School-Based DBT: Merging Mental Health and Behavioral Supports for High School Students at Tiers II & III: Dialectical Behavioral Therapy in the Public Schools

Jim Hanson
jabrhanson@yahoo.com

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Dialectical Behavioral Therapy in the Public Schools

James B. Hanson, M.Ed.

GAPBS Conference

Wednesday, December 2, 2015
Atlanta, GA
Dialectical Behavior Therapy in Public Schools

What is DBT?

Comprehensive cognitive–behavioral treatment developed to treat problems caused by pervasive emotion dysregulation:

a) Chronic suicidal behaviors
b) Non-suicidal self-injury

Balances teaching acceptance-based and change-based skills
Dialectical Behavior Therapy in Public Schools

BPD Re-conceptualized

- **Emotional Regulation** (labile, anger)
- **Interpersonal Regulation** (chaotic, abandoned)
- **Self Regulation** (identity, emptiness)
- **Behavioral Regulation** (suicide, cutting, impulsive)
- **Cognitive Regulation** (black and white thinking)
Why apply DBT skills to schools

DBT skills focus on coping strategies and decision-making abilities (esp. emotionally difficult situations)

Where could adolescents use these skills?
1. Alcohol and drug use
2. Relationships with peer, family, and romantic
3. Self-harming behavior
4. Suicidal behavior
5. Bullying victimization and perpetration
6. Antisocial behavior
7. Academic pressures
Outcomes for DBT

For Adults
- reduction in suicidal behavior, self-harming behavior, PTSD, depression, substance dependence, impulsivity, & BPD

For adolescents
- Reduction in suicidal thoughts and attempts, self-harming behavior & depression

(Miller et al., 2010; Neacsiu et al., 2010)
Dialectical Behavior Therapy in Public Schools

Outcomes for School Based (SB)-DBT

Ardsley High School, NY (7 years)
- improved school attendance
- 50% reduction in disciplinary referrals

Lincoln High School, OR (8 years)
- BASC-2 significant reductions in anxiety, depression, social stress, anger control
- increased GPA

(Miller et al., 2014)
What is a Dialectic?

Balance of polar opposites
1. Thesis, Antithesis, Synthesis
2. Actions, emotions, cognitions

Acceptance & Change
Everyone has something to offer.
I am doing the best I can and I can do better.
I am tough and I am gentle.
I may not have caused all of my problems, and I’m responsible for working on them.
Dialectical Behavior Therapy in Public Schools

Biosocial Theory of Behavior

- Biological, Genes, Emotional Vulnerabilities
- Invalidating Environment (e.g., chronic stress, chaos, perfectionism, inconsistency)
- Can occur inside or outside the family setting
Increasing Behavioral Skills

Decreasing Quality-of-Life Interfering Behavior

Decreasing Therapy-Interfering Behavior

Decreasing Life Threatening Behaviors

Creating a Life Worth Living

Adaptive Functioning

DBT Treatment Hierarchy
Potential Outcomes

- a) Less self-medicating
- b) Less use of alcohol and drugs
- c) Less risky sexual behavior and students feeling pressured to have sex
- d) Less self-harming behavior
- e) Less suicidal behavior
- f) Less bullying
- g) Less conduct problems and thus less suspensions and expulsions
- h) Less school dropout, better academic success measure through GPA, homework, etc.
DBT Skills and Therapy

STEPS-A Curriculum

DBT Therapy in Schools

TIER I
- Health Teacher
- Trained Teacher
- School Psychologist

TIER II & III
- School Psychologist
- School Counselor
- Social Worker

Continuum of Services

Mazza, 2015
Dialectical Behavior Therapy in Public Schools

STEPS-A = Skills Group/Large Class
SB-DBT = All Five Components/Small Class

“Phone Calls”
Individual Therapy
Consultation Team for Therapists

DBT
Parent Group
*Skills Group
Mindfulness
Distress Tolerances
Emotion Regulation
Interpersonal Relationships
STEPS-A is a Universal program; selective if used with an at-risk population

