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The Use of Mode Deactivation Counseling as Evidence-Based Counseling Approach for Adolescents

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Abstract

Mode Deactivation Counseling is proposed as a new model in counseling services in schools. This research examines the usefulness of Mode Deactivation Counseling as an evidence-based counseling approach for adolescents. The research method used is a literature review. Based on in-depth study and analysis, Deactivation Counseling Mode can be used as a counseling approach, especially for adolescents to overcome mild to severe problems in the level of adolescent awareness.

Keywords: mode deactivation counseling, mode deactivation therapy, cognitive behavior therapy, adolescent problems

Introduction

Mode of Deactivation Counseling approach can be developed based on Mode Deactivation Therapy (MDT). Apsche (2009) states that MDT is rooted in CBT and many are called "third wave" derivatives of Cognitive Behavioral Therapy (CBT) such as Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT) and MBCT. Parts of MDT include and Functional Analytic Psychotherapy (FAP) and Schema Mode Therapy as well. Bass & Apsche (2013) states that Mode Deactivation Therapy (MDT) is a combination of the main components of Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Functional Analytic Psychotherapy and Mindfulness, and Meditation from ancient Buddhist practices. Bass & Apsche (2013) states that Mode Deactivation Therapy (MDT) is a combination of the main components of Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Functional Analytic Psychotherapy and Mindfulness, and Meditation from ancient Buddhist practices. Mode of Deactivation Counseling was developed based on Mode Deactivation Therapy (MDT).

The writings of Apsche, Ward, & Evile (2003) explain that the concept of MDT originates from Beck (1996) and Alford & Beck (1997) and their conceptualization of the expansion of cognitive behavioral therapy (CBT) into a more global construct known as fashion. The theory-to-practice application of MDT includes the adaptation of Linehan's (1993) DBT application. The similarities of MDT and DBT are clear. MDT treats personality beliefs and behaviors with Linehan's ideas of discovering the grain of truth and validating client beliefs rather than challenging cognitive distortions. Underlying the MDT methodology is the conceptualization of problem solving cases. The problem-solving case conceptualization is a combination of the Beck (1996) case conceptualization and the Nezu, Nezu, Friedman, Haynes (1998) problem-solving model, with several new assessments and methodologies recently developed. The aim is to provide a blueprint threat in case conceptualization.

Apsche, Bass, Jennings, & Siv (2005) stated in detail that Mode Deactivation Therapy is designed to disrupt ("deactivate") a predefined set of cognitive / affective / motivational / behavioral responses ("modes") that are automatically triggered by the situational occurrence of the orientation scheme. For example, a teenager has an orientation scheme in which "you can't trust anyone because you will be betrayed" and he is in a situation of developing more closeness with colleagues or staff in a treatment program. For these teens, the orientation scheme will trigger a maladaptive "mode" in which the teenager may become anxious, have intense physiological sensations, have paranoid thoughts that the person is "coming out for me" and begin to withdraw or act aggressively.

Apsche and colleagues in various studies have repeatedly found that traditional cognitive-behavioral therapy is inadequate for the powerful maladaptive "fad" effects on disordered behavior and personality-impaired adolescents. Apsche observed that the most aggressive and sexually aggressive adolescents tended to lose control with such a sudden primal intensity that they were unable to tolerate the

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traditional cognitive restructuring procedure. In addition, cognitive behavioral therapy itself needs to be modified to accommodate adolescent's natural developmental sensitivity to resist authority in therapeutic relationships.

The writings of Apsche, Ward, & Evile (2003) explain that the concept of MDT originates from Beck (1996) and Alford & Beck (1997) and their conceptualization of the expansion of cognitive behavioral therapy (CBT) into a more global construct known as fashion. The theory-to-practice application of MDT includes the adaptation of Linehan's (1993) DBT application. The similarities of MDT and DBT are clear. MDT treats personality beliefs and behaviors with Linehan's ideas of discovering the grain of truth and validating client beliefs rather than challenging cognitive distortions. Underlying the MDT methodology is the conceptualization of problem solving cases. The problem-solving case conceptualization is a combination of the Beck (1996) case conceptualization and the Nezu, Nezu, Friedman, Haynes (1998) problem-solving model, with several new assessments and methodologies recently developed. The aim is to provide a blueprint threat in case conceptualization.

