

Radically Open Dialectical Behavior Therapy (RO DBT)

FOR DISORDERS OF OVERCONTROL

Kayla Jessop RDN, CDN, CEDRD-S

Disclosure

The speaker has no significant financial conflict of interest to disclose

Objectives

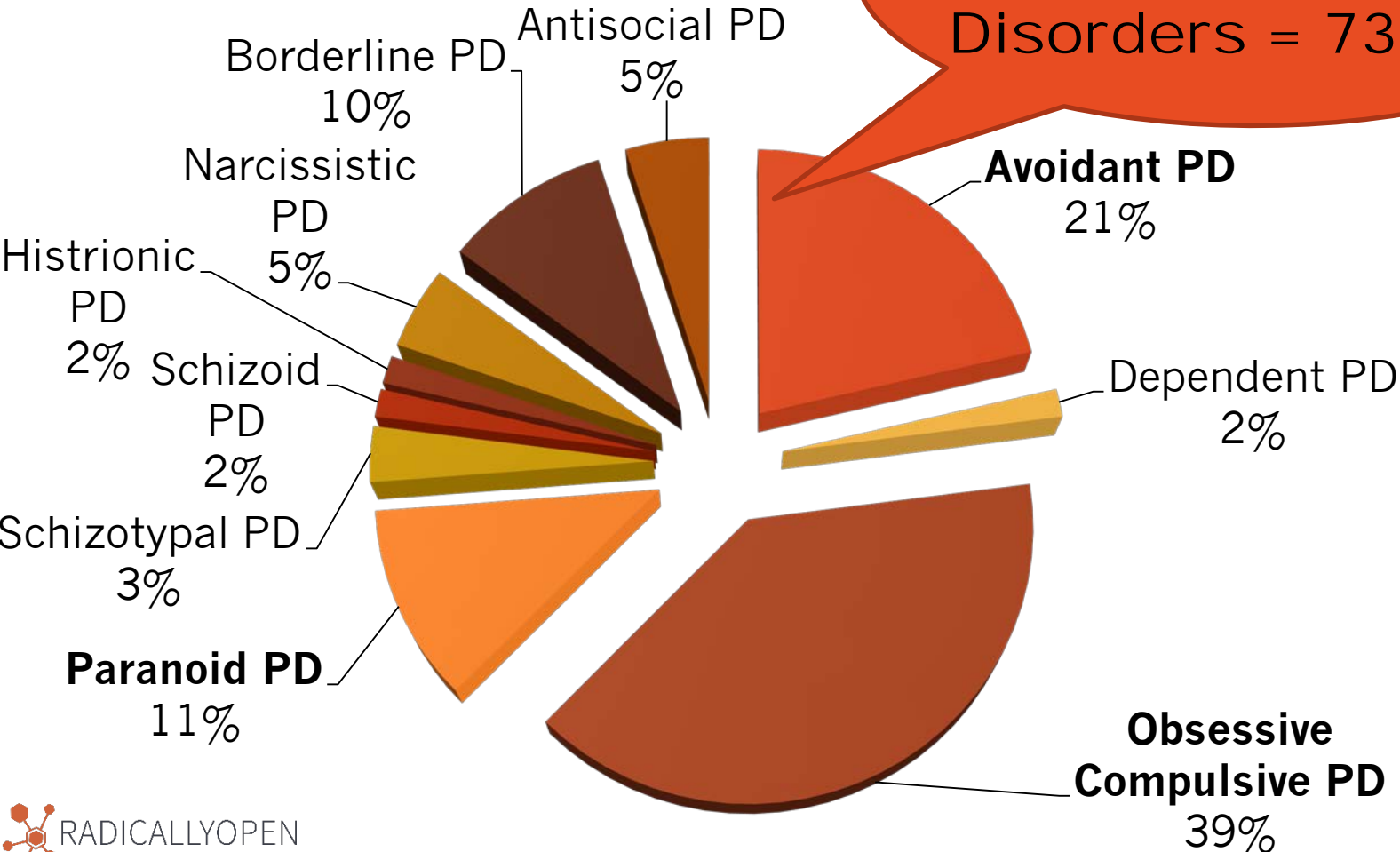
- The ability to assess if a client has an over controlled personality
- The ability to explain the bio-temperament of an over controlled individual
- Understand the basics of self-enquiry and begin your own practice in order to learn from an ever changing world

We are at a crossroads...