SB-DBT is an Indicated program; selective if used with students identified at risk and gauging RTI

Using MTSS model

- **Tier I**: Universal Population
  - 80-85%

- **Tier II**: Selected Population
  - 10-15%

- **Tier III**: Indicated
  - 5-10%

Mazza, 2015
If DBT in Schools doesn’t work, then outpatient DBT for adolescents (Miller, Rathus, & Linehan, 2008) would be the next logical tier.
DBT: Starting upstream

Program Evaluation and Research

Outpatient DBT

School-based DBT + STEPS-A

Residential Treatment + DBT

Hospitalization + DBT

IOP/PHP + DBT

Miller & Mazza, 2014
When In Wise Mind

Emotion Regulation

Interpersonal Regulation

Cognitive Regulation

Self Regulation

Behavioral Regulation

Mazza, 2015
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Curriculum Structure—Recommended Sequence

- Mindfulness
- Interpersonal Effectiveness
- Mindfulness
- Emotion Regulation
- Distress Tolerance
- Mindfulness

Mazza, 2015
Dialectical Behavior Therapy in Public Schools

Curriculum Structure

**STEPS-A CURRICULUM**

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

- **Distress Tolerance**
  1. ACCEPTS
  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

Mazza, 2015
Walking the Middle Path (SB-DBT)

1. Two seeming opposite positions 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
Every student has the chance to receive immediate consultation during the week if trying to use skills and they aren’t working.

Accommodation in IEP or 504 to come to the counseling center to see their DBT coach.

Communicated to teachers if not on IEP/504.

See the student before target behavior occurs.

Do not see the student for 24 or 48 hours after target behavior occurs.

Shaping appropriate help-seeking.
Effectiveness research shows clearly that parent evenings are crucial. Emphasis on validation, behaviorism, and communication. Students whose parents come are the students who make the best gains. Beyond the nuclear family.
Purpose: “To allow therapists to discuss their difficulties providing treatment in a nonjudgmental and supportive environment that helps improve their motivation and capabilities” (Miller, et. al., 2007).

“Group therapy for therapists”

Integral part of DBT program
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
Dialectical Behavior Therapy in Public Schools

SB-DBT Team Training

- Leader Training for School Psychologist:
  - 6 Days, Portland DBT
  - 6 Days per year, Behavioral Tech
DBT in Action in the Schools
Tier 3 (direct and indirect services to address identified mental and behavioral health problems):

- Direct therapeutic services to all students in need, including individual and group counseling, even in the absence of a clinical diagnosis or identified educational disability
- Cognitive–behavioral therapy, behavior therapy, and dialectical behavior therapy
The National Association of School Psychologists Practice Model Domain 4 indicates, “School psychologists have knowledge of...evidence-based strategies to promote social–emotional functioning and mental health.”

NASP “Principles for Professional Ethics” (2010) Standard II.3.9 states that preference for intervention selection is given to interventions described in the peer-reviewed professional research literature and found to be efficacious.”
DBT in Schools (Comprehensive &/or STEPS-A)

- Ulster County HS Health Class Curriculum (1999)
  - Far Rockaway HS
- Hanson (2007-present)
  - Lincoln HS, Oregon
- Perepletchikova et al, (2010)
  - New Haven Elementary School/Yale University
  - PS 8 Bronx, NY/Albert Einstein College of Medicine
- Ardsley School District, NY- Elementary, MS, and HS (2008-present)
  - Presented data at conferences (Catucci et al.; Mason et al)
- Pleasantville, NY School District- MS and HS (2009-present)
- Mamaroneck, NY School District (2010-present)

Miller & Mazza, 2014
DBT in Schools (Comprehensive &/or STEPS-A)

