

## MODE DEACTIVATION: A FUNCTIONALLY BASED TREATMENT, THEORETICAL CONSTRUCTS

Jack A. Apsche  
Community Psychological Resources  
Norfolk, VA  
Serene R. Ward & Maria M. Evile  
The Pines Residential Treatment Center

The theoretical constructs of Mode Deactivation Therapy (MDT) are based on the Mode Model (Beck, 1996), suggesting that people learn from unconscious experiential components and cognitive structural processing components. Therefore, to change behavior of individuals there must be a restructuring of the experiential components and a corresponding cognitive reformation of the structural components. MDT is an empirically based methodology that systematically assesses and restructures dysfunctional compound core beliefs. By restructuring these beliefs, MDT addresses underlying perceptions that may be applicable to setting in motion the mode related charge of aberrant schemas, that enable the behavior integration of Dialectic Behavioral Therapy (DBT) principles (Linehan, 1993) of treating of sex offending or aggressive behavior (Kohlenberg & Tsai, 1993). The Mode Deactivation framework also utilizes the case conceptualization methodology and emphasizes a team approach in working with clients; particularly those with reactive emotional dysregulation, which includes parasuicidal acts and aggression. The case conceptualization is systematically designed to provide functionally based treatment to complex emotional, thought, and behavior disorders. The following article demonstrates this comprehensive process and delineates the procedures used to develop the case within the mode deactivation theoretical perspective.

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The development of Mode Deactivation Therapy (MDT) has been a challenge both theoretically and clinically. The difficulty begins in the attempt to treat adolescents with complicated history and multi-axial diagnoses. Many of the adolescents that we treat are victims of sexual, physical, and/or emotional abuse. These individuals have developed survival coping strategies. Many of these survival mechanisms translate into personality traits and/or disorders. These personality traits and/or disorders are not cluster bound, meaning that they are translated into beliefs and schemas that are inclusive of beliefs from all three clusters. Often it has been thought that individuals stay true to their cluster, this is not so, with the adolescent typology that we treat.

The concepts of mode deactivation therapy (MDT) are derived from many aspects of functional analytic behavioral therapy (FAP), dialectical behavior therapy (DBT), and cognitive behavior therapy (CBT). The focus of MDT is largely based on Beck's recent area of research and application, the system of modes (Alford and Beck, 1997; Beck, 1996).

Functional analytic psychotherapy (FAP) (Kohlenberg & Tsai, 1993) theory states that people act based on reinforcement contingencies. Although FAP takes into

consideration that cognitions are involved, the focus is on the deeper unconscious motivations that were formed as a result of past contingencies. Perception is based on past contingencies, therefore, reality and the concept of reality reflects what has been experienced in the past. Considering reinforcement history in the context of a person provides a more complete assessment of a person and specific behaviors.

By restructuring beliefs, MDT addresses underlying perceptions that may be applicable to setting in motion the mode related charge of aberrant schemas that enable the behavior integration of DBT principles (Linehan, 1993) of treating of sex offending or aggressive behaviors. Many of Linehan's teachings describe radical acceptance and examining the "truth" in each client's perceptions. This methodology of finding the grain of truth in the perception of the adolescent is at the crux of MDT. We also "borrow" radical acceptance in the form of helping the youth accept who he is based on his beliefs. The other major similarity between DBT and MDT is the use of balancing the dichotomous or dialectical thinking of the client.

Often CBT as viewed by "arguing" the concepts of cognitive distortions fails with these

youngsters. They do not respond to being in a one-down position, no matter how aligned they are with their therapist. Cognitive therapy as normally practiced will trigger a negative reaction by these youngsters. They perceive the therapist as another person attempting to change them from a system of defenses that has been developed to protect them. CBT as normally practiced will often fail with this typology of youngster.

The early development of MDT was conceived from the need to apply the principles of CBT with complex adolescent aberrant typologies. These individual have long histories of sexual, physical, and/or emotional abuse. Often they respond in ways that are translated into personality disorders and/or conduct disorders. These are youngsters that may respond by committing sexual offenses, aggressive acts, and/or other aberrant behaviors. Often these youngsters are viewed as “criminals” and are the underclass within our society and active within the criminal justice system. The term typology refers to this specific complex adolescent with these types of histories. CBT attempts to identify dysfunctional schemas and modify them. It is believed that aberrant behavior is related to dysfunctional schema. MDT is a methodology that addresses dysfunctional schemas through systematically assessing and restructuring underlying dysfunctional compound core beliefs. MDT is applicable to adolescents who engage in aggressive and/or delinquent behaviors, as well as sexual offenders.

