School-Based DBT: Merging Mental Health and Behavioral Supports for High School Students at Tiers II & III: SB-DBT Nuts and Bolts

Jim Hanson
jabrhanson@yahoo.com

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SB-DBT
Nuts and Bolts

Jim Hanson
GAPBS Conference 2015
Atlanta, GA
What is DBT?

- A synthesis of:
  - Behaviorism
  - Mindfulness
  - Dialectics

Dialectics: “A means of finding fluidity and balancing acceptance and change in the fact of rigidity and impasse” (Miller et. al 2007).
Dialectical Behavior Therapy in Public Schools

Core Dialectic of DBT

- Acceptance
  - Mindfulness
  - Radical Acceptance
  - Validation
- Change
  - Problem Solving
  - Cognitive Behavioral
  - Goals and Contingencies
Dialectical Behavior Therapy in Public Schools

Therapist’s Style

- Reciprocal
  - Responsive
  - Serious
  - Appropriate Self-Disclosure
  - Warm Engagement
  - Radical Genuineness

- Irreverent
  - Unorthodox Reframing
  - Plunging In-Humor
  - Confrontation
  - Calling The Bluff
  - Omnipotence and Impotence
  - Intensity and Silence
Dialectical Behavior Therapy in Public Schools

Class structure

Each class is structured similarly (80 minutes)

a) Mindfulness (3-5 minutes)
b) Homework Review (15-30 minutes)
c) Teaching new lesson (30-45 minutes)
d) Lesson summary and assignment of homework (5-7 minutes)
Curriculum

DBT Skills Manual for Adolescents

Jill H. Rathus and Alec L. Miller

Foreword by Marsha M. Linehan
# What’s Inside

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**PART III. Skills Training Handouts**

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Purchasers can download copies of the handouts from www.guilford.com/rathus-forms.
### TABLE 1.1. Characteristics of Dysregulation and Corresponding DBT Skills Modules

<table>
<thead>
<tr>
<th>Some characteristics of dysregulation</th>
<th>DBT skills modules</th>
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<tbody>
<tr>
<td><strong>Emotion dysregulation</strong></td>
<td></td>
</tr>
<tr>
<td>Emotional vulnerability; emotional reactivity; emotional lability; angry outbursts; steady negative emotional states such as depression, anger, shame, anxiety, and guilt; deficits in positive emotions and difficulty in modulating emotions.</td>
<td>Emotion Regulation</td>
</tr>
<tr>
<td><strong>Interpersonal dysregulation</strong></td>
<td></td>
</tr>
<tr>
<td>Unstable relationships, interpersonal conflicts, chronic family disturbance, social isolation, efforts to avoid abandonment, and difficulties getting wants and needs met in relationships and maintaining one’s self-respect in relationships.</td>
<td>Interpersonal Effectiveness</td>
</tr>
<tr>
<td><strong>Behavioral dysregulation</strong></td>
<td></td>
</tr>
<tr>
<td>Impulsive behaviors such as cutting classes, blurt out in class, spending money, risky sexual behavior, risky online behaviors, bingeing and/or purging, drug and alcohol abuse, aggressive behaviors, suicidal and nonsuicidal self-injurious behavior.</td>
<td>Distress Tolerance</td>
</tr>
<tr>
<td><strong>Cognitive dysregulation and family conflict</strong></td>
<td></td>
</tr>
<tr>
<td>Nondialectical thinking and acting (i.e., extreme, polarized, or black-or-white), poor perspective taking and conflict resolution, invalidation of self and other, difficulty effectively influencing own and others’ behaviors (i.e., obtaining desired changes).</td>
<td>Walking the Middle Path</td>
</tr>
<tr>
<td><strong>Self-dysregulation</strong></td>
<td></td>
</tr>
<tr>
<td>Lacking awareness of emotions, thoughts, action urges; poor attentional control; unable to reduce one’s suffering while also having difficulty accessing pleasure; identity confusion, sense of emptiness, and dissociation.</td>
<td>Core Mindfulness</td>
</tr>
</tbody>
</table>

Note. From Miller, Rathus, and Linehan (2007, Table 2.1, p. 36). Copyright 2007 by The Guilford Press. Adapted by permission.
Dialectical Behavior Therapy in Public Schools

Mazza, 2015

Curriculum Structure

STEPS-A CURRICULUM
& SB-DBT

Mindfulness
1. Wise Mind
2. Observe
3. Describe
4. Participate
5. Non-judgmental
6. One-mindfully
7. Effectively

