

APPLYING DBT IN COLLEGE COUNSELING CENTERS

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DISCLOSURES

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Carla Chugani is a consultant with Behavioral Tech, LLC and a consultant/trainer with Treatment Implementation Collaborative, LLC

IS DBT REALLY NEEDED ON CAMPUS?

- Suicide is the **second** leading cause of death in college students
- Alcohol misuse and sexual violence are major problems on campus that are associated with increased risk of suicidality
- College counseling center directors continue to report increased demand for services among students who have serious psychological problems (Gallagher, 2015)
- Most popular reasons for interest in DBT among college counseling center staff are need for effective treatment for students who self-injure, are suicidal, or who present with BPD, as well as increases in students presenting with severe psychological problems (Chugani & Landes, 2016)

WHAT ELSE ARE THEY SAYING?

- Ongoing qualitative study of college campus staff
- Inclusive of college counseling, health center, residence life, and student affairs administrators
- Purpose: To better understand how suicidality is approached by various services on campuses, and to uncover potential new intervention points or ways of accessing students who do not present for services in the counseling center

WHAT MAKES STUDENTS VULNERABLE TO SUICIDALITY?

“It starts with early education, they’re not getting an earlier sense of how to understand their emotions, and being able to regulate them, and ask for help. I think there’s a lot of shame in our students around mental illness...families who do not want to talk about things, I think there’s a lot of childhood trauma, so much childhood trauma, and it’s not being identified at the lower grade levels...there’s so much pressure on these kids.” (P. 7)

PROGRAMS WITH EVIDENCE

- Comprehensive DBT for students with recent suicidality, BPD features, or full criteria BPD
- 11 weeks of skills training as an adjunct to individual therapy for cluster b personality disorders or traits (mainly BPD)
- 12 weeks of skills training for severe psychological problems
- 6-13 weeks of skills training for any student needing coping skills
- 8 weeks of skills training as an adjunct to OFF-Campus individual therapy for full criteria BPD
- 8 weeks of emotion regulation skills training for students with significant emotion dysregulation (≥ 1 SD above mean on DERS)
- 7-10 weeks of distress tolerance skills training for students with serious psychological concerns and dysregulation

NOTE: Links to all of these papers can be found at:

<https://www.carlachugani.com/dbt-in-college-counseling>



**SHOULD WE TRY
TO DO MORE DBT?**

WHO CAN BENEFIT?

- Preliminary findings from the College Health Study (R01AA023260, PI: Miller), includes 2294 students from 28 campuses across PA and WV.
- In progress: Surveys measuring domains relevant to DBT.
- 535 students from 13 campuses,
- 78% Female, 20% Male, 1% Other
- 76% White, 13% Latinx, 6% Black, 3% Multiracial, 1% Asian
- Mean age 19.88, range=18-24, 96% undergraduate/full time student
- Housing: 54% on campus, 32% off campus, 7% with parent/guardian, 1% sorority/fraternity

WHO CAN BENEFIT?

- **Emotion Dysregulation (DERS-SF):** 34% were at least 1 SD above the mean
- **Interpersonal Problems (IIP-SC):** 23% were at least 1 SD above the mean
- **Distress Tolerance (DTS):** 15% were at least 1 SD above the mean

WHO CAN BENEFIT?

- **Self Harm (SHI; Lifetime):**
 - Mean number endorsed 2.53 (SD=3.14)
 - 21% endorsed 5 or more self-harm behaviors
 - 62% endorsed 1 or more
- **Suicidality (SBQ-R):**
 - 54% endorsed lifetime suicide ideation
 - 25% scored as **currently** at risk for suicide (SBQ-R cut-off ≥ 7)
- **Sexual Violence:** 61% had a lifetime experience of sexual violence



IMPLEMENTING A PROGRAM

THINGS TO CONSIDER

WHO ARE YOU TREATING?

- Campus-based DBT programs depend heavily on the target population and what other resources are available to students
- BPD or Suicidal/Self-Injuring
 - DBT group only for suicidal/self-injuring students is not advisable.
 - If treatment for high risk students is needed but demand exceeds resources, offer group with a required off-campus individual provider
- Smaller scale studies support use of DBT skills training groups for students with emotion dysregulation or who need to build coping skills:
 - Group could support students on the waitlist, although this has not been tested

A COMPLICATED DIALECTIC

- Fidelity to the original model vs. adaptation to the setting
- Consider the consequences of mixing DBT modes, for example, if you run a group-only program, you may be tempted to collect a diary card. However:
 - Diary cards are typically reviewed in individual therapy, not group
 - Planning for how to handle elevations on the diary card if they occur can be tricky (i.e., doing a chain in front of the group might be triggering)
 - Possible contagion effect if group members hear detail about others' target behaviors
 - If these are targeted in private by giving extra individual attention, there is risk of reinforcing the behavior
- Possible Synthesis: Do group + brief weekly individual case management?

INCLUSION CRITERIA EXAMPLE

- Dysregulation in at least 2 of the 5 areas described by Linehan (1993) with enough severity that DBT is clinically appropriate
- Two or more skills deficits addressed by skills training
- Active commitment to and compliance with treatment modalities recommended by primary therapist
- Actively commits to reducing suicide attempts, ideation, self-injury, and/or other self-destructive or potentially lethal behaviors, reducing TIBs, and increasing skills

EXCLUSION CRITERIA

EXAMPLE

- Hostile or antisocial behavior contraindicating group participation
- Unwilling to agree to DBT program treatment contract
- Unwilling to agree to participate in recommended components of treatment
 - Note: This was a challenge. Culture of the center allowed for students to direct their care to a large degree as they were entitled to services.
- Drops out of either group or individual (3 miss rule for group)
- Exceptions: Going home for long breaks, prearranged periods where the student will be away/unavailable.
- In event of drop out, students are eligible to return the following semester

PLANNING FOR GROUP

- Leave enough time at the beginning of the semester to recruit students into the group
- Leave enough time at the end for finals week (they won't come)
- Account for holidays, exam schedules, etc.
- Plan for who will be responsible for managing crises if the student isn't in individual therapy
- Plan for how students can get skills coaching if not in individual therapy or if individual therapist does not practice DBT
- Plan to provide materials in a binder rather than single handouts that will get folded and lost or trashed.

IMPORTANCE OF EVALUATION

- There is likely not a “one size fits all” best approach. Also, no large scale randomized trials of brief DBT interventions for college students (yet).
- Rather, these centers can benefit from assessing their needs, available resources, and picking a program model that fits both their objectives (need of target population) and their capacity.
- Given this, it is very important when planning a program, to plan for how the program will be evaluated to ensure that it is achieving outcomes that are consistent with the literature and the program goals.

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