SIGNALLING MATTERS:

Radically Open Dialectical Behaviour Therapy (RO DBT)

FOR DISORDERS OF OVERCONTROL

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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

A new way of thinking—Radically Open-Dialectical Behaviour Therapy (RO-DBT)

- **RO-DBT informed by 20+ years of translational treatment development research**
  - Designed specifically for disorders characterized by overcontrol
  - Treatment developer: Thomas R. Lynch, PhD FBPsS
- **The feasibility, acceptability, and efficacy of RO-DBT is evidence-based**
  - 5 published trials and 1 multi-centre RCT under review

Self control = the ability to inhibit emotional urges, impulses and behaviours in order to peruse goals.

Self-control capacities enabled a person to not immediately consume valuable resources and instead save for a "rainy day"

Plus

Not acting on every impulse allowed us to work together in groups without the fear of being immediately attacked if we stepped on someone's toe

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- **Under-Controlled**- High Reward Sensitivity, global-focused processing, low inhibitory control, low threat sensitivity*
  - Poor impulse control, emotionally expressive, dramatic, disorganised
  - Lack of self control linked to substance abuse, criminal behaviour, violence, financial issues etc. It is eye catching and obvious to others.

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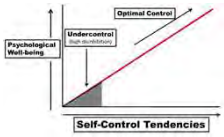
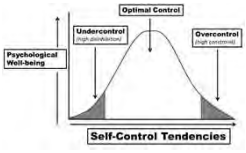
Too much of a good thing: the problem of overcontrol

- Existing research tend to see self-control as a linear construct: more is better



- However: you can have too much of a 'good thing'



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- **Over-controlled**- Low reward sensitivity, high threat sensitivity, high inhibitory control, high detailed-focused processing
  - Emotionally constricted, shy, risk averse, socially anxious children
  - More likely to develop internalising disorders, and become socially isolated adults.

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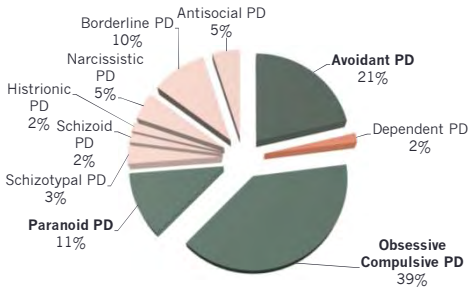
Distribution of Personality Disorders in a Chronically Depressed Mid-to-Older Adult Sample
(Lynch et al., 2007)



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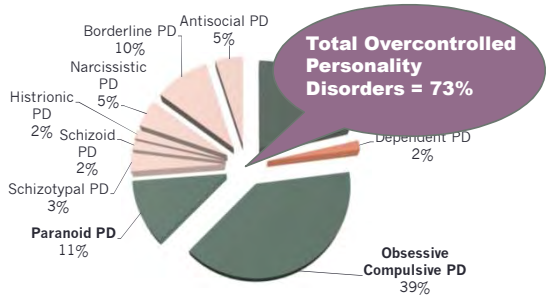

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The Self-Control Dialectic

Undercontrolled (UC)	Overcontrolled (OC)
Emotionally Dysregulated and Impulsive	**Emotionally Constricted and Risk-Averse**
• Borderline PD	• Obsessive Compulsive PD
• Antisocial PD	• Paranoid PD
• Narcissistic PD	• Avoidant PD
• Histrionic PD	• Schizoid PD
• Binge-Purging Eating Disorders	• Anorexia Nervosa
• Conduct Disorders	• Chronic Depression
• Bipolar Disorder	• Autism Spectrum Disorders
• Externalizing Disorders	• Treatment Resistant Anxiety-OCD
	• Internalizing Disorders

Over-Control is Pro-social

- **Desires to be correct, exceed expectations and perform well** are essential for tribal success
- **Valuing rules and fairness** is needed on order to resist powerful yet unethical individuals or harmful societal pressures
- **Delaying gratification** saves valuable resources for less abundant times
- **Duty, obligation and self sacrifice** helps societies to flourish and ensures that those in need are cared for.

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HOW DID HUMANS EVOLVE TO THRIVE??

WE DO NOT HAVE CLAWS, HORNS, OR THICK HIDES

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Our tribal nature required us to find ways to bind genetically diverse individuals together in a way that the survival of the tribe could override older "selfish" tendencies linked to individual survival

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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).

