

AN EXAMINATION OF DIALECTICAL BEHAVIOR THERAPY AND POSITIVE PSYCHOTHERAPY IN A UNIVERSITY HEALTH SETTING

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Overview of Presentation



- Mental health in the university health setting
- Description of dialectical behavior therapy and positive psychotherapy
- Review of ongoing pilot study
- Preliminary results
- Conclusions and future directions

Mental Health in University Students

- Increase in frequency, complexity and severity of mental illness in university students
- Primarily due to an increase in severe mental illness (not mild depression, anxiety)
- Higher number of students entering with pre-existing conditions
 - Increase in outreach, support, and education in childhood
 - Reduction of stigma
 - Improved treatments

Psychological Treatments in UHS

- 95% of counsellors report that their job is more stressful in the last 5 years
- Recent innovations
 - ▣ Increased training
 - ▣ Group therapy
 - ▣ Computerized intake systems
- Lack of evidence based practice in UHS
- Need quick and easy training in evidence based practice with a focus on time-limited and group interventions

Dialectical Behavior Therapy (DBT)

- Developed by Linehan (1994) to address limitations in treating suicidality and self-harm in borderline personality disorder
- A combination of different treatments and philosophies
 - ▣ Radical behaviorism
 - ▣ Mindfulness
 - ▣ Dialectics

Structure of DBT



- Weekly individual therapy
- Weekly group therapy
- Weekly consultation team
- Coaching calls
- 1 year commitment for adults

DBT Works



- Empirically based treatment for borderline personality disorder, suicidality, and self-harm (e.g., Linehan et al., 1994; Linehan et al., 2006; McMain et al., 2009; van den Bosch et al., 2005; Verheul et al., 2003).

DBT and other populations

- Treatment-resistant depression (Lynch et al., 2007)
- Eating disorders (Safer et al., 2001)
- Substance use disorders (Linehan et al., 2002)
- Suicidal adolescents (Miller, Rathus, & Linehan, 2007)
- Couples (Fruzzetti et al., 2006)
- Multi-problem adolescents and family (Uliaszek et al., 2014)

Implementing DBT



- Training
- Implementing full protocol may be too intensive for many settings
- High demand = long waitlist

