

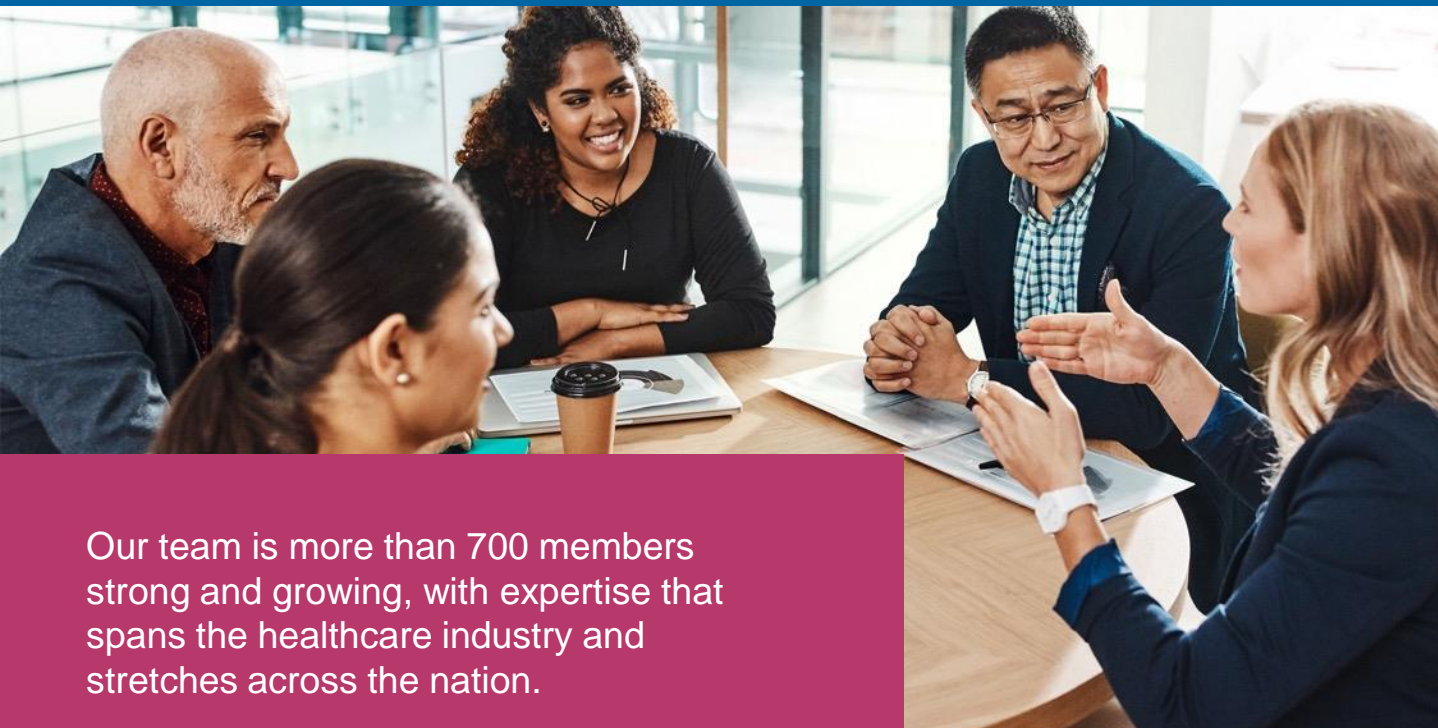
HMA

**Youth Mental
Health Access:
School-Based
Intervention
Strategies**



WWW.HEALTHMANAGEMENT.COM

ABOUT HMA



Our team is more than 700 members strong and growing, with expertise that spans the healthcare industry and stretches across the nation.

HMA experts have vast experience and through skilled analysis, guidance and technical know-how, our consultants help a wide range of clients successfully navigate the healthcare space.

Simply put, no one knows publicly funded healthcare like we do.

500+ Consultants

20+ Offices

We provide assistance to a wide variety of organizations, including:

- » Federal, State, Local Government
- » Health Systems
- » Associations
- » Health Plans
- » Healthcare Providers and Networks
- » Foundations and Investors
- » Schools and School Districts
- » Community Based Organizations

PRESENTERS



**Heidi Arthur, LMSW
Principal, HMA**

- 25 years experience enhancing community-based service delivery
- Grant writing expertise
- Experience implementing school-based MH screening and intervention
- DBT champion based on lived experience



**Elizabeth Dexter-Mazza,
Psy.D.**

- Co-Author of the DBT STEPS-A social-emotional learning curriculum
- Certified DBT Therapist
- Practicing Licensed Psychologist



James J. Mazza, Ph.D.

- Co-Author of the DBT STEPS-A social-emotional learning curriculum
- Professor of School Psychology Program, University of Washington
- School Psychologist
- Suicidologist
- Curriculum Developer



**Courtney Thompson,
Consultant, HMA**

- 15 years in child and adolescent behavioral health
- Applied Behavioral Analysis
- Child and Adolescent Inpatient and Emergency Department Psych
- DBT champion based on professional experience

AGENDA



Integrating Dialectical Behavioral Therapy Skill-Building into Schools:

- » Why DBT STEPS-A?
- » Why now?
- » How to fund it?
- » DBT STEPS-A Evidence & Approach
- » Next Steps
- » Q & A

DBT

WHY DBT STEPS-A IN SCHOOLS?

DBT treatment is the best tool we have to improve emotional regulation and reduce self-harm and suicidal risk

The DBT STEPS-A Social Emotional Learning (SEL) curriculum teaches DBT skills and can be taught by any adult (e.g., counselor, teacher, coach, etc.)