Distress Tolerance
1. ACCEP'TS
2. Pros & Cons
3. IMPROVE
4. Radical Acceptance
5. Turning the Mind

Emotion Regulation
1. Observe/Identifying
   Emotions
2. Describing
   Emotions
3. Opposite Action
4. ABC
5. PLEASE

Interpersonal
Effectiveness
1. Ranking Priorities
2. DEAR MAN
3. GIVE
4. FAST
5. Evaluating
   Options
Core Mindfulness (STEPS-A and SB-DBT)

1. Balance between emotion mind and reasonable mind
2. Observe – just notice the experience (component of the How skills)
3. Describe – put words on the experience (How skills)
4. Participate – throw yourself completely into it (How skills)
5. Non-judgmental – see but don’t evaluate, just the facts (What skills)
6. One-mindfully – be completely present (What skills)
7. Effectively – Focus on what works (What skills)

Mindfulness

1. Wise Mind
2. Observe
3. Describe
4. Participate
5. Non-judgmental
6. One-mindfully
7. Effectively

Dialectical Behavior Therapy in Public Schools

Mazza, 2015
Dialectical Behavior Therapy in Public Schools

Distress Tolerance (STEPS-A and SB-DBT)

1. Pros & Cons
2. ACCEPTS
3. IMPROVE
4. Self-Soothe
5. TIP
6. Radical Acceptance
7. Turning the Mind
8. Half Smile & Willing hands
9. Willingness

1. Evaluating strategy balancing pro’s/con’s of the decision & lack of the decision
2. Distract with ACCEPTS - Activities, Contributing, Comparisons, Emotions, Pushing away, Thoughts, Sensations
3. Imagery, Meaning, Prayer, Relaxation, One thing in the moment, Vacation, Encouragement
4. Self-soothe through the 5 senses
5. Changing body chemistry- Temperature, Intensive exercise, & Progressive muscle relax
6. Freedom from suffering requires acceptance (acceptance ≠ approval)
7. Turning the mind to the acceptance road
8. Changing your emotions by changing your physical expressions
9. Playing the cards that you were dealt and doing what works – opposite of willfulness

Mazza, 2015
Dialectical Behavior Therapy in Public Schools

Emotion Regulation (STEPS-A and SB-DBT)

Mazza, 2015
**Interpersonal Effectiveness (STEPS-A and SB-DBT)**

1. Objectives, relationship, self-respect
2. Describe, Express, Assert, Reinforce – Mindful, Appear confident, Negotiate
3. Gentle, Interested, Validate, Easy manner
4. be Fair, no Apologies, Stick to your values, be Truthful
5. Low or high intensity for asking or saying No
Dialectical Behavior Therapy in Public Schools

Walking the Middle Path (SB-DBT)

1. Two seeming opposite position can both be true, Dialectical Dilemmas
2. “Stinking Thinking” Mindful, Name, Claim, Tame
3. What’s typical and what’s cause for concern?
4. Validating self and other; Validation doesn’t mean agreement
5. Ways to Increase, Positive Reinforcement; Ways to Decrease; Extinction and Punishment

Mazza, 2015
Practice Skill
LINCOLN HIGH SCHOOL
Department of Health Education

COURSE INFORMATION
Title: Health Skills (Advanced) CRN# 0803 (1/2 credits), Grade Levels 9,10,11,12
Location: Counseling Center
Phone/Email: 503-916-6887 (Lincoln) or 503-916-6887 (Lincoln) or johnsonm@aps.aps.org
Tutorial: 20-30 minutes weekly, individually, as arranged. Parent group once a month
Required Text/Readings:
3. Selected readings provided in class.

PHILOSOPHY OF MENTAL HEALTH EDUCATION
The Lincoln High School Dialectical Behavioral Skills Training Class and Parent training is designed to provide students additional training and application in five core skills: mindfulness (health related self-care skills), problem solving (cognitive-behavioral approaches to examine and correct self-defeating thoughts and actions), distress tolerance (improve emotional and behavioral functioning in adverse situations that cannot be immediately changed), emotional regulation (managing positive and negative mood states), and interpersonal effectiveness (establishing and maintaining healthy peer, teacher, and parent relationships).

