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?

- < 25 sessions: 1%
- < 20 sessions: 13%
- < 15 sessions: 21%
- < 10 sessions: 49%

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

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

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

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

**Job title**

- Staff psychologist: 34.20%
- Training director: 31.60%
- Doctoral interns: 11.80%
- Outreach coordinator: 5.30%
- Postdoctoral fellow: 3.90%
- Clinical coordinator: 2.60%
- Director: 2.60%
- Externship Coordinator: 2.60%

**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

- Existential/Humanistic: 20.4%
- Psychodynamic: 25.7%
- CBT: 35.1%
- Interpersonal: 36.5%
- Integrative/eclectic: 47.3%

Pie chart:
- No preference, 43.20%
- Brief therapy, 23%
- Long-term therapy, 33.80%
Received training and current skills
## Comparison between received vs. ideal

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

- Flexibility in therapeutic styles
- Identify one goal
- Help clients utilize their support system
- Consider adjunct treatment early
- Broach MC issues early
- Utilize other campus resources
- Be prepared for crisis intervention
Best way to learn brief therapy?

Bar chart showing the comparison between past training and ideal training for various methods of learning brief therapy.
Support to improve BT training

- BT discussion in case conf/consultation
- BT discussion in supervision
- Professional develop. for interns
- Professional deveop. for supervisors
- Clear policies
- Assessment to monitor responsiveness
- Diverse theoretical orientation
Barrier to improve BT training

- Limited discussion in supervision
- Limited expertise and competence in BT
- Limited discussion in case conf/consultation
- Theoretical orientation/identity as LT therapist
- Unclear policies and guidelines
- Limited professional development
- Not much valueing
**UMBC Monthly BT Seminar schedules**

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


Thank You!