The DBT STEPS-A curriculum is adaptable for easy integration in school curricula for all, groups for some, and/or individual support for a few

The DBT STEPS-A manual is \$50 and includes all necessary handouts. Optional training and coaching is affordable and readily available

THE YOUTH MENTAL HEALTH CRISIS



**“We are called to
build a movement to
mend the fabric of
our nation”
-U.S. Surgeon General¹**

- **The mental health crisis preceded the pandemic**
 - In 2019, 1 in 3 high school students and half of all female students reported persistent feelings of sadness or hopelessness
 - Reported episodes of major depression rose 60% between 2007-2019²
 - Pediatric hospitalization rates for suicide, suicidal ideation, or self-injury rose from 30.7% to 64.2%³
- **The pandemic exacerbated the crisis**
 - In 2021, ER admissions for suicide attempts rose 51% for adolescent girls⁴
 - The American Academy of Pediatrics declared youth mental health a national emergency⁵ and the U.S. Surgeon General issued the first formal public mental health advisory⁶
 - In 2021, the CDC’s Youth Risk Behavior Survey (YRBS) indicated that 3 in 5 girls felt persistently sad and hopeless, a marker for depressive symptoms¹
 - LGBTQIA+ youth have the greatest risk – 45% seriously considering suicide in the past year⁷
 - The Suicide rate among Black youth ages 10-24 increased by 36.6% between 2018 and 2021⁸

In May 2023, a new Surgeon General Advisory called for schools to promote connectedness

¹ Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community. May 2023

² National Vital Statistics Reports, Vol. 69, No. 11. September 11, 2020.

³ JAMA. 2023; 329(12):1000-1011. doi:10.1001/jama.2023.1992

⁴ Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States. January 2019–May 2021.

⁵ APA 2021

⁶ Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory. December 2021.

⁷ National Survey on LGBTQ Youth Mental Health. 2022.

⁸ How to Address the Mental Health Crisis Among Young Black Men. April 2023.



Federal

FUNDING FOR SCHOOL-BASED MENTAL HEALTH SERVICES

CMS School-based Health Services Program- States have new flexibilities to promote school-based services, including mental health and SUD services

Bipartisan Safer Communities Act -- \$1 billion over the next five years to double the number of school counselors, social workers, and other mental health professionals

» **DOE Grants**

- » School-Based Mental Health Services grant program
- » Mental Health Service Professional Demonstration Grant Program

» **SAMHSA Grants**

- » Project AWARE (Advancing Wellness and Resiliency in Education) Program
- » Cooperative Agreements for School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth
- » Mental Health Awareness Training Grants
- » SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Expansion



FUNDING FOR SCHOOL-BASED MENTAL HEALTH

- » **California-** Master Plan for Kids' Mental Health-\$4.7 billion to support 40,000 new mental health workers and 10,000 school counselors
- » **New York -** \$1 billion overhaul to the continuum of mental health care and to support mental health and student wellness. Investments in peer-based outreach, an expansion of school-based mental health services, and closing behavioral health gaps in insurance coverage
- » **Kentucky-** \$915 million in 2023 and \$983 million in 2024 fiscal year for students in preschool through high school
- » **Indiana-** \$5.7 million grant from the Department of Education to help the Indiana University School of Social Work improve mental health support in public schools
- » **Ohio-** \$675 million toward the Student Wellness and Success program, which includes funding local schools can use for mental health services

States

Mental Health Service Continuum for Children and Youth

Pediatric Practices

- Healthy Steps
- Mental Health and Substance Use Disorder Screening
- Treatment for Mild/Moderate needs

School and Community Settings

- Early Childhood and Home visiting Programs
- School-Based Social and Emotional Learning and Mental Health services
- Community-Based Interventions that promote resilience and well-being for children, youth, and families

Community Based Mental Health Clinics

- Peer Support Services for youth and families
- Clinical Screening and Assessments
- Out-patient treatment
- Intensive Outpatient Programs

Crisis Response and Acute Care

- Mobile Crisis Response Teams
- Emergency Department care

Inpatient/Residential

- Partial Hospitalization Program
- Short and Long-term Residential Programs

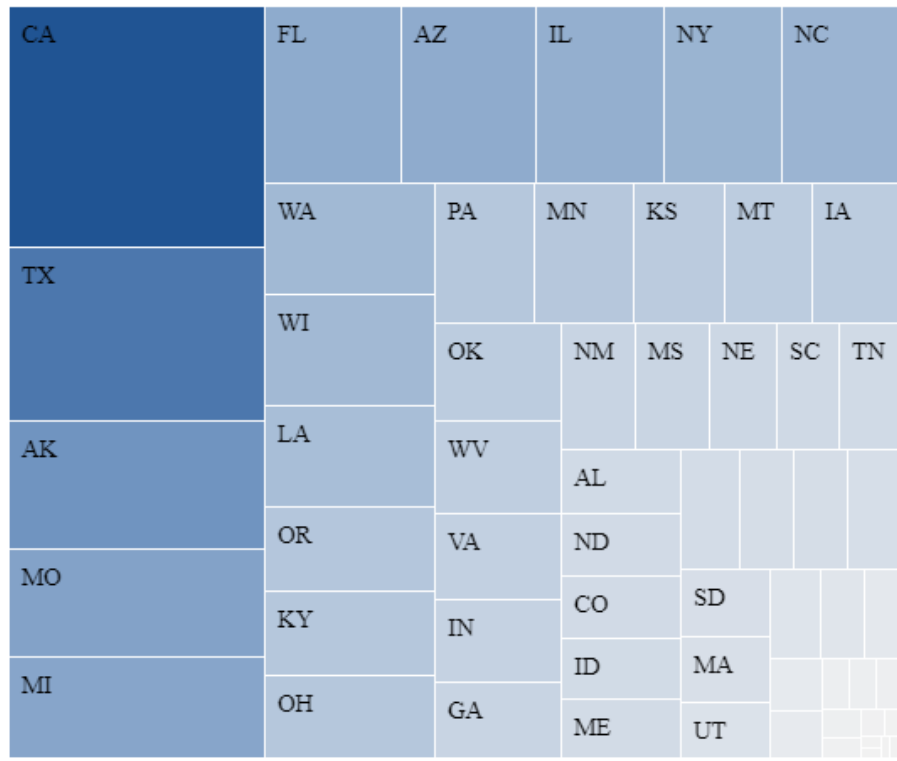


BEHAVIORAL HEALTH WORKFORCE: CURRENT STATE

The US Health Resources and Services Administration (HRSA) has defined Health Professional Shortage Areas (HPSA)²

Mental Health

160 Million
Population in HPSAs
6,602
HPSAs
8,020
Practitioners
Needed



States with the largest gaps between need and supply of Health professionals in Mental Health currently:

- California
- Texas
- Arkansas
- Missouri
- Michigan

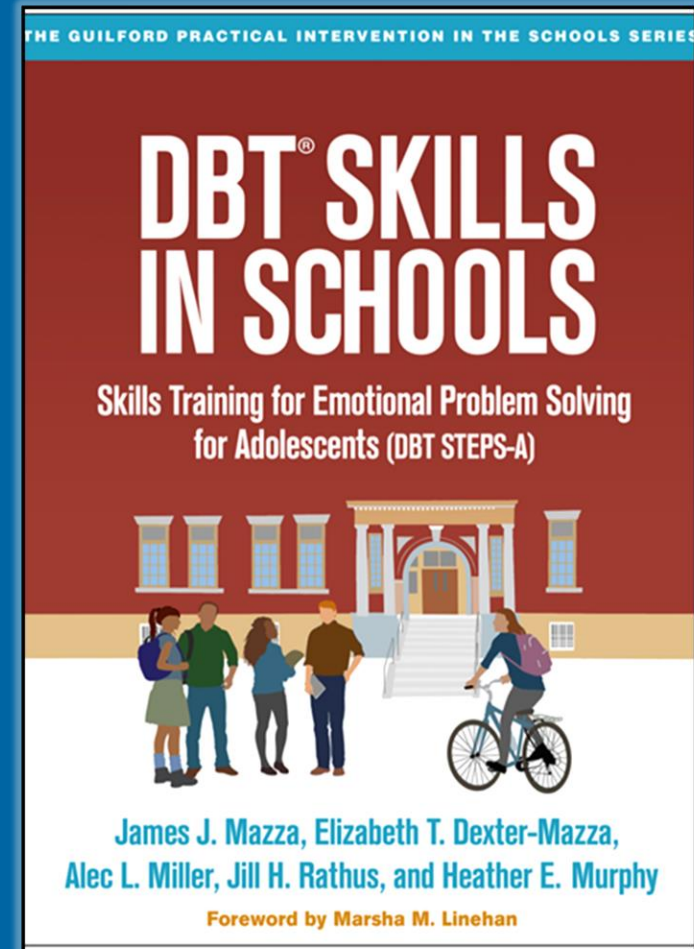
- >> Over 150 million people in the U.S. live in a federally designated mental health professional shortage area ¹
 - >> More than 50% of U.S. counties lack a Psychiatrist ²
 - >> Only 5.08% of mental health providers are Black/African American ³
 - >> ED Boarding is a growing problem; wait lists for youth Mental Health Services are longer than 6 months in some areas ⁴
- 1 Human Resources Service Administration, 2022
 2 Association of American Medical Colleges News, August 2022.
 3 American Psychological Association, 2021.
 4 Children’s Hospital Association, 2021

² <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

A Mental Health Playbook to Support Your Child by Dr. Neha Chaudhary

- » Provide quality education on mental health
- » Create safe spaces to talk
- » Give them a tool kit of coping skills
- » Have a plan for extra support
- » And a safety plan for crises
- » Include youth voices

THE PLAYBOOK



DBT STEPS-A SKILLS: BALANCE BETWEEN ACCEPTANCE AND CHANGE

**Acceptance
Validation**

**Change
Problem-Solving**

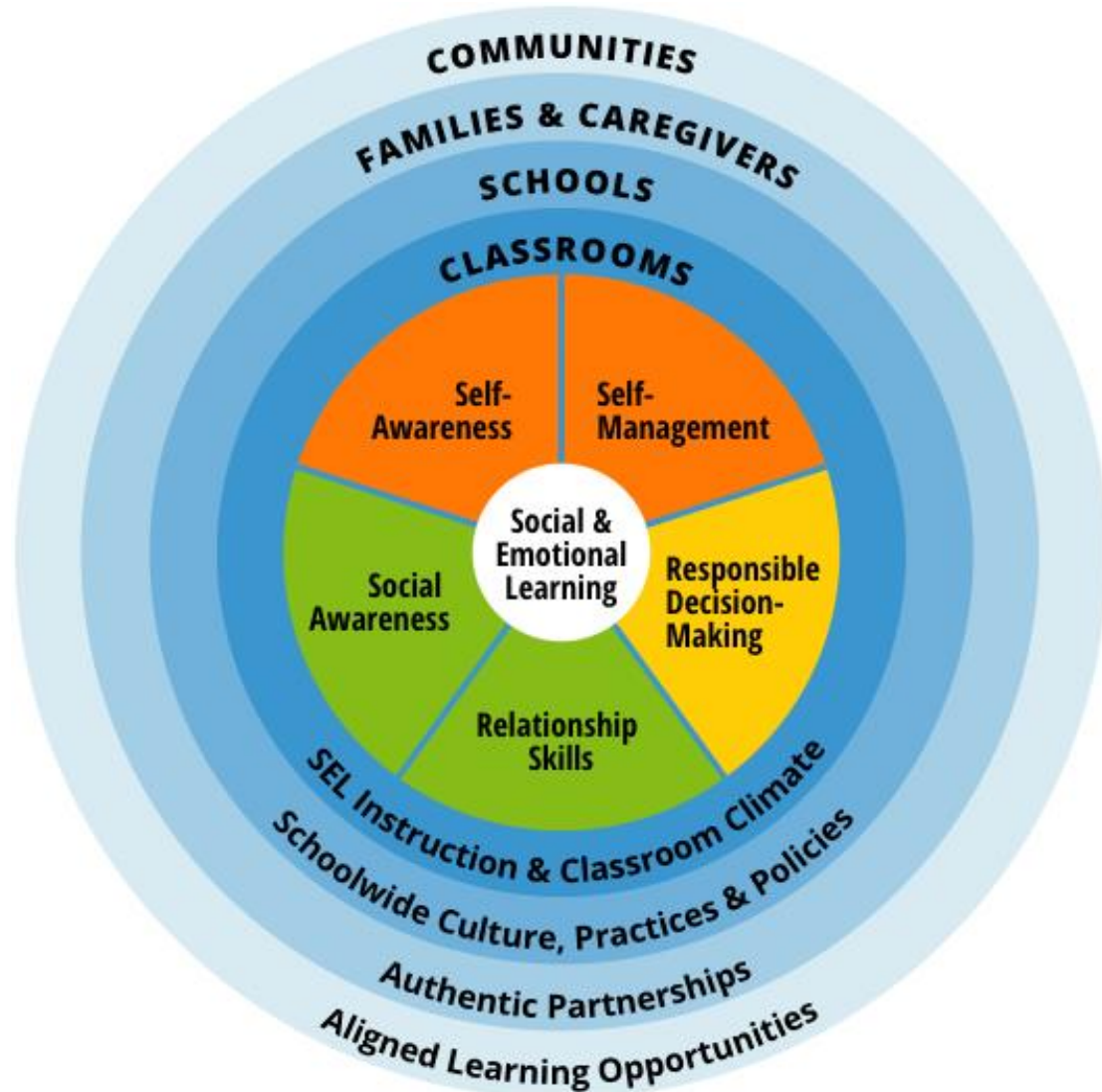
**Core Mindfulness &
Distress Tolerance**