- A significant proportion of people fail to benefit from treatment—due to chronicity, co-morbidity or pre-existing personality problems.
- 1 out of every 10 people in the community have a personality disorder—and overcontrolled PDs are the most common
- Existing treatments often not effective—e.g., depression
- Most evidence-based therapies have been tested on non-chronic and non-comorbid populations
- Yet, real-world clinicians treat comorbid and chronic problems on a regular basis

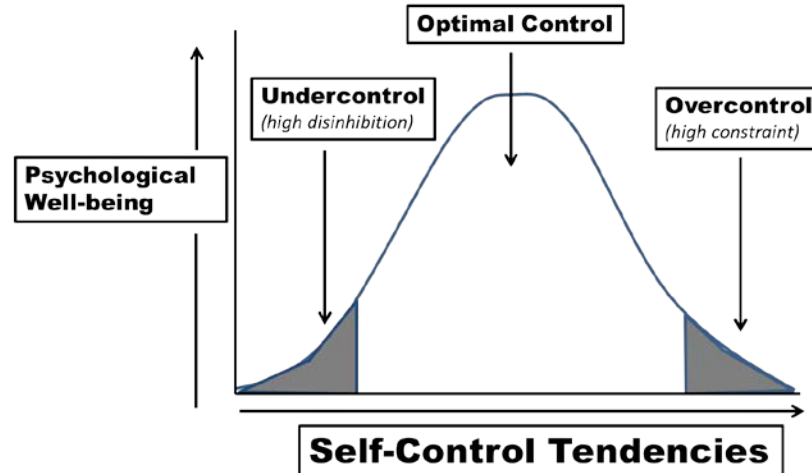
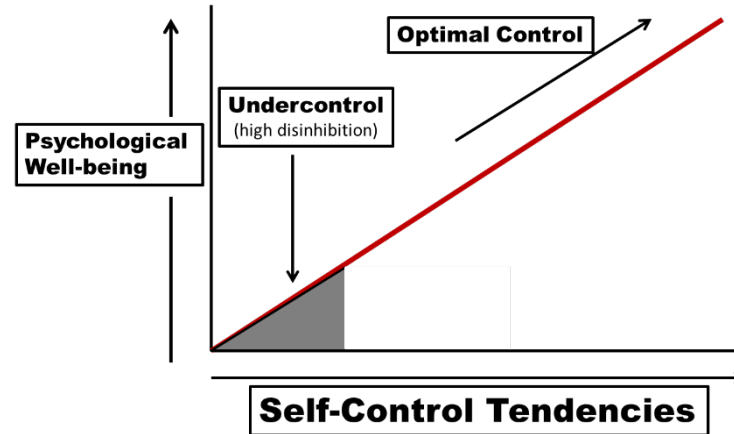
Distribution of Personality Disorders in a Chronically Depressed Mid-to-Older Adult Sample (Lynch et al., 2007)

Total Overcontrolled Personality Disorders = 73%



Too much of a good thing: the problem of overcontrol

- Existing research tend to see self-control as a linear construct: more is better
- However: you can have too much of a 'good thing'



Styles of Coping Word-Pairs Assessment

- Read each word-pair in each row and place a check-mark next to the word that best describes you. The first word we will call ‘Column A’ and the second word we will call ‘Column B.’
- Make sure you pick only ONE word or phrase in each row.
- If you are unsure which word best describes you, **imagine what your friends or family members might say about you.** If neither of the words describe you—pick the one that is the closest to how you would describe yourself. Make sure you pick one word from each row.

- Impulsive Deliberate
- Impractical Practical
- Naïve Worldly
- Vulnerable Aloof
- Risky Prudent
- Talkative Quiet
- Disobedient Dutiful
- Fanciful Realistic
- Fickle Constant
- Act without thinking Think before acting
- Animated Restrained
- Changeable Mood Stable Mood
- Haphazard Orderly
- Wasteful Frugal
- Affable Reserved
- Impressionable Not easily Impressed
- Erratic Predictable
- Complaining Uncomplaining
- Reactive Unreactive
- Careless Fastidious
- Playful Earnest
- Intoxicated Clear-headed
- Self-indulgent Self-controlled
- Laid-back Hard-working
- Unconventional Conventional
- Dramatic Modest
- Brash Unobtrusive
- Obvious Discreet
- Vacillating Determined
- Unrealistic Sensible
- Gullible Shrewd
- Unpredictable Dependable
- Dependent Independent
- Improper Proper
- Chaotic Organized
- Susceptible Impervious
- Unstable Steadfast
- Volatile Undemonstrative
- Excitable Stoical
- Lax Precise
- Unsystematic Structured
- Thoughtless Thoughtful
- Inattentive Attentive
- Short-lived Enduring
- Perky Despondent
- Passionate Indifferent
- Immediate gratification Delay gratification