Beck (1996) suggested that the model of individual schemas (linear schematic processing) does not adequately address a number of psychological problems; therefore the model must be modified to address such problems. Working with adolescents who present with complex typologies of aberrant behaviors, it was necessary to address this typology of youngsters from a more “global” methodology. MDT incorporates the model of individual schemas with Beck’s notion of modes as integrated sub-organizations of personality. Modes assist individuals to adapt to solve problems, such as, the adaptation of adolescents to strategies of protection and mistrust when they have been abused. They consist of schemas (beliefs) that are activated by the fear↔avoids

paradigm. To address the schema processing based on thoughts and beliefs without understanding the modes is insufficient and does not explain the specific adolescent typology referred to in Mode Deactivation Therapy.

Part of the design of the MDT curriculum is intended to create a functional team based on Mode Deactivation Therapy. The team operates within the implementation guidelines, focusing all efforts in a concerted manner; one tape, one chapter and one group at a time. All energies are directed toward assisting the client to master and implement the curriculum. The goal is to help one youngster change at a time.

Mode Deactivation Therapy includes imagery and relaxation to facilitate cognitive thinking and then balance training, which teaches the youngster to balance his perception and interpretation of information and internal stimuli. The imagery is implemented to reduce the external of the emotional dysregulation. The emotional dysregulation is the basis for the underlying typologies of these youngsters. Many of their underlying behaviors include aggression (physical and verbal) as well as addictive and self-harm.

Mode Deactivation Therapy is designed to assess and treat this conglomerate of personality disorders, as well as remediate aggression and sexual offending. It is important to note that Mode Deactivation Therapy is an empirically based and driven treatment methodology.

The theoretical underpinnings of Mode Deactivation Therapy are based on the Mode Model. Specifically, this model suggests that people learn from unconscious experiential components and cognitive structural processing components. Therefore, to change behavior of individuals there must be a restructuring of the experiential components, and a corresponding cognitive restructuring of the structural components. The dysfunctional experiential and structural learning, (conscious and unconscious), develop dysfunctional schemas that generate high levels of anxiety, fear, and general irrational thoughts and feelings, as well as aberrant behaviors. This system is self-reinforcing and protected by the development of

the conglomerate of the developing personality disorders. This conglomerate is comprised of multiple clustered compound core beliefs. These conglomerates of personality disorders are the most pronounced impediment to treatment, and are systematically treated throughout Mode Deactivation Therapy, beginning with the Case Conceptualization.

Mode Deactivation is built on the mastery system for youngsters. They move through the workbook and audiotapes at the rate of learning that accommodates their individual learning style. The system is designed to allow the youngster to experience success, prior to undertaking more difficult materials. Initially, the individual needs to be aware of his/her negative verbalizations and negative thoughts, and record them in his/her workbook. Through the Case Conceptualization, workbook, and audiotapes, the system allows the youngster to systematically address the underlying conglomerate of personality disorders as well as, the specific didactics necessary, the sexual offending and/or anger/aggression.

#### **Mode Deactivation Therapy: Functionally Based Treatment**

Beck (1996) describes the notion modes as a network of cognitive, affective, motivational, and behavioral components. He further described modes as consisting of integrated sections or sub-organizations of personality that are designed to deal with specific demands. Beck continues to describe "primal modes" as including the derivatives of ancient organizations that evolved in prehistoric circumstances and are manifested in survival reactions and in psychiatric disorders. Beck also explains that the concept of charges (or cathexes) being related to the fluctuations in the intensity gradients of cognitive structures.

Beck, Freeman and Associates (1990) suggested that cognitive, affective and motivational processes are determined by the idiosyncratic structures or schema that constitute the basic elements of personality. This is a more cognitive approach suggesting that the schema is the determinant to the mood, thought, and behavior.

Alford and Beck (1997) explain that the schema typical of personality disorder is theorized to operate on a more continuous basis; the personality disorders are more sensitive to a variety of stimuli than other clinical syndromes. Since these youngsters are often personality activated, it seems that they are in continuous operation. This is one of the difficulties, they are always ready to defend and/or attack.