**Emotion Regulation &
Interpersonal
Effectiveness**

DBT STEPS-A Skills

CASEL COMPETENCIES & DBT STEPS-A

A SKILLS CROSSWALK



>> SELF-AWARENESS

- >> Core Mindfulness Skills

>> SELF-MANAGEMENT

- >> Emotion Regulation Skills
- >> Distress Tolerance Skills

>> RESPONSIBLE DECISION MAKING

- >> Core Mindfulness Skills
- >> Emotion Regulation Skills
- >> Distress Tolerance Skills

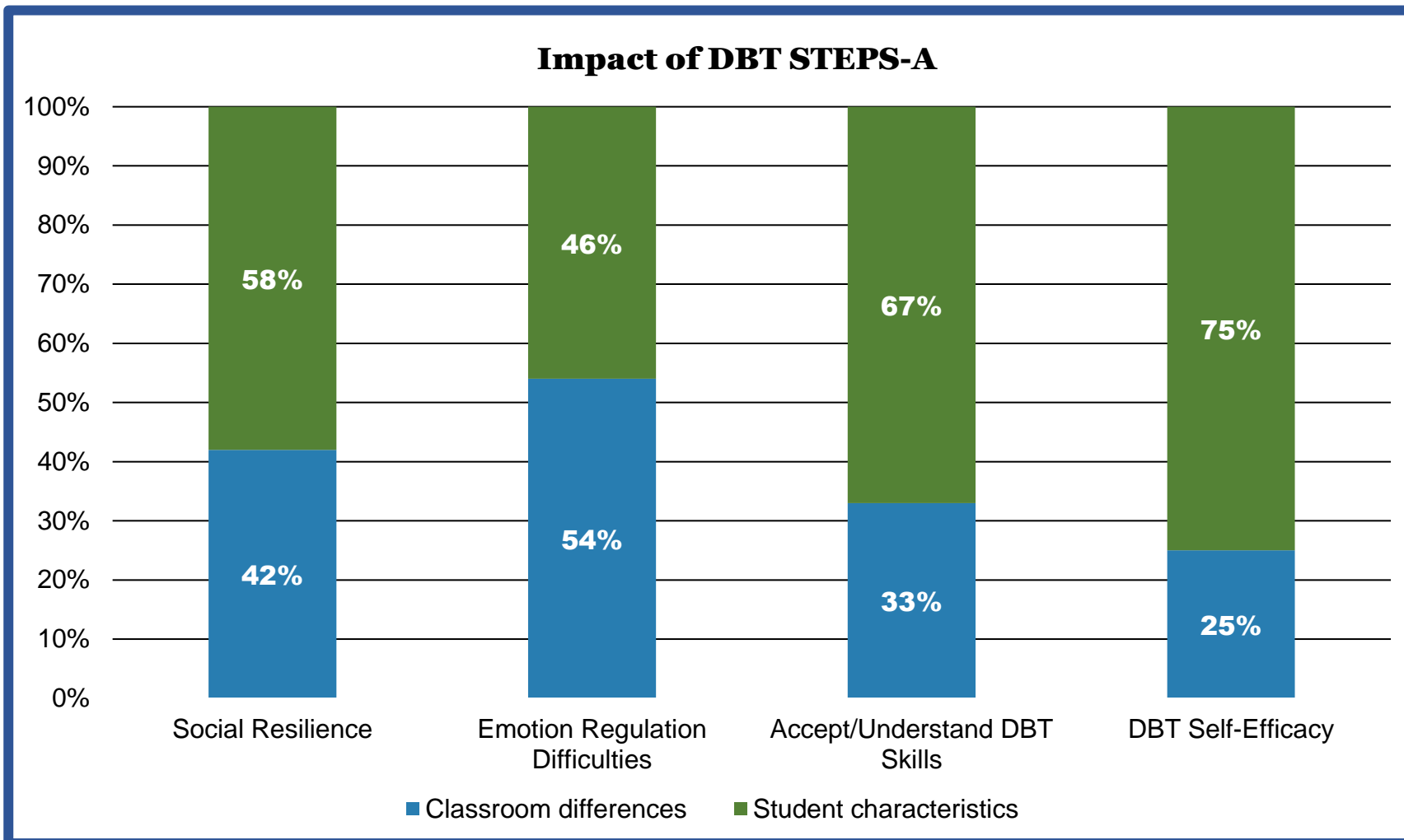
>> RELATIONSHIP SKILLS

- >> Mindfulness Skills
- >> Interpersonal Effectiveness Skills

>> SOCIAL AWARENESS

- >> Mindfulness Skills
- >> Interpersonal Awareness

DBT STEPS-A EFFECTIVENESS DATA



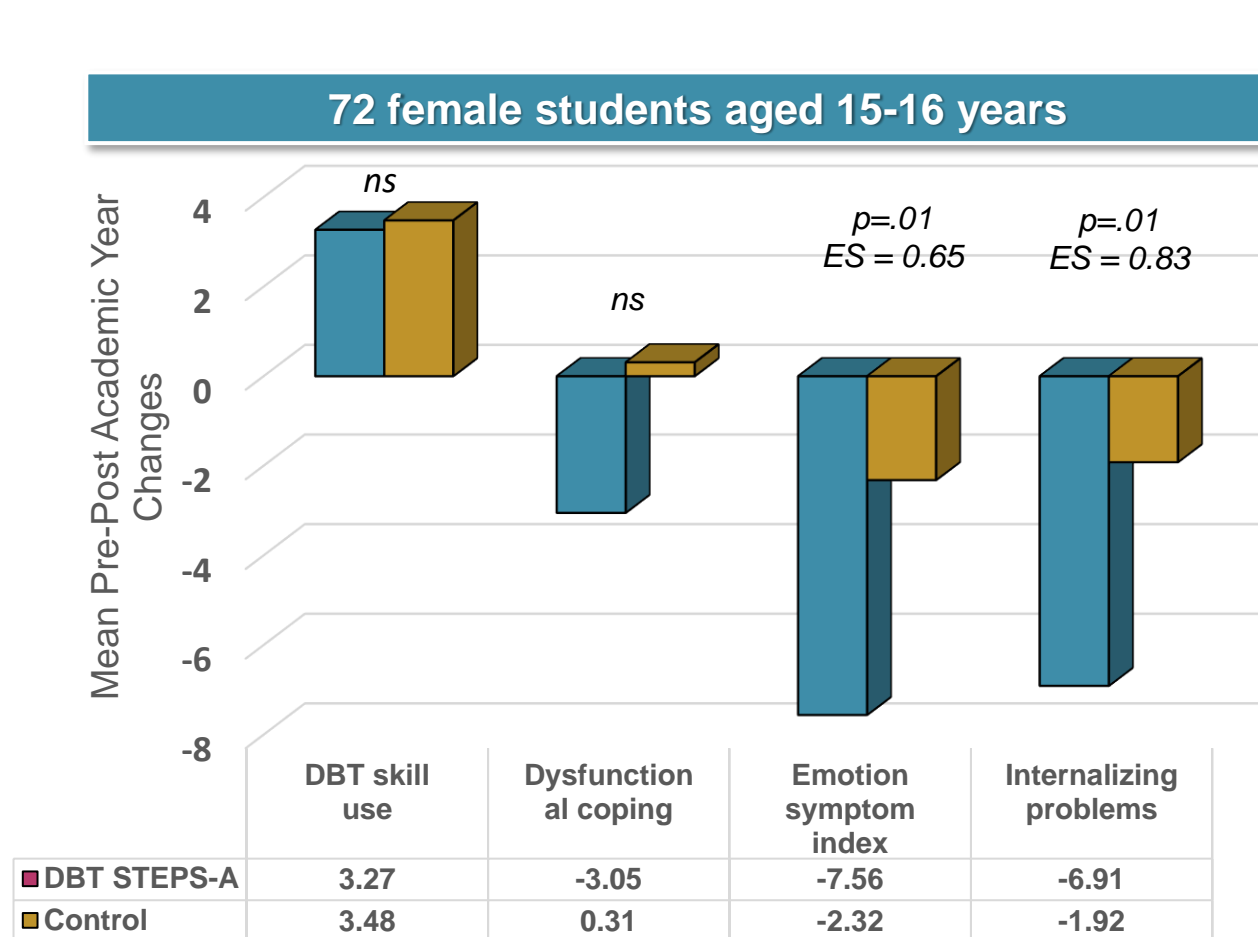
n = 42 DBT STEPS-A
n = 52 Controls

Martinez et al., 2021:
School Mental Health
N= 94 9th graders in rural
North Carolina
(49% students of color)

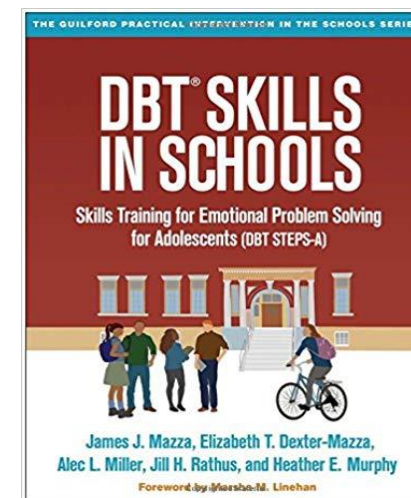
**DBT STEPS-A
accounts for
significant
amount of
explained
variance in 3 of
4 variables.**

(DBT STEPS-A vs SAU)

DBT STEPS-A IN IRISH POST-PRIMARY SCHOOLS



DBT STEPS-A was superior in reducing emotion symptoms and internalizing problems.



Flynn, Joyce, Weihrauch, & Corcoran, 2018, *Child Adolescent Mental Health*

