

DBT in College Counseling: Evidence and Implementation

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Conflict of Interest Disclosure

Carla Chugani receives compensation for freelance DBT training events and for consultation via Behavioral Tech, LLC.

DBT in College Counseling Centers

- * Completed investigations of both comprehensive and adapted approaches
- * Trends toward brief group skills training based interventions targeting emotion dysregulation or other broad student groups
- * Future: DBT for Wellness and Prevention?

Comprehensive Models

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Comprehensive Models

- * Pistorello et al. (2012) conducted a randomized controlled trial comparing DBT (n=31) to optimized TAU (n=32) in college students with current suicidality & at least 3 BPD criteria.
- * Full model, minimum 7 months in treatment
- * Significantly better outcomes on depression, NSSI, suicidality, and social adjustment for DBT
- * High Attrition: 35% DBT vs. 41% TAU.

Comprehensive Models

- * Engle et al. (2013) conducted a quasi-experimental study at Sarah Lawrence College. DBT (n=12) was compared to 8-10 weeks of psychodynamic therapy (n=30) students meeting full criteria for BPD.
- * Full model, minimum 1 semester in treatment
- * Over a 4 semester period:
 - * No DBT students were hospitalized for mental health or substance use; 13 students in the comparison group
 - * One student from the DBT group left school on medical leave compared with 13 students in the comparison group.

Adapted Models, Part 1: The “Taste” of DBT Group

Adapted Models

- * Chugani et al. (2013) conducted a quasi-experimental study comparing an adapted DBT program (n=11) to treatment as usual (TAU; n=8) in students with cluster B disorders/traits and high emotion dysregulation
- * Modes: 11 weeks of skills training, DBT-informed individual therapy, consultation team, telephone/email coaching during business hours
- * In comparison to the TAU group, DBT students achieved significantly better adaptive coping skill use and significantly decreased maladaptive coping skill use

Adapted Models

- * Chugani et al.'s (2013) program has continued to expand to meet the functions of comprehensive DBT in a manner that continues to fit the center's scope of services (see Chugani, in press)
- * An adapted program that meets the functions of comprehensive treatment:
 - * Now offers a 12-week DBT skills training group each semester (90 minute group sessions)
 - * Standard DBT individual or DBT-informed therapy available
 - * Phone coaching available during business hours and (after hours through the center's 24-hour crisis hotline)

Adapted Models

- * Meaney-Tavares & Hasking (2013) piloted the Coping and Regulating Emotions (CARE) program for for students with BPD (n=17).
- * Group skills training (8 weeks, 2 hour sessions)
- * Required to have an off campus weekly provider
- * Significant reductions in depression and BPD symptom severity, significant increase in adaptive coping skills

Adapted Models

- * Uliaszek et al. (2016) randomized 54 students with significant psychopathology to receive 12 weeks of DBT skills training or positive psychotherapy (PPT)
- * Study was under powered, but DBT group had much larger treatment effect sizes
- * DBT group had significantly lower attrition, higher attendance, and higher therapeutic alliance.

Adapted Models

- * Panepinto et al. (2015) aimed to treat any student who needed to increase coping skills (N=64)
- * Groups ran anywhere from six to thirteen weeks
- * Significant decreases in confusion about self, impulsivity, emotion dysregulation, and interpersonal chaos.

