

Brief Therapy Training for Doctoral Interns at College Counseling Centers

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Diversity and training

- Presentation on the topic of diversity and/or excellence in training
 - International trainees' acculturation processes in the era of Trump
 - Brief therapy training for interns
- Personal vs. professional identity
 - Entry to a new territory: Does it require to reveal the part of self that holds least power?
 - Tokenism
 - Responsibility
 - Multicultural humility
 - Professional trajectory

Objectives

1. Discuss how to define brief therapy in college counseling center work
2. Identify main foci of brief therapy training and the challenges of providing brief therapy training to interns
3. Reflect on acculturation/integration issues in brief therapy training

Context

Critical period:

- First exposure to brief therapy through college counseling
- Less to unlearn → Best time to learn brief therapy (Alton, Whitman, & Boyd, 2000)

College:

- Autonomy & resilience
- Academic schedules (semesters, trimesters, quarters)
- Episodic nature of treatment

University Counseling Center

- High demand (volume and severity) and limited resources (staff and funding)
- Absorption model vs. disposition model
- Crisis intervention, case management, and referrals

Discussion 1

How do you like to define Brief Therapy? And what is the uniqueness about brief therapy in college counseling centers?

Brief therapy

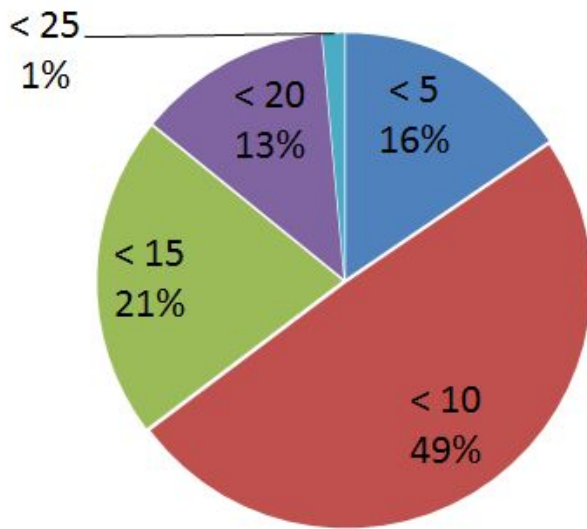
- Therapy that is designed and planned to be limited in duration and/or focus (usually completed in 10 to 20 sessions) (Levenson & Davidovitz, 2000)
- Planned brief therapy (brief therapy by design) vs. unplanned brief therapy (brief therapy by default), or Time-limited vs. time-unlimited brief therapy (Budman & Gurman, 1988)
- Brevity or limited time being intentionalized in treatment (Steenbarger, 1992)

Center for Collegiate Mental Health (2017 Annual Report)

- CC avg length of treatment = 4.5/ mode = 1
- Dose-response effects/curves differ across different total number of sessions (Varying number of sessions to achieve the same level of improvement)

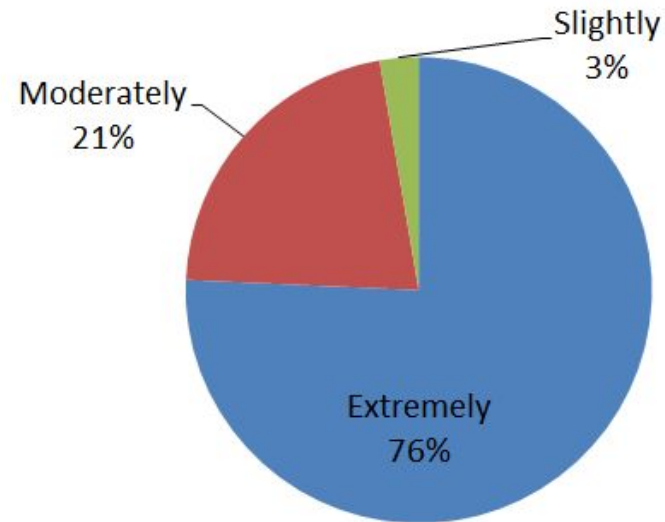
Definition & importance

How to define brief therapy based on the number of sessions?