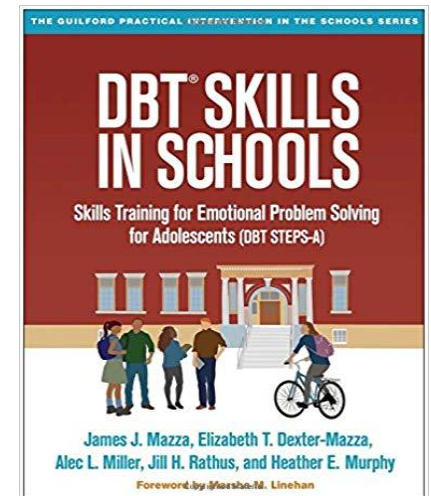
DBT STEPS-A IN ALTERNATIVE STATE ISLAND MIDDLE SCHOOL

31 Middle School Behavior Referrals (N=31)

Grade Referrals	Less behavioral referrals	More behavior referrals
Before STEPS-A 6 th to 7 th Grade	1	30
First Year STEPS-A 7 th to 8 th Grade	25	6

Poisson Coeff = $-.83$ (SE = $.12$), $t = -6.88$, $p < .001$, ES = $-.55$

DBT STEPS-A was superior in reducing behavior referrals compared to year before



Taught by teachers/staff as a universal curriculum

- Emphasizes educating the WHOLE child
- Taught to all students as an upstream approach and can decrease potential need for 1:1 services downstream

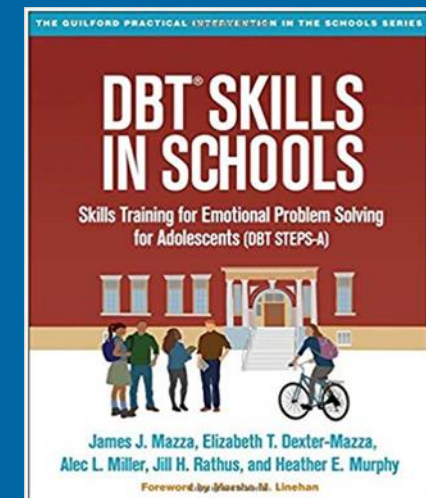
Provides skill specificity and generalizability to the school

- In class teacher coaching instead of counselor referral for low level behaviors
- Encourages peer to peer support
- A common language for the school environment

Adaptable to the immediate needs of Tier 2 and 3 students

- Could provide an 8-10 lesson protocol for helping highly distressed students depending on their needs – delivered by school psychologists, social workers & school counselors

Why DBT STEPS-A in Schools?