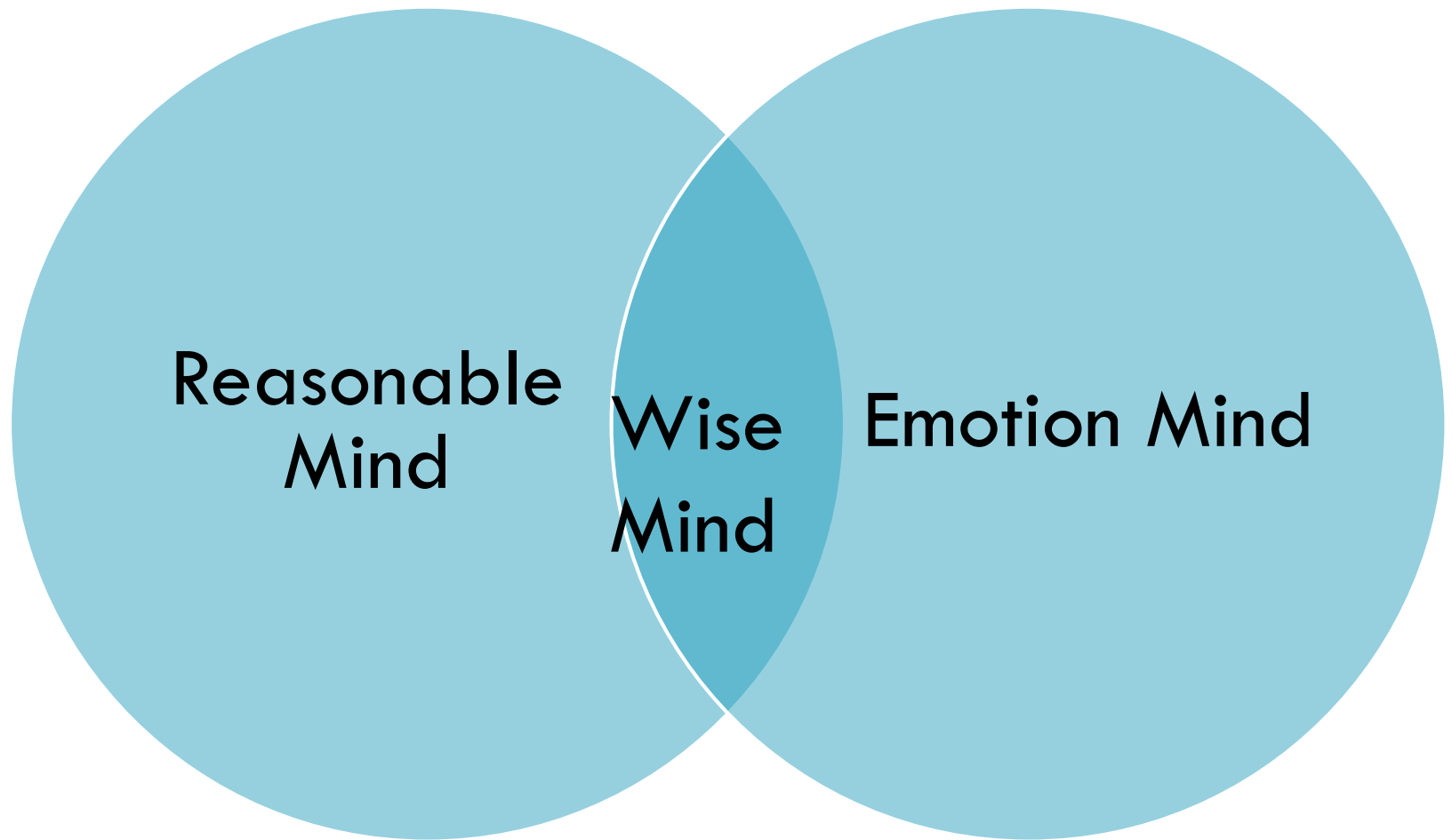
Skills Group-Only

- Research has shown that skills group alone or as an add-on to treatment-as-usual has significant benefits (e.g., Iverson et al., 2009; Soler et al., 2009; Telch et al., 2001).
- Mechanism studies have found that skill acquisition is a mediator of symptom improvement (Neacsiu et al., 2010).
- Skills group can serve many clients and is manualized for ease of training.

DBT Skills Group

- Focused on the teaching and practicing of new skills
 - ▣ Foundation in mindfulness
- Modular
- Homework
- Time-limited

Mindfulness



Distress Tolerance

IMPROVE the moment

with Imagery

with Meaning

with Prayer

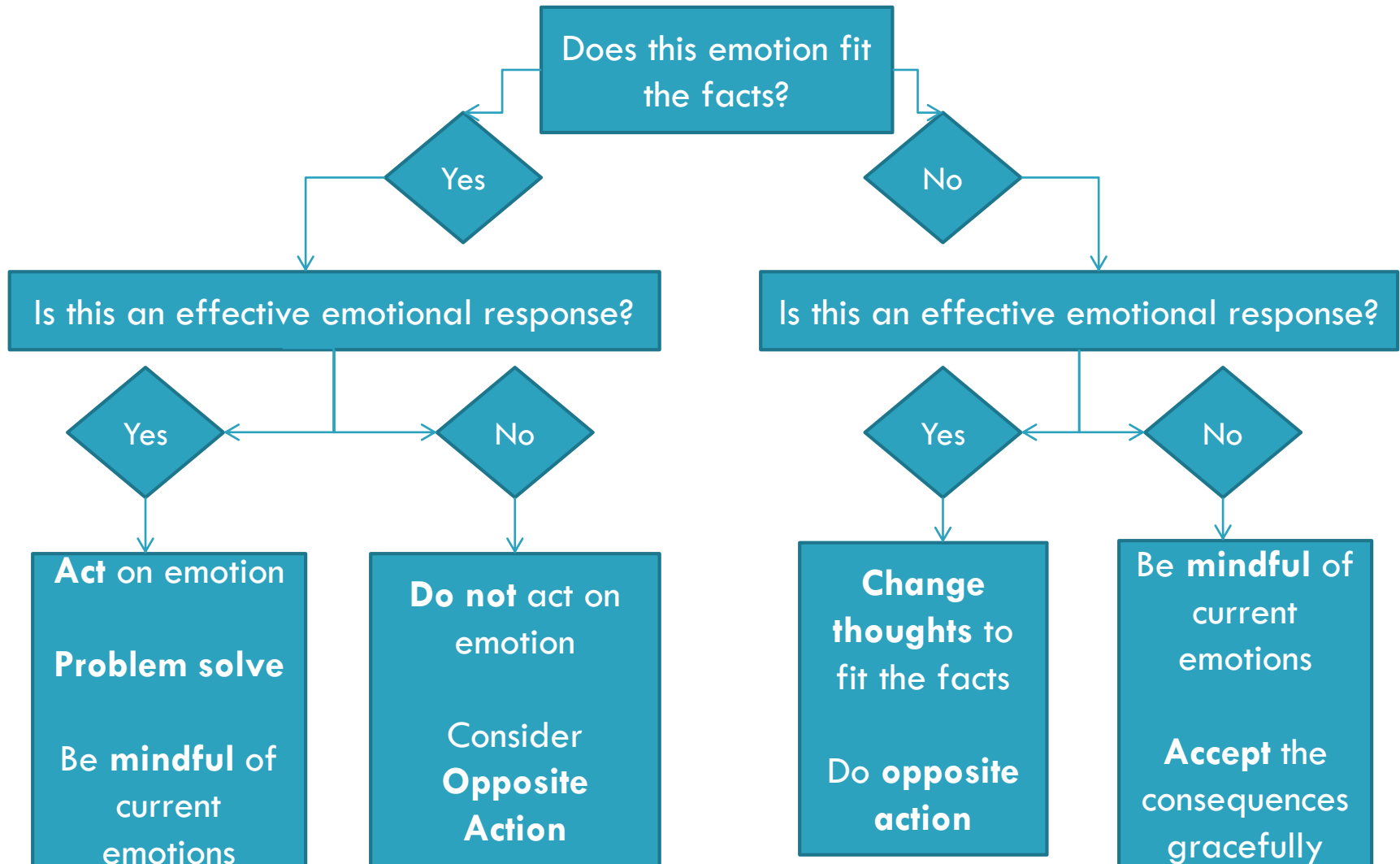
with Relaxing actions

with One thing in the moment

with a brief Vacation

with self-Encouragement

Emotion Regulation



Pick one important life **VALUE**

Identify a few **GOALS** to work
on

Pick **ONE GOAL** to
work on right now

Identify small
ACTION STEPS

Take **ONE STEP**

Interpersonal Effectiveness

- **D**escribe
- **E**xpress
- **A**ssert
- **R**einforce
- **M**indful
- **A**ppear confident
- **N**egotiate

DBT in a university health setting



- Focus on emotion dysregulation and the strong research support of the group intervention makes it particularly suited for university populations
- Manualized training
- Class-like format with homework is comfortable and familiar for students

Positive Psychotherapy (PPT)

- Derived from positive psychology
- Focus on positive emotions, engagement, and meaning
- Evidence for treatment of depression (e.g., Seligman, Rashid, & Parks, 2006)

PPT Exercises

□ Pleasure

- Negative memories
- Gratitude letter
- Nightly blessings
- Slowness & savoring

□ Engagement

- Flow
- Identify signature strengths
- Signature strengths action plan
- Maximizing and satisficing

□ Meaning

- Posttraumatic growth
- Positive relationships
- Positive community
- Gift of time

Gratitude letter

- Close your eyes. Call up the face of someone still alive who years ago did something that changed your life for the better. Someone who you never properly thanked; someone you could meet face-to-face next week or so. Got a face?

