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

Adapted from Linehan, 1994; 2014; Miller, Rathus, & Linehan, 2006
Distress Tolerance

**IMPROVE** the moment

with **I**magery

with **M**eaning

with **P**rayer

with **R**elaxing actions

with **O**ne thing in the moment

with a brief **V**acation

with self-**E**ncouragement

Adapted from Linehan, 1994
Emotion Regulation

Does this emotion fit the facts?

Yes

Is this an effective emotional response?

Yes

Act on emotion
Problem solve
Be mindful of current emotions

No

Do not act on emotion
Consider Opposite Action

No

Is this an effective emotional response?

Yes

Change thoughts to fit the facts
Do opposite action

No

Be mindful of current emotions
Accept the consequences gracefully

Adapted from Linehan, 1994; 2014; Miller, Rathus, & Linehan, 2006
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

Adapted from Linehan, 1994; 2014; Miller, Rathus, & Linehan, 2006
Interpersonal Effectiveness

- Describe
- Express
- Assert
- Reinforce
- Mindful
- Appear confident
- Negotiate

Adapted from Linehan, 1994
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 satisfizing

- **Meaning**
  - Posttraumatic growth
  - Positive relationships
  - Positive community
  - Gift of time
Gratitude letter

☐ Close you 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?

From Flourish, Seligman, 2011
VIA Character Strengths & Virtues
(Peterson and Seligman, 2004)

A life of pleasure, engagement and meaning

Courage
- Persistance
- Integrity
- Bravery
- Creativity
- Curiosity
- Open-mindedness
- Love of Learning
- Perspective
- Citizenship
- Fairness
- Leadership

Wisdom and knowledge

Justice
- Humility/Modesty
- Prudence

Temperance
- Forgiveness and Mercy

Transcendence
- Spirituality
- Self-regulation
- Humour
- Hope
- Gratitude
- Appreciation of Beauty and Excellence
- Social Intelligence
- Kindness

Humanity
- Love

The diagram illustrates the VIA Character Strengths & Virtues framework, developed by Peterson and Seligman (2004), which includes 24 character strengths organized into six clusters: wisdom and knowledge, courage, justice, temperance, transcendence, and humanity. These strengths are interconnected, forming a comprehensive model of character and virtues.
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

![Graph showing the decrease in depression scores from pre-treatment to post-treatment for DBT and PPT.](image)
Anxiety

Pre-Treatment

Post-Treatment

DBT

PPT
Dysfunctional Coping

Pre-Treatment vs. Post-Treatment

- DBT
- PPT
Suicidality

![Graph showing Suicidality comparisons between Pre-Treatment and Post-Treatment for DBT and PPT.]
Interpersonal Sensitivity

![Graph showing the comparison between Pre-Treatment and Post-Treatment for DBT and PPT.](image-url)
Emotion Dysregulation

Pre-Treatment

Post-Treatment

DBT  PPT
Mindfulness (Acceptance)
Satisfaction with Life

Pre-Treatment  Post-Treatment

DBT  PPT
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!