GENERAL COURSE INFORMATION
Description: Advanced Health Skills (Dialectical Behavioral Skills Training, or DBT) is by application only. Teachers, school counselors, the school nurse, and parents may nominate students for this group. Nomination is based upon students’ desires and need for establishing good habits for managing stress, anxiety, and depression. Students may also nominate themselves, after reviewing the skills of the training module. Many students who enroll in these advanced and academically challenged, yet they are usually experiencing anxiety, depression, or both. Each student and parent must sign a contract permitting their participation in the group and its activities. Students meet for 90 minutes on Wednesdays or Thursdays as a small group. During the class, students learn specific skills to manage thoughts and emotions. Students do not spend time talking about the issues in their lives because the curriculum is highly specific skills training. However, students do practice the skills they learn in the classroom. Students will experience at school and at home. Class rules include making a commitment to confidentiality of what other students say during class time. Students are assigned homework that relates to practicing the skills they learned in class. Each student also attends a weekly homework session every week with either one of the course co-facilitators (School Psychologist, School Nurse, or School Social Work Intern) who has been trained in DBT. During the individual sessions, students discuss their “diary cards,” a short written summary of their use of the skills during the week. If students do not complete homework or if issues arise with which they need extra assistance (a “target behavior”), they may participate in a chain analysis (Functional Behavioral Assessment or FBA). An FBA helps students understand their behavior, its antecedents, and its short and long-term consequences. They then develop and troubleshoot a plan of replacement behaviors. Students are also encouraged to check in with the course facilitators during the week as needed to get coaching and support for decreasing “target behaviors” before they happen. “Target behaviors” are the behaviors each student has decided for himself/herself that they want to change. Target behaviors might include avoiding school, arguing, discouraging/expressing self-destructive, anxiety responses, not speaking up or advocating effectively, giving up or giving in, talking out, or other academically or socially disadvantageous behavior.

NOTE TO PARENTS/GUARDIANS
In addition to the orientation sessions with your student and providing written permission for participation, you are required to attend pre- and post-class sessions with the facilitators and to attend a monthly class session where you will learn the skills that your student is learning during the course of the semester. You will also be taught skills for behavioral management, coping with crisis behaviors, effective communication, validation, and advanced dialectics ("behind" not "enforcer" thinking). We will discuss ways in which you can support your student by modeling these skills, and by providing support and encouragement for them to perform the DBT skills at home.

LEARNING OUTCOMES (Oregon Health Education Standards) Selected for this class:
- Explain how to build and maintain healthy family and peer relationships
- Classify personal stressors at home, at school, and with peers
- Describe how social environments affect health and well-being
- Explain the causes, effects, and symptoms of depression
- Identify resources at home, school, and in the community for managing family and relationship problems
- Identify school and community resources that can help a person who is depressed or contemplating suicide
- Practice strategies for managing and reducing stress, anger, and conflict
- Demonstrate the ability to take the perspective of others in a conflict situation
- Explain influences that contribute to positive and negative self-image
- Demonstrate pre-social communication skills
- Demonstrate the steps in problem solving, anger management, and impulse control
- Set a goal to reduce stress with life stressors in a health-enhancing way
- Elements of Mental, Social, and Emotional Health: Demonstrate accessing information and interpersonal communication skills while understanding the components of mental, social, and emotional health
- Promotion of Physical Activity: Demonstrate accessing information and skills while understanding the components of physical activity.
Dialectical Behavior Therapy in Public Schools

Individual Counseling Format

• 20-30 minutes a week
• Diary card driven (Progress Monitoring)
• Share at deeper level
• FBA if emerging pattern of not doing homework, coming late, or other therapy-interfering behavior
**Lincoln High School DBT Program**

**DIARY CARD**

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>Noteworthy Event(s)</th>
<th>Thoughts</th>
<th>Emotions</th>
<th>Emot</th>
<th>Urge</th>
<th>Action</th>
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</tbody>
</table>