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Method

This research uses a literature review research type. This literature review examines or reviews the Mode of Deactivation Therapy critically and scientifically in depth, and tries to analyze the usefulness of the Deactivation Therapy Mode to be applied in the implementation of counseling. Therefore, descriptive analysis was carried out on the criticized studies so that they could be understood more clearly.

Findings

Construct Mode of Deactivation Counseling

Apsche and his colleagues combined methods from three proven treatment models, namely the CBT, DBT, and Functional Analytic Behavioral Therapy (FABT) models, to create an advanced form of cognitive behavioral therapy called "Mode Deactivation Therapy" (MDT).

Elements of Cognitive Behavioral Therapy (CBT)

As explained above, the term "mode deactivation" itself originates from Beck (1996) term "mode" and uses his "mode" cognitive behavioral theory formulation. MDT shares the basic principles of classic cognitive behavioral therapy, including "Schema Therapy," which states that internal schemas are at the heart of personality disorders (Young, Klosko and Weishaar, 2003). MDT agrees that deviant behavior stems from dysfunctional schemes that trigger "fads," but that a very different approach is needed to remedy such schemes. Unlike cognitive therapy, MDT does not directly challenge the irrationality of orientation schemes by "debating" the concept of cognitive distortion. Even when counselors have good relationships, such adolescents are highly sensitive to the power dynamics of being in a one-down position. Given their history of victimization, they usually have serious difficulties with interpersonal beliefs. Challenging the reality of adolescent beliefs and perceptions is experienced negatively as an attack on their self-esteem, world view, and feelings of vulnerability. Developmentally, such adolescents view cognitive therapists as other adults who try to exert their authority and force them to change. Teens are at war with and respond poorly to direct cognitive correction, even when the intervention appears to be carried out in the most gentle and collaborative ways. Cognitive therapy later, as is usually done, can trigger negative responses that impair progress (Apsche and Ward Bailey, 2004a).

Elements of Dialectical Behavior Therapy (DBT)

To accommodate these developmental and clinical barriers to traditional cognitive therapy, MDT uses the two main principles of DBT (Linehan, 1993), which was originally developed to treat highly unstable and unstable clients with severe personality disorders. DBT uses a radical acceptance technique in which therapists explain and validate "truths" that are unique to each individual's perceptions. Rather than directly challenging the validity or empirical support for adolescent beliefs and perceptions, MDT uses radical acceptance to fully validate the "truth grains" of adolescent individual beliefs

based on life experiences and trauma history. Its aim is to join youth in discovering how belief systems are legitimate reflections of adolescent life experiences, relationships, feelings of self and worldview. Furthermore, given the radical acceptance and increased trust, the therapist can use the therapeutic relationships as well as the adolescent's direct experiences in treatment programs to show how beliefs can be modified based on corrective therapy experiences. MDT also adopts a balance technique from DBT. It is an interactive method of introducing increased flexibility or balance in an individual's rigid and / or maladaptive dichotomous beliefs by directing people to consider a continuum of truth or a continuum of possibilities.

Elements of Functional Analytic Behavioral Therapy (FABT)

MDT also incorporates the principles of the FABT (Kohlenberg and Tsai, 1993). First, MDT aligns with FAB in asserting that perceptions of reality and motivation unconsciously evolve from past reinforcement contingencies, such as family origin. Second, MDT uses a case assessment and conceptualization method that combines elements from Beck's (1996) case conceptualization and Nezu, Nezu, Friedman and Haynes (1998) 's FABT model. Assessment procedures and case conceptualization concentrate on core beliefs, fears and avoidance behaviors that reflect Post-Traumatic Stress Disorder and develop personality disorders (see Apsche and Ward Bailey, 2003, 2004b, 2004c).

One important difference between MDT and CBT is that the individual's core beliefs (or schemes) are not seen and challenged as dysfunctional because these actions must invalidate the person's life experiences. In contrast, in MDT core beliefs are consistently validated as legitimate creations of a person's life experiences (no matter how irrational and even if they have little more than small "truth grains"), which are then "balanced" through a collaborative therapeutic process to deactivate fashion responses. maladaptive.

Another difference between MDT and CBT is that MDT uses a "balance of belief" technique to reverse adolescent emotional dysregulation. MDT also uses validation, clarification, techniques (VCR). VCR, using unconditional acceptance and validation of adolescent cognitive subconscious, or outside of conscious learning experiences. Given her youth background and history, MDT supports her being exactly where and how she should be as a person with her history. This clarification offers and explains alternatives to the circumstances and history of adolescence, since diversion measures the "likelihood of youth acceptance" of slightly different beliefs.

