Development and Implementation of a DBT STEPS –A Skills Training in Denbighshire Schools

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Background

Suicide is a leading cause of death for young people and until the emergence of an adapted DBT protocol for this group there has been no evidence-based intervention to address their problems.

Aim: To research established evidence based practice models of DBT skills training programmes provided for child and/or adolescents at risk of self-harm / suicide in identified programmes in Ireland / USA / Canada?

Aim: Implement a best evidence based practice model - pilot project in schools with the intention of establishing an ongoing DBT skills training in schools programme provision in Denbighshire.

This work was carried out as part of a 2017 Winston Churchill Fellowship awarded to Dan Trevor which funded the research visits. Denbighshire CC have also supported this project.

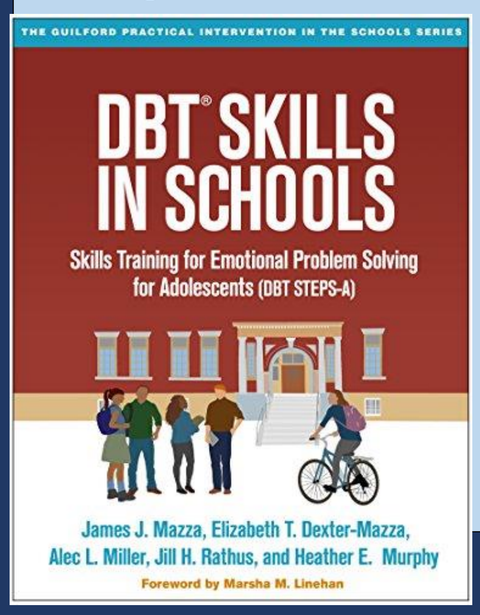
Bangor University have generously agreed to provide DBT Skills training for the counselling team, consultation and evaluation of the project (Michaela Swales and PhD research student Graeme McDonald Ramage).

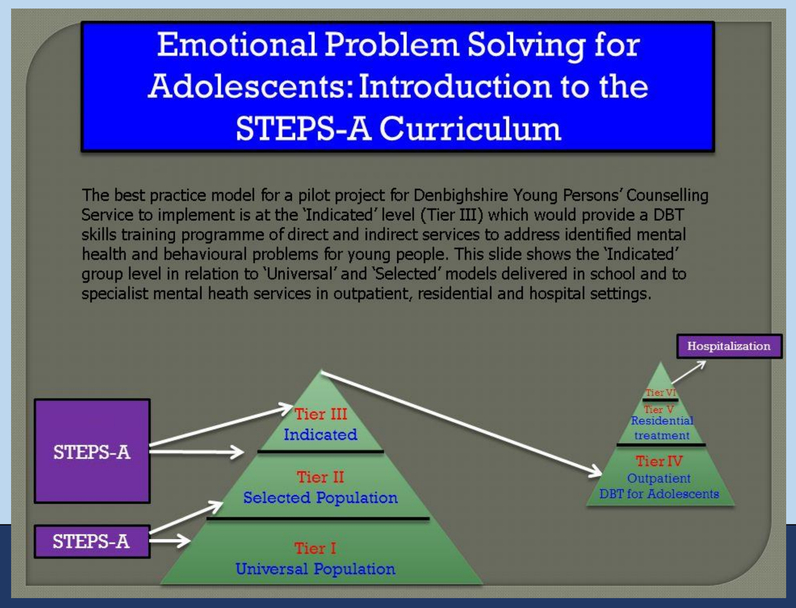
DBT Skills Training programmes who shared their knowledge, experience and resources:

Friars School, Bangor, North Wales
Mental Health Psychology Services, Cork Kerry Community Health Care, Ireland
Langley Porter Psychiatric Institute University of California San Francisco, USA .
Lincoln High School, Portland, Oregon, USA
University of Anchorage Alaska, The Dialectical Behaviour Therapy and Research Program (DBTRP)
The Sashbear Foundation (DBT Project Canada)

Most appropriate Evidence Based Practice model for implementation by Denbighshire:

Tier III DBT STEPS – A (Mazza & Mazza et al 2016)
'Indicated' level. Small group setting, slower pace and individual weekly counselling/skill practice. 'Immediate' consultation during the school week if young person encounters difficulty. Parent group facilitated providing insight into the skills, how to support their children. DBT
team consultation to discuss progress and difficulties, sharing information, collegial supervision and reducing burnout.





Method

To research evidence demonstrating effectiveness of specific DBT interventions in clinical practice.

To undertake a specific exploration of adaptations of DBT for children and adolescents.

To understand how programmes have flourished in non-clinical settings and especially in school communities.

To visit and experience successful programmes by visiting relevant centres of excellence.

To meet with developers and practitioners to gain an insight into the challenges encountered and the adaptations they have made.

To developing professional relationships that facilitate detailed discussion and will be valuable in developing interventions in the UK.

Conclusions

DBT is a principle-driven, rather than a protocol-driven approach. This is important in that it facilitates a capacity to 'stay with' the young person's situation and experience, principles help to understand the situation and determine which techniques will be helpful.

The 'in vivo' nature of DBT (Rathus and Miller (2002) is particularly significant for supporting young people in how to use their DBT skills to effectively cope with difficult situations that arise in their everyday lives.

Rathus and Miller (2002) demonstrated that an adapted version of the original DBT protocol provided significant reductions in suicidal ideation, general psychiatric symptoms and symptoms of borderline personality disorder in young people.

This adapted version of DBT has been found to be effective in improving health and quality of life in young people who were suicidal (Swales, Hibbs, Bryning and Hastings 2016).