

## Convention Presentation Summaries



Each year, CCAPS sponsors several programs for continuing education credits for psychologists. At this year's convention in Las Vegas, we sponsored 28 programs. If you couldn't make all the programs you wanted to attend or weren't able to attend the convention this year, you can still find out more about some of the quality presentations that were sponsored. Below are descriptions of several presentations from this year's convention.

### **Implementing a DBT Program into a University Counseling Center**

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We presented on the Dialectical Behavior Therapy (DBT) program implemented at University at Buffalo Counseling Services (UBCS). DBT has been found to be effective for clients diagnosed with borderline personality disorder and with clients with multiple presenting problems. Given the increasing severity of presenting problems of students who seek treatment at college counseling centers, the UBCS staff recognized the need to help students develop greater skills for tolerating distress, regulating emotions, and navigating interpersonal relationships in order to decrease disruptive, self-destructive, and dysfunctional behaviors that may result in hospital transports, academic failure, or other crises. Implementation of our modified DBT program has also increased staff's ability to attend to the clinical needs of a wide variety of clients, including those with more severe or pervasive psychological and emotional difficulties.

DBT, developed by Marsha Linehan, is an approach to counseling that integrates cognitive-behavioral concepts with Zen Buddhism. DBT takes a dialectical view on reality and human behavior, recognizing "the truth" often encompasses both sides of seemingly incompatible points. Rather than taking an either/or approach, DBT opts for a "this AND that" approach, nicely addressing the often intense internal conflicts that those with severe mental health concerns can experience (e.g. I want to stop the suffering, AND I am afraid to change). An important dialectic is the one between acceptance and change (i.e. in order to change, one must first accept the situation). Skills training is a key component of DBT. Below is a list of target behaviors and the skills module to address those behaviors:

Confusion about self → Mindfulness  
Impulsivity → Distress tolerance  
Emotional dysregulation → Emotion regulation  
Interpersonal chaos → Interpersonal effectiveness

Traditionally, DBT incorporates weekly DBT individual therapy, a weekly skills training group, a weekly consultation group for therapists, between session phone coaching, and an evaluative component. We discussed the various modifications made to maintain the fidelity of DBT treatment, while working within the policies, values, culture, and structure of our counseling center and the university. Constraints included needing to work within the academic calendar organized by semesters, limited staff time and increasing staff demands, individual session limits (14 per academic year), generalist philosophy of the center, and value of theoretical diversity. Additionally, the DBT training of the staff varied (5 staff members attended 10 day intensive DBT training, all other staff and interns completed online skills training, part-time trainees were trained by members of DBT Team).

The UBCS DBT Program consists of:

- Weekly 90-minute skills training groups on semester cycles
- Individual therapy from center staff
- Skills Coaching between therapy sessions

- DBT Team consultation
- Trainings by DBT Team
- Evaluation

The skills training groups cover abridged versions of each of the four modules, focusing more on skills than other types of psychoeducation. Individual therapy varies in terms of frequency of sessions and theoretical orientation. The DBT Team asks therapists with clients in the skills training group to discuss how the client is utilizing skills. Consultation team meets for an hour biweekly to focus on both administrative and clinical difficulties. The DBT Team provided trainings to the staff about program implementation, Diary Cards, and Behavioral Chain Analysis. Finally, our evaluation consisted of pre- and post-test comparison of the Brief Symptom Inventory to measure overall symptoms and the Life Problems Inventory to measure the four target areas of DBT.

Outcome evaluation of the program found that students experienced decreased symptoms, including obsessive-compulsive behaviors, interpersonal sensitivity, depression, anxiety, paranoid ideation and overall distress. Additionally, DBT target behaviors (confusion about self, impulsivity, emotion dysregulation, and interpersonal chaos) decreased as well. Findings suggest the program is effective for both targeting specific behaviors and overall symptom reduction.

Our findings are consistent with research in that DBT has extensive empirical support in the treatment of borderline personality disorder. The American Psychological Association has designated DBT as an empirically supported treatment for women with borderline personality disorder. Randomized clinical trials have shown DBT has better efficacy over treatment as usual (TAU) for reducing suicidal thoughts and attempts, non-suicidal self-injurious behavior, hospitalization, substance abuse, depression, hopelessness, violence, and anger while increasing treatment compliance and social adjustment (Evershed et al., 2003; Koons et al., 2001; Linehan et al., 1991, 1999, 2006; Verheul et al., 2003.) Additionally, adapted DBT programs have been shown to be effective in a number of settings, including community mental health, inpatient settings, and male forensic unit (Bohus et al., 2004; Evershed et al., 2003; Turner, 2000). Forty-two percent of the participants in the DBT group in Bohus et al.'s study had clinically recovered on a global measure of psychopathology in addition to making behavioral changes traditionally targeted by DBT. Recently, Pistorello et al. (2012) found a DBT program in a university counseling center decreased suicidality, depression, NSSIB, borderline criteria, social adjustment, and need for psychiatric medication with all gains persisting at follow up.

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