



How is RO-DBT different from DBT?

<u>DBT</u>	<u>RODBT</u>
Uses behavioral principles	Uses behavioral principles
Uses dialectical philosophy	Uses dialectical philosophy
Developed for undercontrolled clients Cluster B personality styles, mainly borderline and antisocial PD	Developed for overcontrolled clients Clusters A and C “overcontrolled” personality styles (e.g., avoidant, obsessive compulsive, paranoid and schizoid PDs, but also chronic depression and anorexia nervosa)
Client may have anxious attachment style Seeks attachment with therapist and fears abandonment	Client may have avoidant attachment style Does not seek attachment with therapist and abandons relationship easily, especially when there is conflict
Core Problem Emotion dysregulation, poor impulse control	Core Problem Social signaling deficits, low openness, and rigid styles of thinking/behaving
Suicide and Self Harm UC client suicide and self-harm is usually mood-dependent and unplanned UC clients do not keep their self-harming behavior a secret UC self-harm and/or suicidal behavior is mood-dependent and impulsive	Suicide and Self Harm OC client suicide and self-harm is usually planned OC self-harming behavior is usually a well-kept secret OC self-harm and/or suicidal behavior is more likely to be rule-governed rather than mood-governed—e.g., to restore their faith in a just world by punishing themselves for perceived wrongs
Therapist recognizes that undercontrolled clients need to do better, try harder, and/or be more motivated to change	Therapist recognizes that clients characterized by overcontrol need to let go of always striving to perform better or try harder
Therapeutic Stance	Therapeutic Stance



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Uses behavioral principles	Uses behavioral principles
Therapist uses external contingencies, including mild aversives, takes a direct stance in order to stop dangerous, impulsive behavior	Therapist is less directive, encourages independence of action and opinion, emphasizes self-enquiry and self-discovery
Teaches the Therapist	Teaches the Therapist
How to use external contingencies to help the client gain control and discover the reinforcing consequences of impulse control	How to use social signaling to enhance client engagement and model vulnerability and connectedness
Primary Therapeutic Focus	Primary Therapeutic Focus
Internal: emotion regulation skills, gaining behavioral control, and distress tolerance	External: social-signaling, openness, and social connectedness skills
Teaches	Teaches
How to avoid conflict, be more organized, restrain impulses, delay gratification and tolerate distress (skills already over learned or engaged in compulsively by most OC individuals)	Clients to increase openness, flexible responding, enhance social connectedness, and vulnerable expression of emotion
Therapist may encourage brief disengagement from conflict	Therapist encourages engagement if a conflict exists
to reduce/avoid escalation	rather than automatic abandonment or avoidance
Therapist rewards the:	Therapist rewards the:
regulated and measured expression of emotions and thoughts	candid disclosure and uninhibited expression of emotion
Treatment target hierarchy	Treatment target hierarchy
Life-threatening behavior—e.g., suicide and self-harm behaviors	Life-threatening behavior—e.g., suicide and self-harm behaviors
Therapy-interfering behaviors	Therapeutic-alliance ruptures



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Uses behavioral principles	Uses behavioral principles
<p>Quality-of-Life interfering behaviors</p> <p>Mental health related dysfunctional response pattern (e.g., other DSM Axis I & IV Disorders)</p> <p>Seriously dysfunctional interpersonal behaviors</p>	<p>Maladaptive OC social signaling stemming from over control</p> <p>Inhibited and disingenuous emotional expression</p> <p>Hyper detailed focus and overly cautious behavior</p> <p>Rigid and rule governed behavior</p> <p>High Social Comparisons</p>
<p>Mindfulness</p> <p>Emphasis on non-judgmental awareness of “what is” and intuitive knowing</p> <p>Encourages cultivation of Wise Mind responses that focus on reducing mood-dependent impulsive responding and increasing abilities to delay immediate gratification in order to pursue distal goals</p>	<p>Mindfulness</p> <p>Emphasis on self-enquiry, participating without planning, and the cultivation of healthy self-doubt</p> <p>Encourages cultivation of Flexible Mind responses that promote relaxation of rigid, rule-governed control efforts and an increase in context-appropriate disinhibition and/or emotional expression</p>
<p>Emphasizes and prioritizes Radical Acceptance</p> <p>Radical Acceptance is “letting go of fighting reality”</p> <p>“It is the way to turn suffering that cannot be tolerated into pain that can be tolerated” (Linehan 1993).</p>	<p>Emphasizes and prioritizes Radical Openness</p> <p>Radical Openness is actively seeking the things one wants to avoid in order to learn—challenging our perceptions of reality, modelling humility, and a willingness to learn</p> <p>“We don’t see things as they are—we see things as we are” (Lynch 2017).</p>
<p>Emphasizes internal emotion regulation and non-mood dependent actions</p>	<p>Emphasizes our tribal nature and social-connectedness</p>