VIA Character Strengths & Virtues

(Peterson and Seligman, 2004)



Skills Group and Strengths Group

- Treatment-seeking students experiencing severe emotion dysregulation
- Comparison between time-matched group therapies, one focusing on skills and one on strengths.
- Groups would follow a 12-week structure to mirror University of Toronto semester

Assessments



- Full diagnostic interview at pre- and post-treatment
- Assessment of symptoms, skill usage, and therapeutic alliance at weeks 3, 6, and 9

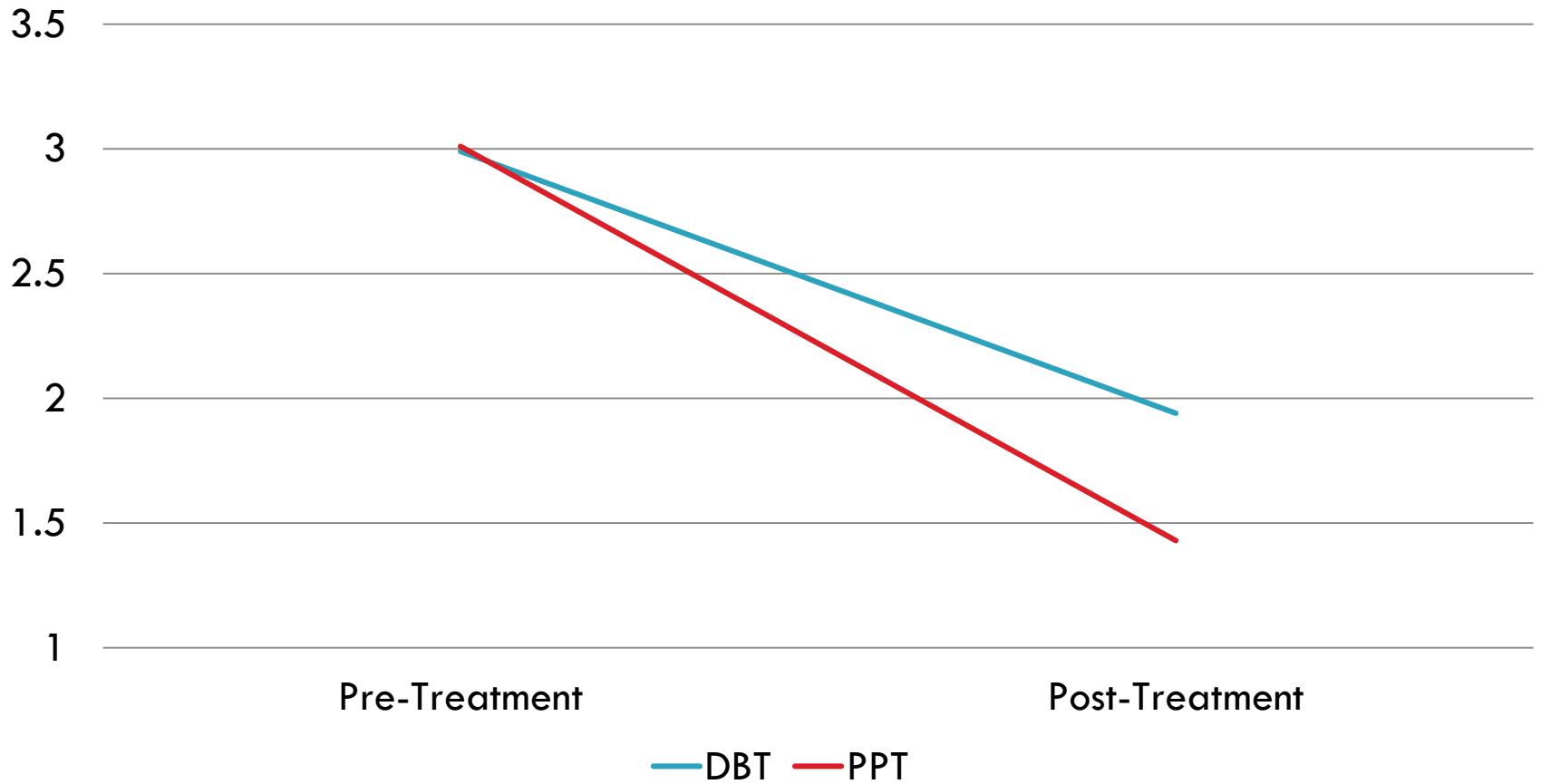
Sample

- Pre-treatment assessment
 - ▣ $n = 46$
- Randomized
 - ▣ $n = 37$ (DBT = 18; PPT = 19)
- Completed
 - ▣ DBT ($n = 10$)
 - ▣ PPT ($n = 6$)

