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Group therapy for university students: A randomized control trial of dialectical behavior therapy and positive psychotherapy

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ABSTRACT

The present study examined the efficacy of two evidence-based group treatments for significant psychopathology in university students. Fifty-four treatment-seeking participants were randomized to a semester-long dialectical behavior therapy (DBT) or positive psychotherapy (PPT) group treatment. Mixed modeling was used to assess improvement over time and group differences on variables related to symptomatology, adapative/maladaptive skill usage, and well-being/acceptability factors. All symptom and skill variables improved over the course of treatment. There were no statistically significant differences in rate of change between groups. The DBT group evidenced nearly all medium to large effect sizes for all measures from pre-to post-treatment, with mostly small to medium effect sizes for the PPT group. There was a significant difference in acceptability between treatments, with the DBT group demonstrating significantly lower attrition rates, higher attendance, and higher overall therapeutic alliance. While both groups demonstrated efficacy in this population, the DBT group appeared to be a more acceptable and efficacious treatment for implementation. Results may specifically apply to group therapy as an adjunctive treatment because a majority of participants had concurrent individual therapy.

1. Introduction

Demand for mental health services continues to evolve among college counseling centers (CCCs). Recent national surveys of university students and CCCs have found that 8.9% of students seriously considered suicide, 6.3% intentionally harmed themselves, and 34.5% reported they had felt so depressed it was difficult to function, all within the previous year (ACHA, 2015). In addition, 92% of counseling directors believe that more students were presenting with severe psychological issues in the past 5 years (CUCCA, 2006). Other researchers have noted longitudinal increases in serious psychopathology symptoms and rates of comorbidity in CCCs (Benton, Robertson, Tseng, Newton, & Benton, 2003).

Coupling high demand and increasing levels of psychopathology with limited staff and financial resources (ACHA, 2015; CUCCA, 2006; Smith et al., 2007), CCCs must adapt their services (Watson, 2013). One strategy suggested in multiple studies is to implement evidence-based group therapy (e.g., Smith et al., 2007). Group therapy can simultaneously treat multiple consumers and is particularly appropriate for the time-limited service provided in many CCCs (Coniglio, McLean, & Meuser, 2005). While this idea is not new (Kincade & Kalodner, 2004), group treatment efficacy studies in this context are limited. Few studies have examined active group treatments through a randomized design; all have focused on either social anxiety or mild depression (e.g., Bjornsson et al., 2011; Hodgson, 1981; Huang & Liu, 2011). In addition, these studies have focused on self-reported symptom reduction as the primary outcome, with few examining specific treatment targets (i.e., coping skills), comorbid symptoms, or acceptability of treatment.

1.1. Dialectical behavior therapy

Dialectical behavior therapy (DBT) was developed by Linehan (1993) as a treatment for chronically suicidal patients, specifically individuals with borderline personality disorder (BPD). DBT is derived from cognitive-behavioral therapy, but the inclusion of a dialectical philosophy, radical behaviorism, and mindfulness makes it a unique transdiagnostic treatment for emotion dysregulation. DBT typically includes a 12-month course of individual treatment that focuses on reducing life threatening, therapy-interfering, and

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quality of life-interfering symptoms. In addition, DBT provides concurrent group-based didactic skills training. Several studies demonstrate it as an efficacious therapy for reducing suicidal and self-harm behaviors in adult BPD samples (e.g., Kliem, Kröger, & Kosfelder, 2010; Panos, Jackson, Hasan, & Panos, 2014). DBT has only been recently adapted for a university student population. Pistorello, Fruzzetti, MacLane, Gallop, and Iverson (2012) compared adapted DBT to treatment-as-usual in a suicidal collegiate sample, with DBT treatment related to greater decreases in self-harm, suicidal behavior, depression and BPD symptom severity. Research suggests that DBT skills group as an add-on to treatment-as-usual can further reduce symptoms of psychopathology (e.g., Valentine, Bankoff, Poulin, Reidler, & Pantalone, 2015), with preliminary support for DBT skills group as a stand-alone treatment in CCCs (Chugani, Ghali, & Brunner, 2013; Meaney-Tavares & Hasking, 2013).

