

# Empirically Supported Group-Based Programming in a University Setting

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# Learning Objectives

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- Identify the challenges associated with implementing group-based programming, including program evaluation, within a university setting.
- Apply this knowledge to your own institutional setting to support the implementation and evaluation of group-based programming.

# Overview

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- The Problem
- Historical Context
- New Approach
- Treatment Outcomes
- Challenges and Successes
- Future Directions

# The Problem

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- Wait times for non-urgent care
- Changing student needs
- Limited resources

# Historical Context

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## Primary disposition individual treatment

- Expectation from both the clinic and students
- One size fits all approach
- Long wait times for treatment

## Urgent cases seen quickly for treatment

- Those who could benefit from early intervention wait longer

# Historical Context

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## Lack of success with previous groups & psychoeducational workshops

- Groups and workshops offered on an inconsistent/infrequent basis
- No systematic approach or defined protocols
- Workshops not based on empirically supported treatments
- Limited staff buy-in for groups and workshops
- Difficulties with recruitment and retention

# Historical Context--Workshops

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- Workshops targeted to specific diagnoses and had titles to match, e.g. Chasing the Blues Away.
- Workshops only offered once per month, i.e. anxiety, depression, and mindfulness on successive weeks
- Decision to have students attend workshop before eligible for individual: Dilemma of do I wait a month vs. attend workshop not related to my needs in order to be seen

# Workshop Progression

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- Shift to Coping Skills format rather than disorder specific
- Increased frequency
- Students required to attend all four workshops if non-urgent
- Led to delays in treatment, students not following up for individual
- Students still referred to individual because they could not attend workshops or lack of buy-in from referring clinician and/or students
- Shift to stepped-care with workshops and groups as disposition, waitlist support, or supplement to treatment



# Historical Context

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## Disorder-specific workshops and groups

- Groups not always applicable to students' needs → too specific
- No defined protocols
- Workshops and groups not always rooted in empirically supported treatments

# New Approach

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- Stepped Care Model
- Increased Access
- Evidence-Based

# New Approach: Stepped Care

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The Problem: Limited resources

The Solution: Two-tiered approach within a stepped care model

- Coping skills psychoeducation workshop series (low intensity)
- Group-based psychotherapy (low-moderate to moderate intensity)

# Stepped Care

	Health Promotion	Low Intensity	Medium Intensity	High Intensity	Severe Illness
Intensity	Step 0	Step 1	Step 2	Step 3	Step 4
	Health Promotion Prevention Resilience Self-Help	Guided Self-Help Self-Management Skills-Building Coping Access to Counselling	Skills-Building Coping Counselling/Psychotherapy Group Therapies Psychotherapy Primary Care	Collaborative/Shared Care Medical Treatment Interim Outpatient Psychiatric Treatment Case Management	Interim Outpatient Psychiatric Care Crisis Management Case Management Hospital/Community Care
Programs & Services	Health Promotion Programs Peers Are Here Psychoeducation Good2Talk Self-Help	Good2Talk Self-Help Peers Are Here Online Coping Workshop Skills-Building Workshops Wellness Workshops Single-Session Counselling Brief Counselling Counselling Embedded Counselling Primary Care  MoveU HappyU/SPARK FITA	Skills-Building Workshops Wellness Workshops Group Therapies Brief Counselling Counselling Embedded Counselling Short-Term Psychotherapy Primary Care Medication Treatment Psychiatric Consultation  MoveU HappyU/SPARK FITA	Group Therapies Short-Term Psychotherapy Medication Treatment Shared Care Case Management Case Conference Outpatient Psychiatric Consultation Interim Outpatient Psychiatric Treatment On-Call Assessment  Crisis & Academic Progress	Short-Term Psychotherapy Shared Care Interim Outpatient Psychiatric Treatment Medication Treatment Case Management Crisis Management On-Call Assessment Case Conference  Hospital Admission  Crisis & Academic Progress

# New Approach: Increase Access

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The Problem: Wait times for non-urgent care

The Solution: Improve timely access to care

- Immediate access to skills-based treatment
- Treatment matched to students' needs

# New Approach: Evidence-Based

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The Problem: Changing student needs

The Solution: Evidence-based interventions

- Four-module coping skills workshops
- Modify and adapt existing group treatment protocols

# Two-Tiered Approach

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# Two-Tiered Approach

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- **Level 1: Coping Skills Workshops**
  - Mild anxiety/depression symptoms
  - 6 hours of intervention
  - Easy to access, can complete any number of times
- **Level 2: Group Psychotherapy**
  - Mild-moderate; Moderate symptoms
  - 16 hours of intervention
  - Unable to access individual therapy



# Coping Skills Workshops

**learn to  
cope.**

**health &  
wellness  
centre**



UNIVERSITY OF  
**TORONTO**

## **coping skills workshops.**

Don't let negative thoughts, feelings and behaviours stop you from being successful at university. Find ways to solve your problems and learn effective coping skills.