**RATING SCALE FOR EMOTIONS AND SELF-HARM URGES:**

0 = None  
1 = Minimal  
2 = Mild  
3 = Moderate  
4 = Strong  
5 = Intense

**Additional Homework:** _ _

_ _
<table>
<thead>
<tr>
<th>Instructions: Circle the days you worked on each skill.</th>
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</thead>
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<tr>
<td>1. Mindfulness and Wise Mind</td>
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<tr>
<td>2. WHAT: Observe, Describe, Participate</td>
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<tr>
<td>3. HOW: Don’t Judge, Stay Focused, Do What Works</td>
</tr>
<tr>
<td>4. Breathing, Half Smile, and Dialectics</td>
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<tr>
<td>5. What Happens Next? Applied Behavioral Analysis</td>
</tr>
<tr>
<td>6. Stopping Stinkin Thinking</td>
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<td>7. The Four Questions/The Turnaround</td>
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<td>8. ACCEPTS</td>
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<td>9. Self Soothe Kit</td>
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<td>10. Pros and Cons</td>
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<td>11. Radical Acceptance, Willing Hands, Turning the Mind</td>
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<td>12. Riding the Wave</td>
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<tr>
<td>13. SEEDS (Sleep, Eat, Exercise, Drugs, Sickness)</td>
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<td>14. Checking the Facts/Opposite to Emotion Action</td>
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<td>15. Pleasant Events</td>
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<td>16. DIG (Determine Interaction Goal)</td>
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<tr>
<td>17. DEAR MAN or RAN (Reinforce, Assert, Negotiate)</td>
</tr>
<tr>
<td>18. GIVE (Gentle, Interested, Validate, Easy Manner)</td>
</tr>
<tr>
<td>19. FAST (Fair, no Apologies, Stick to Values, Truthful)</td>
</tr>
</tbody>
</table>
Lincoln High School, Portland, OR
Lincoln HS Statistics

- 1720 students
- Middle to high socio-economic status
- 100 Best High Schools in United States
- Suicide was leading cause of death until SB-DBT
- About 20 parent meetings/year for cutting, suicidal ideation or attempt (record year high was 45, already up to 20 this year)
Lincoln HS Statistics

• High stress and anxiety (OHTS 2008: 13% of students considered suicide in last twelve months; 2012: 8.4%; 2014: 13%). Not unusual for Oregon & Portland schools

• Before DBT: one to two suicides per year, since DBT no suicides

• Before DBT: two placements into Portland Public School’s day treatment classroom per year, since DBT one placement in nine years-student returned in two weeks
Adopt or Adapt?

- Target population – same as research?
- Comprehensive DBT – all components?
- Setting – amenable finances, time, structure?
- Professional training – skill set, credentials?
- “Gold Standard” Five functions – skills, motivation, generalization, and environment change of clients; capabilities and motivation of therapists

- Koerner, Dimeff, and Swenson DBT in Clinical Practice (2007)
SB-DBT Team Training

- **Core Team Training:** 6 Days, Portland DBT Readings: Miller (2007, 2014) Linehan (2014)

- **Leader Training for School Psychologist:**
  - 6 Days, Portland DBT
  - 6 Days per year, Behavioral Tech
Dialectical Behavior Therapy in Public Schools

SB-DBT Team Members

- School Psychologist
- School Nurse
- School Social Work Intern
- School Psychology Practicum Student and School Psychology Intern
- School Counselor
- School Counseling Intern
Referral

- Self-referral from one-day preview of DBT skills in general education health classes
- MTSS/RTI: Students who did not do well enough in Reconnecting Youth or mentoring program
- IEP: Students identified with social/emotional needs
- Students in day treatment who have Collaborative Problem Solving
- Child Find meetings
- Tier classification depends on student
Inclusion Criteria

• If suicidal, not the only counseling service
• If suicidal ideation or eating disorder is serious, referral to Portland DBT Institute or other community-based therapy (MOU with Portland DBT Institute for therapist on Lincoln site)
• Step down or “graduates” from LHS SB-DBT, other programs, community DBT, and PPS day treatment as appropriate
• No requirement to quit other therapy: consultation with community provider
• Identifiable “target behavior”
• Parent involvement
• Orientation Checklist
Career Pathways Screening

• Adversity, health issues, personal problems and stress can challenge all of us. Are there issues that you are dealing with which might impact your academic success?

• Would it be helpful to talk with your school counselor about any of the issues you mentioned in the previous question?
Child Find Meetings

- Suicide Attempts, Hospitalization, Serious Ideation (plan), pattern of self-injury
- Immediate Special Education Evaluation Team Meeting (Parents, Student, School Counselor & Psychologist)
- Suicide screening form completed
- Examine community-based resources
- Examine school-based resources
  - MTSS
  - Safety plan
  - Mental health referrals
  - Special education assessment
Adaptations

- “Advanced Health” on transcript; SB-DBT elective credit class
- Materials from Miller & Rathaus (reproducible)
- Monthly, not weekly parent training
- Lincoln Staff/Teacher Training (environmental contingencies)
- Consultation with community providers—not only MH service
- Weekly fidelity checks from Portland DBT Institute Program
- Memo of Understanding (2015) with Portland DBT Institute for individual therapist (they bill insurance); allows us to work with students that are more impacted by mental health issues
- STEPS-A in health classes (Tier One) and International Baccalaureate “Theory of Knowledge classes (Tier Two)
## Agenda