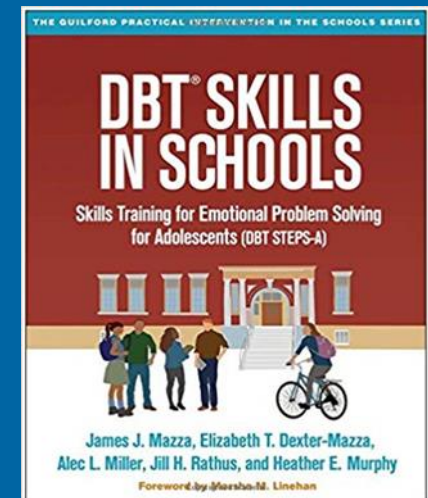
Can be used in collaboration with other social emotional learning programs such as:

- PBIS
- RULER
- Second Step
- Zones of Regulation

Adapted from Dialectical Behavior Therapy (DBT) – an evidence-based treatment for suicidal and self-harming adults/adolescents

- Specific enough to address the emotional pain that is often linked to self-harm/suicidal behavior
- General enough to help youth with everyday drama and emotional difficulties

Why DBT STEPS-A in Schools?

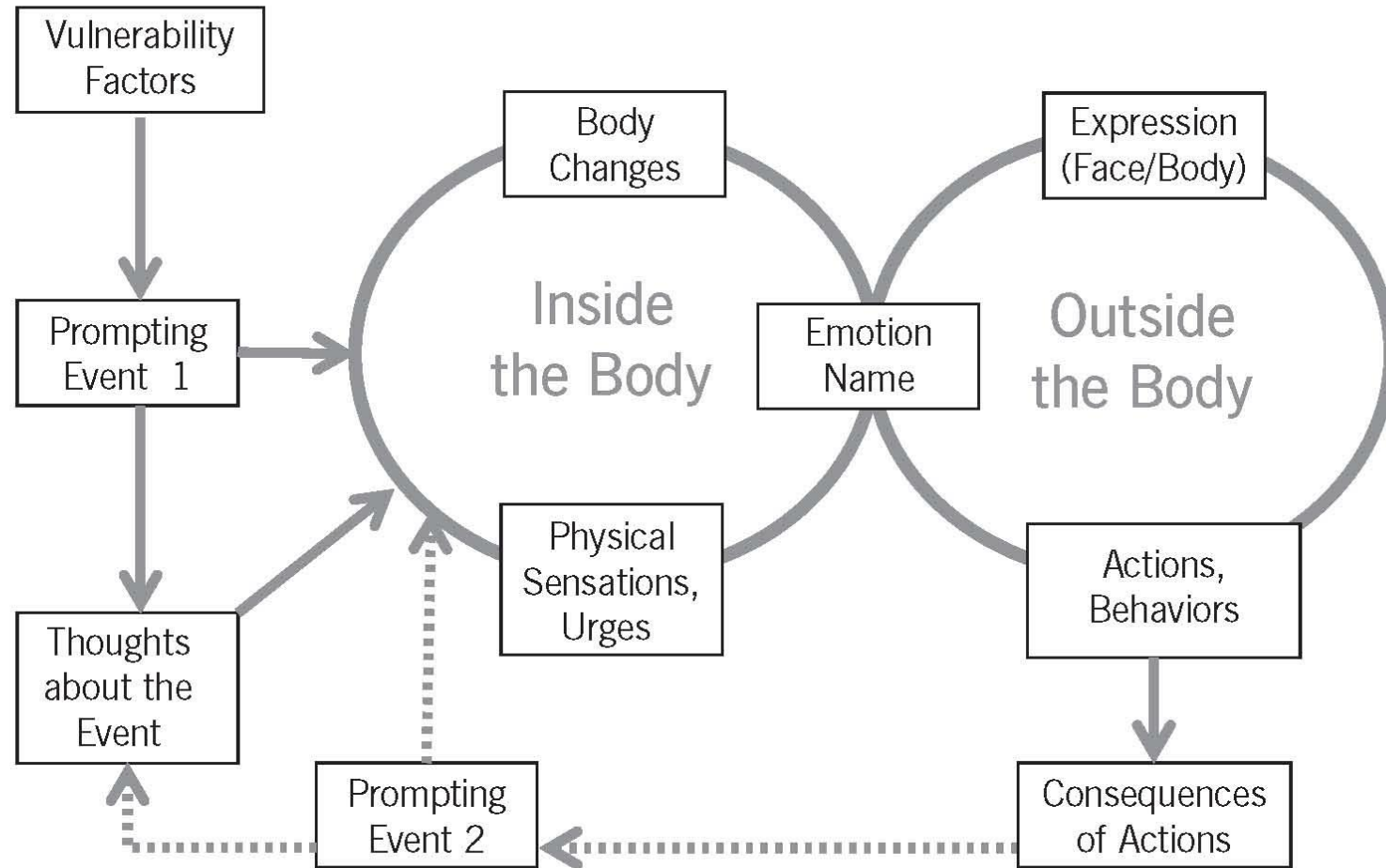


DBT STEPS-A: Model of Emotions: Sample Lesson Plan

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HANDOUT 16.1

Emotion Regulation: Model of Emotions



Adapted with permission from Linehan (2015b). Copyright © Marsha M. Linehan.

From *DBT® Skills in Schools: Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A)* by James J. Mazza, Elizabeth T. Dexter-Mazza, Alec L. Miller, Jill H. Rathus, and Heather E. Murphy. Copyright © 2016 The Guilford Press. Permission to photocopy this material is granted to purchasers of this book for personal use or use with individual students (see copyright page for details).