The Health & Wellness Centre (HWC) has developed a series of four workshops to help you:

- Achieved balanced thinking
- Adopt more positive behaviours
- Manage negative feelings
- Lead a healthy lifestyle

Contact the Health & Wellness Centre for an initial assessment at 416-978-8030.

For details, visit

**[healthandwellness.utoronto.ca](http://healthandwellness.utoronto.ca)**

# Coping Skills Workshops

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- Series of four skills-building workshops:
  - Balanced Thinking
  - Behaviour Change
  - Emotion Regulation
  - Balanced Living

# Coping Skills Workshops

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- Offered two to three times per week
- Two locations on campus
- Can attend in any order
- Can repeat as needed
- Online module

# Coping Skills Workshops

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- Disposition
- While waiting for other services
- Supplement to ongoing care
- Post-group skill review

# What worked

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- Nursing staff and new staff attended at least one workshop
- Better description of workshop content when disseminated to HWC staff
- Positive feedback loop
- Evidence-based = learning skills used in individual treatment

# Lessons Learned—Fluctuating Enrollment

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- Increased in Embedded Counselling
- Nurses conducting fewer intake assessments
- Staff referring to workshops less
- Staff unfamiliar with workshop referral option
- Ongoing culture of 1:1 counselling better than group treatment

# Group Psychotherapy

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- Cognitive Behaviour Therapy (CBT) for Anxiety and Depression
- Dialectical Behaviour Therapy (DBT) “Lite” (for Anxiety & Depression)
- DBT Intensive
- Mindfulness Based Cognitive Therapy (MBCT) for Anxiety
- Mindfulness Based Stress Reduction (MBSR)
- Interpersonal Psychotherapy (IPT)

# General Structure

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- Skills-based
- 8-weeks (MBSR 4 weeks)
- 1 hour and 45 minute sessions
- Two co-leaders, 10-14 students
- Homework check-in followed by teaching
- Student-specific examples and worksheets
- Program evaluation
  - Incorporated into homework after first session; incorporated into final session



# The Team

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- Multiple disciplines
  - Psychology
  - Psychiatry
  - Nursing
  - Social Work
  - Trainees
- Group coordinator
- Train-the-Trainers model
- Administrative staff

# CBT Group for Anxiety & Depression

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## Cognitive Skills

- Goal setting (s1-2)
- Thought records (s3-4)
- Worry interventions (s5)

## Behavioural Skills

- Behavioral activation (s1-2)
- Exposure (s6)
- Behavioural experiments (s7)

# DBT Groups

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## Mindfulness

- Wise Mind (s1)
- “What” Skills (s1)
- “How” Skills (s1)

## Distress Tolerance

- Pros and Cons (s2)
- TIP Skills (s2)
- Radical Acceptance (s3)

## Emotion Regulation

- Model of Emotion (s4)
- Check the Facts (s5)
- Opposite Action (s5)
- ABC PLEASE (s6)

## Interpersonal Effectiveness

- DEAR MAN (s7)
- GIVE (s8)
- FAST (s8)

# MBSR

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Includes:

- Breathing techniques
- Body scan
- Incorporating activity (walking, eating)
- Imagery
- Incorporating thoughts and feelings

# IPT Group

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## Awareness

- Relationship between mood & interactions with others (s1-3)
  - Tracking & Timelines
- Supports (s2-3)
  - Closeness circle

## Communication

- Communication analysis (4-6)
- Role plays (5-7)
- Goal setting (s5-6)

# What We Learned: Recruitment

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- Ensure clinical staff have knowledge of the groups (primary referral source)
  - Email blasts, Lunch and Learns
- Common vs. tailored suitability assessment
- Communication between group coordinator and administrative staff
- Contact students one month before group start date
- Email reminders

# What We Learned: Attrition

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- Email reminders
- Number and length of sessions
- Based on academic schedule (semesters, end of classes)
- Follow-up on no-shows
- Make-up sessions (workshop or 1:1 30" session)
- "3-miss rule"
- Incorporating program evaluation (pre/post)

