



CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

“Championing youth mental health at the European regional
and local level”

Resilience and socio-emotional curriculum
project for adolescent students in Biscay

Miguel Angel González Torres, MD. PhD.

Aranzazu Fernandez Rivas, MD. PhD.

Psychiatry Department

Basurto University Hospital (Bilbao, Basque Country, Spain)



Summary

High prevalence of Mental Health Problems in adolescent population in Europe & World

Socioemotional Education preventive intervention

DBT-STEPS-A as a extraordinary SEE tool

We train teachers, who train students

We train parents

Project SEE / DBT-STEPS-A in the Basque Country 2017-2024

Excellent results

quantitative measures students

qualitative satisfaction students teachers parents

Costs very limited

Future?: dissemination in other European regions and member states

Mental Health in child and adolescent: the big challenge

- **Among adult mental health cases** (Kim-Cohen et al. Arch Gen Psychiatry 2003, 60: 709-717):
 - **73.9%: diagnosis before 18 years of age**
 - **50.0% before 15 years of age.**

21st CENTURY SOCIETY

Accelerated changes cause uncertainty and instability- high levels of stress, loneliness, confusion, anguish and apathy

Highly competitive society

COVID-19 PANDEMIC

Detrimental effect on child and adolescent mental health (anxiety, depression, suicidal behaviour, PTSD, eating disorders).

Our overall Aim

Prevent & Promote adolescent mental health

Through the **implementation of socio-emotional education (SEE) in schools.**

Our Specific Objectives

- **Develop collaboration between Experts from Mental Health and Education in order to implement socio-emotional education/curriculum (SEE).**
 - **Experts train teachers in SEE**
 - **Trained teachers train their students in SEE**
 - **Students at risk of mental health problems receive targeted SEE interventions**
 - **Experts train parents to generalise the implementation of SEE in a whole-school approach.**

Mental Health Strategy of the Basque Country 2023-2028 (Basque Government- Regional Authority)

Departamento de Salud
Gobierno Vasco

Estrategia de Salud Mental de Euskadi

2023-2028



- **‘Resilience and socio-emotional curriculum project for adolescent students in Biskaia (DBT STEPS-A)’** considered a **Best Practice** for:
- Promotion of Mental Health in childhood and adolescence (Line 5- general objective 5.1)
- Fight against discrimination and social stigmatization of children, and adolescents with mental disorders (Line 5- general objective 5.3)



Best Practice in the field of mental health

European Commission 2023

Best Practice Portal: <https://webgate.ec.europa.eu/dyna/bp-portal/best-practice/438>

Description of the Best Practice

Resilience and socio-emotional curriculum project for adolescent students in Biscay (Basque Country, Spain): DBT STEPS-A

Target Population

- **All adolescent students (12-17 years of age) of Bizkaia province (Basque Country, Spain).**
- **Their teachers and parents**

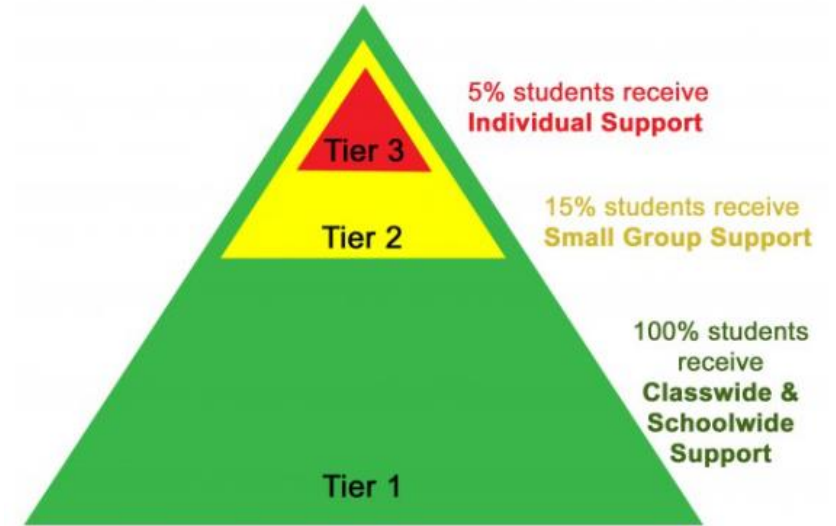
DBT STEPS-A

- It is a **SEE/SEL for adolescents (13-18 years of age), based on DBT skills training group component**
- It is not a psychotherapy