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<th>Unit</th>
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<th>Hand Outs</th>
<th>Mind Fullness</th>
<th>Homework</th>
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<tr>
<td>OCT 28 Wed (B6) 29 Thurs (A3)</td>
<td>Orientation</td>
<td>Introductions &amp; Class Agreements, Goals, Biopsychosocial Theory &amp; Assumptions</td>
<td>O 1-7</td>
<td>Ocean Waves</td>
<td>None</td>
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<tr>
<td>Week of November 11 &amp; 12: NO CLASS - Veterans Day</td>
<td>Mindfulness</td>
<td>Pain not Suffering Crisis Skills View ACCEPTS Self-Soothe</td>
<td>DT 1-6</td>
<td>Change</td>
<td>ACCEPTS recording Self-Soothe</td>
<td>DT4 DT6</td>
</tr>
<tr>
<td>NOV 24 Tues (A3) 25 Wed (B6)</td>
<td>Mindfulness</td>
<td>IMPROVE a Moment &amp; Pros &amp; Cons TIPP</td>
<td>DT 7-12</td>
<td>Rest</td>
<td>IMPROVE Pros &amp; Cons</td>
<td>DT 8 DT 10</td>
</tr>
<tr>
<td>DEC 2 Wed (AF3) 3 Thurs (B6)</td>
<td>Mindfulness</td>
<td>Crisis Survival Kit Accepting Reality &amp; Willingness</td>
<td>DT 13-18</td>
<td>Crisis Survival Kit Accepting Reality</td>
<td>DT 13 DT 18</td>
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</tr>
<tr>
<td>DEC 16 Wed (AF3) 17 Thurs (B6)</td>
<td>Mindfulness</td>
<td>Dialectics Stinking Thinking Dialectical Dilemmas What’s Typical?</td>
<td>MP 1-7</td>
<td>Meditation</td>
<td>Thinking &amp; Acting Dialectically</td>
<td>MP7</td>
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<tr>
<td>Winter Break</td>
<td>Mindfulness</td>
<td>Dialectics Stinking Thinking Dialectical Dilemmas What’s Typical?</td>
<td>MP 1-7</td>
<td>Meditation</td>
<td>Thinking &amp; Acting Dialectically</td>
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<th>Mind Fullness</th>
<th>Homework</th>
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<tbody>
<tr>
<td>JAN 6 Wed (B6) 7 Thurs (AF3)</td>
<td>Mindfulness</td>
<td>Validation Behavior Change</td>
<td>MP 8-14</td>
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<tr>
<td>JAN 13 Wed (A-ED-3) 14 Thurs (BF6)</td>
<td>Mindfulness</td>
<td>Decreasing Behavior Functional Behavioral Analysis</td>
<td>MP 15-16</td>
<td>None</td>
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<td>JAN 26 Wed (A3) 27 Thurs (B6)</td>
<td>Mindfulness</td>
<td>Taking Charge-Emotions Short &amp; Long List Model of Emotions</td>
<td>ER 1-7</td>
<td>None</td>
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<tr>
<td>JAN 27 Wed (B6) 28 Thurs (A3)</td>
<td>Mindfulness</td>
<td>ABC SEEDS Accumulating Positive Experiences Values &amp; Priorities Mastery/Cope Ahead</td>
<td>ER 8-15</td>
<td>None</td>
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<td>FEB 3 Wed (AF3) 4 Thurs (BF6)</td>
<td>Mindfulness</td>
<td>SEEDS The Wave Skill</td>
<td>ER 16-18</td>
<td>None</td>
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<td>Week of February 10 &amp; 11: No Class</td>
<td>Mindfulness</td>
<td>Opposite Action to Change Emotions</td>
<td>ER 19-21</td>
<td>None</td>
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<tr>
<td>FEB 17 Wed (B-ED-6) 18 Thurs (A3)</td>
<td>Mindfulness</td>
<td>Opposite Action to Change Emotions</td>
<td>ER 19-21</td>
<td>None</td>
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<tr>
<td>FEB 24 Wed (AF3) 25 Thurs (BF6)</td>
<td>Mindfulness</td>
<td>Taking Hold Mind Why Bother? 3 States of Mind How &amp; What Skills</td>
<td>M 1-8</td>
<td>None</td>
<td>None</td>
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<tr>
<td>MARCH 2 Wed (B6) 3 Thurs (AF3)</td>
<td>Mindfulness</td>
<td>DIG (Determine Interaction Goal) GIVE DEAR MAN</td>
<td>IE 1-6</td>
<td>None</td>
<td>None</td>
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<tr>
<td>JAN 15 Wed (A-ED-3) 14 Thurs (BF6)</td>
<td>Mindfulness</td>
<td>Validation Behavior Change</td>
<td>MP 8-14</td>
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<td>JAN 26 Wed (A3) 27 Thurs (B6)</td>
<td>Mindfulness</td>
<td>Decreasing Behavior Functional Behavioral Analysis</td>
<td>MP 15-16</td>
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<td>JAN 27 Wed (B6) 28 Thurs (A3)</td>
<td>Mindfulness</td>
<td>Taking Charge-Emotions Short &amp; Long List Model of Emotions</td>
<td>ER 1-7</td>
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<td>JAN 27 Wed (B6) 28 Thurs (A3)</td>
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<td>ABC SEEDS Accumulating Positive Experiences Values &amp; Priorities Mastery/Cope Ahead</td>
<td>ER 8-15</td>
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<td>FEB 3 Wed (AF3) 4 Thurs (BF6)</td>
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<td>SEEDS The Wave Skill</td>
<td>ER 16-18</td>
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<td>Week of February 10 &amp; 11: No Class</td>
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<td>Opposite Action to Change Emotions</td>
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<td>FEB 17 Wed (B-ED-6) 18 Thurs (A3)</td>
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<td>ER 19-21</td>
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<td>FEB 24 Wed (AF3) 25 Thurs (BF6)</td>
<td>Mindfulness</td>
<td>Taking Hold Mind Why Bother? 3 States of Mind How &amp; What Skills</td>
<td>M 1-8</td>
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<td>MARCH 2 Wed (B6) 3 Thurs (AF3)</td>
<td>Mindfulness</td>
<td>DIG (Determine Interaction Goal) GIVE DEAR MAN</td>
<td>IE 1-6</td>
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</table>