# Evaluation Framework

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Service Utilization and Efficiencies (Outputs)	Outcomes
<ul style="list-style-type: none"><li>■ Student participation<ul style="list-style-type: none"><li>■ Students: diagnoses, academics, demographics</li><li>■ # Unique students</li><li>■ # Visits</li></ul></li><li>■ Patient flow: triage &amp; disposition, referral patterns, length of stay</li><li>■ Efficiencies: wait times, cancellation rates, attrition rates</li></ul>	<ul style="list-style-type: none"><li>■ Pre- post treatment outcomes<ul style="list-style-type: none"><li>■ Symptoms: general functioning, depression, anxiety</li><li>■ Cognitive markers: negative thoughts &amp; beliefs</li><li>■ Skill acquisition: mindfulness, distress tolerance, emotional regulation</li></ul></li><li>■ Student learning outcomes</li><li>■ Student satisfaction</li><li>■ Student narratives (qualitative)</li></ul>



# Pre-Post Outcome Measures

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Core Measures	CBT	MBCT- Anxiety	MBSR	DBT Intensive	DBT Lite	IPT
Outcome Questionnaire (OQ-45)	✓	✓	✓	✓	✓	✓
Group Evaluation (of satisfaction and learning outcomes)	✓	✓	✓	✓	✓	✓
Participant Narratives	✓	✓	✓	✓	✓	✓

# Pre-Post Outcome Measures

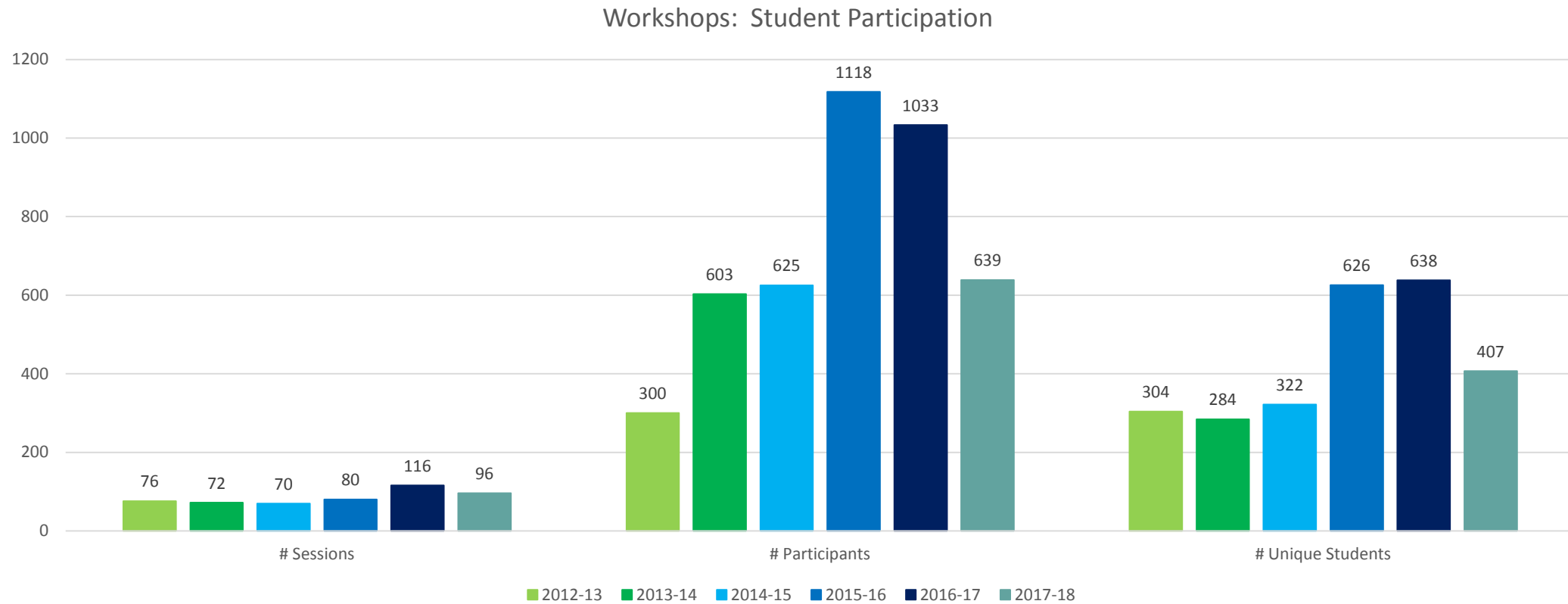
Group Specific Measures	CBT	MBCT- Anxiety	MBSR	DBT Intensive	DBT Lite	IPT
<b>Symptom Scales:</b>						
Patient Health Questionnaire (PHQ-9)						✓
Penn State Worry Questionnaire (PSWQ)	✓	✓				
Social Phobia Inventory (SPIN)	✓	✓				
Automatic Thoughts Questionnaire (ATQ)	✓					
Dysfunctional Attitudes Scale (DAS)	✓					✓
Borderline Symptom List 23 (BSL-23)				✓		
Inventory of Interpersonal Problems (IIP-32)						✓
Revised Adult Attachment Scale- Close Relationships (RAAS-CR)						✓
<b>Skills-Based Scales:</b>						
Difficulties in Emotion Regulation Scale (DERS)				✓	✓	
Distress Tolerance Scale (DTS)				✓	✓	
Kentucky Inventory of Mindfulness Skills (KIMS)		✓	✓	✓	✓	
Mindfulness Attention Awareness Scale (MAAS)			✓			
Toronto Mindfulness Scale – Trait (TMS)		✓	✓	✓	✓	