How important is brief therapy training for interns?

- 100% “important”



Data Collection

- ACCTA (Association of Counseling Center Training Agencies) Listserv
 - Two emails sent in June and then July
- Two rounds of emails to Counseling Centers which were not represented in the initial data set.
 - Two senior staff members in early August
 - TD and one staff member in late August
- Individualized email sent to a total of 108 centers and 209 individuals
- Participants
 - 124 accessed, 74 completed the survey from 26 States and 42 Universities

Center Characteristics

Internship	Size	Entry
87.8% APA internship 9.5% Internship – not accredited 2.7% No internship	12.5 full-time staff 2 Part-time staff 3 Interns	Absorption model: 50% Disposition model: 28.4% Triage in person: 33.8% Triage over the phone: 10.8%

Session limit	Avg sessions	Wait time for an intake	Individual therapy
55.4% (Mdn = 12)	5	Less than 1 week: 32.4% 1 ~ 2 weeks: 36.5% 2 ~ 3 weeks: 24.3% 3 ~ 4 weeks: 6.8%	Once per week: 37.8% Every other week: 56.8% Once per month: 2.7% Every other month: 1.4%

73% Provides Brief Therapy Seminar to Interns

Participant characteristics

- Mdn 6 Years of experience since internship (range: 0~36 years)
- 35% involved in provision of brief therapy training
- 78.1% White, 6.8% Black, 2.7% Biracial or multiracial, 1.4% Asian
- 73% Women, 27% men

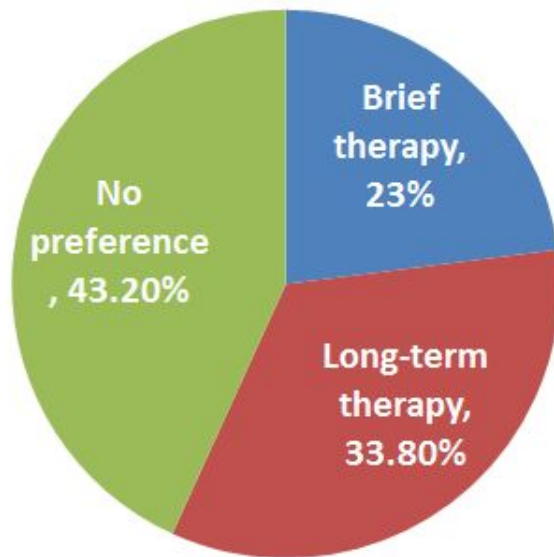
Titles and credentials



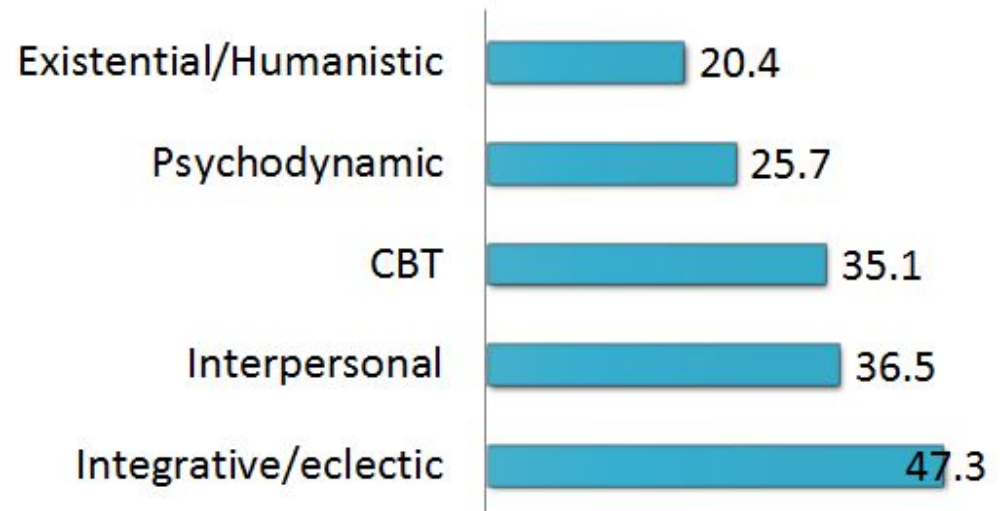
55.4% Ph.D.
27% Psy.D.
17.6% Master's degree