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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

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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

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(Lynch, 2018; Lynch, Hempel & Clark, 2015; Lynch, Hempel & Dunkley, 2015)

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

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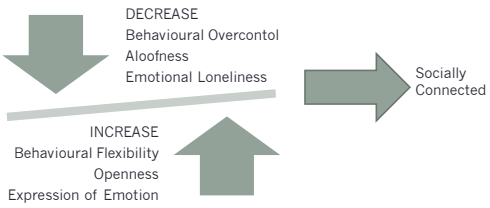
Radically Open Dialectical Behaviour Therapy – primary treatment targets



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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

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RO DBT IS EVIDENCE-BASED

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Two Randomized Controlled Trials (RCTs) (Lynch et al., 2003; Lynch et al., 2007)

- **Both trials targeted refractory depression & overcontrolled personality disorders**—RO-DBT + ADM compared to Anti-Depressant Medication (ADM) + Regular Care (total N = 71)
- **Both RCTs included severe and difficult-to-treat clients**—i.e., middle-to-older aged chronic depressed clients characterized by rigidity, low openness, and emotional constriction—suicidal and personality disordered clients were purposefully included.
- **Major aims:** test feasibility, efficacy, and develop RO-DBT treatment manual

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Dialectical Behavior Therapy for Depressed Older Adults

A Randomized Pilot Study

Treatment of older adults with co-morbid personality disorder and depression: a dialectical behavior therapy approach

Results from chronic depression Randomized Controlled Trials Lynch et al. 2003 and 2007

- **RCT #1** (Lynch et al., 2003): **71% of RO-DBT patients were in remission, in contrast to 47% of controls**—and this went up to 75% remission compared 31% remission among controls at six-month follow-up.
- **RCT #2** (Lynch et al., 2007): **71% of RO-DBT recipients were in remission post-treatment compared with 50% of controls**—a trend that was maintained at 3-month follow-up but levelled at 6 month follow-up.
  - **Significant improvements in personality dysfunction** for RO-DBT compared to control condition that were maintained at follow-up (Lynch et al., 2007)

Non-Randomized Controlled Trial Skills Only

targeting treatment resistant over-controlled adults (N = 117) (Keogh et al., 2016)

- **Design: RO-DBT Skills Class Alone** (n = 58) **compared to Treatment-As-Usual wait-list** (n = 59) with 3 month follow-up
  - RO skills class consisted of twice weekly three-hour classes over a period of nine weeks (group closed; total classes = 18).
- **Results: 10% (n = 6) drop-out rate for RO-skills class;** no significant differences between drop-outs and treatment completers
- **RO-DBT Skills Alone compared to TAU showed significantly greater improvements in global severity of psychological symptoms**—medium effects at post-treatment; large effects at 3 month follow-up.
- **RO-DBT Skills Alone compared to TAU showed significantly greater improvements in:**
  - **Social safeness** (medium effects at post-treatment)
  - **Rigid needs for structure** (medium effects at post-treatment)
  - **Effective use of coping skills** (medium to large effects at post-treatment; large effects at 3-month follow-up)

The Radical Openness Group: A Controlled Trial With 3-Month Follow-Up

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Multi-Centre Randomized Controlled Trial

treatment resistant depression & over-controlled personality dysfunction (N = 250) (Lynch et al., under review)

- **REFRAMED:** funded by National Institutes of Health Research-Efficacy & Mechanism Evaluation programme (UK)

Two treatment arms: RO-DBT (weekly 1-hour individual treatment and 2.5 hours skills class) plus Treatment as Usual (TAU) compared to TAU alone.

Three treatment sites: Dorset, Hampshire, and North Wales

Assessment points: Baseline, End of Treatment, and 6 and 12 months later

Primary aim of study: to test the efficacy (does it work?) of RO-DBT compared to TAU.

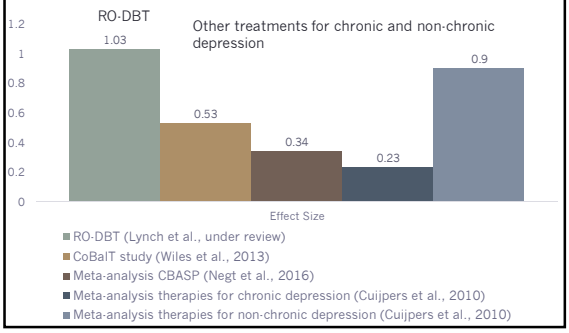
Secondary aim: to test the mechanisms (how does it work?) of RO-DBT.

R

BMJ Open Refractory depression: mechanisms and evaluation of radically open dialectical behaviour therapy (RO-DBT) [REFRAMED]: protocol for randomised trial

T R Lynch, B Whalley, R J Hempel, S Byford, P Clarke, S Clarke, D Kingdon, H O'Mahen, I T Russell, J Shearer, M Stanton, M Swales, A Watkins, B Remington

Large effect size RO-DBT versus Treatment as usual



RO DBT Research (cont.)