View of Human Nature

MDT's theoretical constructs are based on the Fashion Model which suggests that people learn from a component of unconscious experience and a component of structural cognitive processing. Therefore, to change individual behavior there must be a restructuring of the experiential components and an appropriate cognitive reform of the structural components (Beck, 1996 in Apsche, Ward, & Evile, 2003).

Apsche (2009) argues that in MDT the individual's core beliefs (or schemes) are not considered or challenged as dysfunctional because these actions cancel out that person's life experiences. FAB views that the client is accepted as truth in the client's life by the counselor and client. The FAB is consistently validated as legitimate and viewed as evolving as a result of that person's life experiences - no matter how irrational, and even if the reality of those beliefs is invisible to observers. It is assumed that the client's belief system is undistorted, and although perhaps unbalanced, it stems from the "grain of truth" in his perception. These beliefs are consequently "balanced" through a collaborative therapeutic process with the aim of deactivating responses to maladaptive modes or behaviors that interfere with life.

Counseling Process

Apsche (2009) stated that an integral part of MDT is the concept of Validation, Clarification, and Transfer (VCR). Validation is defined by Linehan (1993) as the therapist's ability to reveal validity in client beliefs. MDT uses the balance of the FAB technique to reverse emotional dysregulation in adolescents. VCR uses unconditional acceptance and validation of the adolescent's unconscious or unconscious cognitive learning experiences. Given the background and history of youth, MDT supports that youth are exactly where and how they should be as individuals with their experiences. Clarification offers alternative explanations of adolescent circumstances and history, and redirection measures the "likelihood of acceptance" of slightly different beliefs. MDT incorporates the concept of DBT in its use to balance the client's dichotomous or dialectical thinking. This modality teaches clients who are frequently engaged in "all or nothing" dichotomous thinking that their perceptions can fall within the range of a continuum, not just 1 or 10 (all or nothing). The resulting validation and learning process become the basis for positive redirection towards new awareness for clients (Apsche & DiMeo, 2010).

Apsche (2009) argues that the current application of MDT shows that mindfulness is a core component of MDT, as well as acceptance, defusion and validation, clarification, and redirection of alternative functional beliefs. . These components are at the heart of MDT and a recent study has evaluated each of these components on how they affect the goals or outcome objectives.

Apsche & DiMeo (2010) conveyed that MDT treats trauma by overcoming the underlying fear, avoiding the paradigm of individuals avoiding what they fear as follows.

Attention

This component of MDT reduces the power of the behavioral manifestations of fear and anxiety. Apsche (2010) in the article on mediation analysis / meta-analysis shows this because adolescents in this study experienced a significant reduction in fear as evidenced by the Fear Strength Assessment.

Acceptance / Defusion

This MDT component reduces the adolescent avoidance score and the Anxiety Control Questionnaire (ACQ). Acceptance and taming in MDT are implemented together and enable the teenager to experience and accept his pain as part of the human condition and in doing so he cognitively and emotionally relieves the power of avoidance.

Validation-Clarification-Leading Conviction of Functional Alternatives

This MDT component allows adolescents to discuss personality beliefs. This confidence is measured by the Compound Core Beliefs Questionnaire (CCBQ). Personality beliefs are part of an individual's response to trauma.

The MDT components above have been shown to reduce specific mediators of fear, avoidance and personality beliefs in adolescents who exhibit behaviors including verbal and physical aggression, sexual reactions, and self-harm.

Counseling Purpose

Apsche, Ward, & Evile (2003) explain that MDT is an empirically based methodology that systematically assesses and reconstructs dysfunctional multiple core beliefs. By restructuring these beliefs, MDT addresses the underlying perceptions that may apply to driving the schema-related modes of distortion, allowing the integration of DBT's principle behavior (Linehan, 1993) in treating sexual offenses or aggressive behavior (Kohlenberg & Tsai, 1993). The Mode Deactivation framework also uses a case conceptualization methodology and emphasizes a team approach to working with clients; especially those with reactive emotional dysregulation, which includes parasuicidal action and aggression. Case conceptualization is designed systematically to provide functional based treatment for complex emotional, thinking, and behavioral disorders. The MDT treatment process begins with a comprehensive Case Conceptualization obtained through the use of a structured diagnostic interview called the Typology Survey. This survey allows the counselor to develop an understanding of client behavior and family history, and incorporates a detailed inventory of traumatic events. Typology surveys were conducted with children, guardians, and referral sources, with each providing an answer to each question. Individual judgments were further determined by responses to the Typology Survey, and by adolescent behavioral acuity problems. MDT uses a continuum from reactive to proactive on a consecutive scale from one to 10 (Apsche, et.al., 2007).