Mazza JJ., Dexter-Mazza ET., et al. DBT Skills in Schools. Skills Training for Emotional Problem Solving for Adolescents (DBT-STEPS-A). The Guilford Press, 2016.

DBT STEPS-A: Universal + Targeted Interventions

Universal SEE programme (Tier 1) for all student in the classroom.



Students at risk (from ethnic and cultural minorities, or low socio-economic contexts): should be **accompanied with targeted interventions as well**

- **Selected interventions (Tier 2)**: focused on moderate risk students, addressed in smaller groups with 2 teachers/classroom
- **Indicated interventions (Tier 3)**: more chronic and complex needs, more psychopathology, psychiatric disorder, or cognitive limitation. They will require complementary intervention at an individual level (individual tutoring)

Intervention implemented: DBT STEPS-A

- **SEE for adolescent mental health promotion, but also for targeted interventions**
- **Universal training**: classroom teaching with the whole group of students
 - 1st teachers must be trained by (mental health) experts in DBT STEPS-A
 - Then teachers train students in the classroom (experiential, skills-based form of learning):
 - Skills:
Dialectics (increasing flexibility and avoiding extreme positioning.)
4 skills in a balance acceptance/change
 - 30 sessions of 50 minutes, 1/week throughout the school year.
 - Can be flexibly adapted (linguistic, cultural aspects)

DBT STEPS-A: skills

SKILL	What does it teach?
Mindfulness	<p><u>Being nonjudgmental</u> (judgements based on facts vs. judgments based on opinions)</p> <p><u>Confusion about yourself</u>: you don't always realise what you are feeling, or what your goals are.</p> <p><u>Distractibility</u>: you have trouble keeping your attention.</p>
Distress Tolerance	<p><u>Impulsivity</u>: acting without thinking, escaping or avoiding emotions</p> <p><u>Radical acceptance</u> of problems one cannot solve</p>
Emotion Regulation	<p><u>Difficulty managing emotions</u>: intense emotional swings with little control or a constant negative emotional state, your emotions control your actions.</p>
Interpersonal Effectiveness	<p><u>Relationship problems</u>: difficulty in maintaining relationships, getting what you want, maintaining self-respect, loneliness.</p>

Suicide Prevention



DBT STEPS-A: learning socioemotional skills both teachers and students (and parents)

- **Competences needed for SEE to be effective:**
 - Intrapersonal: self-awareness and self-management
 - Interpersonal: social-awareness and social management
- **Develop a specific Climate** of classroom and school community (whole-school): atmosphere of empathy, non judgmental, where the socio-emotional skills learned can be generalised.
- **Teachers:** learn skills, also the training promote their well-being
- **Students require adaptations:** linguistic, cultural, special educational needs and disabilities and social diversity adaptations
- **Develop Parental collaboration and education:** key feature of a whole-school approach

Intervention 2017-2024

- **Experts leading the Project: (Mental Health and Education)**
 - Project design
 - Theoretical and experiential training of teachers (DBT STEPS-A)
 - Guided adaptation of the materials for the teaching of students according to their specific characteristics
 - Supervision of the implementation in the classroom throughout the school year
- **First stage 2017-2019: Interagency collaboration (Depts Health & Education).**
 - All educational centers (13) in an area (including urban/rural):
 - Parents training: 2019-2020. Whole-school approach
- **Second Stage 2020-2024: OMIE Foundation (NGO)**
 - More **schools** have been trained: **29** up till now . Future dissemination other provinces in the Basque region

Costs and funding: an affordable project

First stage: Educational Innovation Project. Interagency 2017-2019:

- Call to finance Training Projects aimed at Educational Excellence in the academic years 2017-2018 and 2018-2019 (Regional Authority: Basque Government, Department of Education).
 - 18,000€/year=36,000€ total budget
 - Teacher training and supervision (33h)/1395 students trained
 - Statistical analysis of the impact of the intervention
 - **36,000€/1395 students trained → DIRECT COST: 25.80€/student/year**

Second Stage: OMIE Foundation (NGO) 2020- 2024 manages finances

Schools recover the cost through tax incentives

- Cost of teacher training and supervision: 450€/teacher
 - Each teacher trains 24 students/year: → **COST: 18.75€/student/first year**
- No direct costs from the second year onwards** (not considering costs of evaluation and data analysis or dissemination activities)

Evaluation Plan and Results

Resilience and socio-emotional curriculum project for
adolescent students in Biscay

Evaluation Plan: questions to be assessed

- 1. Is DBT STEPS-A effective in mental health promotion and targeted prevention in adolescent students?**
- 2. How satisfied are teachers, students and parents with the programme?**

Evaluation Plan: study population (I)

- **First Stage: Interagency. Financed by Dept. Education 2017-2019: Study of the impact of the intervention**
 - All **13 centers** of a geographic area:
 - 11 Middle and High Schools (7th-10th grades) and 2 Vocational Schools
 - 9 in urban areas (corresponding to 93,271 inhabitants) and 4 in rural towns (11,934 inhabitants).
 - Represented **all the different socio-economic and cultural levels** of that geographic area. Population was mainly spanish.
 - Foreigners: 5.7% of mothers/ 6% of fathers/ 3.6% of students

Evaluation Plan: study population (II)

- **2017-2018 school year: 866 students (cases)** (mostly 2nd. year of Compulsory Secondary Education-ESO)
- **2018-2019 school year: 935 students (cases)** (Secondary Education, Vocational Training)- **182 students (controls)**
- **Total sample: 1577** (46,2% women / 52,5% men)
 - **1395 students are trained** (1 or 2 school years)- Mean age 13.73
 - **182 control students** (not trained)- Mean age 13.38
 - 78.8% students were in 2nd.Secondary Education- 8th grade- (from 7th to 10th grade).
 - 1.9% were in vocational training.

Evaluation Plan: pre-post evaluation

- Pre-evaluation (in the month prior to the beginning of students training) and post evaluation (once the training was finished)

- Instruments:

- The **Strengths and Difficulties Questionnaire (SDQ)** in its versions for **teachers and students'** self-report (Spanish or Basque versions)

- 25 items, divided between 5 scales:

- Emotional symptoms
- Conduct problems
- Hyperactivity/innatention
- Peer relationship problems
- Prosocial behaviour