- BOCES Rockland County (2012 – Present)
- New Rochelle School District (2012 – Present)
- University of Washington, MS & HS Education
- Golden Hill Elementary, Florida, NY (2013 – Present)
- Irvington Elementary, Middle, and High Schools, NY (2013-present)
- Hasting on Hudson Elementary, Middle, and High Schools, NY (2013-present)
- Briarcliff Elementary, Middle, and High Schools, NY (2013-present)
- Manteca MS & MS, CA (2014-present)
- Oakland, MS & CA (2014-present)
- Project GRAD, LA (2014-present)
- Aloha HS, Beaverton SD, OR (2015-present)

Miller & Mazza, 2014
Lincoln High School
1600 SW Salmon St, Portland, OR 97205
RTI & PBIS Accountability

Coordinated School Health Model

PBIS and SEL Based on Oregon State Health Standards

School Improvement Plan
Counseling Center Brochure

Whole School, Whole Community, Whole Child
Health and education affect individuals, society, and the economy and, as such, must work together wherever possible. Schools are a perfect setting for this collaboration. At Lincoln we embrace the WSCC Model.

Academic Services
Writing Center/Math Tutor - ffox@pps.net
All Tier 1 Services - VP or school counselors
Staff Mentor - cmamea@pps.net
Peer Advocate - dcsingan@pps.net
English Lang. Learners/SiOP - jlb@lps.net
Spanish Lang. Family Support - rfn@lps.net
Credit Recovery/Night School - schoolcounselor
Virtual Scholars - amqueen@pps.net
Academic Support Classes - cmamea@pps.net
504 Plans - cmamea@pps.net
Special Education - ledingto@pps.net
Options Conference - school counselors

School Counselors
A-DI jmogee@pps.net DJ-I smorris1@pps.net
J-M cho/way@pps.net M1-R

Cardinal Families
Health Action Network
A great way for parents to get involved with student health issues! Join us! We meet the 3rd Thursday of the month in the Counseling Center at 3pm. cardinalfamilies14@gmail.com or check out our website at chann.org

Lincoln High School
LHS Student Supports Information

Tier One Interventions are programs that all students may access. About 80% of students at Lincoln perform well with these “universal” supports.

Tier Two Interventions are programs that about 20% of students might need in order to succeed academically and socially emotionally at Lincoln. Students access Tier Two interventions through referrals to the Student Support Team and parent permission.

Tier Three Interventions are programs that about 5% of Lincoln students require in order to make adequate academic progress. Students access Tier Three interventions through the Student Support Team and/or Special Education referral and evaluation.

Lincoln’s academic programs are reviewed for effectiveness for all students, for students by race, and for students by disability status. Information on Lincoln’s academic support programs and effectiveness can be found at: http://dcsingan.blogspot.com/2014/15-lincoln-high-school-academic.html.

Lincoln’s social emotional learning programs are assessed for effectiveness yearly. Information on the effectiveness of these programs may be accessed in the School Improvement Plan—optional (Health & Mental Health/Positive Behavior and Supports) under “SIP” (by year) at www.pps.k12.or.us/schools/lklincoln/1674.html.
Conceptual Analysis

Current Policy
NASP
EBP

Preventative Activities within a Public Health Model of Service Delivery

Traditional Test and Place Activities within a Medical Model

Policy (Pre-2004)
SpEd Funding Perpetuated through Re-Evaluation
**Student Information Team**

Lincoln High School: 2015-2016 School Year
**Struggling Student Concerns**
No Immediate Safety Threat

Social or Emotional Issues
(e.g. depression, anxiety, drugs, outbursts, etc.)
Data Sources: Child Find, Noticeable Screening, Discipline Records, and Teacher, Student, & Parent Referral
- Counselor
- Nurse
- Social Worker

Attendance
(e.g. skipping, often ill, etc.)
Data Sources: Dashboard Attendance Records, Teacher & Parent Referral
- Counselor

Academic
(e.g., not making progress to graduate)
Data Sources: Grades, Tier Status, Teacher & Parent Referral

