DBT Steps-A: Inter-agency Collaboration to Promote Positive Mental Health in Adolescents

Presentation to:
National Clinical and Integrated Care Forum: October 18th 2016

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Background

- Increasing concerns for young people exhibiting emotional and behavioural dysregulation but a small minority seek professional help

- “CAMHS Standard Operational Procedure”(2015): “seamless mental health services available in a continuum stretching from the community at large to primary care and specialist mental health services.”

- Connecting for Life, (DoH, 2015) recommends inter-agency collaboration to support mental health needs of adolescents.

- Local schools approached CAMHS and NEPS for support / ideas / consultation around deliberate self harm

- A Crisis = An opportunity for a new way of working
Aims:

- Target non-referred, universal population of school-going adolescents in Cork
- Teach emotional problem solving skills within Transition Year curriculum to build resilience
- Capitalise on existing interagency relationships and build confidence in teachers as agents of change
- Evaluate robustly – outcomes and experiences from all perspectives
What is DBT Steps-A?

- DBT Skills in Schools: Skills Training for Emotion Problem Solving for Adolescents
  - Universal Social Emotional Learning curriculum for middle and high school students (30 x 1h lessons).
  - Developed in the US by Psychologists in Seattle, WA at the University of Washington
- Based on Skills from Dialectical Behavior Therapy
  - Core Mindfulness Skills
  - Distress Tolerance Skills
  - Emotion Regulation Skills
  - Interpersonal Effectiveness Skills
Planning and Engagement

23rd Feb. '15
- Meeting NEPS*, CAMHS, and Health Promotion - scoping links with schools & create multi-agency framework

23rd March '15
- Information session with 15 schools
- Hand out application forms (due 17/04/2015)

26th - 28th Aug. '15
- DBT STEPS-A training for teachers and professionals from the different agencies

15th May '15
- Meeting with schools participating in the DBT STEPS-A
- Aim: explore barriers & problem-solve

15th May '15
- Teachers from 10 schools attend

Ongoing email and phone contact with teachers to support their engagement with the programme and problem solve

- 25 people from 13 schools attended
- 30 professionals from different agencies
- 7 NEPS Psychologists
- 3 CAMHS Psychologists
- 13 Teachers from 8 different schools
- 5 Members from the DBT Project
- 2 Health Promotion Officers
- 5 Teachers from 8 different schools
- 13 Teachers from 8 different schools
- 13 Teachers from 8 different schools
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Continuous inter-agency collaboration as a support for the champions of change

*Funding was provided by the National Office for Suicide Prevention (NOSP), Ireland
Evaluation of Effectiveness:

Intervention: N= 386
Control: N= 49
Transition year Students across 8 schools

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<table>
<thead>
<tr>
<th>Measures of Change</th>
<th>DERS (Difficulties with Emotion Regulation Scale)</th>
<th>DBT-WCCL (DBT Ways of Coping Checklist)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>BASC-2 (Behaviour Assessment System for Children):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 4 composite clinical scales</td>
</tr>
<tr>
<td></td>
<td>- 12 clinical subscales</td>
</tr>
<tr>
<td></td>
<td>- 1 adaptive scale with 4 subscales</td>
</tr>
</tbody>
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- Start of STEPS-A
- End of 1st teaching block
- End of 2nd teaching block
- End of STEPS-A (~end of academic year)
- Follow up (14 weeks after completion of STEPS-A)
Preliminary Results: DBT WCCL

Skill Use STEPS-A students (n=250)

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>p = .000*</td>
</tr>
<tr>
<td>Males</td>
<td>p = .023*</td>
</tr>
<tr>
<td>Females</td>
<td>p = .000*</td>
</tr>
</tbody>
</table>
Preliminary Results: BASC-2

Percentage of Students "at risk" across subscales (n = 250)

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Baseline</th>
<th>End of TY</th>
<th>Analysis</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>42.80%</td>
<td>34.40%</td>
<td>Total</td>
<td>p = .011*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Males</td>
<td>p = .035*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Females</td>
<td>p = .154</td>
</tr>
<tr>
<td>Depression</td>
<td>21.90%</td>
<td>19%</td>
<td>Total</td>
<td>p = .360</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Males</td>
<td>p = .678</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Females</td>
<td>p = .503</td>
</tr>
<tr>
<td>Sense of Inadequacy</td>
<td>34%</td>
<td>29.60%</td>
<td>Total</td>
<td>p = .185</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Males</td>
<td>p = 1.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Females</td>
<td>p = .043*</td>
</tr>
<tr>
<td>Atypicality</td>
<td>32.00%</td>
<td>28%</td>
<td>Total</td>
<td>p = .245</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Males</td>
<td>p = .711</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Females</td>
<td>p = .029*</td>
</tr>
</tbody>
</table>
Preliminary Results: BASC-2

Percentage of Students "at risk" on composite scales (n = 250)

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>p = .088</td>
</tr>
<tr>
<td>Males</td>
<td>p = .332</td>
</tr>
<tr>
<td>Females</td>
<td>p = .230</td>
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</tbody>
</table>

Composite of: Atypicality, Locus of Control, Social Stress, Anxiety, Depression, Sense of Inadequacy, Somatisation.

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<tr>
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<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>p = .000*</td>
</tr>
<tr>
<td>Males</td>
<td>p = .263</td>
</tr>
<tr>
<td>Females</td>
<td>p = .000*</td>
</tr>
</tbody>
</table>

Composite of: Social Stress, Anxiety, Depression, Sense of Inadequacy, Somatisation, Self-Esteem, Self-Reliance.
Lessons Learned:

- Working within and across systems
- No multimedia teaching material
- Ordering of modules
- Structure of programme (USA v’s Irish System)
- ? SEN students?
- ? Linking in parents
- Changed vocabulary / culture in school
- Relationship with students as facilitator
- Teacher creativity and flexibility
- Mindfulness well received by students
- Importance of interagency support
Conclusion:

- DBT-STEPS-A represents a promising model of successful inter-agency collaboration between health and education – working “upstream”.

- An opportunity to build resilience, normalise school-based conversations around mental health and potentially identify earlier adolescents who need onward referral.