

Accentuating Mode Deactivation Therapy (MDT) A Review of a Comprehensive Meta-Analysis into the Effectiveness of MDT

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Abstract

A recent Meta-Analysis conducted by Apsche, Bass & DiMeo (2010) provided astonishing evidence regarding Mode Deactivation Therapy's (MDT) ability to effectuate change in youth with delinquent traits. Following is a brief review of the results presented in the analysis as a way of highlighting the capacities of MDT and promotes the implementation of MDT interventions in this challenging population.

Keywords: Mode deactivation therapy, MDT, ACT, DBT, CBT, meta analysis, real world treatment

In the terrain of Juvenile Delinquency, effectuating change amongst the factors contributing to the development and persistence of conduct disordered traits has proven particularly challenging (Litschge, Vaughn, & McCrea, 2010, Eddy & Chamberlain, 2000). For clinicians working with children whose behavioral difficulties include physical aggression, sexual deviancy, stealing, fire setting and truancy a compelling force exists in that they not only assist their clients, but also reduce recidivism for the greater good.

Mode Deactivation Therapy (MDT), developed by Jack Apsche, is a third-generation treatment designed specifically to address delinquent factors in males between the ages of 14 and 17. Then origins of MDT are eclectic, as it incorporates pertinent aspects of a variety of interventions such as Cognitive Behavior Therapy, Dialectical Behavior Therapy, Functional Analytic Psychotherapy and Acceptance and Commitment Therapy (Apsche & Ward, 2002, Thoder & Cautilli, 2010). MDT draws upon Aaron Beck's (1996) work in highlighting the importance of modes in psychological functioning. A mode, according to Beck, is a way to operationalize the cognitive structures which provide the channels through which live situations are processed. These channels, or modes, are developed from previous interpersonal experiences and situational factors which have highly impacted an individual's life either through emotionally laden content or repetitive experience (Apsche & Ward, 2002). Illuminating the facets of the modes is the MDT Case Conceptualization which, utilizes a variety of assessments, completed in a cooperative manner between the child and clinician, to ascertain the interpersonal scenarios which the child fears and avoids and the underlying beliefs which fuel the emotions, thoughts and situations the child works so pointedly to evade (Apsche, Ward & Evile, 2003).

MDT provides the framework for children to examine the channels through which their thoughts, feelings and behaviors are directed, within the context of a validating and safe relationship with an adult figure and goes on to allow them to reshape those patterns so that they have more freedom of choice in their everyday actions and power to create a future apart from the trajectory their past set for them. MDT has the capacity to provide the framework for adolescents to end the ingrained behaviors and habitual responses which can contribute to a delinquent lifestyle.

Studies examining MDT are showing its effectiveness in reducing various symptom sets accompanying the delinquent constellation. Most recently, Apsche, Bass & DiMeo (2010) completed a meta-analysis of key studies assessing the application and effectiveness of MDT. Within the meta-analysis are 20 studies (19 published and one unpublished to date) providing information regarding the

success of MDT, disseminated in residential and outpatient venues, to a male population in the form of individual and family therapy. In total, the meta-analysis examines the impact of MDT on 573 male adolescents between the ages of 14 and 17. The population was 43% Caucasian, 54% African-American, 4% Hispanic and 1% considered to be “other” or of mixed race. The array of diagnoses included Conduct Disorder (51%), Oppositional Defiant Disorder (42%) and Post-Traumatic Stress Disorder (54%). A portion (56%) of the population also exhibited mixed personality traits.

A stunning characteristic about the population was that 90% had experienced sexual, physical and verbal abuse, as well as having significant experiences of neglect. Over half (56%) of the participants in this study were witnesses of violence and almost a quarter (24%) of the adolescents were parasuicidal. Despite the prominence of traumatic experiences, MDT was a factor in the stabilization of the young men’s lives to the extent that the recidivism rate was under 7%. And, reoccurrence of sexual offenses was less than 4% after two years.

The meta-analysis was successful in providing additional validation of MDT in effectuating change in illegal sexual behaviors and the broader category of conduct disorders in adolescent males between the ages of 14 and 17. However, it was able to go one step further and also alter some internal structures as well (anger states were improved, but more severe experiences of depression were not significantly altered).

When considering these results, the typical critiques of investigations conducted in authentic therapeutic milieus can be considered. In such settings, small samples sizes, confounding variables, inability to truly assign the participants in a random fashion and the variability of presenting factors are only a few of the typical criticisms. At the same time, this meta-analysis has provided overwhelming evidence of the significant and effective impact of MDT on the lives of adolescent males with a plethora of presenting problems at the height of their dysfunction in a “real world” setting. The reality of the situation is that Conduct Disordered children are placed in residential treatment centers and treatment providers meet with these young men in such settings. MDT provides a solid framework, from a Practitioners and researchers in the Mental Health Field frequently underscore the clash between high-quality treatments proven effective in rigorous scientific conditions and the ability to utilize these interventions in “real world” conditions. A gleaming facet of MDT is in the studies providing evidence for its effectiveness took place in authentic therapeutic venues.

While this Meta-Analysis provides substantial support for the value of MDT in intervening in the lives of conduct disordered children, exciting areas of for further investigation remain available. Juvenile Delinquents tend to enter the therapeutic realm of no choice of their own. Typically, such individuals are ordered to participate in therapeutic services or

Follow-up studies regarding the child’s ability to utilize the information obtained through the MDT intervention apart from the original setting.

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