Evaluate Word-Pairs Assessment

- Tally up the number in column A and B—the column with the greatest number represents your overall personality style*.
- If you have a higher score for column A, this indicates you tend to be more under-controlled. If you have a higher score for column B, this indicates you tend to be more over-controlled.
- Note: This scale measures overall personality styles. A high score on either subscale does not necessarily indicate maladaptive over-controlled or maladaptive under-controlled coping.

Overcontrol is often not recognised

Overcontrolled people

Are not roaming the streets in gangs—they are not causing riots; they are not the people you see yelling at each other from across the street

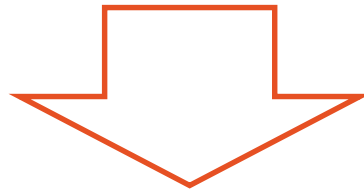
They are hyper-detail-focused perfectionists who tend to see ‘mistakes’ everywhere (including in themselves)

And tend to work harder than most to prevent future problems without making a big deal out of it.

Plus, are expert at not appearing deviant on the outside (in public).

Four core deficits of overcontrol

1. Lack Receptivity and Openness, e.g. avoiding feedback and novel situations
2. Lack Flexible Responding, e.g. compulsive need for structure, rigid responding
3. Lack Emotional Expression and Awareness, e.g. inhibited or disingenuous expressions
4. Lack Social Connectedness and Intimacy, e.g. aloof and distant relationships



Emotional Loneliness

Radically Open Dialectical Behaviour Therapy (RO DBT)

- Transdiagnostic treatment that aims to treat maladaptive overcontrol
- RO DBT is informed by **20+ years** of translational treatment development research.
- Treatment developer: Thomas R. Lynch, PhD FBPSS
- 350+ patients have received RO-DBT in research trials throughout the world—plus, 1000s clinically
- RO DBT is informed by:
 - Dialectical philosophy
 - Behavior therapy
 - Mindfulness-based approaches
 - Malamati sufism

Radically Open Dialectical Behaviour Therapy – a new evidence-based treatment

- Emphasizes the communicative functions of **emotional expression** → Social Signalling Matters!
- Promotes the formation of close **social bonds** → research shows we are psychologically healthier if we have at least one close friend
- Teaches patients **skills to activate the neural substrates linked to social safety** → thereby allowing them to be **more open** to their environment
- It integrates older evolutionary theory with current brain-behavioural science

Key Difference Between RO-DBT & Other Treatments

Depression, Autism, Anorexia, Obsessive Compulsive PD, etc. is not considered the primary problem!

RO-DBT posits social-signaling deficits stemming from maladaptive overcontrol as the core issue

Based on evidence showing that OC coping preceded the development of psychopathology

The Self-Control Dialectic

Undercontrolled (UC)

Emotionally Dysregulated and Impulsive

- Borderline PD
- Antisocial PD
- Narcissistic PD
- Histrionic PD
- Binge-Purge Eating Disorders
- Conduct Disorders
- Bipolar Disorder
- Externalizing Disorders

Overcontrolled (OC)

Emotionally Constricted and Risk-Averse

- Obsessive Compulsive PD
- Paranoid PD
- Avoidant PD
- Schizoid PD
- Anorexia Nervosa
- Chronic Depression
- Autism Spectrum Disorders
- Treatment Resistant Anxiety-OCD
- Internalizing Disorders

Bio-temperament Matters!*

Undercontrolled

- High reward sensitivity, global-focused processing, and low inhibitory control

note: BPD & Antisocial PD = high threat sensitivity too

Overcontrolled

- Low reward sensitivity, high detail-focused processing, high threat sensitivity and high inhibitory control

* Eisenberg et al., 2000; Kendler, Prescott, Myers, & Neale, 2003; Krueger, 1999; Caspi, 2000; Chapman & Goldberg, 2011; Markin et al., 2005

Bio-temperamental predispositions are powerful because...