- **Open-Trial: adult Anorexia Nervosa (AN) inpatients** (Lynch et al., 2013)
- **Forty-seven individuals diagnosed with Anorexia Nervosa-restrictive type** (AN-R; mean admission body mass index = 14.43) received the RO-DBT inpatient treatment (mean length = 21.7 weeks).
- **Self-report measures assessing quality of life and eating disorder behaviours** were completed at the start and end of treatment as part of an on-going service evaluation

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Lynch et al. BMC Psychiatry 2013, 13:293

BMC Psychiatry

RESEARCH ARTICLE Open Access

Radically open-dialectical behavior therapy for adult anorexia nervosa: feasibility and outcomes from an inpatient program

Abstract

Summary of Main Findings (N = 47) Lynch et al., 2013

- **Significant and <u>large effect size</u> increases in body mass index (BMI)**—using intent-to-treat analyses (d = 1.71) and for completers (d = 1.91) (baseline mean BMI = 14.43)
- **Overall study drop-out = 27%** (n = 13)
  - **6% dropped out of RO-DBT (n = 3)**
  - 19% declined further weight restoration and left unit AMA (n = 9) ; 2% chose to continue weight restoration as outpatient (n = 1)
- **20% of entire sample in full remission and 41% in partial remission;** Full remission defined as cessation of severe dietary restrictions and BMI > 18.5. Partial remission = at least one of these two criteria
- **35% of completers in full remission and 55% in partial** (**90% response rate**)
- **<u>Large effect size</u> improvements in eating-disorder related psychopathology & psychological distress for treatment completers.**

R

RODBT Research (cont.)

- **Cases Series Open-Trial: adult AN outpatients** (Chen et al., 2014)
  - **Case Series #1** (N=6) **used standard DBT alone—**
    - **Mean months of treatment = 10.7**
  - **Case Series #2** (N = 9) **Radical Openness Skills Module** + **standard DBT—**
    - **Mean months of treatment** = **8**

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ORIGINAL ARTICLE

Adapting Dialectical Behavior Therapy For Outpatient Adult Anorexia Nervosa—A Pilot Study

Eunice Y. Chen, PhD
Kay Segal, PsyD
Jessica Weissman, MA
Thomas A. Zeffiro, MD, PhD
Robert Gallop, PhD
Marsha M. Linehan, PhD
Martin Bohus, MD
Thomas R. Lynch, PhD

ABSTRACT

Introduction

Summary of Main Findings Chen et al. 2014

- **Standard DBT alone**—treatment dropout = 16%; **demonstrated <u>medium effect size</u>** increases in body mass index at post-treatment.
- **RO-DBT Radical Openness Skills** + **standard DBT**—treatment dropout = 11%; **demonstrated a <u>large effect size</u>** increase in body mass index **at post-treatment—sustained at 6 months and one-year follow-up**
  - RO-DBT skills+ standard DBT also showed <u>large effect size</u> decreases in number of comorbid conditions and global assessment of functioning —
  - These advantages were maintained at 6 & 12 month follow-ups for comorbid conditions and at 6 month-follow-up for GAF.

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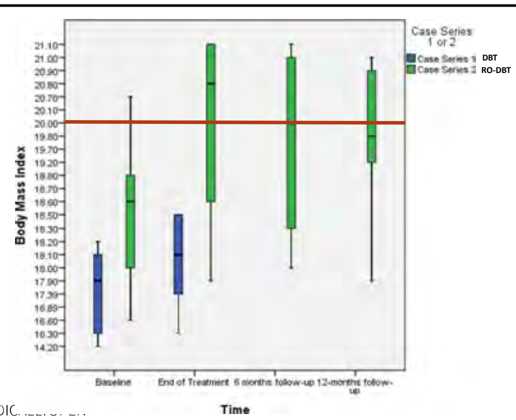

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Ongoing Research Collaborations *(and future directions)*

- **Eating Disorder Research:** Maudsley—IoP, King's College London; University of Uppsala, Sweden
- **Forensic Settings--Overcontrolled Violent Offender Research--** The Peaks Unit at Rampton Hospital & Nottingham Trent, UK (Hamilton, Hempel, Smith-Lynch, et al.)
- **Shy, Timid, Socially Excluded Children** Washington University School of Medicine, St. Louis, USA; (K. Gilbert et al.)
- **Social-Signaling Lab Research**—Portland, USA; Oregon Health & Science University; (J Luoma et al.)
- **Soldiers and Veterans**—USA Veterans Administration Hospitals (VA)—Columbus Ohio (J. Porter & N. Tomcik et al.,)
- **Perfectionistic, hyper-achievement focused, & overcontrolled university** students—Rowan University (A. Hoch)

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RO-DBT Training

- **One Day Introductory Training**
  - September 24th, 2019, Royal Melbourne Hospital
  - Hosted by CEED
- **RO-DBT Intensive**
  - **Part 1:** 3 Feb - 7 Feb 2020, Sydney
  - **Part 2:** 19 Oct - 23 Oct 2020, Sydney

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For more information:
www.radicallyopen.net

RO-DBT Australia & New Zealand
www.rodbtaustralia.com.au

Find us on Facebook and check out our youtube channel

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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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