**THIRD PERIOD**

**SIXTH PERIOD**
Orientation Checklist

INITIAL STUDENT INTERVIEW
- Knowledge of DBT? Evidence-based program
- Student’s current and past struggles
- Therapy and strategies tried?
- Five core units (skills based not talk therapy)
- Initial student ideas on what skills might be useful for student
- Will be setting short term goals on reducing a target behavior and increasing a skill
- Student long term goals and how DBT helps for adults too
- Class (when, where, how period is chosen, waiting list, parent permission)
- Learning from other students as well as adults
- Homework, quizzes, written reflections
- Elective credit based on ODE health standards
- Attendance and preparedness (three times absent no credit but can continue)
- Well of sharing (self-disclosure limits in class, saying “target behavior” and confidentiality)
- Confidentiality limits of therapists
- PIA: show one and explain target behavior and process
- Pre-emergency consultation: accommodation to come to the counseling center for coaching during the day if needed and whom to talk to in order: won’t see 24 to 48 hours after if student engaged in target behavior
- Appropriate therapist self-disclosure, reciprocal and irrelevant
- Individual coaching (show diary card, team members)
- Parent class dates and times (commitment, research showing effects)
- Health class standards, target behavior (DBT treatment hierarchy)
- RDI with current community-based therapist discussion; most students need one
- BASC-2 discussion and distributed
- Contract signed
- Other questions?

SECOND STUDENT INTERVIEW
- Selection of target behavior and health class standards
- Written in to IEP if applicable
- Customize diary card
- Instill hope and confidence
- Remind about long-term goals
- Remind about coming down for coaching if needed (practice this if unsure)
- Discuss communicating target behavior to parent
- Set individual time and place (person) for coaching
- Discuss any potential barriers to participation
- Remind of class time (ask if they need a reminder sent)
- Binders will be given out the first day of class
- Any other questions?

PARENT ORIENTATION WITH STUDENT PRESENT
- Review interest and student history, grades, attendance, special education/child find
- Knowledge of DBT? Evidence-based program
- Give copy of syllabus
- Bio-Social Theory of Behavior (set points, learning, environmental changes, pages 1A & B)
- Five core units (skills based, not talk therapy)
- Class (when, where, how period is chosen, waiting list, homework)
- Elective credit based on ODE Health Class skills (show) and appears as Advanced Health on transcript. Credit is pass/no pass and awarded at end of year.

