license the above professions, a person must be certified or licensed by either the government body or professional organization which grants this. If no such control exists in a country, the standard of one of the national or international professional psychotherapy organizations must be met to fulfill this requirement.

If you belong to another group that is licensed or certified to practice psychotherapy in your country, please submit this information with your academic qualifications to be considered for certification application.

We are in the process of **adding certification categories** for those who are not psychotherapists working independently, rather mental health professionals working on a team or in an approved treatment program under the direction of Advanced level certified schema therapists. We are also preparing a **Schema Therapy Basic Diploma** for those interested in studying ST who do not meet the qualifications for certification

2014-2015 ISST Minimum Certification Training Requirements

(To understand this chart, please be sure to read the explanations below the table.)

Type of Requirement	Standard Certification	Advanced Certification
Didactic Hours	25 hours	25 hours total (no additional hours after completion of Standard

		Certification)
Supervised role-playing in dyads	Minimum 15 Hours	Minimum 15 Hours total (no additional hours after completion of Standard Certification)
Supervision	20 supervision sessions (50-60 minutes each) (Single or Converted Group Minutes- see below)	40 supervision sessions (50-60 minutes each) (Single or Converted Group Minutes- see below)
Self-Therapy as part of case supervision	Highly Recommended: Max. of 3 sessions out of 20 can be primarily self-therapy	Highly Recommended: Max. of 6 sessions out of 40 can be primarily self-therapy
Peer Supervision	Highly Recommended	Highly Recommended
Minimum Number of Cases Treated with ST	Minimum of 2 cases, at least 25 therapy hours each; One patient with a personality disorder or significant personality disorder features, the remainder patients appropriate for Schema Mode work	Minimum of 4 cases, at least 25 therapy hours each; One patient with a personality disorder or significant personality disorder features, the remainder patients appropriate for Schema Mode work Applicants are expected to demonstrate competence with both the overcompensating modes and the avoidant/surrender modes
Minimum Number of Patient Sessions (at least 45 minutes each)	80 sessions	160 sessions
Duration of Supervision	At least 1 year	At least 1 year
Session Competency Ratings of Patient	1 session, with minimum STCRS score of 4.0, and a case conceptualization form	2 sessions, with minimum STCRS score of 4.5, and 2 case conceptualization forms
	A candidate must receive individual ratings of no less than 4.0 on items 6-9 on the STCRS if those items are just to be applicable to the session being rated. It is acceptable for 6-9 to be marked "not applicable" if that	

	is the decision of the rater.
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In rare cases in which it is impossible to present the tape of a real patient an applicant can ask for an exception to use a realistic role-play session. However, this will only be granted in extreme situations—for example, when an applicant’s practice is restricted to a forensic setting that totally disallows any sort of recording.

TIME LIMITS: an applicant has 3 years from the time of completion of the didactic/dyadic part of training in which to complete the required supervision and apply for certification. We understand that there are at times life circumstances which cause delays (e.g. children, work change, health). Requests for exceptions may be submitted in writing via email to the Coordinator of Certification.

Important Explanations & Notes

Explanation of the 2 Certification Levels

1. Standard International Certification: Therapists at this level are certified to practice schema therapy, participate in outcome studies, and to train or supervise other therapists at a basic level only with the supervision of an Advanced level Trainer-supervisor within an approved training program. They are not qualified to run a training program, rate sessions, or offer supervision on difficult cases.

2. Advanced International Certification: Certified to treat all patients, participate in outcome studies, and to apply for certification as a supervisor/trainer/rate others, and to run training programs after three years of practice as a certified schema therapist..

Each approved certification training program can decide which of these 2 levels of training it wants to offer (including other non-certification courses).

APPROVED CERTIFICATION TRAINING

The only type of workshop or training that ISST is involved in approving or providing attendance certificates for are **those given as part of the approved**

curriculum of the ISST Approved Certification Training Program by ISST Certified Trainers affiliated with that program. **All other training**, even if about ST and/or given by Certified ISST Trainers, **do not count toward ISST certification**. Workshops on ST by ISST certified ST trainers given outside of the certification curriculum **can only count toward the continuing education** requirement recently added to maintain certification as a Schema Therapist

There are currently **two ways** to meet the Training Requirement for ISST Certification:

1. **Attend an approved ISST ST Training program in its entirety**. For example, the ISST approved International ST Training Program from the ST Institute of NY & NJ. In this case the program is responsible to see that all parts of the ISST Certification curriculum are covered in your training.

