Ethical Openness in Value-Diverse Clinical Work: Lessons From RO-DBT

Presenter: Karianne Bilsky, PhD

June 20, 2026

Conflict of Interest

- I have no conflicts of interest to disclose.

Definition of Values Conflicts

- Values conflicts occur when:
  - Therapist values differ from client values
  - Personal beliefs conflict with professional obligations
  - Multiple ethical principles point toward competing actions
  - Personal or professional obligations conflict with organizational or legal requirements

Values Influence Decisions More Than We Think

- Self-awareness is a critical ethical competency
- Clinicians often believe they are acting objectively, yet ethical judgments are shaped by multiple factors
    - Individual experiences
    - Organization / professional culture
    - Implicit biases
    - Perceptions of client welfare

Why Values Conflicts Matter In Ethics

- Influences therapeutic alliance
- Affects treatment decisions
- Can introduce bias into clinical judgment and referral processes
- Has implications for client welfare and professional integrity
- Impacts what is considered in ethical decision-making

Traditional View: “How do I make the optimal ethical decision?”

RO-DBT View: “How do I remain open to information that challenges my assumptions?”

Sources of Value Conflicts

- Political beliefs
- Religion and spirituality
- Gender identity and sexual orientation
- Cultural values
- End-of-life decisions
- Family and parenting practices

Ethical Challenge: How do psychologists maintain cognitive and moral flexibility when navigating ethical decision-making when values are in conflict?

Cultural Values and Ethical Practice

- Asnaani & Hofmann (2012)
  - Research on culturally responsive therapy highlighted a significant gap between:
    - Desire for cultural competence
    - Evidence-based guidance for achieving it
  - **Key Recommendations**
    - Conduct culturally informed assessments
    - Explore clients' view of therapy
    - Demonstrate respect across cultural differences
    - Identify culturally based strengths
    - Adapt interventions when appropriate

What Research Says About Ethical Decision-Making

- Grace et al. (2020) - Systematic review of empirical studies on psychologists' ethical decision-making
- **Major Finding:** There is no universally supported, empirically-validated ethical decision-making model in psychology.
- **Factors That Influence Decisions**
  - Therapist Factors
  - Situational Factors

Politics in the Therapy Room

- Solomonov & Barber (2019) examined therapists' experiences discussing politics in psychotherapy.
- **Findings**
  - 87% of respondents reported discussing politics with clients
  - Therapists reporting political similarity often described stronger therapeutic alliances
  - Political similarity with clients was associated with:
    - Increased political discussions
    - Increased therapist self-disclosure
- **Implications**
  - Perception of shared values may strengthen perceived therapeutic rapport
  - Risk of bias, over-disclosure, or over-identification
  - Risk of alliance-building versus values imposition

RO-DBT and Radical Openness

- Radical Openness
  - Seek disconfirming information
  - Question one's own assumptions
  - Remain receptive to feedback
  - Tolerate uncertainty
- Core Principle: "We don't see things as they are. We see things as we are."
- Relevance to Ethics: Many ethical failures occur when clinicians become overly certain of their own perspective or unable to see alternate perspectives.

Radical Openness Handout 1.2

What Is Radical Openness?

- Radical openness means being open to new information or disconfirming feedback in order to learn.
- Radical openness helps us learn to celebrate self-discovery—it is freedom from being stuck.
- Radical openness can be rewarding—it often involves trying out novel ways of behaving that may help us cope more effectively.
- Radical openness is courageous—it alerts us to areas of our life that may need to change.
- Radical openness enhances relationships—it models humility and readiness to learn from what the world has to offer.
- Radical openness involves purposeful self-enquiry and a willingness to acknowledge one's fallibility—with an intention to change (if needed). It can be both painful and liberating.
- Radical openness challenges our perceptions of reality. *We don't see things as they are—we see things as we are.*
- Being *open* to learning new things involves a willingness to consider that there are many ways to get to the same place.
- Radical openness takes responsibility for our personal reactions and emotions—rather than automatically blaming others or the world.
- Radical openness helps us adapt to an ever-changing environment.