SECOND PARENT INTERVIEW/PHONE CALL
- Remind of starting date of student and parent classes
- Parent manual will be given first night of class
- Target behavior of student and/or copy of IEP goals
- Make sure BASC-2 is back and scored
- Discuss any further questions or concerns
- RDI sent to community-based therapist, call made, and curriculum sent
SB-DBT Student- and Assessment-Driven Goals via Oregon DOE Health Standards

• Explain how to build and maintain healthy relationships
• Classify personal stressors at home, in school, peers
• Describe how social environments affect well-being
• Identify resources at home, school, and in the community for managing family and relationship problems
• Practice strategies for managing and reducing stress, anger and conflict
• Demonstrate the ability to take the perspective of others in a conflict situation
• Identify influences that contribute to positive and negative self-image
• Demonstrate pro-social communication skills
• Demonstrate the steps in problem solving, anger management and impulse control
Oregon State Standard: Demonstrate the ability to take the perspective of others in a conflict situation

DBT Skill: In classroom settings, Mary will use “validation” skills to repeat or reframe what a peer has said before she uses assertion and negotiation skills. This skillful behavior will occur 3/5 days as measured by her diary card (self-report) and 2 or fewer school discipline referrals per month.

Mary’s use of validation skills will result in a DBT post-test score decrease (to 59 or lower) on teacher BASC-2 Aggression scale and an increase (to 41 or higher) on self-report BASC -2 Interpersonal Relations scale.
### School Improvement Plan

**Big RTI (Program Evaluation)**

<table>
<thead>
<tr>
<th>MENTATION STEPS FOR</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMELINE</th>
<th>EVIDENCE OF IMPLEMENTATION</th>
<th>ASSESS PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialectical Behavioral Skills (DBT) as a Tier Two and free intervention. Two more school counselors will be fully trained this year on DBT.</td>
<td>Hanson-Psychologist, Begansky-Student, Johnson-Nurse, Clingan, Morris-School Counselors, Comer-PDBTI Therapist</td>
<td>December to June</td>
<td>Certificates of completion for staff training</td>
<td>Students in DBT will see significant decreases in anxiety and/or depression (&gt;.8) that will result in increases in Grade Point Averages of .5 or better.</td>
</tr>
</tbody>
</table>

**Intervention:** This year the Lincoln School-Based Dialectical Behavioral Therapy program expanded to serve 20 students. DBT in an evidence-based practice listed in the National Registry of Evidence Based Programs and Practices. It has been shown to significantly improve students’ emotional, social, and behavioral self-regulation. DBT reduces anxiety, depression, and anger. This year students participated in a sixteen-week skills training class, weekly individual coaching session on skills, and pre-requisite must access to the counseling center. When he or she needs immediate help/coaching to use skills and then return to class without incident. Classes are limited to a total of 7 or fewer students. Parents attend a monthly training session. With Health Action Network and PTDI support, two interns and two school counselors received full training in providing DBT. This year's DBT team included the school psychologist (program coordinator and student and parent class facilitator, individual coach), school nurse (co-facilitator), school psychologist intern (co-facilitator, individual coach), two school counselors (individual coaches), and school counseling intern (parent class co-facilitator), and a Portland DBT Institute therapist (individual coach). Lincoln established a Memo of Understanding with Portland DBT Institute to include one of their therapists on site at Lincoln. The PTDBI therapist provided individual coaching to 7 students who participated in the Lincoln DBT classes. He provided program consultation (fidelity checks) at the weekly meeting for Lincoln's DBT Team. Because Portland DBT Institute provided a therapist, the Lincoln School-Based DBT program was able to support students with more pronounced social/emotional needs. Students participating in Lincoln's DBT program were invited through a variety of sources. 9 students received special education services. 10 students were identified through “Child Find” suicide prevention meetings (2 students had both SPED and Child Find invitations). 3 students were on 504 Plans or had Academic Priority status. In addition to improving program capacity and depth, the Lincoln SB-DBT Program made improvements including initiating a family and student orientation checklist, developing a DBT facts sheet for other schools interested in establishing a DBT program, and distributing a “DBT Skills At A Glance” two-page handout for Lincoln staff, parents, and students. In June 2015 Marshua Linceau, Ph.D., the originator of DBT, provided two research assistants to help Mr. Hanson and Dr. Ed Krankowski. PPS Special Education Assistant Director, collect and summarize seven years of positive student outcomes and program evaluation and to write a dissemination research article for publication. **Results:** Of the 20 students, 18 completed the full program for a retention rate of 90%. Three DBT classes were provided. Attendance at classes averaged 93%. Two classes received the standardized DBT Teen curriculum. One class piloted a version of DBT for teens adapted to meet the needs of students with autism spectrum disorder, ADHD, and specific learning disabilities (ASD). The curriculum for the class for ASD students re-ordered the DBT skills from most concrete to most abstract. Average effect sizes were moderate-to-large for reductions in anxiety (68) and large for reductions in both depression (95) and overall internalizing problems (85). Results of previous ASD students suggest the adaptation of DBT for ASD atypical students increased its effectiveness. This year's students achieved gains compared to gains with typical students. However, there was no matched control group of ASD atypical students using the standard curriculum. Therefore, the actual effectiveness of this adaptation remains to be seen but shows promise. Results from the ASD class were similar to the standard SB-DBT classes. Overall, across all three classes, average effect sizes for reductions in anxiety were moderate-to-large (.69), reductions in depression were large (.92) and reductions in overall internalizing problems were large (.92). This is the seventh year of school-based DBT at Lincoln. In those seven years, our Special Education Team's referrals of students for more restrictive placements for social emotional challenges have ceased. Lincoln has been able to successfully transition back 7 students from more restrictive placements, 5 of which have participated in Lincoln's DBT program, and 1 whose parents attended Parent DBT training. This has resulted in a much more favorable learning environment for students and families and a substantial cost savings for the school district (in delivering social and emotional services in neighborhood schools rather than special schools).
Whom we did not help