# Outcomes

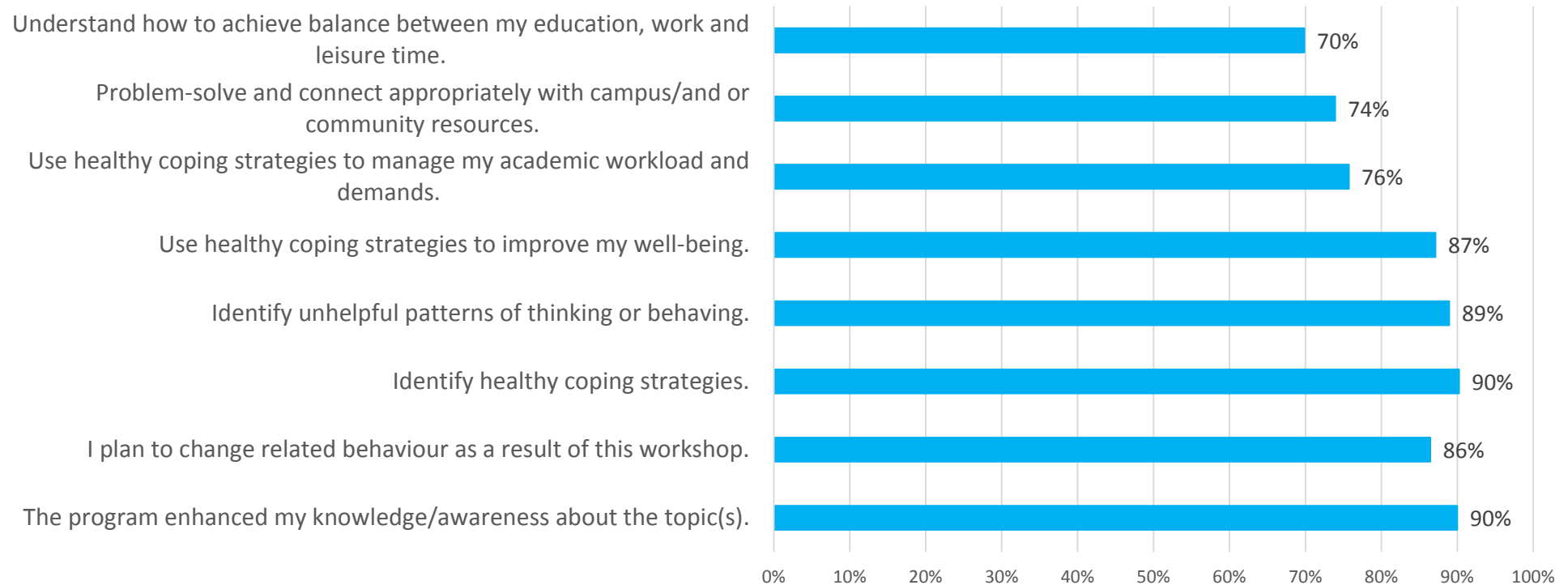
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# Workshops: Student Participation