Values Conflicts as an Overcontrol Problem

- Overcontrolled Responses
  - Rigidity
  - Avoid difficult discussions or self-reflection
  - Assume moral superiority
  - Defensively justify decisions
  - Socially signal disapproval or withdrawal
- RO-DBT Perspective: Overcontrol reduces curiosity, flexibility, and ability to respond effectively

Self-Enquiry as Ethical Practice

- The process of self-enquiry is to mindfully notice when we experience distress in response to disconfirming feedback and to then find a ***good question*** rather than a good answer.
- Benefits in Values Conflicts and Ethical Decision-Making
  - Reduced confirmation bias, values imposition, premature conclusions
- Examples:
  - What do I need to learn from the resistance I'm experiencing right now?
  - Do I expect others to view things the same way I do?
  - Do I believe I already know the answer and therefore do not need to be open to feedback?

Ethical Decision-Making Framework

- **Pope & Vasquez Ethical Decision Model**

  Key steps include:
  1. Clarify the dilemma
  2. Identify affected stakeholders
  3. Review ethical standards
  4. Review legal requirements
  5. Examine relevant research
  6. Assess personal biases
  7. Seek consultation
  8. Consider alternatives
  9. Take action and document

- **Reflection Question:** Which of these steps would benefit from radical openness or self-enquiry?

Pope & Vasquez Through an RO-DBT Lens

- Expanding emphasis from content to process
  - Enhancing openness to feedback
  - Awareness of defensive responding
  - Humility about certainty
  - Willingness to revise conclusions
  - Intentional emphasis on flexibility
  - Incorporation of social signaling to facilitate all of the above

Therapist Social Signaling and Values Conflict

- Clients monitor micro expressions, tone of voice, posture, etc.
- During values conflicts, even subtle signals may communicate:
  - Judgment
  - Contempt
  - Withdrawal
  - Emotional suppression
- The clinician’s openness is communicated behaviorally, not verbally.

Radical Openness Handout 2.1

The RO DBT Neuroregulatory Model of Emotions

Neuroception[a] of Evocative Cues[b]					
	Safety Cue	**Novelty Cue**	**Rewarding Cue**	**Threatening Cue**	**Overwhelming Cue**
Primary neural substrate response	PNS[c]-VVC[d] engaged	PNS-VVC withdrawn without SNS[e] activation	SNS-E[f] (excitatory) engaged	SNS-D[g] (defensive) engaged	PNS-DVC[h] engaged
ANS system triggered	Social safety engagement system (*adaptive function:* enhances intraspecies communication, facilitates social connectedness)	Orienting and primary appraisal system (*adaptive function:* provides a quick means to identify and appropriately respond to environmental threats or rewards)	Excitatory approach system (*adaptive function:* promotes goal-pursuit behaviors that maximize goal attainment)	Defensive avoidance system (*adaptive function:* promotes defensive fight and flight behaviors that maximize harm avoidance)	Emergency shutdown systems (*adaptive function:* conserve vital energy reserves needed for survival when SNS fight/flight/approach responses are ineffective)
Primary action urge	Socialize	Stand still	Approach or pursue	Flee or attack	Give up
Autonomic responses	Body is relaxed Breathing is slow and deep Heart rate is reduced	Body is frozen Breath is suspended Orientation is toward cue	Body is animated and vivacious Breathing is faster Heart rate is fast	Body is tense and agitated Breathing is fast, shallow Heart rate is fast Sweating	Body is immobile Heart rate and breathing is slowed Increased pain threshold
Emotion words associated with interoceptive experience[i]	Relaxed, sociable, contented, open, playful	Alert but not aroused; curious, focused, evaluative	Excited, elated, passionate, goal-driven	Anxious or irritated, defensively aroused	Numb, unresponsive, trancelike, nonreactive, apathetic, insensitive to pain

	Safety Cue	Novelty Cue	Rewarding Cue	Threatening Cue	Overwhelming Cue
Impact on social signaling	Social signaling enhanced	Social signaling capacities momentarily suspended	Empathic perception impaired; individual still expressive	Empathic perception capacities and prosocial signaling capacities both impaired	SNS fight/flight/approach responses withdrawn; social signaling irrelevant
Action or expression (overt behavior or social signal)	Effortless eye contact and facial expressions Listening to and touching others Appearing approachable, sociable, receptive, open to exploration	Orienting response ("What is it?") Stopping, looking, listening	Excitatory approach Goal-driven behavior Expansive gestures Insensitivity to others' facial expressions and subtle social cues	Constrained facial expressions, tight gestures Monotonic voice Averted gaze or hostile stare Fight-or-flight response	Flat, unexpressive face Monotonic voice Slow speech Dissociation, swooning, fainting

[a] The term *neuroception* denotes how a person appraises or assesses evocative stimuli. Primary appraisals are quick evaluations, elicited without conscious awareness and originating at the sensory receptor level. Secondary appraisals are slower, top-down reappraisals of primary evaluations; they involve evolutionarily newer central cognitive and conscious levels of emotional processing.