Adapted Models, Part 2: The Single Module Group

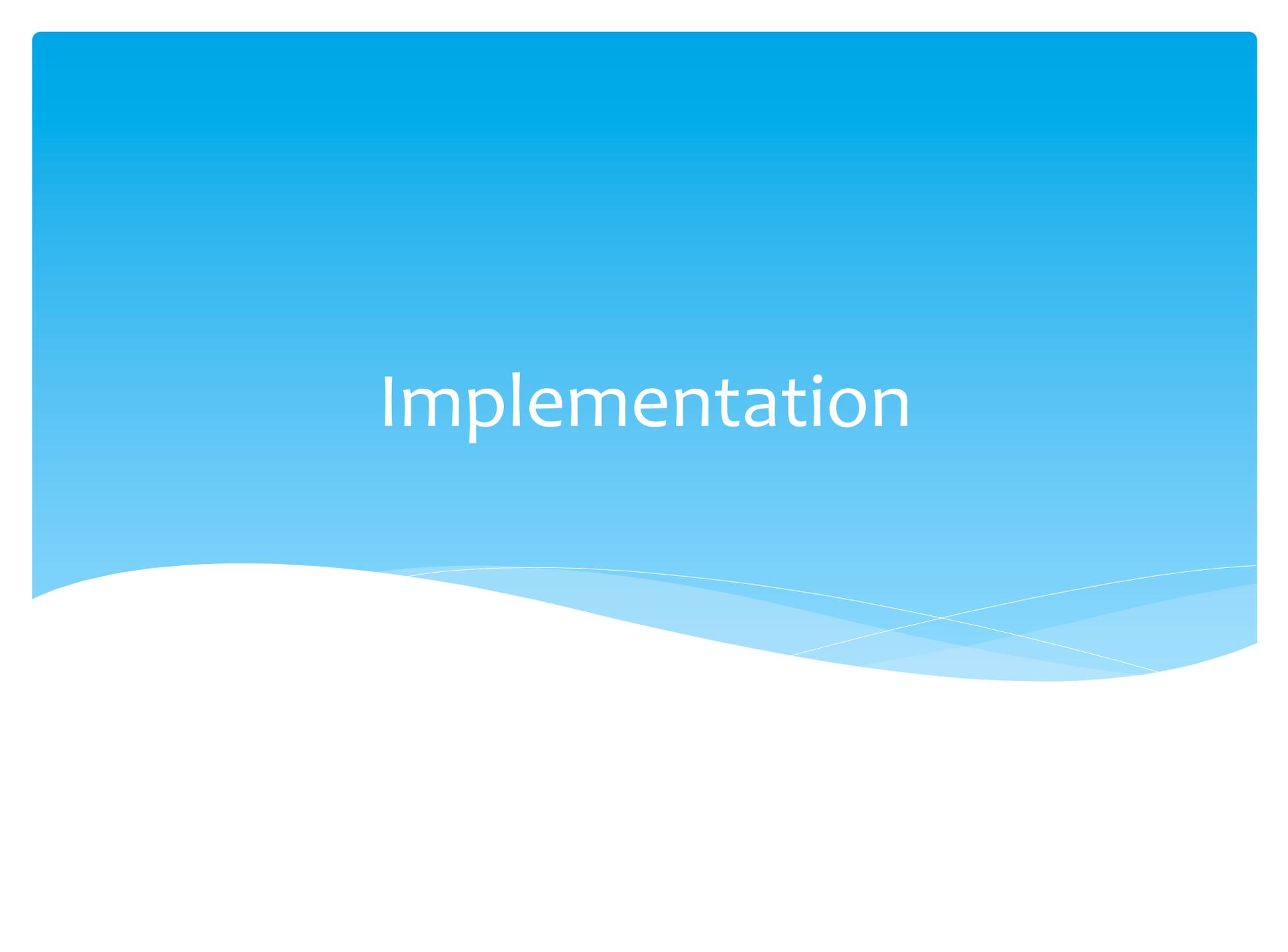
Adapted Models

- * Rizvi & Steffel (2014) piloted two 8 week DBT skills training groups with students with significant emotion dysregulation (n=24)
- * Students received either emotion regulation alone, or emotion regulation + mindfulness
- * Students in both conditions made significant improvements in emotion regulation, depression, stress, affect, coping and mindfulness skills use, and work and social functioning.

Adapted Models

- * Muhomba, Chugani, et al. (in press) examined 7-10 weeks of DBT Distress Tolerance skills training in 22 students with serious psychological concerns.
- * Students demonstrated significant improvements in emotion regulation, as well as use of adaptive/maladaptive coping skills

Implementation

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Guidelines for Implementation

- * **DO NOT** be dissuaded by the complexity of the full model
- * Start small, doing what you know you can manage
- * Think about the long term (DBT will reduce your burn out and stress!)
- * Seek training that fits the program you want to implement
- * Plan for how you will evaluate your program

Assess for Success

1. What group(s) of students are we seeking to treat?
 - * BPD? Suicidal? Emotion Dysregulation? In need of skills?
2. What components of DBT can we realistically and feasibly implement?
 - * Group only? Hybrid model? Whole shebang?
3. Will these components be sufficient to treat the targeted student population?

Assess for Success

Once you know your population and DBT components:

1. Will these components fit within our CCC structure/scope?
2. What resources are **AVAILABLE** to support DBT program development and implementation?
3. What resources are **NEEDED** to support DBT program development and implementation?
4. If resources are not aligned, how will we address this?

Training Options

- * Get your team together, commit to reading a chapter each week and discussing the material (study group format)
- * Start out with online trainings or online learning groups to enhance your understanding of the texts.
- * If intensive training is needed: co-hosting is the most cost effective (if you have a team of 8)
- * Some evidence that those who have started offering DBT before attending an intensive have better intensive training outcomes.

Bring Training to your Center

- * Allows you to have input on the content and emphasize the areas that matter most for your campus
- * Off-set costs by charging for public attendance and offering CEUs
- * Consider the benefit to your local community: DBT training is expensive, making it accessible to local providers helps support *them* in doing DBT, which means more providers that you can refer your students to!

Interested in Learning More?

I invite you to join DBT-CCC, the listserv for college counseling professionals who are interested in DBT. This listserv is completely free, operated, and managed by Carla Chugani.

Join by emailing CChuganiDBT@gmail.com or visiting www.carlachugani.com!

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