Academic Support Team
Academic Counselor, Administrative Vice Principal, Attendance Officer

Student Support Team (SST)
Vice Principals, Counselors, Academic Counselor, (Teachers), Nurse, School Psychologist, School Resource Officer, Attendance Officer

Staffing:
Student, Parent(s), Counselor, Administrative Vice Principal, Parent, Student

Building Screening Committee (BSC): Student, Parent(s), Teacher(s), Counselor, Nurse, Spec. Ed. Teacher, School Psychologist

Mental Health Referral:
Parent, Counselor, Nurse, Social Work Intern, School Psychologist

Options Conference
(District/Private)

Credit Recovery Plan
(Night/Summer School, On-Line Courses, etc.)

Tier Two RTI
(Tutoring, Reading, FLEX, Peer Advocate, Support Class, VS, etc.)

Tier Two SEL
(Project Options, FBA, Attendance Contract, Peer Mediation, Mentoring, etc.)

Special Ed Team
Student, Parent, Spec. Ed. Staff, General Ed. Teacher, School Psychologist, Nurse, Speech Language Pathologist, Motor Team (as needed)

504 Team
Student, Parent, Teachers, Counselor, Curriculum Vice Principal, School Psychologist, Nurse (as needed)

Create Safety Plan
Student, Parent, Counselor, Nurse, School Psychologist

Referred to:
Social Work Intern, EHS Safe Schools, Community Counselor, Therapist, Primary Care Provider, etc.

** Students who have self-harmed or are suicidal should be referred immediately to The School Psychologist or the School Nurse. **

Revised 10/1/14
### School Improvement Plan

#### 2014 Oregon Student Wellness Survey

**Lincoln High - Portland SD 12**

**Oregon Health Authority, Addictions and Mental Health Division**

Conducted by National Survey Association, the group surveyed.

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**Intervention:** This year the Lincoln School-Based Dialectical Behavioral Therapy (DBT) program expanded to serve 20 students. DBT is 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 sessions, and peer support groups (peer coaching 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 PTSA support, two interns and two school counselors received full training in providing DBT. This year’s DBT team included the school psychologist (program coordinator, student and parent class facilitator, individual coach), school nurse (co-facilitator), school psychology intern (co-facilitator, individual coach), two school counselors (individual coaches), 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 DBT Institute provided individualizing 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 team 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 Marsha Hanson, Ph.D., the originator of DBT, provided two research assistants to Lincoln 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 an implementation 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 (atypical). The curriculum for the class for atypical 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 atypical students suggest the adaptation of DBT for 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 atypical students using the standard curriculum. Therefore, the actual effectiveness of this adaptation remains to be seen but shows promise. Results from the atypical 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).
SB-DBT 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
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<th>Year</th>
<th>Type</th>
<th>Duration</th>
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<td>Semester</td>
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<td>2010</td>
<td>Mixed Group, Closed</td>
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<td>2010</td>
<td>Mixed Group, Open</td>
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<td>2011</td>
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<td>Year-Long</td>
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<tr>
<td>2013</td>
<td>Two Mixed Groups, Closed</td>
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<td>2014</td>
<td>Three Mixed Groups, Closed</td>
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<td>2015</td>
<td>Three Mixed Groups, Closed</td>
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<td>2016</td>
<td>Two Mixed Groups, Open</td>
<td>Year-Long</td>
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Measures

- BASC-2 Pre and Post (Student, Parent, Teacher Versions)
- Attendance
- Grade Point Average
- Written Reflection
- Progress Monitoring: Daily Diary Cards
Data

- School Records
- Pre- and Post-Testing Standardized Checklists
- Formative and Summative Assessment
- Student Work and Progress Monitoring
- Data from Attendance Credit Earned G.P.A.
- Measuring Attitudes, Beliefs, Behaviors
- Performance of Oregon State Health Standards Skills
- Written Reflections and Portfolio Work Samples
“This group rocked. I learned a lot and you were pretty tough on me. You know that, right?”

