

## **Instructions for mode dialogues with externalizing clients** (Eckhard Roediger)

(Modified from “Contextual Schema therapy” published by New Harbinger, 2018)

1. **Stop the flow of conversation** and label the behavior you want to work with: *“Okay, Bradley. Sorry for interrupting you, but I’d like to focus on exactly what just happened in order to understand you better. Could we please both stand up to take a look at the scene together from the observer stance?”* This is usually acceptable if you have a good relationship. With more difficult cases, such as when your client has explosive rage, you may need to take some intermediate steps to strengthen the connection. Take a **one-down position**: *Our talk is quite intense and I have some difficulties to get the full meaning out of it. It would help me if we stand up together to gain some overview and give my best. Even if you don’t feel like giving it another try: Once you came into the session, what I am really thankful for, just give me 5 minutes for a final try! Then you may decide if this is helpful and how to go on.”*
2. **Perspective Change.** Stand side by side, forming an observer and consultation team. Then connect the modes with the mode model in third-person language: *“Okay, let’s look at the chairs below. What kind of coping mode is the client in?”* You may need to offer the three option (active up to dominant, cooperative up to submissive or detaching) based on the model: *“Okay, if it is not submission or withdrawal, it must be some kind of dominant or control-oriented mode. What’s the basic emotion driving this coping mode?”* Again, offer the two pairs of basic emotions: Either activated-annoyed-angry or vulnerable-sad-anxious. It is important not to allow your client to distract you into giving reasons or justifications.
3. Add a chair on the “backstage level” behind the coping mode chair: *“Right, when angry, he is standing on the assertiveness leg. That’s what we call the “red” side.”* You may connect the emotions with the autonomous nervous system (ANS): *If you feel activated, this is a sign that your sympathetic nervous system is involved. It*

*prepares us to fight or flight. Besides the parasympathetic or vagal branch, this is one "leg we are standing on."*

4. **Look at the effects** (Discrimination, functional contextualism): *"Okay, how does he expect the other person to react? Usually the answer is to be submissive or to give in. Right. But how does the other person finally react to the dominant (or overcompensatory) mode?"* Usually the other person eventually withdraws.
5. **Turn** the other person's **chair away** in order to make the withdrawal visible.
6. **Generalize**: *"Now if we look at the desired outcome and compare it with the actual outcome, may I ask you a question? Did it happen more often in [use the client's first name] life that people sooner or later disconnected and turned away?"* Eventually, use the **extension technique** and ask the "best friend" to join the observer team and ask him or her the same question.
7. **Induce contemplation**: *Well, the red leg is not a bad leg, it all depends if you get the expected effects. If we now realize, that it sometimes doesn't work very well, are you open for an alternative, a kind of Plan B? If you have two tool in your toolbox, you might be able to respond more flexible. Shall we give it a try? After that, you decide which tool to use, ok?* From here you can move to step 9 or add step 8.
8. **Role change to induce empathy**. After or instead of step 6 you can deepen the emotional experience by this technique. Get a **conjoint image** of the client first: *If you look at [client's first name] down there, what kind of person do you see? How does he [or she] look, move, talk...., Ask for voice-tone, wording, look in the eyes, body posture too. Then ask client to **sit on the other person's chair**, you aside: *Let's both close our eyes. Can you see [client's first name] in front of you?...the eyes, the voice, the words, the gestures, the energy coming towards you?....How does that make you feel in your body, in your chest, your belly?* Eventually offer the polar feelings from*

- step 10. Ask for **induced coping mode**: *What is your impulse now?* Usually it is to avoid. *Thank you, very good! You can feel the effects of the red leg on yourself now.*
9. **Add the Vulnerable Child mode chair** (for reflection, shift back to first- and second-person language again): *“Okay, we found that you were on the assertiveness side. Everybody was born with two legs and thus the need for attachment too. Do you remember the child in the “still face” video? So let’s add a chair for this need!”* Add an additional chair beside the “red” Angry Child mode chair for the vulnerable side (see figure below). Ask the client to sit in this chair, you aside.
10. **Access Vulnerable Child** and attachment needs: *“Thank you. Now look at the turned-away chair representing the people who have left you. How does that make you feel in your body?”* This hopefully awakens the client’s attachment need. If the client resists this awareness and shows (e.g. non-verbally) signs of anger, label, validate, and sort this anger out on the “red” Angry Child mode chair and ask again guiding the attention of the client deeper in their body: *Ok, you are accustomed to feel the anger more. That’s the lesson you learned when growing up. But please close your eyes so you can focus better on your world inside. Picture the person over there leaving you, walking through the door, getting smaller and smaller. Now you can’t see her anymore. And you know, you will never see her again all your life. How does that make you feel in your chest and your belly? Does it feel wide or tight? Is breathing easy or hard? Do you feel powerful or weak? Is the feeling in your belly constrained or expanding?”*
11. Instead of arguing with the client shift into imagery: *“Okay, I got the message! You don’t need anybody and can do it all by yourself. But please, picture yourself being 80+ years old in a nursing home. You cannot leave your bed alone. You ring for the nurse, but she is not coming, what do you need now?”* Let the client rest for a few minutes to get familiar with the vulnerable part inside of him and to validate it. *“Yes, loneliness feels bad. This is the vulnerable part inside of you that you’re always*

*running away from. However, we all have it. I am happy that we are in touch with you now. You are who the therapy is for!”*

12. **Validate** the client’s feelings with adding some **self-disclosure**: *I have to tell you that it moves me connecting with your vulnerable side. This side motivates me to work with you – much more than the coping mode in front of us! Can you try to tell this therapist over there what you need him (or her) to do?* Support client talking from “blue leg”.
13. Look for a **balanced solution**: Once your client can acknowledge and gave voice to his or her attachment need, stand up together. Put the Coping chair aside and turn the turned-away chair back so he or she is facing it again: *“Now you’re ‘standing on both legs.’ What could you say to the therapist down there to express your needs in a balanced way?”* It is best that you guide this process and eventually give the client your words but let them repeat it their way. Then sit down again on your chairs.
14. **Starting the scene again**: After both of you are sitting in your accustomed chairs again, ask your client to start the session again by talking to you.
15. Induce **discrimination** and a **take-home message**: Finally, ask the client how he or she feels now compared to the beginning of the session. What is the principle that he can take home after this session? (see internalizer dialogue for exact wording).