1. They **impact perception and regulation** at the sensory-receptor or preconscious level (milliseconds)
2. When **extreme**, they make overt behavioural responding **more rigid and less adaptive** to change. For example,
 - An OC client will feel and appear uptight at work, at home, at the gym and at a party,
 - Yet individuals with fewer biotemperamental biases can more easily modify their behaviour to match the context.

Video: Bio-Temperament Matters!



OC bio-temperamental predispositions

Make it more likely for OC clients...

To unintentionally bring **perceptual and regulatory biases** into social situations that function to isolate them from others.



Overcontrol is a problem of emotional loneliness

Secondary to
Low Openness
&
Social-Signaling Deficits

**Not necessarily
lack of social contact
but
lack of social connectedness**

Using social safety to enhance clinical outcomes

- RO DBT teaches OC clients how to **activate their social-safety system** and “turn-off” **bio-temperamentally heightened defensive arousal** by taking advantage of neuroinhibitory relationships between the PNS and the SNS (sympathetic nervous system).
- Plus, RO DBT teaches therapists how to **activate social safety in both themselves and their clients** by deliberately employing gestures, postures, and facial expressions that universally **signal openness, non-dominance, and friendly intentions** (via mirror neuron activation and micro-mimicry).

So...What is...

Radical Openness?

RO—Developing a passion for going opposite to where you are

- **Radical openness** is more than awareness—it is **actively seeking** the things one wants to avoid or may find uncomfortable **in order to learn**.
- It involves **purposeful self-enquiry** and cultivating a willingness to be “wrong” –with an intention to **change if needed**.

RO DBT assumes

1. *Both therapists and patients bring **perceptual and regulatory biases** into the treatment environment.*
2. *These **confirmation biases** influence both the therapeutic relationship and treatment outcomes.*

Radical Openness is NOT Radical Acceptance

- Radical Acceptance “is letting go of fighting reality” and “is the way to turn suffering that cannot be tolerated into pain that can be tolerated” (Linehan, 1993; pg. 102)
- *Radical Openness challenges our perceptions of reality.*
“We don’t see things as they are—we see things as we are.”

Radical Openness: 3 steps

(see Flexible-Mind DEF, Lesson 1)

- 1) *Acknowledge unwanted disconfirming or novel feedback*—e.g., annoyance, resistance, tension in the body, numbness
 - 2) *Use self-enquiry—and turn toward the discomfort*—ask: “*What is it that I might need to learn?*” —rather than automatic regulation, denial, distraction, or acceptance
 - 3) *Flexibly-respond—with humility* by doing what’s needed in the moment to effectively adapt to changing circumstances—in a manner that accounts for the needs of others.
- ✓ **Importantly: RO does not mean approval, naively believing, or mindlessly acquiescing.**
 - ✓ **Sometimes being closed is what is needed in the moment and/or change is not necessary.**

Importantly.....

RO enhances relationships—
because it models humility and
willingness to learn from what the
world has to offer.

**Yet it can be painful because it often requires
sacrificing firmly held convictions or self-
constructs**

RO is experiential...

- It is not something that one can grasp solely via intellectual means
- **Similar to mindfulness**, it requires direct and repeated practice
- Plus, one's understanding of RO evolves over time as a function of continued practice