71.6% Licensed Psychologist
8.1% LPC/LCPC

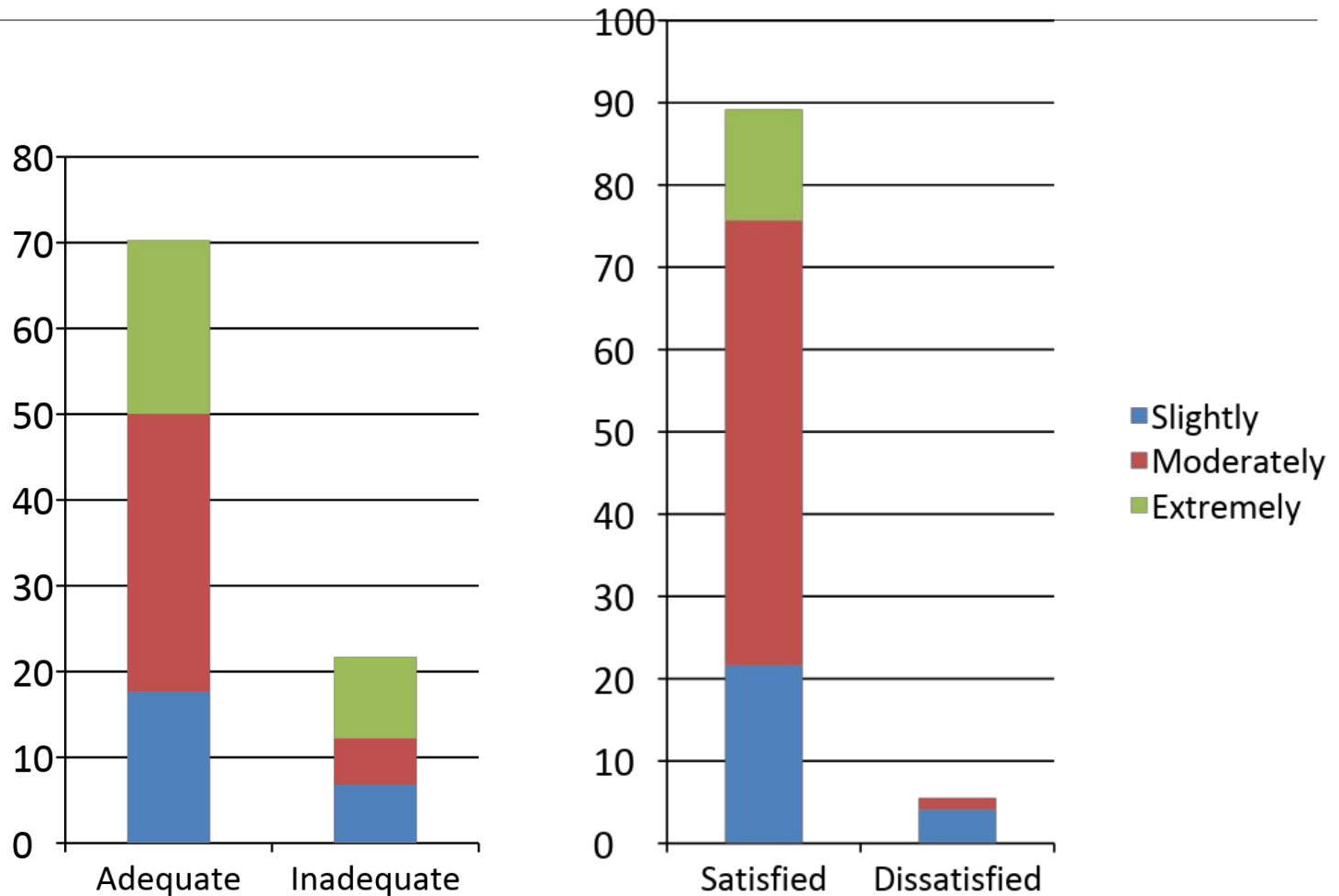
Preferred Approach



Theoretical orientation



Received training and current skills



Comparison between received vs. ideal

	Received training	Ideal training
# of sessions (1.5 ~ 2 hrs / session)	M = 7.0 Median = 3.5 Mode = 1 Range = 0 ~ 40	M = 7.7 Median = 4.25 Mode = 2 Range = 1 ~ 50
Timing	At the start 21.6% Fall 21.6% Winter 0% Spring 5.4% Throughout 23%	At the start 33.3% Fall 22.2% Winter 4% Spring 2.4% Throughout the year 26.2%
# of staff	Mdn=1, Mode =1, Mean = 2 86.4% reported 4 or less	Median/Mode = 2, Mean = 2.6 91.4% reported 4 or less.
Focus	General BT issues 44.6% Theories and applications 43.2% Presenting concerns 29.7%	General BT issues as primary 52.7% Theories and applications 35.1% Presenting concerns 8.3%

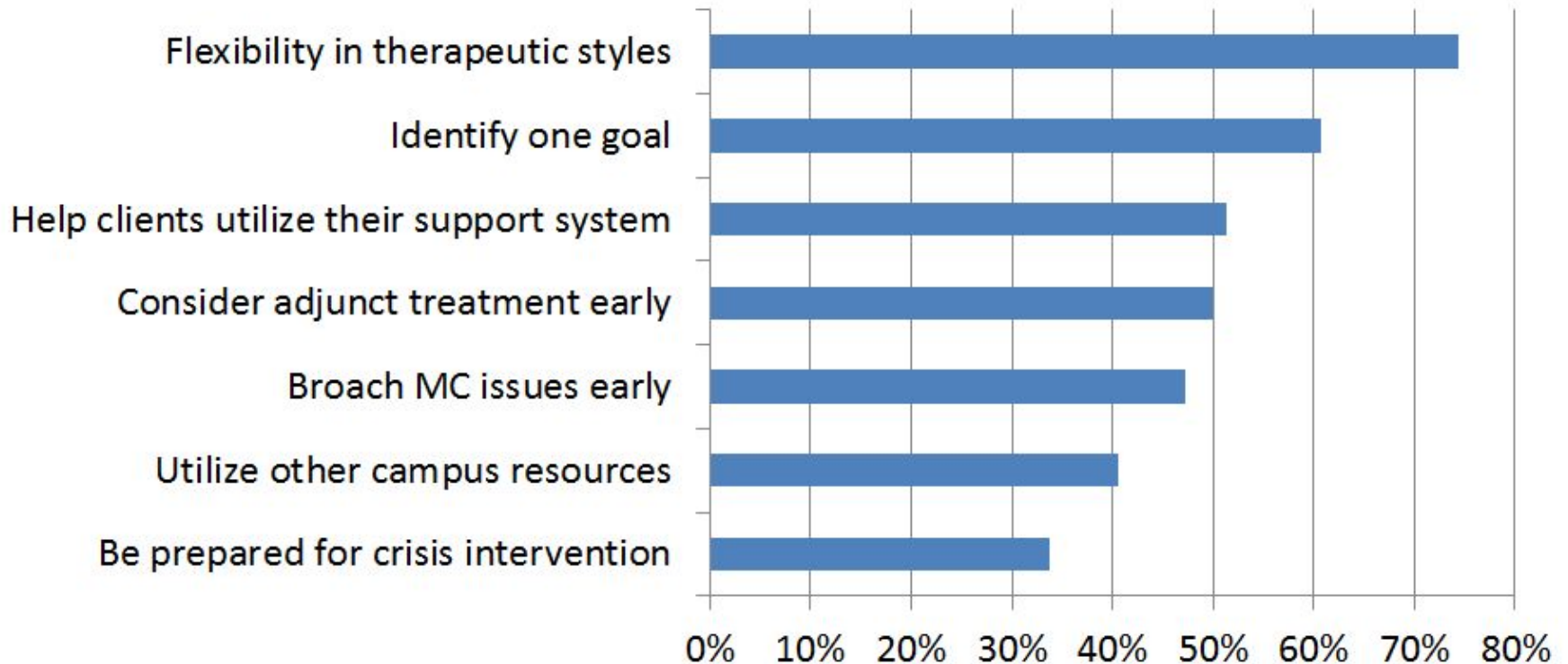
	Received training	Ideal training
Theories (included in Top 5)	TLDP 25.7% CBT 20.3% DBT 13.5% Solution focused 12.2% Motivational Interviewing 10.8% Interpersonal psychotherapy 10.8% ACT 10.8%	DBT 59.5% CBT 55.4% ACT 48.6% TLDP 45.9% Solution-focused therapy 40.5% Motivational Interviewing 39.2% Interpersonal psychotherapy 35.1%
Issues	Case formulation 41.9% Timing 36.5% Termination 35.1% Therapeutic relationship 35.1% Finding a focus 32.4% Attitudes toward brief therapy 31.1% Multicultural issues 31.1%	Case formulation 63.5% Finding a focus 55.4% Multicultural issues 52.7% Therapeutic relationship 47.3% Crisis intervention 39.2% Inclusion vs. exclusion criteria 39.2% Stages of therapy 32.4%
Symptom	Anxiety 29.7% Depression 29.7% Adjustment disorder 18.9% Academic concerns 17.6% Emotion dysregulation 14.9% Distress/interpersonal/Career/Sleep 12.2%	Anxiety 91.9% Depression 90.5% Distress tolerance 67.6% Emotion dysregulation 52.7% Interpersonal effectiveness 44.6% Adjustment disorder 40.5%