2. Assemble your own certification training program by **independent study**. In this option you would need to carefully **combine trainings from the various ISST Approved Certification programs to meet all of the ISST Certification required curriculum**. In addition, **you would need to submit the specific certificates of training modules from those trainings**. In some countries – e.g., Germany – this can be done rather easily as a shared curriculum and workshop plan are used. In other places this may be more complicated. It is your responsibility when applying by Independent Study to procure all of the needed certificates and send scans of them to the ISST Coordinator of Training & Certification.

a. For the independent study programs **only workshops given by Certified Trainers who are part of an ISST Approved Training Programs** or have been invited by an approved program to provide a particular module of the ISST certification curriculum can be counted toward the 25 hours required for certification. In addition, they must provide you with the **module certificate form** that lists the curriculum components covered and the number of trainees present. This certificate must also have the signatures of the certified trainer providing the training and the director of the ISST Approved certification program that sponsored the training.

Training Programs Content

Curriculum for the 25 Required Didactic Training Hours:

1 Concept and Case conceptualization

1.1 Schema Theory and Concept

- Schemas, Coping Styles, and Modes: Defined and Differentiated

- Assessment: including interviews, imagery, and inventories
- Psycho-education about needs and rights of children
- Temperamental Factors

1.2 Treatment Formulation & Case Conceptualization

- Clarifying Goals & Needs in Schema Terms and/or Modes
- Conceptualizing a Case in Schema Terms and/or modes

2. Therapy Relationship

- Limited Re-Parenting
- Empathic Confrontation
- Limit Setting
- Therapists Schemas: Dealing with obstacles in treatment when therapists' schemas become activated with certain types of patients.
- Appropriate use of self-disclosure

3 Schema Therapy techniques

3.1 Cognitive techniques

- Diaries
- Flashcards

3.2 Experiential techniques I (Imagery work)

- Imagery & Imagery re-scripting
- Linking Schemas/modes with Early Childhood Experiences
- Limited Re-Parenting with Child modes, especially with the Vulnerable and Angry Child Modes,

3.3 Experiential techniques II (e.g. Mode dialogues & Roleplay)

- ST dialogues with schemas and modes
- Empathic Confrontation/limit setting for Maladaptive Coping Modes
- Confronting and limit setting for Punitive and Demanding Parent Modes
- Role-Plays

3.4 Homework assignments and behavior change strategies

4 Specific Treatment Populations

4.1 Schema Mode Work with Personality disorders

- BPD (required)
- NPD
- Cluster C
- Other Personality Disorders
- PDs become required as trials support the effectiveness of ST for them

4.2 Schema Therapy for Couples (optional)

4.3 Schema Therapy in groups (optional as a separate certification exists for Group ST)

4.4 Schema Therapy with other Axis-I-Disorders (optional until an evidence base is established)

- Addiction
- Eating Disorders
- PTSD
- OCD

5 Literature

- Reinventing Your Life
- Schema Therapy: A Practitioner's Guide
- Other Reading Materials

Curriculum for the 15 Required Dyadic Training hours:

1. Whole group or “fishbowl” exercises are encouraged and can count towards as much as 2 hours of the dyadic requirement, as long as the whole group is participating in the practice. Whole group exercises can be a great way to demonstrate strategies in preparation for the dyadic practice.
2. Dyadic Practice: Therapists pair up and take turns (approximately 30 minutes each direction) in the role of patient and therapist. If the group is large, and supervisors are scarce, a third person may act as the observer/coach. But - the observer should only be in that role one time so as to maximize practice opportunity.
3. Dyadic practice exercises must include: Limited Re-Parenting with Child modes, especially with the Vulnerable and Angry Child Modes, Confronting the Detached Protector Mode, Confronting the Punitive (Demanding) Parent Modes, the Use of Empathic Confrontation, Imagery, Limit Setting, and Therapy Relationship work.
4. Therapists Schemas: Dealing with obstacles in treatment when therapists' schemas become activated with certain types of patients.

Trainer/participant Ratio

1. Only 6 hours of training in a group of more than 40 can be counted toward the didactic component (only) of certification training.
2. A minimum of 1 trainer for every 20 participants (optimally 1 trainer for every 10 participants) is required in the dyadic role-play portion of the training.

We know this is challenging in some countries where the number of available advanced schema therapists is still growing. In these cases, offering separate consecutive dates for smaller group training to cover the dyadic role play might help meet this requirement. It is one of the most important aspects of the training

program for learning the model, in addition to personal and group supervision, and therefore requires that advanced schema therapy supervisors be available to guide and coach the dyadic practice exercises.