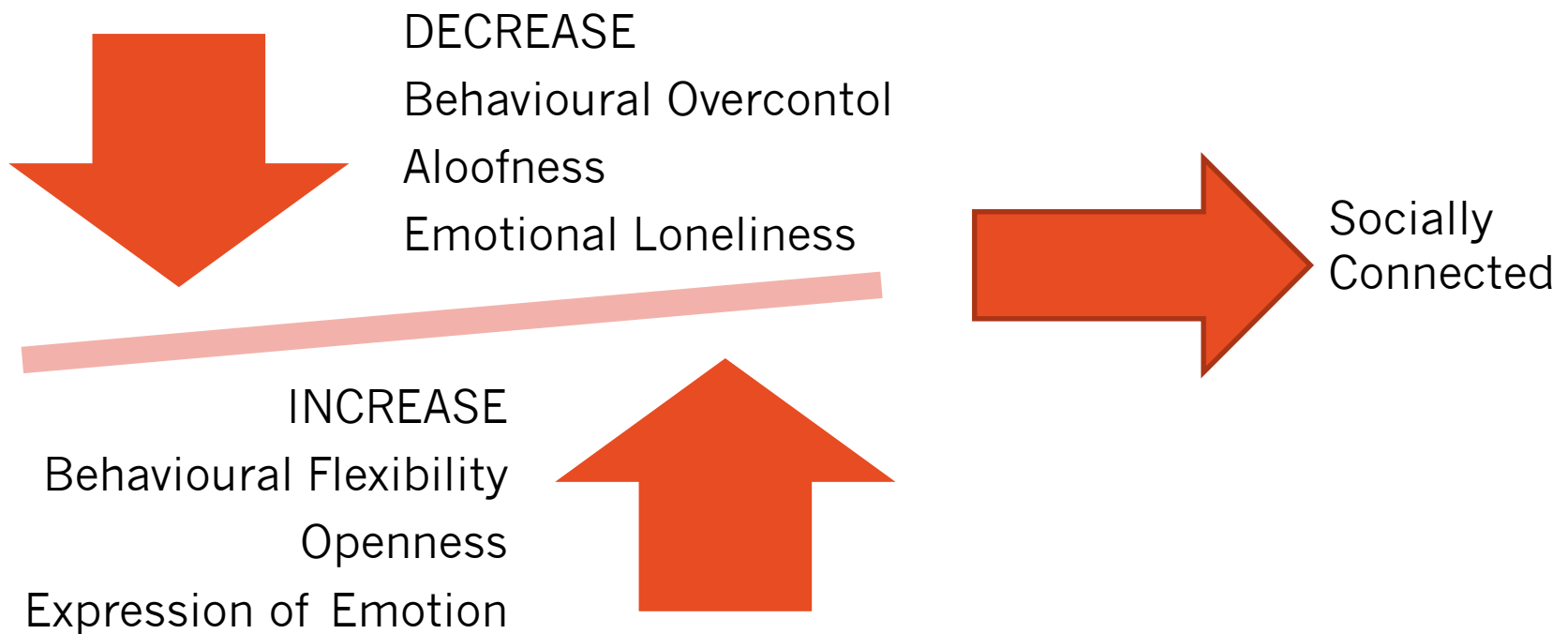
Participate Without Planning

Radical Openness is Not Easy

- *It requires a willingness to be “wrong” with an intention to change (when change is needed)*
- *You can no longer automatically assume that your perspective is correct*
- *It requires taking responsibility for one’s choices and responses to the world*
- *You can no longer simply blame others, fall apart, expect the world to change, or get down on yourself upon discovering a ‘painful truth’*

Treatment Structure

Radically Open Dialectical Behaviour Therapy – primary treatment targets



Modes for Outpatient RO DBT (~30 weeks)

- Outpatient Individual: 1 hour per week
- Outpatient Skills Training Class: 2.5 hours per week (with 15 minute break)
- Telephone Consultation: as needed (but rarely used by most OC patients)
- Therapists' Consultation Meeting (optional but recommended): practicing radical openness ourselves

RO-DBT Individual Treatment Target Hierarchy

Life Threatening Behaviors

Suicide ideation/behaviors
Self injury

Therapeutic Alliance-Ruptures

Patient feels misunderstood or perceives therapy as not relevant to their problems
Patient not engaged
Changes in the movement, speed, and flow of in-session behavior

OC Behavioral Themes

Inhibited Emotional Expressions
Overly-Cautious and Hyper-Vigilant
Rigid and Rule-Governed Behavior
Aloof and Distant Relationships
Envy and Bitterness

RO DBT Treatment Structure:

Orientation & Commitment (Sessions 1-4)

- Sequencing is important in RO DBT!
- Individual Treatment Sessions 1 to 4: **Orientation & Commitment**
 - Session 1 – Self-Identification of OC
 - Session 2 – Begin to identify valued-goals & Orient to RO Skills Class (to start in week 3)
 - Session 3 – Biosocial Theory
 - Session 4 – Key Mechanism of Change
- Individual Treatment Sessions 5 to 30+: **Treatment Targeting**
 - Targeting of maladaptive social signaling behaviors that keeps the client stuck

Radical Openness Skills Training

Clients start RO Skills Class in week 3

- The client starts skills classes in week 3 (see module 1 for a full list of classes)
- Individual treatment continues until the client has completed all skills classes



Individual Treatment (week 1 to 30+)

RO Skills Class (week 3 to 30+)

