

| | ACT | RO-DBT |
|--------------------------|--|--|
| Core Problem | <p>Psychological Inflexibility, which consists of: (1) Entanglement in thoughts rather than attending to current experiences ("cognitive fusion"); (2) Getting caught up in past or imagined notions of the self ("dominance of the conceptualized past and future - limited self-knowledge"), (3) Avoiding painful thoughts and feelings ("experiential avoidance"), (4) Taking the stories we tell about ourselves literally ("attachment to a conceptualized self"), 5) Losing touch with what's most important to us (lack of values clarity), and 6) Behaving in ways that keep us stuck in damaging cycles, or keep us distant from our values ("ineffective action")</p> | <p>Loneliness resulting from <i>low openness</i>, <i>social-signaling</i> deficits (e.g. masking inner feelings and <i>aloof interpersonal styles</i>) and perceptions of new situations as <i>dangerous as opposed to rewarding</i>. Problems seen in overcontrolled individuals (e.g. food restriction in anorexia, perfectionism and rigidity in OCPD, social disengagement in chronic depression) are viewed as attempts to cope with the more fundamental problem of social disconnection.</p> |
| Target Population | <p>Transdiagnostic; anyone struggling with psychological inflexibility. ACT has empirical support across a wide variety of psychological problems and in nonclinical contexts such as workplace stress, prevention and health maintenance</p> | <p>Overcontrolled clients; chronic depression, obsessive-compulsive disorder, anorexia nervosa, autism spectrum disorders, certain cluster A and C personality disorders (avoidant, obsessive-compulsive, paranoid and schizoid personality disorders)</p> |

| | | |
|--------------------------------------|---|--|
| <p>Ties to Basic Research</p> | <p>Modern behavioral and evolutionary principles, including Relational Frame Theory (a theory of language and cognition). According to ACT, language processes lead us to attempt to escape or avoid our feelings, become entangled in our thoughts, lose flexible contact with the present, and get caught up in defending and believing our stories about ourselves, the world, and others</p> | <p>Translational research on the facilitative and communicative functions of emotions in facilitating close social bonds. Research on the mirror neuron system and facial micromimicry. Evolutionary research on the survival of the tribe, and the importance of social cohesion and kindness. According to RO DBT's neurobiological theory, overcontrolled <i>coping styles</i> (e.g. aloofness, rigidity) result from the transaction of <i>biotemperamental factors</i> (e.g. detail-oriented perceptual processing, low reward sensitivity, high risk sensitivity) and <i>contextual factors</i> (e.g. a family environment in which mistakes are not tolerated).</p> |
| <p>Mechanisms of Change</p> | <p>Psychological flexibility: (1) Present moment awareness, as opposed to getting stuck in the past or present ("being present"), (2) Willingness to experience even uncomfortable thoughts and feelings ("acceptance"), (3) Observing thoughts without taking them literally ("cognitive defusion"), (4) Flexible perspective taking; contact with a transcendent sense of self ("self as context"), (5) Contacting and clarifying values ("values"), (6) Acting in ways that serve values ("committed action")</p> | <p>Prosocial signaling, radical openness and self-enquiry --> context-appropriate emotional expression --> others want to affiliate with us and trust us --> social connectedness. In turn, social connectedness is thought to lessen overcontrolled behaviors and the distress that often accompanies them.</p> |