Apsche, Ward, & Evile (2003) describe that case conceptualization helps the counselor examine the client's underlying fears. This fear serves to develop avoidance behaviors in the child. This behavior usually appears as a variety of problematic behaviors in the environment. A personality disorder that develops often surrounds the problems underlying post traumatic stress disorder (PTSD). The Case Conceptualization method has an assessment for the underlying compound core beliefs generated by developing personality disorders. So far, preliminary results suggest that our youth typology has a conglomerate of beliefs at the core of a combination of personality disorders. This set of beliefs is the essence of why young people fail in threats. One cannot treat certain disorders, such as sex offenses and aggression, without accumulating this set of beliefs. It is also clear that these beliefs are not cluster specific. This means that a set of beliefs and behaviors contains beliefs from each cluster that are integrated with one another. Because of this complex integration of beliefs, the threat to this typology of youth becomes even more complicated. A multiple core set of beliefs represents protection for individuals from their problem of harassment, which may appear to be behavioral disruptive treatment. Attempts to use the usual didactic approach to threats, without discussing this belief, is tantamount to a threat that interferes with behavior on the part of a psychologist, or a professional threat, is not empirically supported and initiated.

Bass & Apsche (2013) describes a key component of Mode Deactivation Therapy (MDT) is the development of self-awareness and regulatory skills by clients with the aim of helping male adolescents with irregular behavior, including sexually inappropriate behavior and emotional dysregulation. Its goals include changing certain behaviors to fit socially acceptable norms. In MDT the Validation-Clarification-Redirection (VCR) intervention is the fulcrum for the transformation of harmful learned beliefs about adolescent environments that manifest destructive behavior into ideas about the world and the people in it, into more balanced functional beliefs and leading to more behavioral obey. Although the evidence suggests that this is a mechanism of change, studies that specifically identify the impact of the introduction and use of these skills have not been undertaken to date.

The Role and Function of the Counselor

In the implementation of MDT counseling, the counselor is more of a facilitator. Counselors in MDT counseling function as follows: 1) Counselors in MDT carry out manual counseling for both individual and group or family counseling. The counselor combines strategies from the psychotherapy approach that support behavioral, cognitive, dialectical, and so

on (Apsche, Bass, & Huston, 2007); 2) The counselor obtains data from the counselee to carry out a complete case conceptualization which includes a diagnostic interview, a comprehensive behavior history, and a complete family history. The MDT model makes use of family involvement (Thoder & Tautilli, 2011). Case conceptualization helps the counselor to examine the counselee's underlying fears (Apsche & Ward, 2002); 3) The counselor performs a series of assessments that are determined by individual needs and used in the development of the conceptualization. Assessment of functional behavior also needs to be included (Apsche, Bass, & Houston, 2007); 4) The counselor involves imagery and relaxation to enhance cognitive thinking. The counselor conducts training in balance and the perception and interpretation of informational and internal stimuli. Initially, imagery was used to reduce the dysregulation of external emotions. The counselor implements an important concept of MDT, namely the concept of validation, clarification and transfer (VCR). Validation, defined by Linehan, is the counselor's ability to reveal validity in the counselee's beliefs; clarification refers to the ability to understand and agree with the truth; and it is important to direct responses to other pro-social possibilities on the truth continuum (Apsche & Ward, 2002).

Counselee's Experience in Counseling

The counselee in the implementation of the MDT counseling model can experience: 1) The counselee is actively good in various dimensions of himself in behavior, cognitive, dialectical, and so on when attending the counseling session. The counselee is positioned as the one who knows best about himself even though he is influenced by past attributes that are not realized; 2) The counselee conceptualizes his experiences in depth starting from the influence of his childhood in the past to the present; 3) The counselee openly accepts assessments from the counselor both dysfunctional and functional behavior in the context of developing the counselee's case conceptualization; 4) The counselee performs relaxation to improve cognitive thinking and tries to maintain balance and perception and interpretation of informational and internal stimuli. The counselee should validate his beliefs, accept what is true as it is from himself, and redirect behavior to the correct continuum.