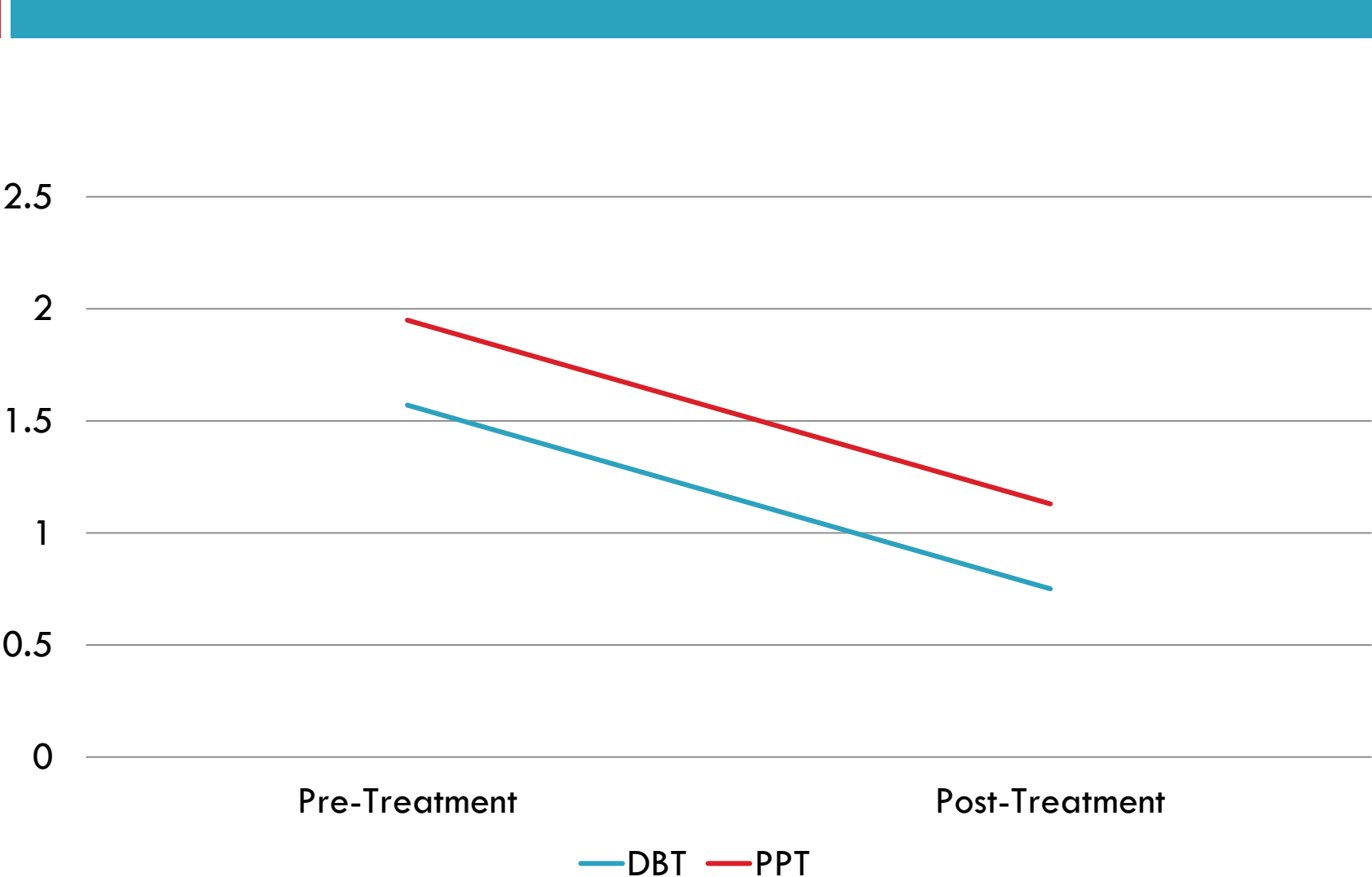
Attendance and Attrition

- Number of sessions attended
 - ▣ DBT = 8; PPT = 5
- Group attrition
 - ▣ DBT = 9%
 - ▣ PPT = 50%