Supervision Requirements

20 Hours for Standard level certification (in some programs: supervisors view an additional 2 hours of taped sessions)

40 Hours for Advanced level certification (in some programs: supervisors view an additional 4 hours of taped sessions)

In some programs (New York/New Jersey, for example) 2- 4 additional taped sessions are submitted to supervisors, rated, and discussed throughout the supervision period. In this case, supervisors view taped sessions prior to supervision session. (The supervisor's "viewing" of tapes, prior to session, is not included in the total number of supervision hours required)

Content of Supervision

1. All supervision should include supervisees looking at their own schema activation in the context of their work with patients.
2. Additional self-therapy should be encouraged when needed and should be related to counter-transference issues in treatment.
3. STCRS – what will be expected for final rating of tapes
4. Comprehensive use of the case conceptualization forms / case summaries
5. Prerequisites for Schema Therapy – (Assessing contextual “road blocks” like limited finances, limited access to patient, blending other therapies, suicidal tendencies, crisis intervention, medication evaluations.)
6. Respectfully providing positive and negative feedback to candidates
7. Handling obstacles related to schema activation in supervision
8. Confronting avoidance and detached protector modes w/supervisees
9. Implementing role plays with candidates
10. Use exercises from training program to help trainees “experience” their own schema triggering and maladaptive modes.

11. Emphasis on mode work

Converting Group Supervision Hours to Individual Supervision Hours

We have worked out a (complicated) system for converting group supervision hours into individual supervision hours (applies to supervision groups with 2 to 6 members). The basis of the conversion is that we voted to consider 3 group hours (180 minutes) with 6 members in the group, to be approximately equivalent to 1 individual supervision "hour" (50 minutes).

For example, if a group has 6 trainees, then we assume that each group member gets 1/6 of the group time. Thus, if the group is 2 hours long (120 minutes), then each member gets 20 minutes of *direct* supervision time in the group. This is equivalent to 20 minutes of individual supervision time. The remaining 100 minutes is spent observing the supervision of other group members. We have decided (by voting) that the time spent *observing* supervision of another member is equivalent to 20% of the time spent receiving supervision on one's *own* cases. Thus the 100 minutes observing others is equal to 20 individual supervision minutes (20%).

Using this formula, the chart below allows you to compute the number of supervision credits for each size of group.

For each 60 minutes of group supervision time:

2 trainees in group = 36 minutes of credit

3 trainees in group = 28 minutes of credit

4 trainees in group = 24 minutes of credit

5 trainees in group = 22 minutes of credit

6 trainees in group = 20 minutes of credit

(60 minutes of individual supervision = 60 minutes of credit)

Note that, to be certified, trainees may receive a combination of group and individual supervision. Individual supervision is recommended, but not mandatory.

Session Ratings

Final Required Tape Ratings

1. Session ratings will normally be provided by the site offering the training program. However, each final rating session must be rated by different Advanced Certified Schema Therapists other than the trainee's supervisor(s), and by someone who is relatively unfamiliar with the trainee on a personal level.

2. For a standard certification the tape must show a patient who is appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment or relapse. For an advanced certification One patient with a personality disorder or significant personality disorder features and one who is appropriate for Schema Mode work due to complication, chronicity, failure to respond to treatment or relapse. Applicants are expected to demonstrate competence with both the overcompensating modes and the avoidant/surrender modes.

The two required tapes for Advanced certification must be scored by two different raters.

3. **Definition of "independent rater"** for the STCRS ratings required for certification.

In the ISST Executive Board Meeting 5-28-2013 a clarification of the independent rater was defined as being an ISST certified Supervisor/trainer who is not the director of the applicants training program, a supervisor or a participant in their training – didactic or role-play portions. We realize that there will be situations where this definition cannot be met completely – for example, a country with only one training program or very limited number of certified supervisor/trainers, forensic settings with limitations regarding taping or the removal of tapes from the institution. In those situations, please write to the ISST training coordinator to request an exemption.

We took this position to remove the possibility of naturally occurring bias when the trainer and independent rater roles overlap.

4. The STCRS is still a pilot scale, as are the cut-off scores. We expect to refine the STCRS and cut-off scores over the next 1 or 2 years based on research data. We are also in the process of having the STCRS validated empirically and establishing an inter-rater reliability standard for independent raters to meet.

5. In addition to the required 4.0 (standard) and 4.5 (advanced) minimum required score – **a candidate must receive individual ratings of no less than 4.0 on items 6-9 on the STCRS.**

(Revised to include clarifications approved by the ISST Executive Board 8-12-2013 by Joan Farrell)