

# DBT IN SCHOOLS

## CASE EXAMPLES

2021 / 2022  
Wisconsin



Prepared By:  
Allyson Forseth  
Wisconsin Association of Family &  
Children's Agencies (WAFCA)



Published in 2023 by the

[Great Lakes Mental Health](#)

[Technology Transfer Center \(MHTTC\)](#)

and our partners at the [Wisconsin Association of](#)

[Family & Children's Agencies \(WAFCA\)](#)

University of Wisconsin–Madison

1513 University Avenue

Madison, WI 53705

This publication was prepared for the [Mental Health Technology Transfer Center \(TTC\) Network](#) under a cooperative agreement from the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the Great Lakes MHTTC and WAFCA. For more information on obtaining copies of this publication, please call (608) 263-0492 or email [events@chess.wisc.edu](mailto:events@chess.wisc.edu).

At the time of this publication, Miriam Delphin-Rittmon, PhD, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration. The opinions expressed herein are the view of the content creators and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

# Table of Contents

**01** About DBT in Schools

**02** About the Selected Schools

**03** Approach

**04** Implementation

**05** Preliminary Results

**06** Initial Reactions

**07** Customization & Accommodations

**08** Progress

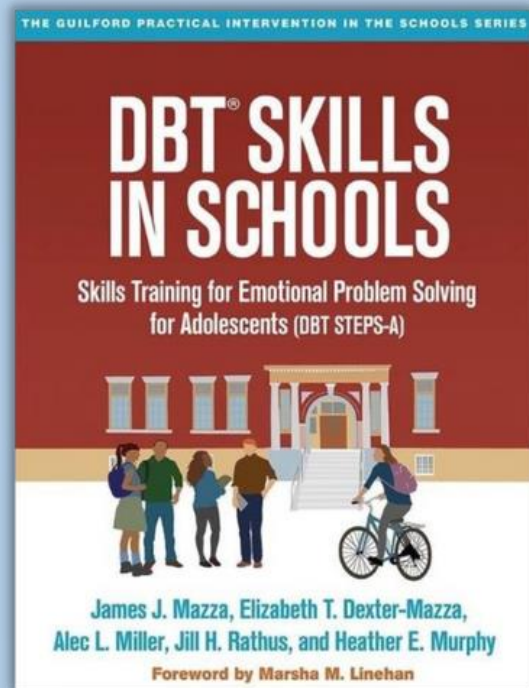
**09** Challenges & Future

**10** Conclusion

# About DBT in Schools

DBT STEPS-A (Skills Training for Emotional Problem Solving for Adolescents) is a unique SEL curriculum that offers an upstream universal approach for teaching emotion regulation skills and coping strategies to middle and high school-aged adolescents.

The curriculum provides scripted, manualized lessons and student handouts for implementation by general education teachers.