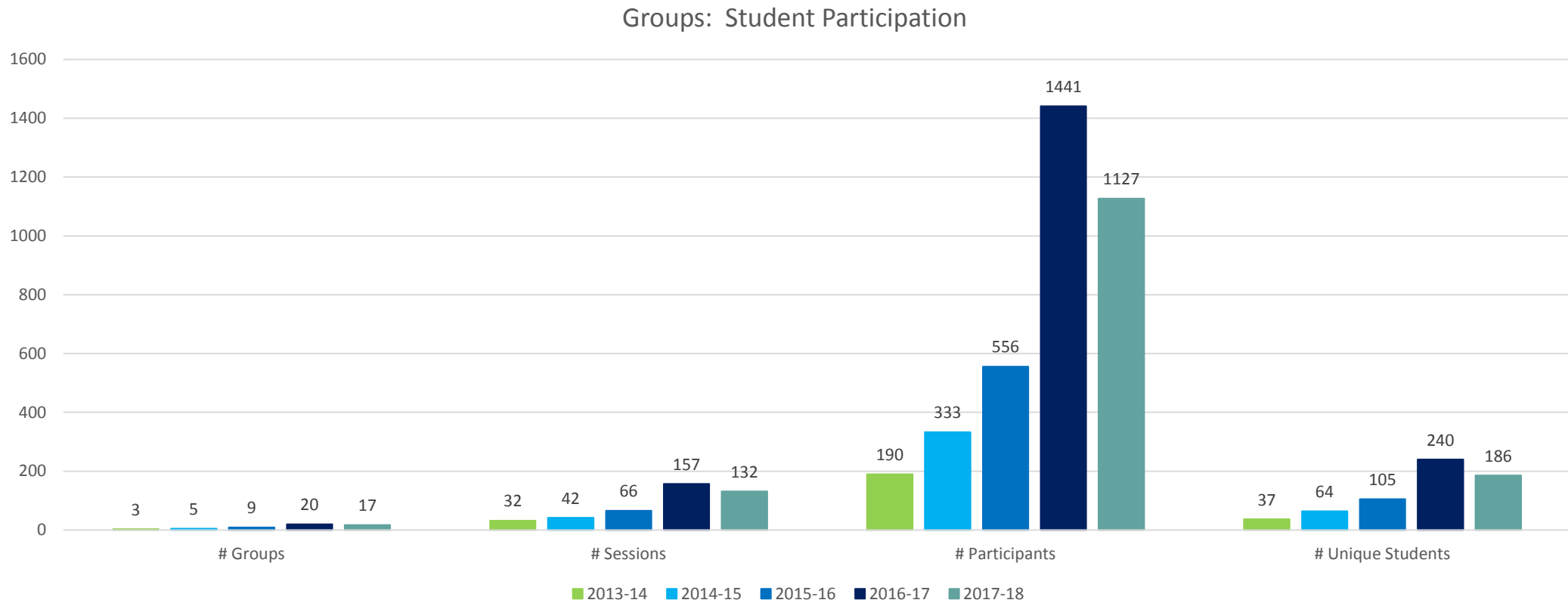


# Workshops: Learning Outcomes (n = 1650)

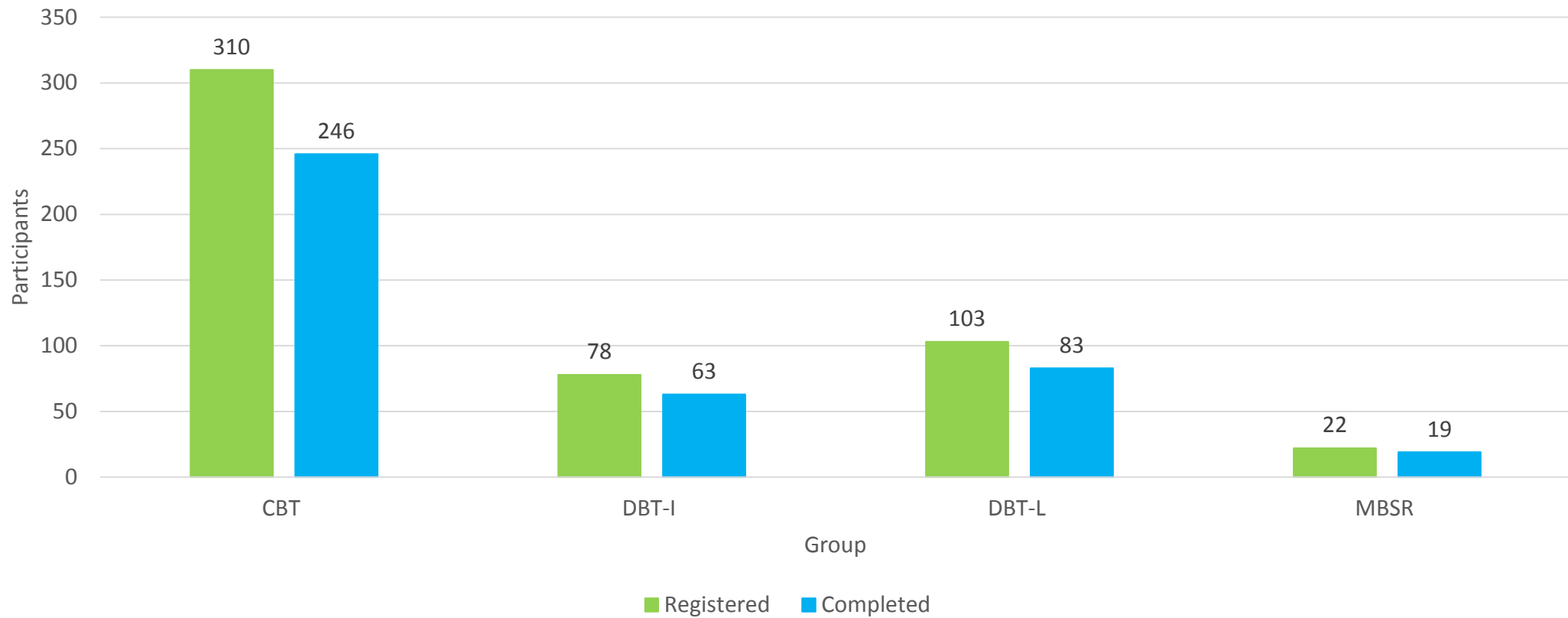
As a result of attending the workshop, I am able to (% Moderately and Strongly Agree)