1.2. Positive psychotherapy

Positive psychotherapy (PPT) is a therapeutic endeavor within positive psychology. The central premise is to assess and enhance positive resources of clients, such as positive emotions, engagement, relationships, meaning and accomplishments. PPT is based on the assumptions that clients inherently seek growth, fulfillment and happiness, positive resources are as real as symptoms, and effective therapeutic relationships can be formed through the manifestation of positive resources. These assumptions are operationalized into five scientifically measurable components: positive emotion, engagement, relationships, meaning, and accomplishment (Seligman, 2011). It has been shown that fulfillment in positive emotions, engagement, and meaning is associated with lower rates of depression and higher life satisfaction (Asebedo & Seay, 2014; Bertisch, Rath, Long, Ashman, & Rashid, 2014). Feasibility and empirical validation of PPT has been explored through 14 studies, addressing depression, anxiety, psychosis, and nicotine dependence (for review, see Rashid, 2015). Significant research have demonstrated the effectiveness of these interventions (Bolier et al., 2013; Hone, Jarden, & Schofield, 2015; Sin & Lyubomirsky, 2009).

1.3. Present study

The primary objective of this study is to test two evidence-based group treatments that have yet to be examined within the context of a randomized trial in a transdiagnostic clinical university sample. Participants were treatment-seeking students in a CCC who were randomly assigned to receive 12 weeks of either treatment. Participants were not prohibited from receiving concurrent individual therapy. This study not only examines symptom change across the course of treatment, but also focuses on maladaptive and adaptive skill usage, well-being, and the acceptability of each treatment.

2. Method

2.1. Participants

Participants were 54 treatment-seeking university students at a mid-sized university in a large metropolitan area. This CCC offers free psychological and medical services for full-time students. Seventy-five participants were referred by onsite counselors responding to flyers and presentations. Our goal was to have participants that represented a range of symptoms of psychopathology deemed relevant for group therapy targeting “severe emotion dysregulation”. It should be noted that the presence of the specific symptoms/disorders noted in the flyer (e.g., depression, anxiety, BPD) was not required for inclusion in the study; we followed the typical referral procedure for the CCC which involves a clinician recommendation based on an intake interview or through experience seeing the client in individual therapy. Exclusion criteria included severe cognitive disturbance or psychotic disorder. Fig. 1 displays the flow of participants through the study. Table 1 displays the demographic characteristics of each group.

2.2. Procedures

The pretreatment assessment included an informed consent procedure and the completion of two questionnaires, followed by a full diagnostic interview. In addition, participants were asked to complete a battery of questionnaires through an online survey system. Identification numbers were assigned to all eligible participants; these numbers were randomly selected and separated into two groups (A and B). Groups A and B were then randomly assigned to be either DBT or PPT. Both groups ran at the same time and day on campus to avoid day or time effects. This also eliminated the option of participants self-selecting into a particular group based on scheduling. The groups did not differ on any demographic or diagnostic variables at baseline (see Table 1). The group schedule was 12 weeks, two hours per week; however, because of extraneous events (e.g., university closure due to snow) a percentage of group sessions were canceled, shortening the intervention to 11 weeks for some participants. Thus, we display attendance as percentages, as well as absolute numbers.

Midtreatment assessments were completed in the final 15 min of group on weeks 3, 6, and 9. Participants absent from group did not complete these measures. Assessments were administered by a research assistant and the group leader left the room to avoid influencing ratings of therapeutic alliance. Posttreatment assessments were generally completed within two weeks of the ending of group. These assessments were identical to the pretreatment assessments with the addition of the therapeutic alliance questionnaire. Participants were paid $25 for completing the pretreatment assessment and $25 for completing the posttreatment assessment. This study was approved by the university's research ethics board.

2.2.1. DBT group

The DBT group included all modules from the most recent DBT skills group manual (Linehan, 2015). Participants were provided with all handouts and homework assignments during the first group (for details see Supplementary materials). The first hour of each group was dedicated to a mindfulness exercise and homework review. After a short break, the second hour of group was focused on learning and practicing new skills. The structure included three weeks each of distress tolerance, interpersonal effectiveness, and emotion regulation skills with a single mindfulness-focused group preceding each new module. The distress tolerance module focused on handling crisis situations without the use of maladaptive coping behaviors. Skills focused on achieving goals within relationships were taught during the interpersonal effectiveness module. The emotion regulation module focused on reducing vulnerability to negative emotions and increasing positive emotions. Finally, the mindfulness module consisted of increasing focused awareness in the present moment with a nonjudgmental attitude.

2.2.2. PPT group

The PPT group included weekly handouts, activities, and homework assignments (for details see Supplementary materials). This group followed a 12-week agenda focusing on increasing pleasure, engagement, and meaning-making in life (Seligman, Rashid, & Parks, 2006). From the onset, participants completed the Gratitude Journal, through which they journal three positive