Discussion 2

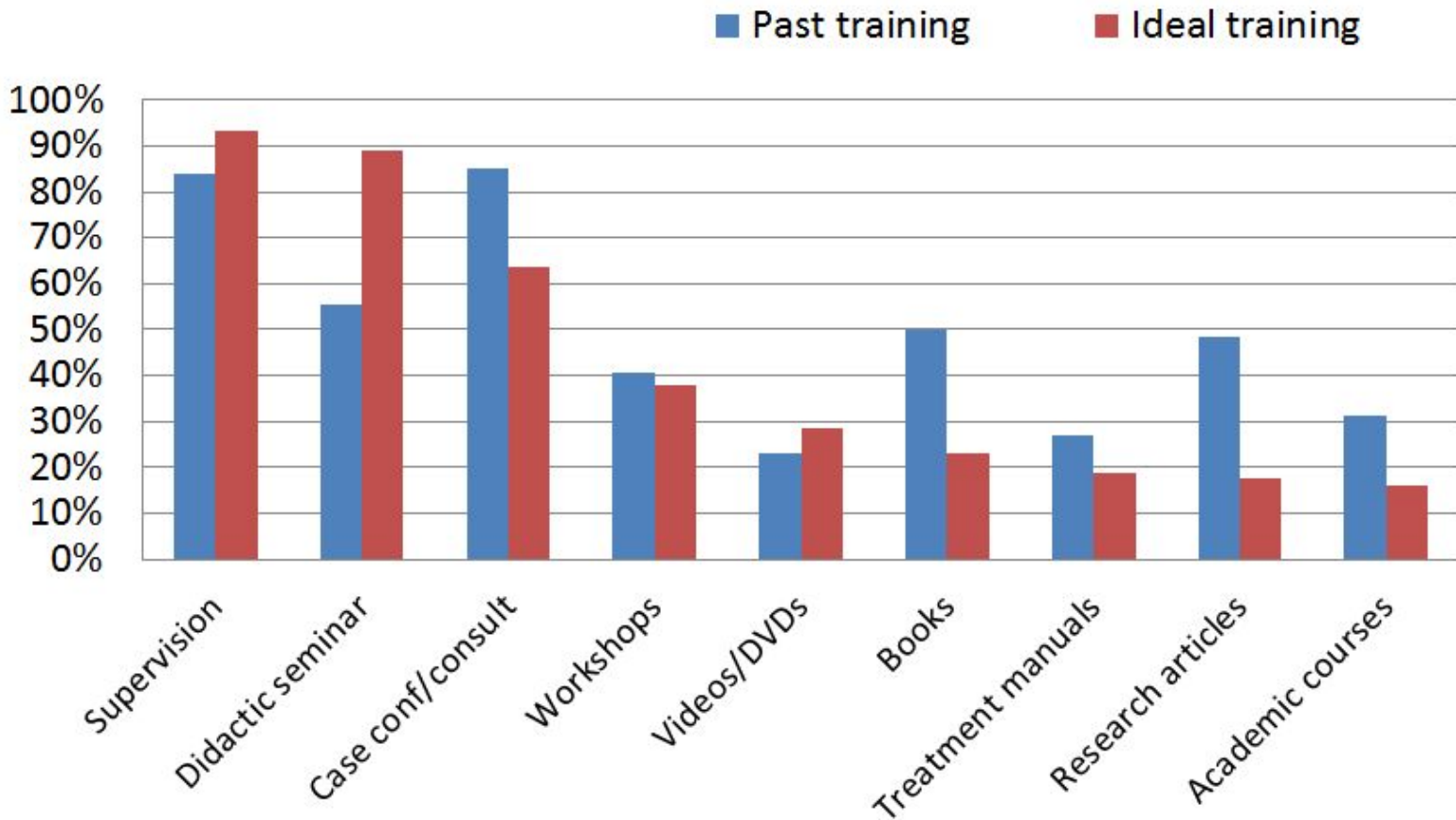
How to deal with the impossible task of teaching a new approach and discussing its application to counseling center work? What are the challenges?