“All those chain analyses. They laid it all right out, like, ‘Girl, this is your life.’ It helped me quit smoking and I’m not cutting on myself anymore.”

“Now I like myself. After group ended, a relationship failed. I did ‘accepting myself rehab’ and it worked.”
“The Mindfulness skill allowed me to heighten my awareness of my limits. I’m more aware of when I’m overworked, or over emotional and I know what triggers the overload.”

“My experience here with DBT has been truly life changing. I’ve developed skills that will help me the rest of my life.”
Example of BASC-2 SRP

SRP Progress T-Score Profile

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<th>T Score</th>
<th>Attitude to School</th>
<th>Attitude to Teachers</th>
<th>Sensation Seeking</th>
<th>School Problems</th>
<th>Atypicality</th>
<th>Loss of Control</th>
<th>Social Stress</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Sense of Inadequacy</th>
<th>Sensation</th>
<th>Internalizing Problems</th>
<th>Hyperactivity</th>
<th>Indecision/Hyperactivity</th>
<th>Emotional Symptoms Index</th>
<th>Relations with Patient</th>
<th>Interpersonal Relations</th>
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</tr>
<tr>
<td>2014</td>
<td>9</td>
<td>22.2%</td>
<td>66.7%</td>
<td>44.4%</td>
<td>98.15 (2.78)</td>
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<tr>
<td>2015</td>
<td>17</td>
<td>5.9%</td>
<td>64.7%</td>
<td>58.8%</td>
<td>93.33 (8.17)</td>
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<tr>
<td>Totals</td>
<td>56</td>
<td>35.7%</td>
<td>67.9%</td>
<td>53.6%</td>
<td>93.89 (8.43)</td>
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## 7-YEAR SUMMARY

<table>
<thead>
<tr>
<th>BASC Subscale</th>
<th>Mean Pre (SD)</th>
<th>Mean Post (SD)</th>
<th>95% CI</th>
<th>t-score</th>
<th>Cohen’s d</th>
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</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>59.57 (12.17)</td>
<td>53.90 (13.62)</td>
<td>2.13-9.21</td>
<td>3.22*</td>
<td>.91</td>
</tr>
<tr>
<td>Depression</td>
<td>62.27 (14.65)</td>
<td>51.45 (10.29)</td>
<td>6.75-14.90</td>
<td>5.34**</td>
<td>1.51</td>
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<tr>
<td>Internalizing</td>
<td>60.51 (11.95)</td>
<td>52.65 (11.86)</td>
<td>4.14-11.59</td>
<td>4.24**</td>
<td>1.20</td>
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<tr>
<td>Anger Control</td>
<td>57.70 (10.74)</td>
<td>51.63 (10.22)</td>
<td>2.50-9.63</td>
<td>3.42*</td>
<td>1.02</td>
</tr>
</tbody>
</table>

*<.005, **<.001; Bonferroni correction = .0125
<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
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<tbody>
<tr>
<td>Adoption</td>
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<tr>
<td>Team leader training</td>
<td>600</td>
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<tr>
<td>Support staff training</td>
<td>1,125</td>
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<td>Consultation</td>
<td>1,575</td>
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<td>Materials</td>
<td>750</td>
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<td>Training tapes</td>
<td>376</td>
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<tr>
<td>Start-up Total</td>
<td>4,951</td>
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<tr>
<td>Sustainment (annual)</td>
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<tr>
<td>Consultation</td>
<td>1,000</td>
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<tr>
<td>Training new staff and interns</td>
<td>500</td>
</tr>
</tbody>
</table>
It’s Not a Walk on the Beach

- And It Ain’t Bad

SB-DBT
JIM HANSON, M.ED.
JABRHANSON@YAHOO.COM
(503) 916-6087

STEPS-A
JAMES MAZZA, PH.D.
MAZZA@UW.EDU
(206) 616.6373