[b] A *cue* is an emotionally evocative stimulus that occurs inside the body (a happy memory, for example), outside the body (an unexpected loud noise), or as a function of context (the time of day).

[c] PNS = parasympathetic nervous system.

[d] PNS-VVC = ventral vagal complex ("new" vagus) of the parasympathetic nervous system; social safety system.

[e] SNS = sympathetic nervous system; activating system.

[f] SNS-E = SNS excitatory approach system.

[g] SNS-D = SNS defensive avoidance system.

[h] PNS-DVC = dorsal vagal complex ("old" vagus) of the parasympathetic nervous system; shutdown system.

[i] The term *interoceptive* refers to emotion-based phenomena and sensations occurring inside the body.

Comparing Traditional & RO-DBT Model

Traditional Ethics Model
What is the ethically correct action?

Review codes and standards

Analyze consequences

Manage bias

Select best option

RO-DBT Perspective
What am I missing?

Examine openness and rigidity

Analyze signaling and social safety

Question certainty

Remain open to revising assumptions

Case Vignette

Dr. Emily Carter is a licensed psychologist in an outpatient clinic. She identifies as politically progressive and has been active in LGBTQ+ advocacy throughout her adult life. Her office contains a small rainbow flag and several diversity-related posters. Her client, Michael, is a 32-year-old married man referred for treatment of chronic depression, emotional loneliness, and interpersonal difficulties.Michael has attended therapy for six months and has made substantial progress. He reports feeling understood and has described Dr. Carter as "the first therapist I've really trusted."

Several weeks before a local Pride event, Michael discloses increasing distress regarding his teenage daughter, who recently came out as bisexual. During session he states: "I love my daughter, but I don't agree with this lifestyle. I don't want her going to Pride events. I think society is pushing this agenda on kids."

Case Vignette

As the discussion continues, Michael makes several comments that Dr. Carter experiences as offensive and potentially discriminatory. Internally, Dr. Carter feels:

- Anger
- Defensiveness
- Sadness
- Concern for LGBTQ+ youth
- A desire to challenge Michael's views

She notices herself becoming less empathic and more focused on correcting his beliefs.

At the next session Michael says: "Honestly, I wasn't sure if I should bring this up because of the rainbow flag in your office. I figured you'd probably think I'm a bad person." Dr. Carter realizes that her visible values may be influencing the therapeutic relationship. She now faces several questions.

Case Vignette

Ethical Questions

- Should she disclose her personal views?
- Should she challenge Michael's beliefs directly?
- Is she becoming unable to provide competent care?
- Is referral appropriate?
- How should she balance respect for client autonomy with concerns about potential prejudice?
- What role should her own values play in treatment?

Asnaani, A., & Hofmann, S. G. (2012). Collaboration in culturally responsive therapy. Establishing a strong therapeutic alliance across cultural lines. *Journal of Clinical Psychology, 68*(2), 187-197. doi: 10.1002/jclp.21829

Grace, B., Wainwright, T., Solomons, W., Camden, J., & Ellis-Caird, H. (2020). How do clinical psychologists make ethical decisions? A systematic review of empirical research. *Clinical Ethics, 15*(4), 213–224. doi: 10.1177.1477750920927165

Lynch, T. R. (2018). *Radically open dialectical behavior therapy: Theory and practice for treating disorders of overcontrol*. New Harbinger Publications.

Lynch, T. R. (2018). *The skills training manual for radically open dialectical behavior therapy: A clinician's guide for treating disorders of overcontrol*. New Harbinger Publications.

Pope, K. S., & Vasquez, M. J. T. (2016). *Ethics in psychotherapy and counseling: A practical guide* (5th ed.). John Wiley & Sons.

Solomonov, N., & Barber, J. P. (2019). Conducting psychotherapy in the Trump era: Therapists' perspectives on political self-disclosure, the therapeutic alliance, and politics in the therapy room. *Journal of Clinical Psychology, 75*(9), 1508–1518. doi: 10.1002/jclp.22801