# Groups: Student Participation



# Groups: Attrition Rates (All Groups)



# CBT Group: General Functioning

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General Functioning				
	F	p		
Multivariate Test	52.57	0.00		
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Univariate Tests			Baseline	Post-Tx
Scales	F	p	Mean	Mean
OQ-45 Symptom Distress	191.832	0.00	53.88	42.97
OQ-45 Interpersonal Relations	65.395	0.00	18.00	15.21
OQ-45 Social Role	120.623	0.00	16.72	13.84
DASS - Stress Subscale	96.54	0.00	21.84	15.97



# CBT Group: Depression & Cognitions

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## Depression and Cognitive Markers

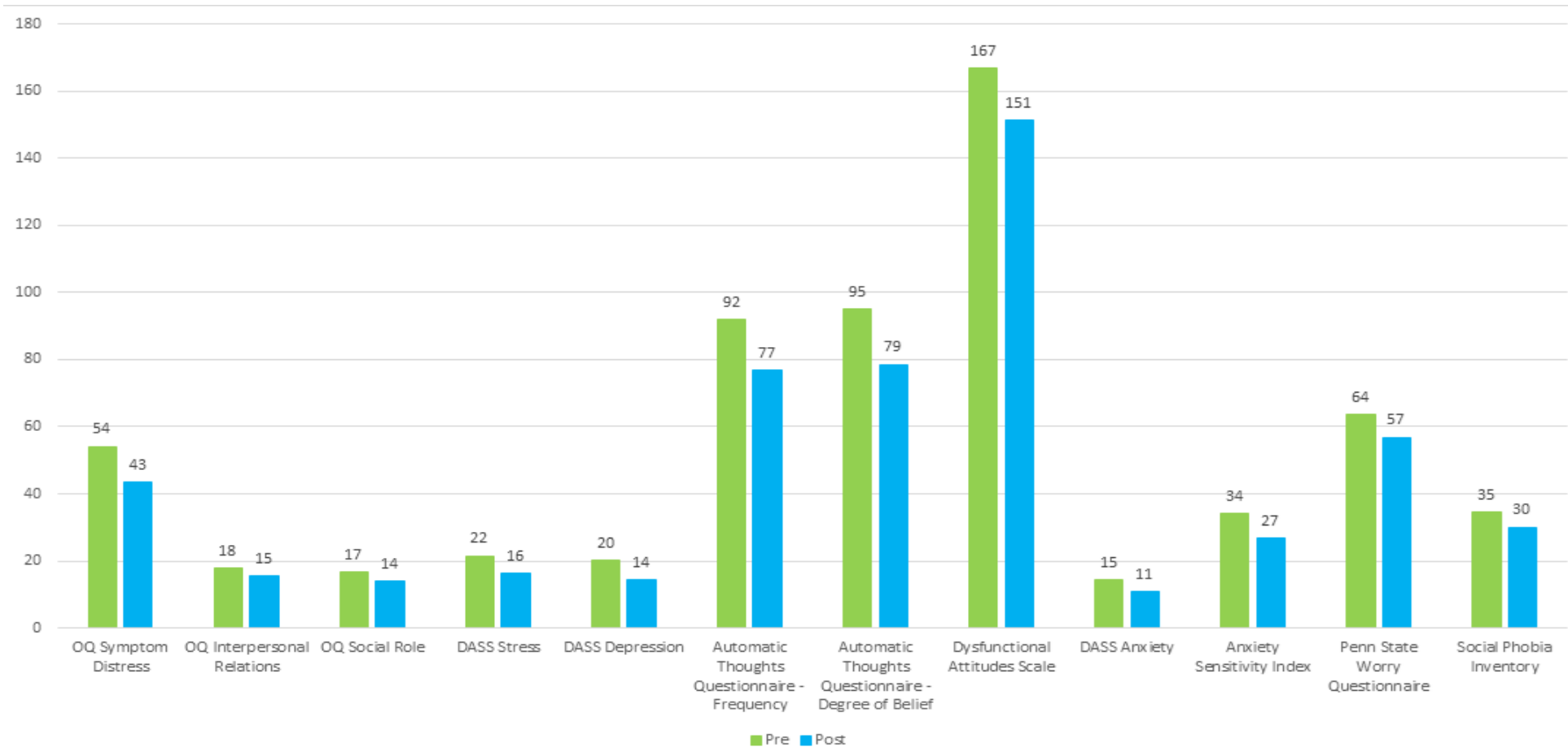
	F	p		
Multivariate Test	33.60	0.00		
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Univariate Tests			Baseline	Post-Tx
Scales	F	p	Mean	Mean
DASS - Depression Subscale	74.651	0.00	20.27	14.38
ATQ Frequency	90.527	0.00	91.46	76.72
ATQ Degree Belief	93.945	0.00	95.11	78.52
DAS Total	86.926	0.00	166.18	150.80