**The skills of the DBT STEPS-A curriculum are evidence-based and divided into four main modules:**

Mindfulness

Distress  
Tolerance

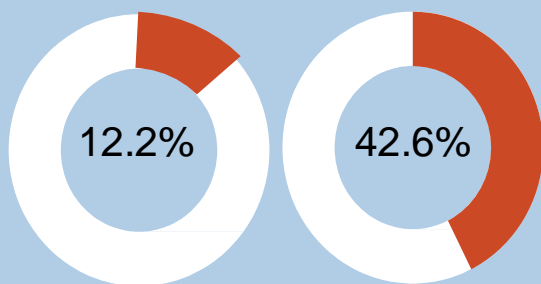
Emotion  
Regulation

Interpersonal  
Effectiveness

# Selected Schools

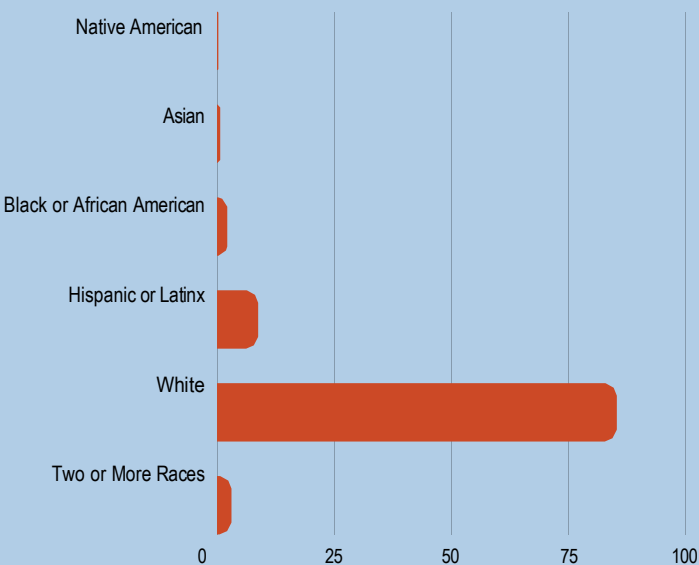
## Riverview School, Silver Lake J1 School District

Located in southeastern Wisconsin, just north of the Illinois border and west of Kenosha, Riverview School serves approximately 470 students 4K-8th grade.



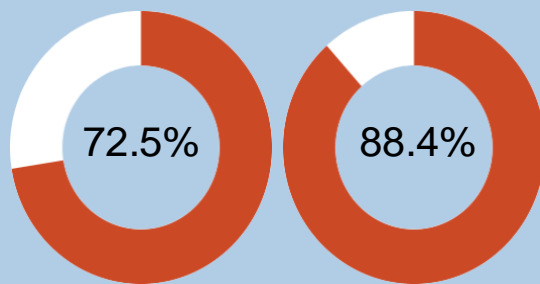
STUDENTS WITH DISABILITIES

ECONOMICALLY DISADVANTAGED



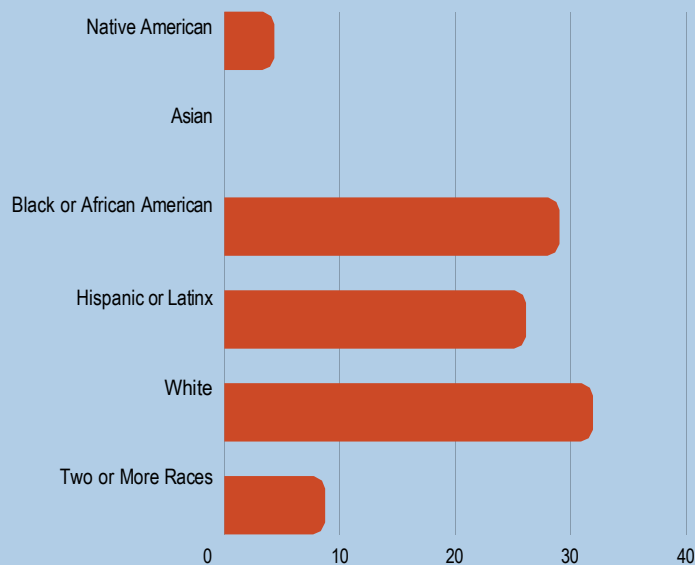
## Dr. Rosa Minoka-Hill School, Green Bay Area Public School District

Located in northeastern Wisconsin, Dr. Rosa Minoka-Hill is a K-12 alternative\* school within the Green Bay Area Public School District.



STUDENTS WITH DISABILITIES

ECONOMICALLY DISADVANTAGED



*This school provides a wide range of support for students with identified emotional, health, learning, attendance, and behavioral challenges. Students are provided additional support with the goal of transitioning back to a neighborhood or choice school.*



# Approach

WAFCA, with funding support from the Great Lakes Mental Health Technology Transfer Center (MHTTC), provided a series of intensive technical assistance opportunities and consultation hours for three selected applicant schools throughout the 2021-22 academic year. Information from two of those schools is included in this report; the third school was unable to attend an end-of-year interview.

In order to create conditions conducive to successful implementation of DBT in Schools, WAFCA worked with Lizz and Jim Mazza (founders of DBT in Schools) to identify a specific multi-step process. These steps allowed schools to partner early with supportive school administration, develop a common “language” used among Student Services staff and general education staff, identify a robust team of teachers to lead lessons, and—finally—to meet monthly with a consultant throughout the first academic year of implementation.