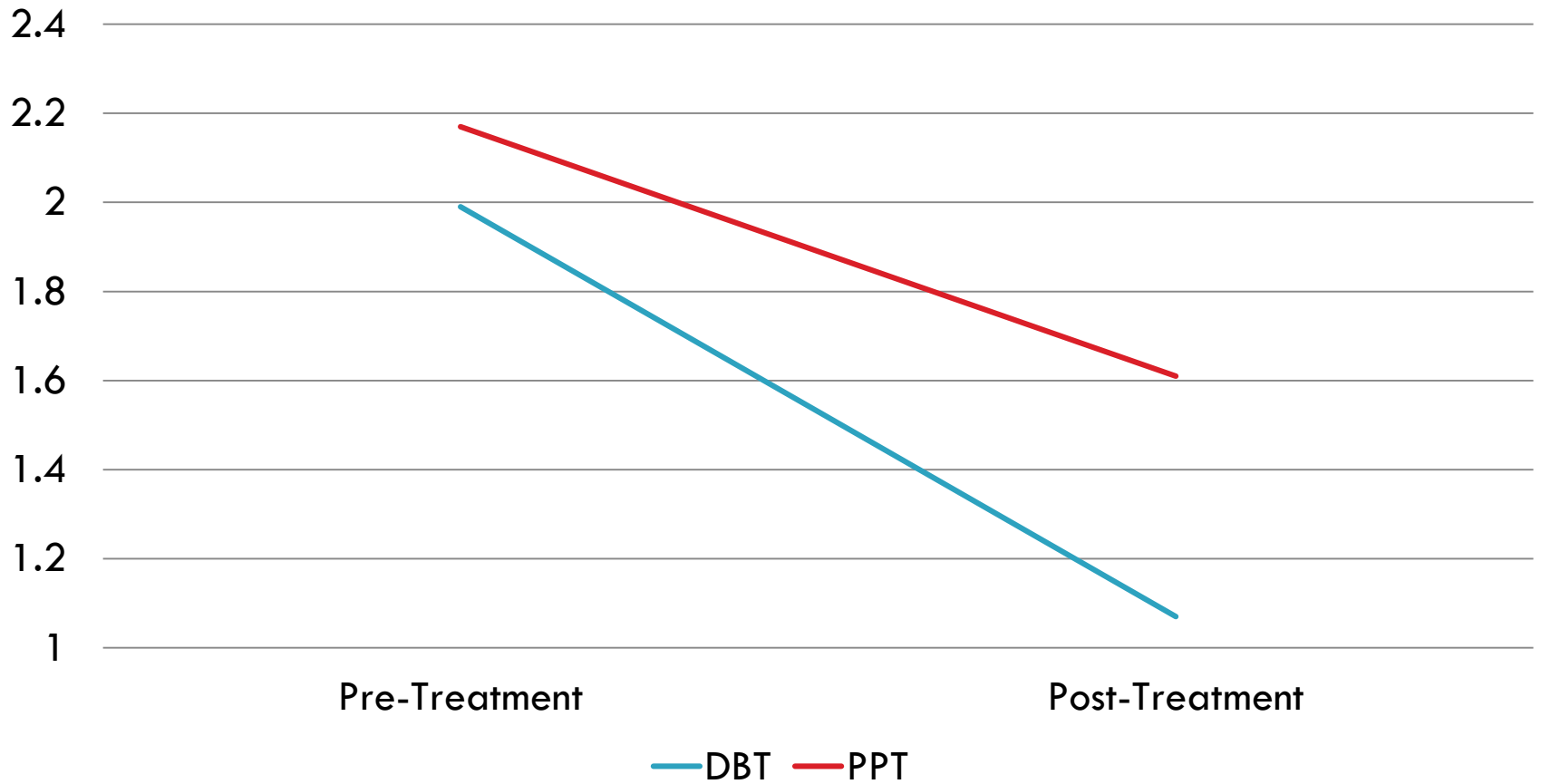
Depression



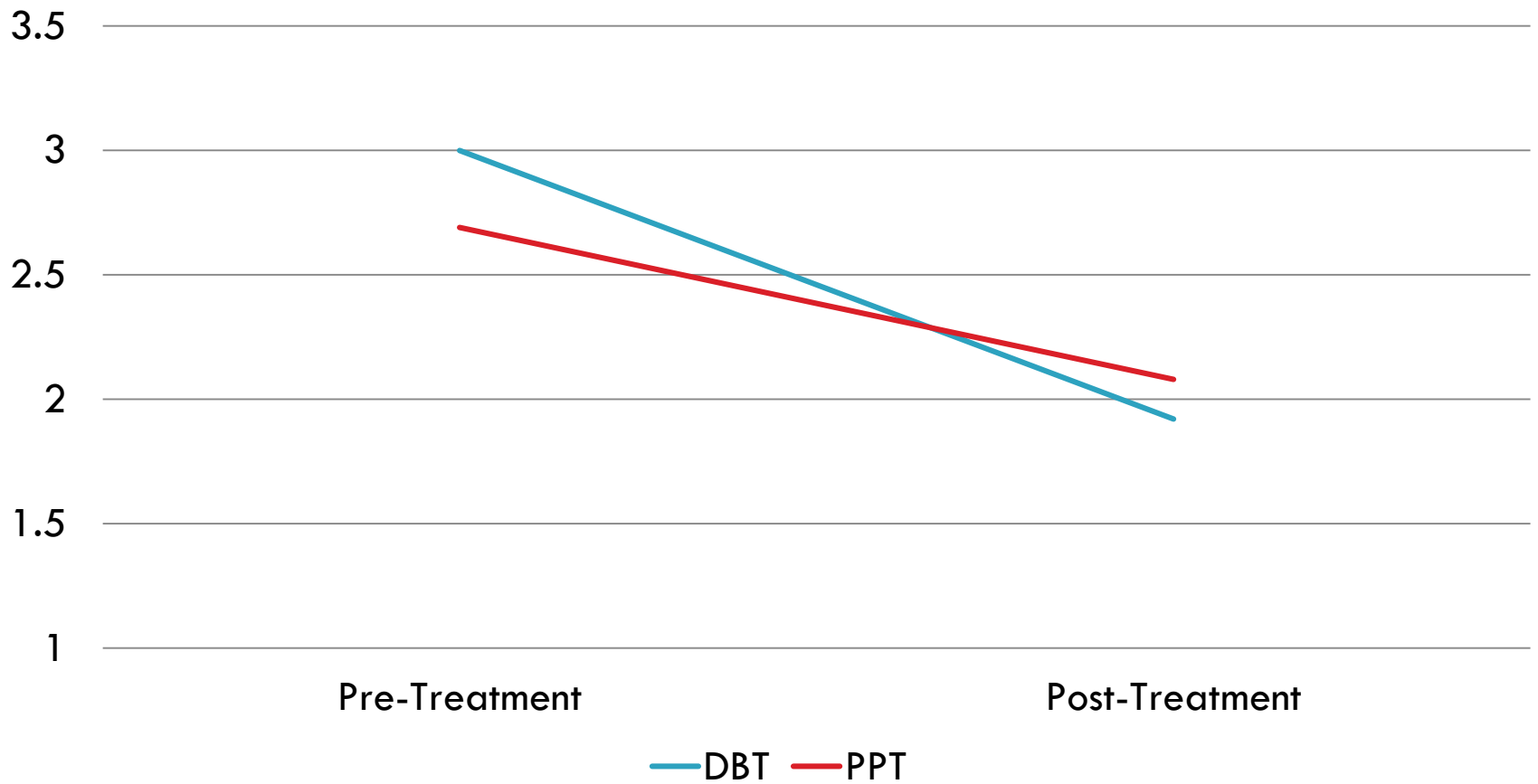
Anxiety



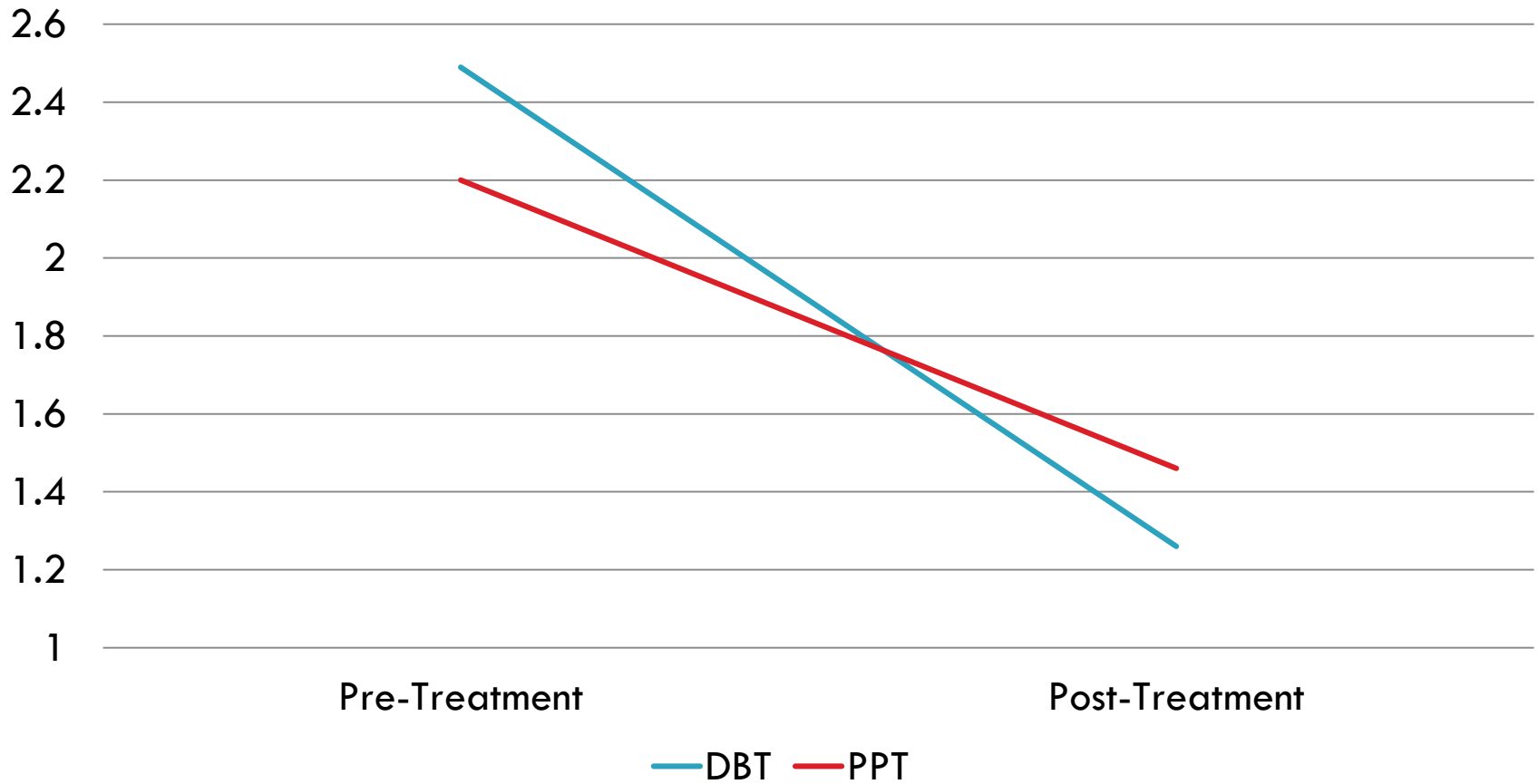
Dysfunctional Coping



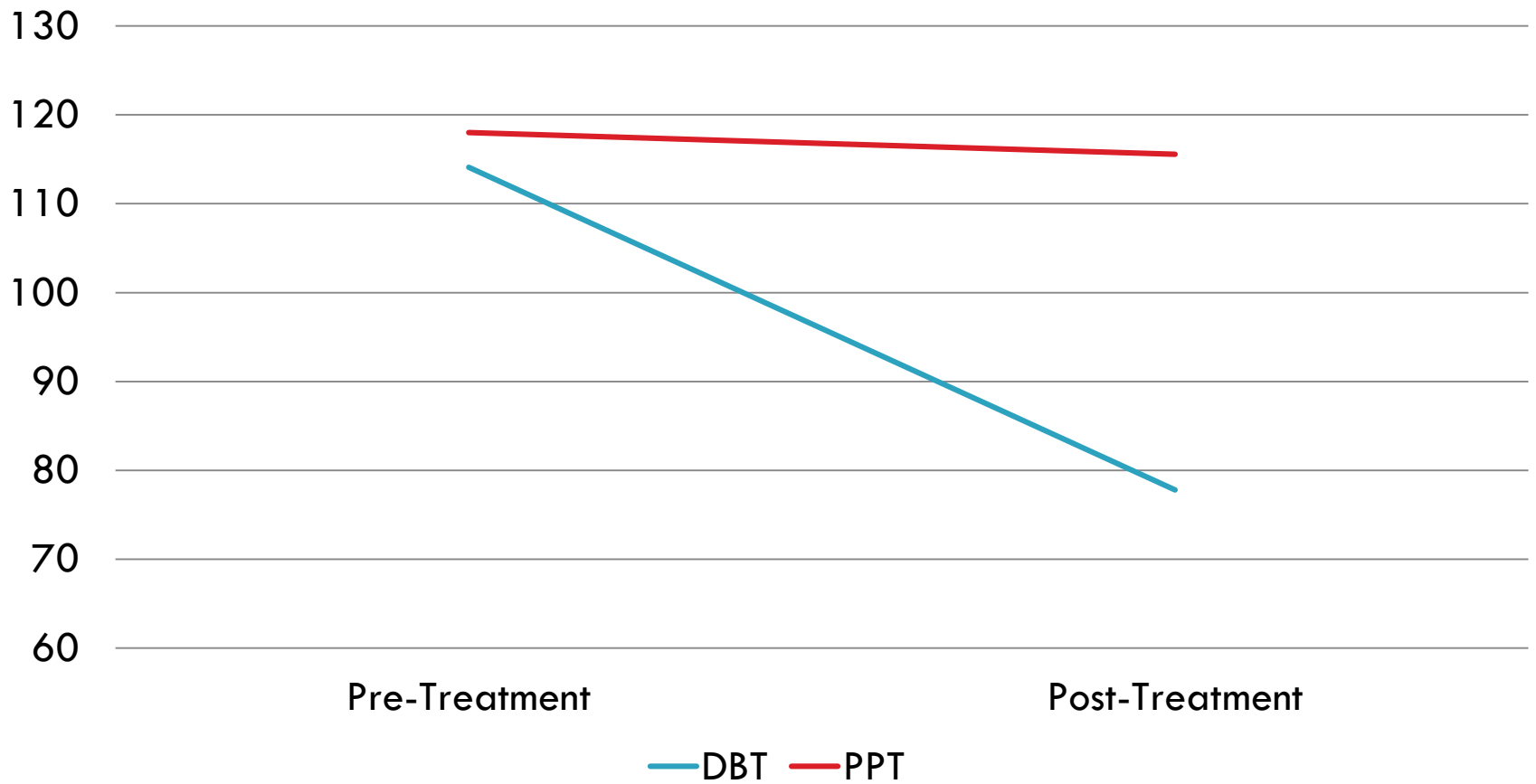
Suicidality