# CBT Group: Anxiety

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Anxiety				
	F	p		
Multivariate Test	49.79	0.00		
<hr/>				
Univariate Tests			Baseline	Post-Tx
Scales	F	p	Mean	Mean
DASS - Anxiety Subscale	45.261	0.00	14.20	10.39
ASI Total	128.362	0.00	33.89	26.53
PSWQ Total	134.589	0.00	64.08	56.89
SPIN Total	43.465	0.00	34.45	29.97

# CBT Group: Pre-Post Therapy



# DBT Lite Group: Outcomes

Measure	Pre-Test Mean	Post-Test Mean	N	T-Test	df	p <
<b><u>Symptom Measures</u></b>						
OQ Total Score	95.45	78.65	95	7.79	94	0.001
OQ Symptom Distress	57.70	46.25	95	8.06	94	0.01
OQ Interpersonal Relations	21.02	17.68	95	6.44	94	0.001
OQ Social Roles	16.73	14.72	95	4.09	94	0.01
DASS Depression	22.56	14.98	95	5.75	94	0.001
DASS Anxiety	17.41	12.68	95	5.93	94	0.001
DASS Stress	25.18	18.38	95	7.80	94	0.001
<b><u>Distress Tolerance &amp; Emotional Dysregulation Measures</u></b>						
DTS Total Score	2.17	3.03	95	-11.23	94	0.001
DERS Total Score	116.50	88.10	95	10.75	94	0.001
<b><u>Mindfulness Measures</u></b>						
KIMB Observing	35.13	40.52	68	-5.34	67	0.001
KIMS Describing	22.54	26.61	68	-5.97	67	0.001
KIMS Awareness	22.55	26.00	68	-5.21	67	0.001
KIMS Accepting	18.90	26.78	68	-7.70	67	0.001
TMS Total Score	35.71	41.77	68	-6.89	67	0.001

Notes. DERS = Difficulties in Emotional Regulation Scale; KIMS = Kentucky Inventory of Mindfulness Skills; TMS = Toronto Mindfulness Scale. Higher scores on DTS indicate higher levels of distress tolerance; higher scores on DERS indicates higher levels of emotional dysregulation; higher scores on the KIMS and TMS indicate higher levels of mindfulness. For all other scales, higher scores indicate higher levels of distress or symptomatology.

# DBT Intensive Group: Outcomes

Measure	Pre-Test Mean	Post-Test Mean	N	T-Test	df	p <
<b><u>Symptom Measures</u></b>						
OQ Total Score	108.53	87.00	41	6.28	40	0.001
OQ Symptom Distress	66.20	52.15	41	6.53	40	0.001
OQ Interpersonal Relations	22.90	19.66	41	3.00	40	0.01
OQ Social Roles	19.44	15.20	41	4.13	40	0.001
DASS Depression	26.44	18.09	42	4.27	41	0.001
DASS Anxiety	21.63	16.71	42	3.75	41	0.001
DASS Stress	28.28	19.35	42	6.39	41	0.001
Borderline Symptoms List (BSL-23)	2.38	1.60	55	6.68	54	0.001
<b><u>Distress Tolerance &amp; Emotional Dysregulation Measures</u></b>						
DTS Total Score	2.27	3.04	55	-4.36	54	0.001
DERS Total Score	128.17	90.04	56	12.05	55	0.001
<b><u>Mindfulness Measures</u></b>						
KIMB Observing	33.98	41.25	56	-4.63	55	0.001
KIMS Describing	23.35	25.75	56	-3.92	55	0.001
KIMS Awareness	21.65	26.21	56	-5.28	55	0.001
KIMS Accepting	18.26	26.23	56	-6.65	55	0.001
TMS Total Score	33.57	37.69	45	-1.72	44	0.001