Counseling Techniques and Procedures

MDC consists of three main stages, namely VCR (Validation, Clarification, Redirection). for example if this is the case with sexual and verbal aggressiveness

Validation

The counselor invites the counselee to become consciously aware of the experiences that have been carried out from his sexual and verbal aggressiveness and accept it as normal.

Clarification

The counselor invites the counselee to reflect on whether the sexual and verbal aggressiveness he has had so far is beneficial for him and his life.

Redirection

The counselor invites the counselee to divert and lead to more functional and realistic behavior to increase sexual abstinence and assertive communication according to their needs and positive life choices. There is an alternative choice of students to change sexual and verbal aggressiveness to things that are more functional, namely sexual abstinence and assertive communication skills, it is necessary to provide reinforcement or reinforcement so that the change is comprehensive.

Discussion

Mode Deactivation Counseling needs to be developed as a counseling model to solve adolescent behavioral problems (Barida & Widyastuti, 2020). This can be exemplified that Mode Deactivation Counseling can be applied to reduce aggressiveness (Purwadi et al., 2022). Deactivation Counseling mode can also be applied to increase religious motivation (Atmoko et al., 2022), assertive communication (Barida et al., 2021), self-regulation with cyberbullying trends (Muarifah et al., 2020). Apsche & Bailey (2004) stated that although MDT was developed to treat adolescents individually, MDT can also be applied in system therapy such as family, partner, and group therapy. MDT focuses on addressing the multiple underlying core beliefs that drive individual behavior. Many of these beliefs were created by individuals in response or as a result of an environment nurtured by their original family.

Research by Apsche, Bass, & Siv (2006) states that the magnitude of the effect of Mode Deactivation Therapy (MDT) is statistically significant compared to Cognitive Behavior Therapy (CBT) and Social Skills Training (SST), which are not significantly different from each other. The most striking difference between the treatment groups was found in the reduction in rates of post-treatment sexual aggression. In this case, only MDT showed a statistically significant reduction in the level of sexual aggression from baseline to post-treatment. MDT showed an 84.5% reduction in sexual aggression compared to CBT of 72.0% and SST of 70.6%. The results clearly show that MDT produces very superior results when compared to CBT and SST.

Apsche (2009) states that in the process of testing treatment research and MDT development, this MDT methodology has been compared with alternative methodologies such as: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) and Social Skills Training (SST), MDT has been applied. to adolescent clients with reactive emotional dysregulation, presented with behaviors including paracuid

acts, verbal and physical aggression, and sexually deviant behavior. This case study involved a client with a complicated history of sexual, physical, or emotional abuse, as well as a neglect and multi-axial diagnosis. The data show that MDT is effective in reducing the rate of physical and sexual aggression in addition to the symptoms of Post Traumatic Stress Disorder. Given the prevalence of behavioral disorders and their large contribution to adolescent anti-social behavior, social violence, sexual violence and delinquency, there appears to be an urgent need for empirically based treatment methods for these adolescents. There are several interventions undertaken to reduce antisocial behavior in disruptive disorders. Because many counselors do therapy in more eclectic ways, the problem they face is the difficulty of identifying an efficient threat that can be effective in many threatening environments.

Research by Apsche, Bass, Jennings, & Siv (2005) proved comparing the effectiveness of two treatment methodologies for male adolescents in residential care with behavioral disorders and / or personality dysfunction and documented problems with physical and sexual aggression. The results showed that MDT, an advanced form of CBT based on Beck's mode of theory, was superior to CBT in reducing physical and sexual aggression. At the same time, MDT is the only treatment that significantly reduces sexual aggression in adolescents. The results also show that MDT is superior to CBT in reducing external and internal psychological stress as measured by The Devereux Scales of Mental Disorders (DSMD) and the Child Behavior Checklist (CBCL).

Conclusion

Counseling with the Mode of Deactivation Counseling model is suitable for application in Indonesia. This is because the steps are easy and systematic, which consists of Validation, Clarification and Redirection, which can make the implementation of the counseling process carried out by the counselor with the counselee more effectively. The counselor encourages the counselee's ability to validate and clarify his experiences and redirect his experience in the form of cognitive, affective, and psychomotor aspects in a productive direction without having to break his personal assumptions. In order to achieve maximum and optimal results, the counselor needs to have and apply a series of basic counseling communication skills.

Suggestion

Counselors can practice to apply Mode Deactivation Counseling to solve adolescent problems at school.

Limitation

This research is still limited to discussing the benefits of Mode Deactivation Counseling and its effectiveness still needs to be tested.

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