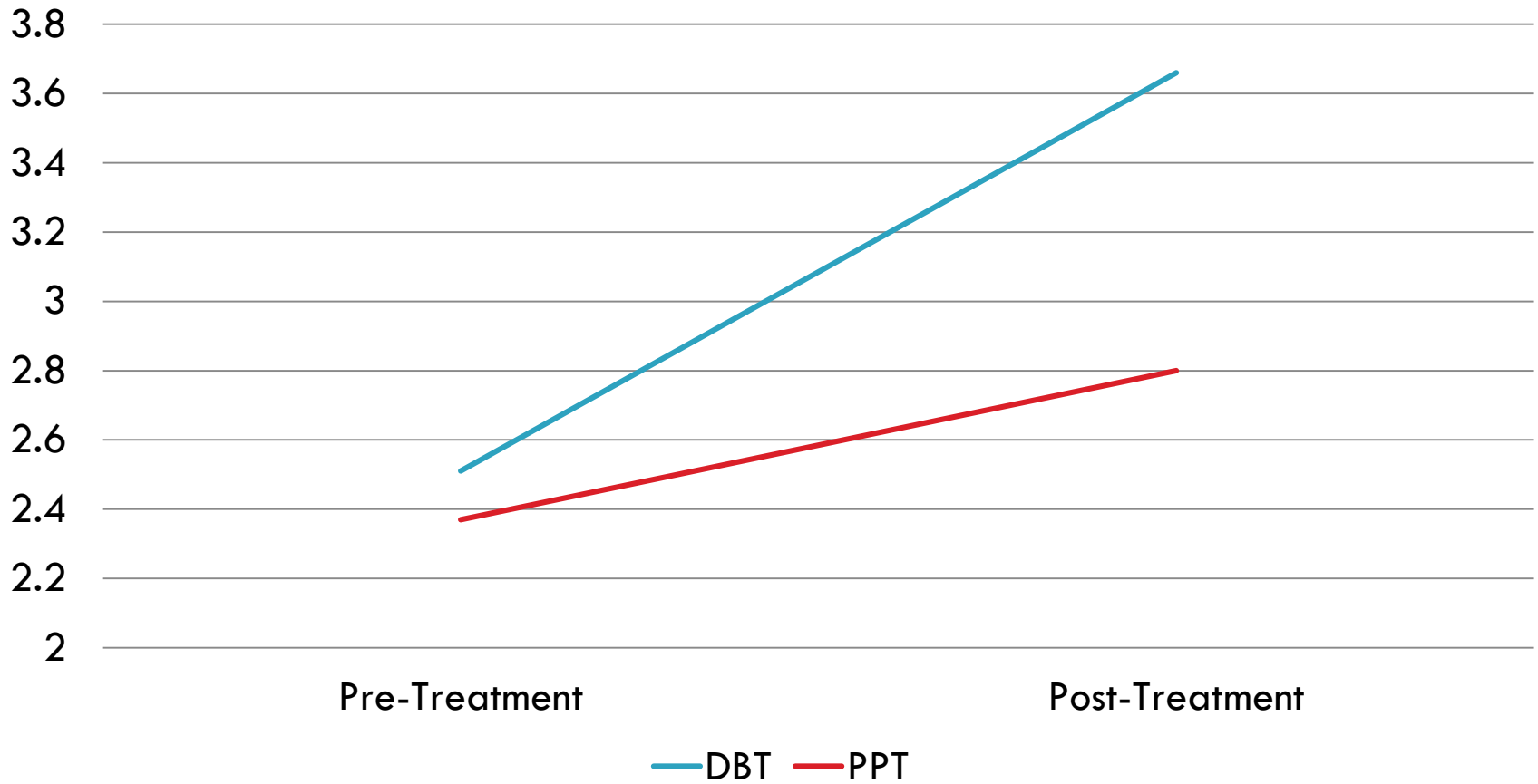
Interpersonal Sensitivity



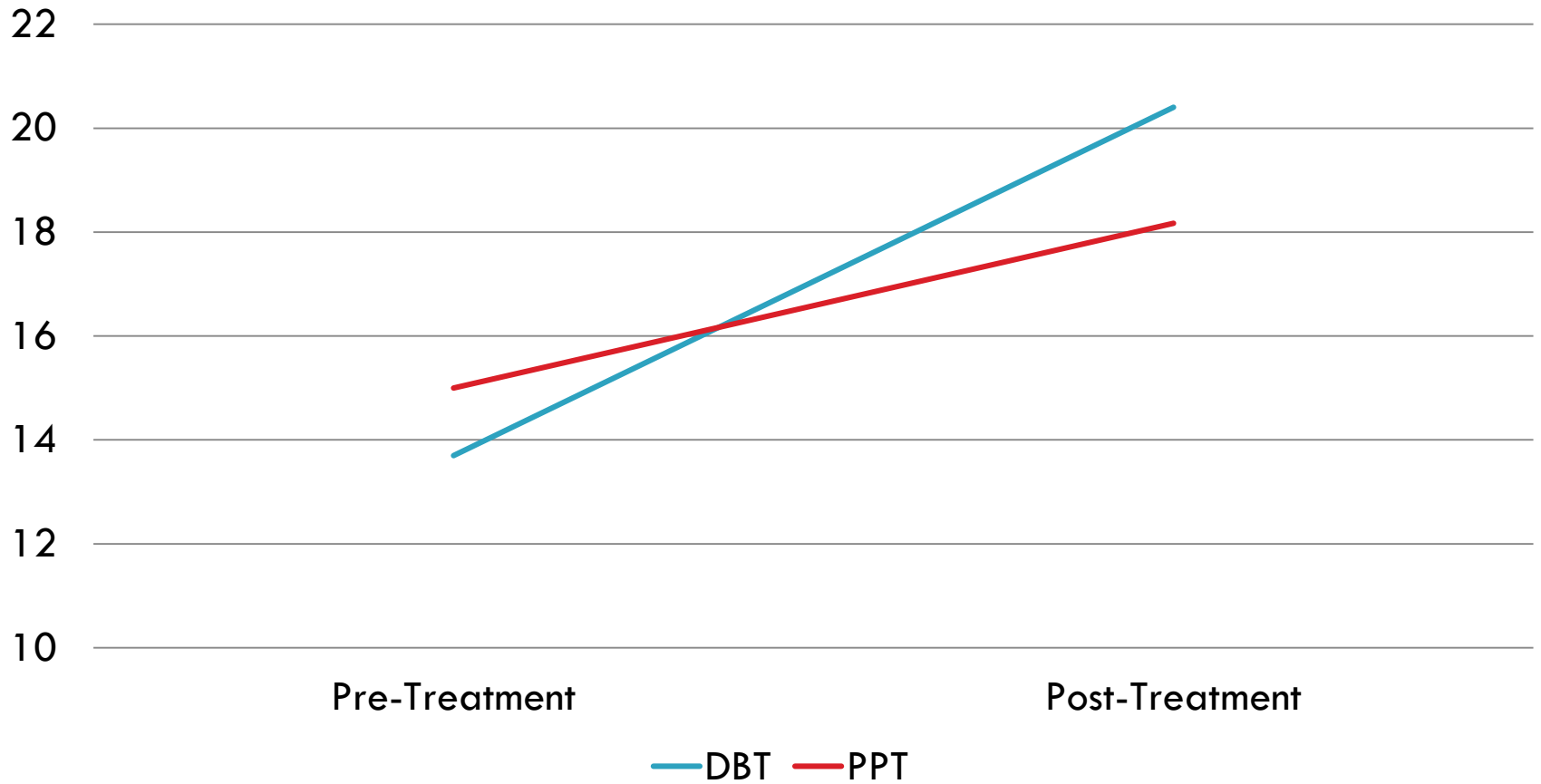
Emotion Dysregulation



Mindfulness (Acceptance)



Satisfaction with Life



Discussion



- Both groups experienced symptom improvement
- DBT was significantly better at reducing difficulties in emotion dysregulation and increasing mindfulness
- DBT had better attendance and less attrition
- The structure and format may be especially applicable to students

Future Directions



- Study is ongoing
- Shorter, more focused interventions
 - ▣ E.g., DBT skills group vs. 4-week psychoeducation
- Dissemination and implementation

Thank You!