Notes. DERS = Difficulties in Emotional Regulation Scale; KIMS = Kentucky Inventory of Mindfulness Skills; TMS = Toronto Mindfulness Scale. Higher scores on DTS indicate higher levels of distress tolerance; higher scores on DERS indicates higher levels of emotional dysregulation; higher scores on the KIMS and TMS indicate higher levels of mindfulness. For all other scales, higher scores indicate higher levels of distress or symptomatology.

# Group Therapy Outcomes

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Measures	CBT	Mindfulness CBT	DBT Lite	DBT Intensive
General Distress	↓	↓	↓	n/a
Depression	↓	↓	↓	↓
Anxiety	↓	↓	↓	↓
Stress	↓	↓	↓	↓
Borderline Symptoms	n/a	n/a	↓	↓
Negative Cognitions	↓	n/a	n/a	n/a
Distress Tolerance	n/a	n/a	↑	↑
Emotional Dysregulation	n/a	n/a	↓	↓
Mindfulness Skills	n/a	↑	↑	↑

# Group Themes

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<b>Interpersonal Experience</b>	<b>Program Format &amp; Structure</b>	<b>Skills Gained</b>
Not Feeling Alone	Program & Session Length	Managing Emotions & Thinking Patterns
Sharing with Others	Accountability, Structure & Routine	Practical Tools (Combination & Variety)
Learning from Others	Future/Post-Group	Improved Quality of Life/Self-Improvement

# Student Narratives

“So I’m not the only one in the world to struggle with this? And there are people like me who do function in society and whose symptoms don’t show at first sight, and who struggle in isolation and silence too. It made me feel less alone” (DBT-L Group Participant).

“In the absence of any one in my life who really understands what I’ve been going through at U of T. This group has been good for both providing an outlet and a shared space to find common ground, as well as a time for concrete strategizing, reflection, and problem solving” (CBT Group Participant)

“It was nice to hear other people’s stories and experiences as it was very relieving for me to know that other people feel and experience similar things as me... I liked that I was able to relate to other people in terms of emotions and experiences and to know that I’m not the only one who feels like this/goes through this” (DBT-I Group Participant).

“One of the most valuable aspects of this program was the interpersonal dialogue. Discussing with other group members about issues and real-life application for difficulty with applying skills really helped solidify the concepts and made me feel less alienated/alone/doomed and were really good examples of practical use” (DBT-L Group Participant).

“Once I noticed that other people have really been applying the skills and seeing some improvements in their lives, it gave me more confidence that sticking to the group would be beneficial for me” (CBT Group Participant).

“It was good to have a point of contact each week. Helps keep focus on mindfulness. Accountability I suppose. I learned some new mindfulness techniques like the “poetry meditation” and the “walking meditation”. Being exposed to a variety of techniques and having a chance to practice them was very helpful” (MBSR Group Participant).

“I was also really happy to hear everyone else’s story, whether they successfully practice the homework or not. Hearing that someone else did well inspired me to do the same. Hearing someone struggling reminded me I’m not the only one so it always felt comforting going over homework” (DBT-I Group Participant).



# What We Learned: Group Content

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- Content for all groups has evolved
- Based on group facilitators experiences & student feedback
- CBT: check-ins, ensuring skills are transdiagnostic
- DBT: two groups have evolved to become more similar in content
- MBCT: decreased interest – too abstract? Need for concrete skills?

# New Approach: Challenges

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- Student expectations
- Staff perceptions
- Retention and commitment to group
- Group material applicable to both mood and anxiety

# New Approach: Successes

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- Increased student participation
- Outcome data
- Student narratives
- Reduced individual waitlist

# New Approach: Successes

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- Available at “embedded” locations
- Cross-training of staff (enhanced competency)
- Multiple disciplines involved
- Improved staff cohesion
- Training opportunity for students
- Creation of manual/toolkit for Best Practices Network

# Future Directions

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- Expanded group programming
  - IPT Group?
  - Anxiety and Depression-Specific Groups?
  - Harm Reduction Group?
- Group scheduling
- Training to fill in gaps in expertise
- Continued cross-training

Thank You!