

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

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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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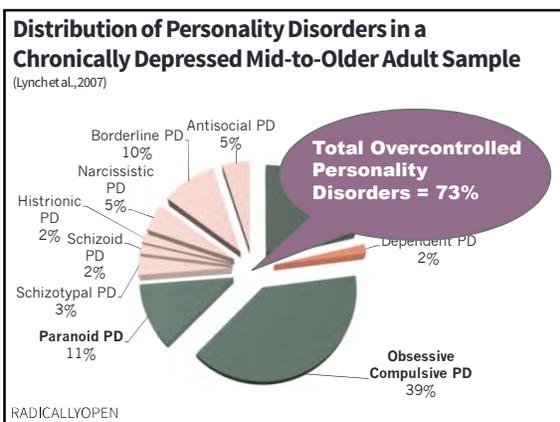
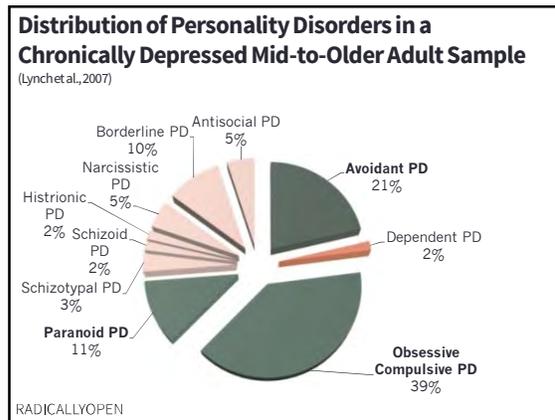
Too much of a good thing: the problem of overcontrol

- 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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The Self-Control Dialectic

Undercontrolled (UC)	Overcontrolled (OC)
Emotionally Dysregulated and Impulsive <ul style="list-style-type: none"> • Borderline PD • Antisocial PD • Narcissistic PD • Histrionic PD • Binge-Purging Eating Disorders • Conduct Disorders • Bipolar Disorder • Externalizing Disorders 	Emotionally Constricted and Risk-Averse <ul style="list-style-type: none"> • Obsessive Compulsive PD • Paranoid PD • Avoidant PD • Schizoid PD • Anorexia Nervosa • Chronic Depression • Autism Spectrum 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

↓

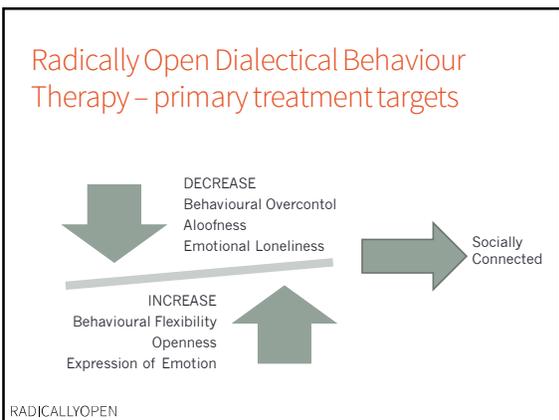
Emotional Loneliness

RADICALLYOPEN (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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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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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

Richard Booth, Katie Burt, and Richard Young, Editors

Radically open-dialectical behaviour therapy (RO-DBT) has been developed as an adaptation to treat affective disorders associated with over-controlled (OC) personality organization. It is a form of DBT that emphasizes the development of psychological flexibility and the reduction of over-control. This study examined the effectiveness of a 9-week RO-DBT program compared to a wait-list control (TAU) in a sample of 117 individuals with OC personality organization. The study found that RO-DBT significantly reduced OC symptoms and improved psychological flexibility compared to TAU. The program also showed significant improvements in social safeness and coping skills. The study was limited by its non-randomized design and the lack of a wait-list control.

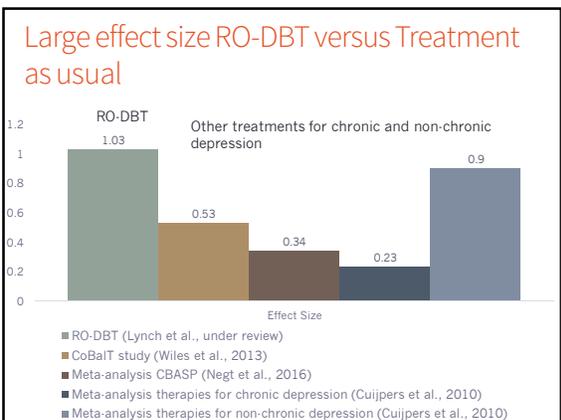
Multi-Centre Randomized Controlled Trial treatment resistant depression & over-controlled personality dysfunction (N=250) (Lynch et al., under review)

- 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.