## The multi-step process included the following:

<b>Preliminary Informational Meeting</b>	1 hour	<i>open to the public</i>
<b>Administrators' and Stakeholders' Training</b>	3 hours	<i>for “decision-makers” in interested districts</i>
<b>DBT-Informed Counseling Strategies Training</b>	1 day	<i>for student services staff in selected districts</i>
<b>DBT STEPS-A Curriculum Facilitator Training</b>	3 days	<i>for teachers / all staff in selected districts</i>
<b>Consultation with DBT in Schools</b>	10 hours (1/month)	<i>for staff implementing the curriculum in selected districts</i>

*All training & consultation occurred virtually using Zoom or similar video software. Following the initial training, each school followed a unique path to implementation (next page)*

# Implementation

## Riverview School, Silver Lake J1 School District

**Population:** Tier 1  
(general school population)

**Grade(s):** 7-8

**Setting:** large group, health class, every other week (45min)

**Staff Leading:** Health Teacher (general education staff)

**Timeline:** The curriculum is divided over two years.

**Credit:** Academic credit is not offered; the course is pass/fail.

## Dr. Rosa Minoka-Hill School, Green Bay Area Public School District

**Population:** Tier 3  
(all students have an identified need for escalated support & individual therapy intervention)

**Grade(s):** 6-12

**Setting:** small group, social-emotional learning time, daily (30min)

**Staff Leading:** Student Services staff members with training in counseling, psychology, and/or social work.

**Timeline:** The curriculum is divided over two years.

**Credit:** Elective credit is available.



# Preliminary Results

Given that true implementation is a multi-year process, quantitative data was collected but has not yet been processed. Experiences, including quotes & qualitative results, are shared throughout the following pages.

## 1. What is your primary goal in implementing DBT in Schools?

### Riverview

Take a more proactive approach to mental wellness to help decrease the amount of behavior referrals and students in need of our most intensive support.

Having a curriculum that focuses on teaching skills (like the ones taught in DBT) will help us stay “upstream” within our universal system.

### Dr. Rosa Minoka-Hill

Engage students in a comprehensive, easy-to-pick-up SEL curriculum aligned with the skills our students struggle with most: managing difficult emotional situations, coping with stress, and making healthy decisions.





2. After a year of working with the curriculum, what have been your initial reactions?

**Riverview**

*“I love it. I really do. I teacher-ize as much as I can with videos or just slides.”*

*“I think it’s refreshing: students haven’t had health lessons like this before.”*

*“I even started to 'scaffold' it down for 5th and 6th grade!”*

**Dr. Rosa Minoka-Hill**

*“The lessons are very useful to the students we serve, hitting the “Goldilocks zone” of not too hard and not too easy.”*

*“The staff has been so pleased with the curriculum; it will soon reach almost all students in grades 6-12!”*

### 3. How did you make the curriculum your own? How did you make it work for your students?

#### Riverview

##### Examples:

Riverview-ize it (using school-specific examples):

- Bring it back to students,
- Tap into background knowledge.
- Teacher uses examples from his own experiences.

##### Facilitation:

Ten-minute lectures can be long for middle school students, so the teacher incorporates simple games and movement to keep students engaged.

Example: *“Stand up and tell someone 5 emotions that you’ve experienced in the past week”*

##### Materials:

Videos to supplement lessons

#### Dr. Rosa Minoka-Hill

##### Examples:

Teachers sharing examples from personal experiences: *“Adults are not always modeling healthy ways of coping, so lessons are a chance for students to see adults using these skills.”*

##### Facilitation:

*“There is no lecturing here; everyone takes the facilitator’s approach, and it’s all conversational.”*

##### Materials:

- Videos to supplement lessons
- Posters and visual reminders in the rooms
- Laminated copies of handouts

##### Accommodations:

- Homework was not realistic: everything was done together in class in groups.
- Lessons were often reviewed for the benefit of absent students.
- Proprietary surveys and assessments were drafted, as the school determined that some original materials were too lengthy/wordy for this population.

## 4. How do you know that progress is being made?

### Riverview

“The students became more reflective of what their emotions are, when they are being mindful, when they are in Emotion Mind or Wise Mind.