LESSON 16

Emotion Regulation

Describing Emotions

DBT STEPS-A: Model of Emotions: Sample Lesson Plan

SUMMARY

There are many types of emotions and several words to describe each type. Today's lesson focuses on teaching students what an emotion is: a complex, full-system response that is primarily biologically hard-wired and made up of multiple components, including the prompting events, interpretations, biological changes, expressions, and aftereffects. This lesson uses a model of emotions to help students understand the different components. The lesson ends with a small-group activity in which each group is assigned an emotion to discuss and explain, using the model of emotions.

MAIN POINTS

1. An emotion is a full-system response that last approximately 60–90 seconds. Emotions that seem to last longer are due to repeated refiring of the neurons in the brain.
2. Emotions are complex and can be best understood through examining the prompting event, the interpretation, the biological changes, the expressions, and the aftereffects experienced by the body.

MATERIALS

1. Handouts for this lesson:
 - Handout 16.1. Emotion Regulation: Model of Emotions
 - Handout 16.2a–h. Emotion Regulation: Ways to Describe Emotions
 - Homework 16.3. Emotion Regulation: Practice with the Model of Emotions (2 copies)
2. Extra student skills binders, with pens or pencils, for students who attend class without materials.

DETAILED LESSON PLAN**Mindfulness Exercise (5 minutes)**

Observing/Wise Mind: Breathing in “Wise,” Breathing out “Mind”
(3 minutes)

Welcome the class and introduce the mindfulness exercise.

Today we are going to practice observing our breath and accessing wise mind. Sometimes, in order to access our wise mind, we need to deliberately slow ourselves down and quiet our minds. For today’s practice, we will focus on our breath. To ourselves, we will say the word “Wise” on the in-breath, and say the word “Mind” on the out-breath. In other words, we will inhale “Wise” and exhale “Mind.” So we are going to practice accessing wise mind while focusing all of our attention on only our breath. You may remember that we did this exercise during Lesson 3.

When I say 1, that’s the signal to sit in the mindful/wide-awake position we know pretty well by now. This means keeping our feet flat on the floor, sitting up straight, and putting our hands in our laps. For this exercise, we will keep our eyes open, finding a place 4–6 inches in front of you to rest your gaze. If you notice any urges to move, other than blinking or swallowing, notice each urge without acting on it, and return to your breath. When I say 2, that’s the signal to take a deep breath. When I say 3, that’s the signal to begin the practice. I’ll say, “Stop,” to end.

Now start the practice by counting to 3.

1: Get yourself into the mindful/wide-awake position. 2: Take a deep breath. 3: Begin the practice.

Have students do the practice for 2 minutes, and then say, “Stop.”

Describing Observations of the Exercise (2 minutes)

Ask:

What did you observe while doing the practice? Did you notice any judgments or difficulties in accessing wise mind?

Have students share their observations of the mindfulness exercise. (Depending on the number of students in class, you may not be able to call on each student every time.) Provide feedback about observations as needed, ensuring that each statement consists of something a student can observe and describe nonjudgmentally (e.g., I noticed judgmental thoughts, I noticed the urge to move, I noticed sadness arise within me, I noticed a smile on my face, I noticed a thought about how this was different from last week, I noticed a thought . . . , I noticed the sensation . . . , I noticed my mind wandering to other thoughts. I had lots of thoughts about how this could be helpful to me, I noticed I liked last week’s practice better, I noticed I was uncomfortable so had to move . . .).

DBT STEPS-A: Model of Emotions: Sample Lesson Plan

DBT STEPS-A: Model of Emotions: Sample Lesson Plan

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CLASS EXERCISE: WALKING THROUGH THE MODEL WITH AN EXAMPLE

Continue:

We are going to walk through this model of emotions, one component at a time, so that we can identify and understand each of the different components. After we go through the entire model with an example, we will break into small groups and go through the model for each of the different emotions.

So first, when someone says, "I am scared," what does this mean?

Elicit answers from the class. Then say:

An emotion is a full-system response that includes our thoughts, the sensations in our bodies, and our actions. Today we are going to go over all of the different components that make up an emotion.

Draw each component on the board as you go through the model, so that you end with a full picture. Begin with the box in Handout 16.1 for the **first prompting event** Say:

The first prompting event is the event that sets off the entire emotion process. It can occur internally, like a thought or sensation; however, typically it is something that has happened around you, such as something you saw or heard, or something someone else said or did. External prompting events are things that happen around you—somebody saying something to you, getting back a test, seeing a fight. Internal prompting events are things that happen inside of you—a memory or a thought. What might be a prompting event for "scared"?

Write the examples on the board.

Now draw in the **vulnerability factors** that lead into the prompting event. Ask:

Have you ever noticed that some days you are more emotionally sensitive or reactive than others?

Allow students to answer and provide some examples of when this may have occurred. Then go on:

Emotions can be made stronger by certain vulnerabilities, like not getting enough sleep, or not having eaten, or being sick. You are more likely to have a reaction to the prompting event of somebody not saying hello to you if you are tired, hungry, and/or sick than you would be if you were feeling like your usual well-fed, well-rested, healthy self. Things that happened in the past can be also vulnerabilities, such as the anniversary of your grandmother's death or your anniversary with your ex-boyfriend or ex-girlfriend. These factors may not be the prompting events themselves, but they make us more vulnerable to our emotions when a prompting event does occur. In addition to being tired, hungry, and/or sick, can anyone think of any other vulnerability factors?

DBT STEPS-A: Model of Emotions: Sample Lesson Plan

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handout to see which emotion these experiences fit. The rest of Handout 16.2 (parts b–h) describes other emotions for you to read about.

Highlight to the students the different words for anger. Then discuss the different prompting events for feeling anger; the thoughts about the events that prompt feelings of anger; the “inside the body” reactions (body changes and sensations); and then the “outside the body” components (expressions and actions).

Class Exercise: Small-Group Activity with Homework 16.3 (8 minutes)

Divide students into small groups (depending on the number of students, there should be one group for each of the remaining seven emotions). Have students turn to Homework 16.3. Emotion Regulation: Practice with the Model of Emotions. Assign an emotion to each of the groups, and instruct the students that they are to read about their group’s emotion and then fill in the appropriate parts of the diagram with the corresponding information for that emotion, based on one personal example that the group agrees upon. It is up to the group members to choose one prompting event that guides their emotional response. If groups have time after they finish their first example, the students should go through the process a second time, using the same prompting event. However, they should identify different interpretations, which may lead to different internal and external experiences, resulting in a different emotion.