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, G Clarke, D Kingston, H O'Mahoney, T T Russell, J Ghesner, M Stanton, M Davies, A Watkins, B Remington

Abstract: Only 30-40% of depressed patients treated with medication achieve full remission. Studies of widely open dialectical behaviour therapy (WO-DBT) and RO-DBT suggest that psychosocial interventions may be more effective than medication in some individuals. The REFRAMED trial aims to evaluate the effectiveness and cost-effectiveness of RO-DBT for patients with treatment-resistant depression. The trial will compare RO-DBT to TAU in a multi-centre, randomised controlled trial. The primary outcome is the proportion of patients achieving full remission at 12 months. Secondary outcomes include changes in psychological flexibility, social safeness, and coping skills. The trial is registered with ClinicalTrials.gov (NCT02784627).



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

Lincoln et al. *BMC Psychiatry* 2015, **15**:289
http://www.biomedcentral.com/15/1/289/15/289

RESEARCH ARTICLE Open Access

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

Thomas R Lynch^{1*}, Katie LH Gony², Heather M Hampel³, Marisa Tilly⁴, Burton Y Chen⁵ and Heather A O'Mahoney⁶

Abstract
Background: Anorexia Nervosa (AN) is a highly life-threatening disorder that is extremely difficult to treat. There is evidence that family-based therapies are effective for adolescent AN, but no treatment has been proven to be clearly effective for adult AN. The neurobiological changes associated with anorexia nervosa have created an inoperability for these treatments, leading to preliminary testing data to be evaluated in a randomized clinical trial. The aim of this study was to provide preliminary evidence on the effectiveness of a treatment program based on a novel adaptation of Dialectical Behavior Therapy (DBT) for adult Anorexia Nervosa (Radically Open DBT; RO-DBT) that conceptualizes AN as a disorder of overcontrol.

Methods: Forty-seven individuals diagnosed with Anorexia Nervosa restrictive type (AN-R) mean admission body mass index (BMI) included the adapted DBT inpatient program (mean length of treatment = 21.7 weeks).

Results: Seventy-two percent completed the treatment program demonstrating substantial increases in body mass index. Mean weight change in BMI = 3.22 corresponding to a large effect size ($d = 1.91$). Thirty-three percent of treatment completers were in full remission, and an additional 15% were in partial remission resulting in an overall remission rate of 50%. These same individuals demonstrated significant and large improvements in eating disorder related psychopathology symptoms ($d = 1.73$), eating disorder-related quality of life ($d = 1.03$), and reductions in psychological distress ($d = 1.26$).

Conclusions: RO-DBT was associated with significant improvements in weight gain, reductions in eating disorder symptoms, the extent of eating disorder-related neurobiological and behavioral eating disorder-related quality of life in a severely underweight sample. These findings provide preliminary support for RO-DBT in treating AN-R, suggesting the importance of further evaluation examining long-term outcomes using randomized controlled trial methodology.

Keywords: Anorexia nervosa, DBT, inpatient, eating disorders, Overcontrol, Personality disorders, Radical openness

Background: Anorexia Nervosa (AN) is a serious psychiatric illness characterized by low body weight and intense fear of gaining weight [1]. In addition, the course of AN is frequently chronic, and a characteristic difficulty to treat. Rates of mortality in AN are higher than in any other mental disorder, with death primarily resulting from cardiac problems or suicide [2,3]. Nonrandomized follow-up studies suggest that less than half of adults with AN improve when the majority continue on chronic courses (only partially improve [4]). For adults with AN, no specific treatment has been shown to be superior to parent-based care in a dearth of adequately designed and powered randomized controlled trials (RCTs) [5]. Therefore, many treatments have failed to adequately attend to the core experience of AN: the Overcontrol (OC) and

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

- **Significant and large effect size 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)**
- **Large effect size improvements in eating-disorder related psychopathology & psychological distress for treatment completers.**

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

Burton Y. Chen, PhD^{1*}, Heather A. O'Mahoney, PhD², Jessica Wallman, MA³, Thomas A. Zillessen, MD, PhD⁴, Robert Gallop, PhD⁵, Marisa M. Tilly, PhD⁶, Martin Bohus, MD⁷, Thomas R. Lynch, PhD⁸

Abstract
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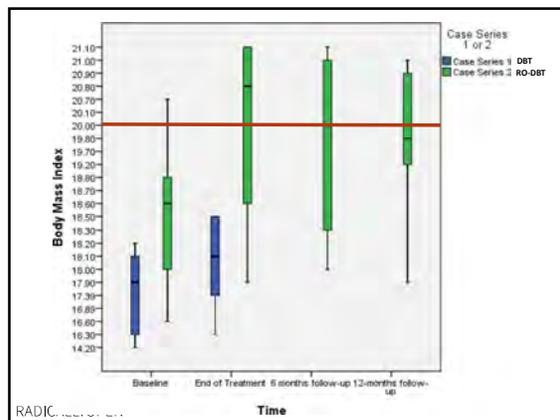
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Summary of Main Findings Chen et al. 2014

- ◊ **Standard DBT alone—**treatment dropout = 16%; **demonstrated medium effect size** increases in body mass index at post-treatment.
- ◊ **RO-DBT Radical Openness Skills + standard DBT—**treatment dropout = 11%; **demonstrated a large effect size** increase in body mass index at post-treatment—**sustained at 6 months and one-year follow-up**
- RO-DBT skills+ standard DBT also showed **large effect size** 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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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

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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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