“It also helps me when I’m frustrated with a primary grade. It helps me regulate my emotions a little better too.”

“Students started using the language on me (*teacher*) outside of class.”

“Some [students with a history of behavior referrals] have been the best sharers in class. It’s their life, and they were able to then bring stuff and share it with the rest of the class. It was really refreshing to hear them.

They don’t always get to have a voice. Everyone was listening to them.”

### Dr. Rosa Minoka-Hill

“I have never seen the kids interact so much and have such positive interactions and such positive team spirit.”

“It helped me (*teacher*) calm down & know what to do when I am stressed.”

“The DBT terminology is being thrown all over the staff. We’re even joking with one another!”

“Some of the stuff these kids have said has been like... wow. We don’t get to see these parts of them.”

*This Tier 3 school has a requirement for students to engage in community-based counseling before returning to their neighborhood or choice schools.*

*Historically, this has been a barrier for many who refuse or cannot find a provider due to waitlists and shortages.*

*This year, students who participated actively in DBT in Schools were able to “waive” the requirement, returning to their school more quickly.*

*It also led some students to feel comfortable enough exploring mental health to later seek outside counseling.*

## 5. What challenges or barriers to reaching your goal are most present in your school?

### Riverview

Minimal to no challenges.

*"I'm a staff of one."*

*"I wish I taught the kids more frequently than once a week!*

*That's the only drawback: I don't see them enough. There is so much good material."*

### Dr. Rosa Minoka-Hill

*"Students are always coming and going from the program."*

Inconsistent overall attendance.

*"No one did the homework."*

Attention was more challenging with the middle school groups.

*Staff turnover and transitions meant that few had been trained.*

## 6. What are you looking forward to most with DBT?

To see this year's 7th graders get through year two (so they get to complete all the lessons)!

Bringing the curriculum down to implement in the elementary grades.

Possible future in-service for teachers in the building.

Students returning next year will be more ready for it, getting to know the curriculum more.

Starting next year off with a clear head and really running with it. Feeling a little bit more grounded and prepared.

Another student services team member will be joining the DBT in Schools team!



# Conclusion

Following a series of DBT in Schools training and implementation support, two Wisconsin schools with marked differences implemented DBT STEPS-A, a unique SEL curriculum teaching emotion regulation skills and coping strategies to middle and high school adolescents. Both schools demonstrated interest in social-emotional learning; however, one school's approach is more preventive, while the other serves students with high needs.

A specific training process (or series) was followed in order to best educate and prepare staff throughout the school building, from administration to student services to general education staff. This approach allowed the schools to implement with fewer barriers and with an increased ability to communicate among staff, as well as with once-monthly consultation support.

- While both teams benefited from consultation, they indicated that fewer hours were necessary.

With vast differences in goals, needs, purposes, challenges, student populations, staffing, and more, each school found moments of celebration and success in year one of implementation and plans to continue.

Additionally, both are planning for expansion of the curriculum to other groups in the coming year.

Within both teams, it was reported that students often quiet or disruptive in class discussions were able to be heard by classmates and staff as leaders or in ways never before experienced.

It was also found that each school incorporated various adjustments, personalization techniques, and accommodations to make the curriculum best suit the needs and strengths of their students, as well as to increase engagement encouraged by the creators of DBT in Schools.

- Significant modifications were required at all stages of implementation for the Tier 3 school, whereas the Tier 1 school's adjustments were mostly to increase engagement and participation.

Finally, both school teams also reported the use of DBT-informed language and practices in casual settings and for personal benefit among staff.

- This demonstrates the importance of educator self-regulation and mental health knowledge as a foundation for student mental wellness.

This product was created by our valued partners at the Wisconsin Association of Family & Children's Agencies (WAFCA).

For more information, contact WAFCA by emailing [info@wafca.org](mailto:info@wafca.org).



[wafca.org](http://wafca.org)



Great Lakes (HHS Region 5)

**MHTTC**

[mhttcnetwork.org/greatlakes](http://mhttcnetwork.org/greatlakes)

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

[samhsa.gov](http://samhsa.gov)