- ADHD not medicated
- Depersonalization Disorder
- Students with parent who did not attend parent classes
- Narcissistic traits: difficulty with group format
Supports

- Syllabus
- Administrative and parent buy-in
- School Improvement Plan
- Health Action Network Funds
- District support
Challenges

• Scheduling class
• Scheduling individual appointments for students not in SPED
• Time intensity for program
• Training new staff every year
• Parent group
• Changing special education administration
• Perception of “therapy” versus “counseling”
• Research (time, partners)
Research

Exploration Phase

Given the history and presence of identified student mental health needs, the Lincoln High School administrative and counseling teams discussed the options of sustained interventions. The first step was to analyze present infrastructure, organization, and communication among stakeholders. Key assets identified included: 1) Lincoln’s stakeholder base as defined in the Association for Curriculum and Development (ASCD) and Center for Disease Control (CDC) Whole School Whole Community Whole Child (WSCC) model; 2) Lincoln’s pre-existing Student Support Team; 3) a clearly described academic and social-emotional Multi-tiered System of Support (MTSS) that aligns with the public health prevention and intervention model; and 4) a School Improvement Plan that provides program evaluation for all social-emotional learning programs.
Research

Preparation Phase

Another Lincoln asset included a DBT training program within the local community. Portland Dialectical Behavioral Therapy Institute was established in 1998. It offers training opportunities throughout the year. Trainings are usually two days per topic conducted on a Friday and a Saturday. This training structure proved ideal for school professionals. The Lincoln team determined that SB-DBT team members required additional training beyond their regular professional credentials and experience. This determination was made by a review of each discipline’s principles for professional ethics. For example, the National Association of School Psychologists Principles for Professional Ethics (2010) state:

School psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified. School psychologists engage in continuing professional development. They remain current regarding developments in research, training, and professional practices that benefit children, families, and schools. They also understand that professional skill development beyond that of the novice practitioner requires well-planned continuing professional development and professional supervision.
Adoption Phase

Lincoln’s social-emotional instruction is based on student need and not by state or district enumerated educational category. For example, fourteen students participated in the 2013-2014 LHS SB-DBT program. Six were special education identified, six were identified through Child Find procedures, and two were academic priority (AP) students. Two students had active school safety plans.

Before inclusion in the SB-DBT program, the school psychologist coordinated individual student and family orientation meetings. Successful orientation to DBT has been demonstrated to increase treatment completion and lessen therapy interfering behaviors (Miller, et. al., 2007). The orientation process for SB-DBT students and parents is much the same as in traditional DBT. This usually entails at least two meetings with the student individually and at least two meetings with student and parents together.
Research

Sustainment Phase

Since inception, the Lincoln SB-DBT team has provided thirteen full cohorts. As the school’s familiarity with DBT and with SB-DBT processes grew, more classes were added per year. From 2009 to 2012, generally only one class was offered, with two classes in 2010 an exception. Since 2013, two to three classes were offered each year. Ten cohorts have been mixed gender. Three cohorts were gender specific. When gender specific classes were offered simultaneously, transgender and gender diverse students chose which group they wished to attend.

From the launch of Lincoln’s SB-DBT program a total of eleven Lincoln staff have been fully trained including the school psychologist, the school nurse, five school counselors, the academic counselor, the school social worker, the day treatment mental health therapist, and the discipline vice-principal. From 2008 to 2015 seven school psychology and school counseling interns or practicum students have been trained. Training has averaged two staff members per school year.