Further study of cognitive therapy emphasizes the characteristic patterns of a person's development, differentiation, and adaptation to social and biological environments (Alford & Beck, 1997). Cognitive theory considers personality to be grounded in the coordinated operations of complex systems that have been selected or adapted to insure biological survival. These consistent coordinated acts are controlled by genetically and environmentally determined processes or structures termed as "schema." Schema are essential both conscious and unconscious meaning structures. They serve as survival functions by protecting the individual from the trauma or experience. An alternative and more encompassing construct is that of modes and suggest that the cognitive schematic processing is one of many schemas that are sensitive to change or orienting event.

Modes are important to understanding these typed adolescents in that they are particularly sensitive to danger and fear, serving to charge the modes, that as multi victims of various abuse these youngsters are sensitive to danger and fear. These fears signal danger and are activated by conscious and unconscious learned experiential fears. The unconscious refers to the cognitive unconscious as defined by Alford and Beck (1987). Abused children develop systems to adapt to their hostile environment. These systems are often manifested by personality traits/ disorders (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999). Longitudinal studies demonstrate that abused children frequently develop personality disorders in adolescence. From the perspective of modes, these disorders are adaptations to a dangerous environment. MDT suggests that the danger produces a fear reaction that is often reactive to danger and fear. This reactivity and sensitivity do not respond to traditional CBT. The adaptation of a theory that was proposed by

Beck (1996) on modes into the dialectical methodology of DBT, Linehan (1993), created the blueprint for MDT. The understanding of conscious and unconscious fears being charged and activation the mode system explains the level of emotional dysregulation and impulse control of the typology of youngsters that we treat.

Modes provide the content of the mind, which is reflected in how the person conducts their perspectives. The modes consist of the schemas (beliefs) that contain the specific memories, the system on solving specific problems, and the experiences that produce memories, images and language that forms perspectives. As Beck (1996) states disorders of personality are conceptualized simply as “hypervalent” maladaptive system operations, coordinated as modes that are specific primitive strategies.

Although the operation of dysfunctional modes in the present state is maladaptive, it is important to note that they were developed over time for survival and adaptation. These systems prove to become maladaptive as problematic behavior result in destruction.

### Mode Activation

Beck (1996) introduced the concept of modes to expand his concept of schematic processing. He suggests that his model of individual schemas (linear schematic processing) does not adequately address a number of psychological problems; therefore he suggests the system of modes. Beck described modes as a network of cognitive, affective, motivational and behavioral components. He suggests that modes are consisting of integrated sectors of sub-organizations of personality that are designed to deal with specific demands to problems. They are the sub-organization that help individuals adopt to solve problems such as the adaptation of adolescents to strategies of protection and mistrust when they have been abused.

Beck also suggests that these modes are charged, thereby explaining the fluctuations in the intensity gradients of cognitive structures. They are charged by fears and dangers that set off a system of modes to protect the fear. Modes

are activated by charges that are related to the danger in the fear→avoids paradigm. The orienting schema signals danger, activates or charges all systems of the mode. The affective system signals the onset and increasing level(s) of anxiety. The beliefs are activated simultaneously reacting to the danger, fear→avoids and physiological system. The motivational system signals the impulse to the attack and avoids (flight, fight) system. They physiological system produces the heart rate or increases or lowers the blood pressure, the tightening of muscles, etc.

Linehan (1993) sees individuals with borderline personality disorder analogous with burn victims where the slightest movement is automatic and causes extreme pain. “Because the individuals cannot control the onset and offset of internal or external events that influence emotional response” she suggests that the experience is itself a “nightmare of intense emotional pain” and a struggle to regulate themselves.

According to Dodge, Lochman, Harnish, Bates and Petti (1997), there are two sub-groups of aggressive conduct type youngsters; Proactive, the sub type that receives benefit and rewards from aggression and Reactive, the sub type that is emotionally reactive or dysregulates. Forty percent of reactive adolescents have multiple personality disorder according to Dodge et al. It appears that Reactive Conduct Disorder adolescents emotionally dysregulate and many of their aberrant responses are results of their emotional dysregulation.

Koenigsberg, et al. (2001) found that many types of aggression, as well as suicidal threats and gestures were associated with emotional dysregulation. The Case Conceptualization methodology provides the framework to assess and treat these complicated typologies of adolescents and integrates them into a functionally based treatment. The goal is to deactivate the Fear→ Avoids→ Compound Core Beliefs mode and teach emotional regulations through the balancing or beliefs.

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- Author's Note:** Correspondence concerning this article may be addressed to Jack A. Apsche, Ed.D., ABPP at 810 Baldwin Ave., Norfolk, VA, 23517, or email: [jackmdt@aol.com](mailto:jackmdt@aol.com)