Strategies to improve brief therapy

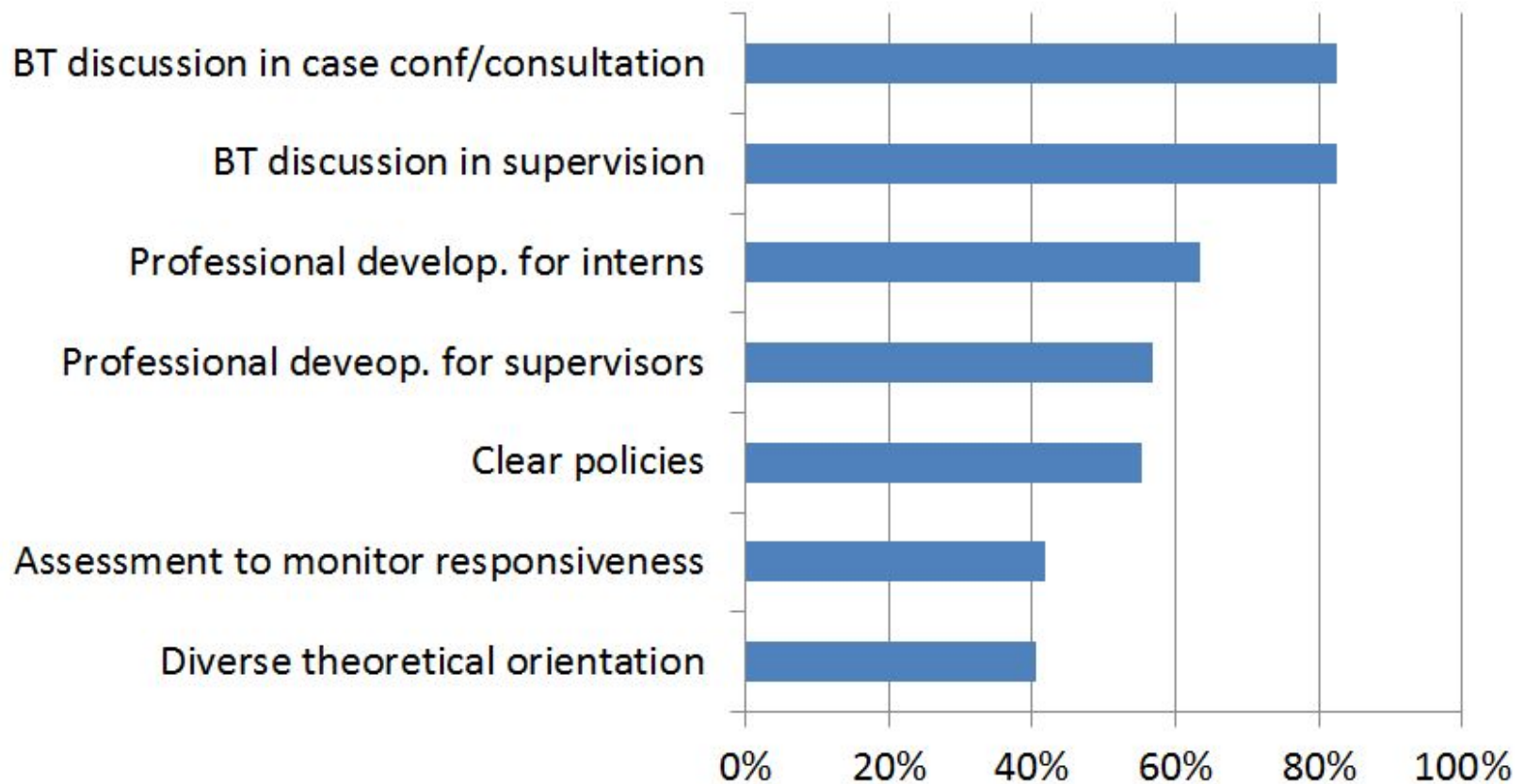
strategies



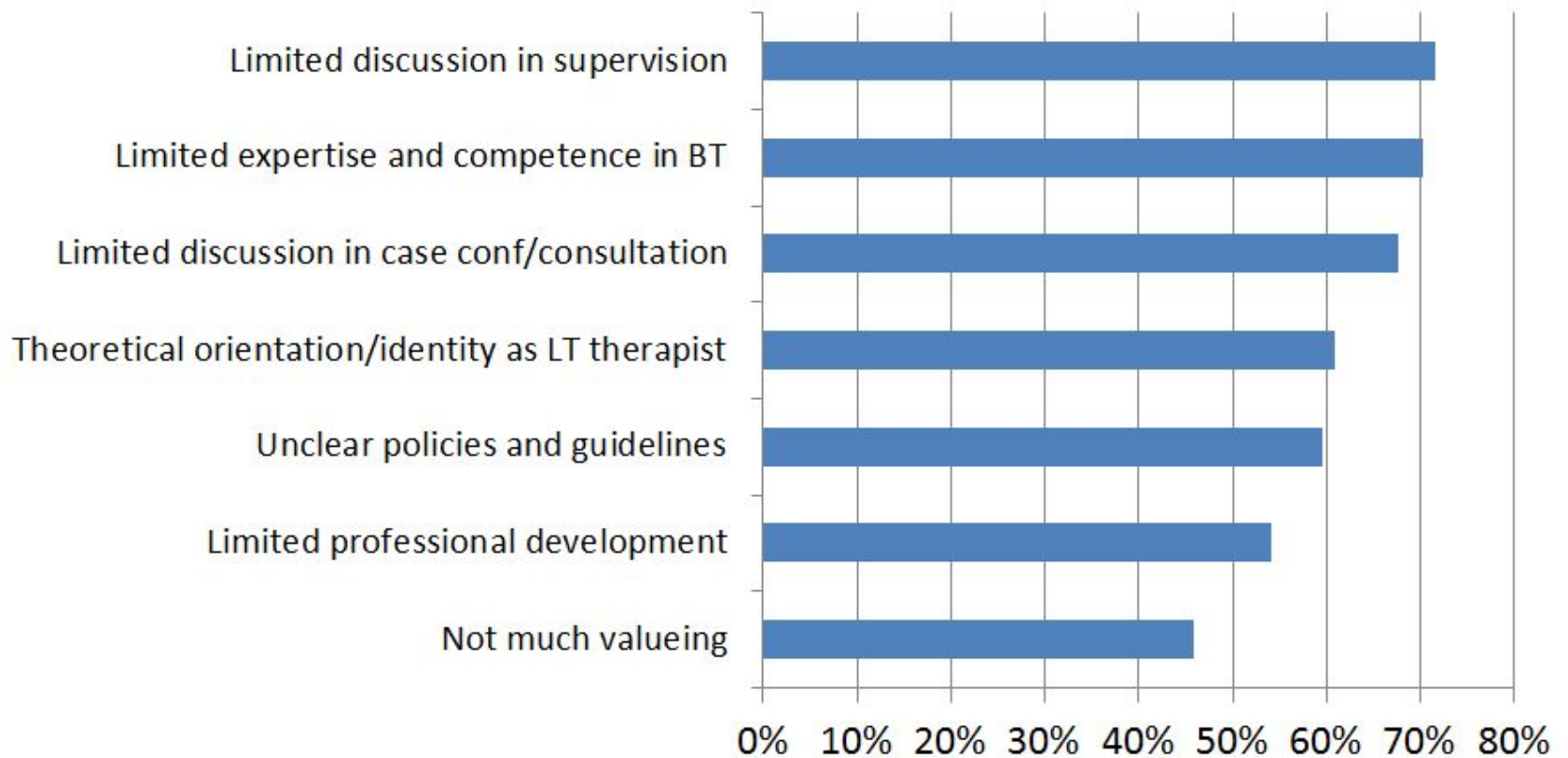
Best way to learn brief therapy?



Support to improve BT training



Barrier to improve BT training



UMBC Monthly BT Seminar schedules

	Topic	Presenter
BTS 1	Introduction: Attitude, time, focus	Soonhee Lee, Ph.D.
BTS 2	Dialectical Behavior Therapy	Soonhee Lee, Ph.D.
BTS 3	Single Session Therapy	Doha Chibani, LCSW-C
BTS 4	Time-Limited Dynamic Psychotherapy	Amber Hager, Ph.D.
BTS 5	Accelerated Experiential Dynamic Psychotherapy	Soonhee, Ph.D.
BTS 6	Acceptance Commitment Therapy	Soonhee, Ph.D.
BTS 7	Short-term treatment for Trauma	Doha Chibani, LCSW-C
BTS 8	Dealing with Loss/ Transition to college	Whitney Hobson, Psy.D.
BTS 9	Mindfulness-Based Stress Reduction	Amber Hager, Ph.D.
BTS 10	Working with Sexual Assault Survivors	Patricia Wick, Ph.D.
BTS 11	Debrief and integration	Soonhee Lee, Ph.D.

Discussion 3

How to integrate brief therapy training into supervision, case conference, and consultation meetings?

What questions would guide interns to actively integrate their brief therapy knowledge into case formulation?

Final thoughts

- Nomothetic vs. idiographic approach
- Striving for integrative brief therapy
- Concurrent training for both trainers and trainees
- Intersection of brief therapy training and multicultural training
- Openness to acculturation - move toward integration: new staff, new theories

“Integration” can only be freely chosen and successfully pursued by non-dominant groups when the dominant society is open and inclusive in its orientation towards cultural diversity (Berry, 2005).

Questions? Comments?

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References

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Thank You!