RO DBT List of Skills

Radical Openness Skills [circle each day of the week you practiced a particular skill]	Handout
Flexible-Mind DEF(initely): Three steps for Radically Open Living	1.B
The Big Three + 1: Activating Social Safety	3.1
Practiced Loving-Kindness Meditation: Maximizing Social Safety	4.1
Flexible-Mind VARIEs: Engaging in Novel Behavior	5.1
Flexible-Mind SAGE skills: Dealing with Shame, Embarrassment, and feeling Rejected or Excluded	8.A
Flexible-Mind is DEEP: Using Values to Guide Social-Signaling	10.2
Practiced Being Kind to Fixed-Mind	11.2
Practiced Learning from Fatalistic-Mind	11.3
Practiced Going Opposite to Fatalistic-Mind	11.B
Practiced the Awareness Continuum	12.1
Mindfulness What Skills: Observe	12.2
Mindfulness What Skills: Describe	12.2
Mindfulness What Skills: Participate without Planning	12.2
Mindfulness How Skill: Self-Enquiry	13.1
Mindfulness How Skill: Awareness of Harsh Judgments	14.1
Mindfulness How Skill: One-Mindful Awareness	14.1
Mindfulness How Skill: Effectively and with Humility	14.1
Practiced Identifying Push-Backs & Don't-Hurt-Me Responses	16.1
Flexible-Mind REVEALs: Responding with Interpersonal Integrity	16.3
Flexible-Mind ROCKs-ON: Enhancing Interpersonal Kindness	17.1
Practiced Kindness First and Foremost	17.2
Practiced Open-Minded Assertiveness: PROVE skills	18.A
Flexible-Mind Validates: Signaling Social Inclusion	19.A
Flexible-Mind ALLOWs: Enhancing Social Connectedness	21.1
Practiced MATCH +1: Establishing Intimate Relationships	21.2
Flexible-Mind ADOPTS: Being Open to Feedback	22.1
Flexible-Mind DARES: Managing Unhelpful Envy	27.A
Flexible-Mind is LIGHT: Changing Bitterness	28.A
Flexible-Mind has HEART: Learning How to Forgive	29.A

What is the most important thing to know about teaching skills class?

Stick to the manual!

A summary...

RO DBT considers it essential to...

- **Address OC bio-temperamental biases—by changing physiology**
- **Target social isolation by teaching social-signalling skills**
- **Encourage openness and self-enquiry in order to learn from an ever changing world**

Thanks!

**For more information,
references, and resources
please visit**

www.radicallyopen.net

About the Treatment Developer

Thomas R. Lynch, Ph.D FBPsS is a Professor Emeritus in the School of Psychology at the University of Southampton, United Kingdom.

He moved to the UK in 2007 from Duke University where he was the Director of the Duke Cognitive Behavioral Research and Treatment Program from 1998-2007. As principal investigator he has been the recipient of a wide range of grant funding—including seven research grants from the National Institutes of Health (NIH USA), a multi-centre grant from the Medical Research Council (MRC UK), a National Alliance for Research on Schizophrenia and Depression (NARSAD) research award, an American Foundation for Suicide Prevention (AFSP) award, and a John A. Hartford Foundation grant. His research has been recognized in the Science and Advances Section of the National Institute of Health FY 2005 Congressional Justification Report. He is a recipient of the John M. Rhoades Psychotherapy Research Endowment, is a Beck Institute Scholar, and is a Grandfathered Fellow in the Academy of Cognitive Therapy and the British Psychological Society.

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RADICALLY OPEN DIALECTICAL BEHAVIOR THERAPY [RO-DBT]

WEEKLY SKILLS CLASSES

Does this describe you?
perfectionistic / rigid / unable to relax / lonely / shy
overly serious / mask inner feelings / unable to be spontaneous

It is possible to have too much self-control

Weekly RO-DBT skills classes for adults and adolescents looking for practical tools to:

- increase flexibility and openness
- reduce rigidity and perfectionism
- learn social signaling skills
- express emotions authentically

- 30-week RO-DBT skills classes
- Date: Tuesday June 23, 2020
- Time: 7:00-8:30 pm
- Led by Kayla Jessop CEDRD-S
Ericka Ortega CMHC-I



Call or email for more information:

kaylajnutrition@gmail.com
801-888-3397
(ask for RO-DBT screening)

LOCATION OF CLASSES: 2363 N Hill Field Rd, Second Floor, Suite 4
Layton, UT 84041 www.kaylajessopnutrition.com

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