When time is up, allow students to ask questions for clarification or make comments about the process.

Lesson Summary (2 minutes)

Congratulate the class for learning the model of emotions and for describing some emotions. Ask students to review the different components of the emotions briefly. Then say:

Now that we know the different components of an emotion, in the next lesson we will start learning the different skills to use to change each area. Remember, by changing one component, we can have an impact on the entire system.

Homework Assignment (3 minutes)

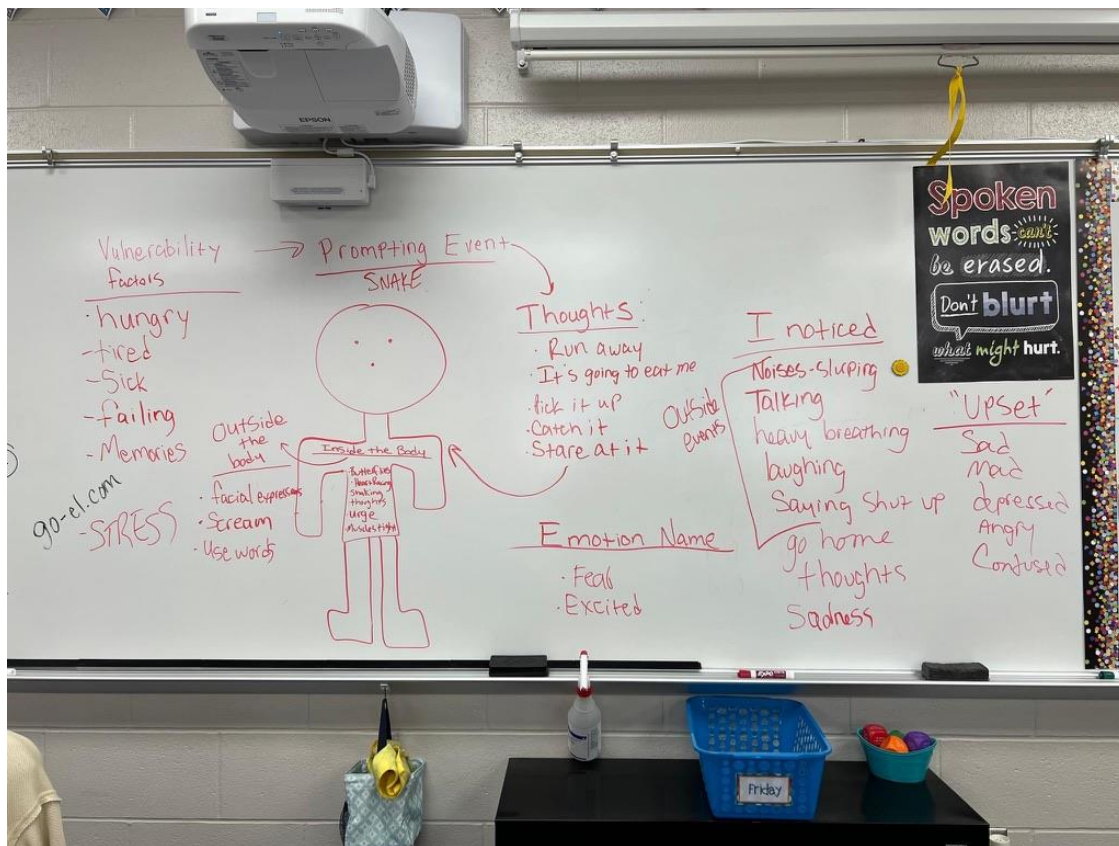
Homework 16.3. Emotion Regulation: Practice with the Model of Emotions

Explain:

For homework, you are going to do just what was done in class today for an emotion that you experience sometime over the course of the week. You are to identify a prompting event and then fill in each area of the homework sheet based on the components that occurred after the prompting event and the vulnerability factors that may have been present.

Ask whether there are any questions.

MODEL OF EMOTION IN ACTION



WHAT DO STUDENTS SAY ABOUT DBT STEPS-A

Social Emotional Learning Success!

“I can regulate my emotions better now.”

“If I get in a stupid fight with my roommate over a messy room, I will be able to put myself in other’s shoes.”

“I feel okay about it. I’m nervous about meeting new people but I have understood that friends come and go, and I am the only one who truly knows who I am and what I stand for so I cannot let failed connections define me.”

“Very! If I’m ever stressed about an assignment, I feel like I’ll be able to step back and address what my issue is.”

“Being confident in myself will help me know whether other people’s ways of life align with mine. “

DBT STEPS-A IMPLEMENTATION OPTIONS

1. Use the DBT STEPS-A Manual straight off the shelf

- scripted lesson plans, examples and exercises

2. Attend DBT STEPS-A Implementation Training

- 3-day training for educators and school mental health staff
- Background, skills overview, tell – show – do
- Tiers I and II

3. Attend Administrators & Stakeholders Workshop

- Half-day training for leaders to understand the steps and support needed for successful implementation

4. Engage in monthly consultation and support

5. Attend Introduction to DBT Informed School Counseling Strategies training.

- 2 Day training for school mental health professionals
- Participants learn DBT strategies to strengthen and enhance student's skillful behaviors in counseling sessions
- Tiers II and III

DBT® SKILLS IN SCHOOLS

Skills Training for Emotional Problem Solving
for Adolescents (DBT STEPS-A)



James J. Mazza, Elizabeth T. Dexter-Mazza,
Alec L. Miller, Jill H. Rathus, and Heather E. Murphy

Foreword by Marsha M. Linehan

HMA CAN SUPPORT SCHOOL WELLNESS PROGRAMS

Support for School Health and Wellness

State Medicaid, SEAs, LEAs, and Community Mental Health Centers optimize Medicaid/CHIP and other federal and state resources to expand School Based Services

LEAs and Mental Health Providers/Provider Networks to integrate schools into the local continuum of care for children and youth

Mental Health Providers, including Certified Community Behavioral Health Clinics, expand School Based Services and optimize workforce options

Managed care plans support school-based service expansion to improve network adequacy



WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

Q & A



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THANK YOU

HMA