| | | |
|--|---|---|
| <p>Mindfulness</p> | <p>Mindfulness is a core treatment component, and is considered to be an aspect of the four mindfulness and acceptance processes—acceptance, defusion, flexible contact with the present, and contact with a transcendent and flexible sense of self. In ACT, no particular mindfulness practices are required and mindfulness practices are not derived from any particular spiritual tradition.</p> | <p>Mindfulness processes emphasize radical openness and self-enquiry. These practices are informed by a spiritual tradition known as Malâmati sufism. The name Malâmati comes from the Arabic word malamah, meaning “blame” and referring to the Malâmati practice of sustained self-observation and healthy self-criticism in order to understand one’s true motivations. RO DBT also includes daily meditative exercises (Lovingkindness Meditation) aimed to induce feelings of social safety prior to social encounters.</p> |
| <p>Therapeutic Relationship</p> | <p>ACT maintains that a strong therapeutic alliance is important for successful treatment. However, less emphasis is generally placed on the alliance and alliance ruptures are not considered a primary mechanism of change. Instead, the interpersonal behavior of the client is understood in terms of whether it exhibits psychological flexibility or inflexibility and the relationship as an opportunity to develop greater psychological flexibility in interpersonal spheres and in relation to interpersonal values</p> | <p>Therapist plays the role of a "tribal ambassador" who metaphorically encourages socially isolated overcontrolled clients to rejoin their tribe. The therapist models kindness, cooperation, and playfulness rather than fixing, correcting, restricting, or improving. The therapist adopts a laid back, expansive body posture. Therapists are taught to emphasize “asking, not telling” when confronting a client, which parallels the kind of open curiosity, playfulness, teasing, and humility often observed during interactions among good friends. Alliance ruptures are seen as important opportunities for clients to learn that conflict can be intimacy enhancing.</p> |
| <p>Treatment format</p> | <p>Flexible – length and components adapted to context of implementation</p> | <p>Standardized – typically 30 sessions of concurrent group and individual therapy, with a structured sequence of delivery</p> |

| | | |
|--|--|---|
| Emotion systems/cues | Does not refer to emotion systems or link to affective science | Refers to five emotion cues (i.e., reward, social safety, novelty, threat, and overwhelming threat) |
| Focus on past | Only works with the past to extent it is needed to develop psychological flexibility, e.g., through exposure to cues that elicit trauma-related avoidance. | Past memories generally not a focus of treatment. May be addressed through forgiveness/grief skills if grievances or injuries affect current social signaling. |
| Mindfulness practices linked to | No particular spiritual tradition | Malamati Sufism |
| Role of meditative methods | Liberal use of meditation/visualization | Limited use of meditation and visualizations, except to facilitate activation of the PNS mediated social-safety system (e.g., loving-kindness practices) |
| Role of distress tolerance | Focuses on increased acceptance, which is similar to distress tolerance | Suggests that distress <i>overtolerance</i> is a core problem |
| Links to philosophy | Based on a philosophy of science called functional contextualism | Linked most closely to Hegelian dialectics |
| Stance on truth | Truth is contextual, based on successful working to achieve goal defined a priori, which in ACT are the client's values | Encourages the pursuit of truth, not its attainment, and holds that "truth" can be misleading because we carry processing biases into all situations and many influences are outside our awareness. |
| Role of consultation group | Not a standard practice | Highly recommended part of competent delivery of treatment |

| | | |
|--|--|---|
| <p>Behavioral principles</p> | <p>ACT is part of larger research strategy called contextual behavioral science that seeks to develop behavioral principles (including new ones from RFT) with depth, scope, and precision to predict and influence over human behavior. It sees explanations for behavior such as biotemperament as being incomplete as they do not link directly to events in the environment that are, in principle, modifiable. ACT seeks explanations for behavior in their current and historical context of behavior in order to be able to both influence and predict.</p> | <p>RO DBT believes that behavioral principles alone are too limited and that other forms of research and theorizing (e.g., biotemperament and affective science) are needed to understand OC behavior.</p> |
| <p>Role of values</p> | <p>Values clarification and articulation central to ACT and a large variety of exercises, metaphors, teaching stories, and techniques are available to implement this process.</p> | <p>In contrast, RO DBT uses a more limited set of tools, primarily discussion, to identify valued goals at initial phase of treatment. These valued goals are then referred to later in treatment for various purposes and revised as treatment continues.</p> |
| <p>Approach vs avoidance focused coping</p> | <p>ACT does not differentiate between these two forms of coping, preferring to analyze behavior at the individual level and being likely to characterize both approach and avoidance coping as functionally the same and as forms of experiential avoidance.</p> | <p>RO DBT differentiates between approach and avoidance focused coping. Approach coping includes behaviors that attempt to reduce stress by alleviating the problem directly and is often assumed to be the healthier of the two forms of coping. RO DBT suggests it is important to differentiate these two forms of coping, as OC individuals compulsively use approach coping, which is important to directly distinguish and target. For example, rather than avoiding a social event in order to escape feeling anxious—overcontrolled individuals are likely to compulsively force themselves to attend when avoidance might actually be more adaptive.</p> |