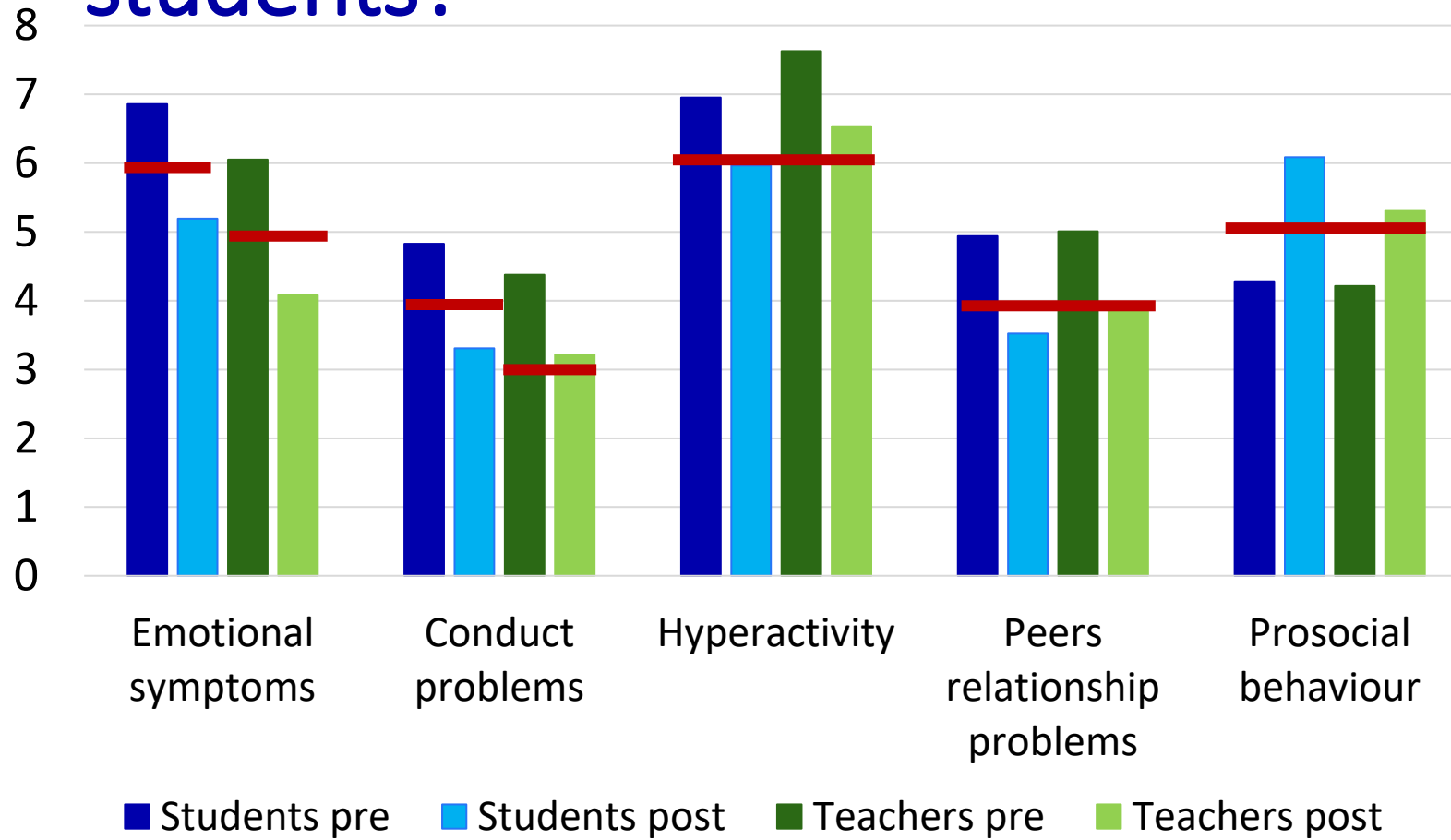
Total difficulties
score

Dysregulation Profile (SDQ-DP):

Emotional Problems
Conduct Problems
Hyperactivity

- **Rosenberg Self-Esteem Scale**
- **Mindful Attention Awareness Scale for Adolescents**
- **Others...**

Is DBT STEPS-A effective in mental health promotion and targeted prevention in adolescent students?



1st year:
Positive impact on the most vulnerable:
SDQ pre-evaluation: limit or non-normal scores
p=0.000

Satisfaction: teachers (I)

- Feel competent in social-emotional teaching.
- When emotional regulation problems arise in students, they are incorporated into classroom management as another learning context, they are not excluded from the classroom (they are not stigmatised).
- Feeling supported and valued by the school management team.
- They see the need for its implementation in a whole-school approach.
- They recognise that the DBT STEPS-A has helped their well-being and a better coexistence in the classroom.

Satisfaction: parents

- They want to collaborate in their children's learning.
- They value the training received very positively but ask for more sessions.
- They consider that the training received has helped them to clarify difficult situations that arise at home.
- They consider that social-emotional skills should be an important part of what students learn at school.
- They want the programme to be implemented in all secondary education courses

Satisfaction: students

- They find the programme very interesting and useful
- They feel empowered, value themselves more highly.
- Resolve cases of serious problems in the classroom
- Helps overcome stigma about having emotional problems.
- Students feel that teachers are more involved in their needs.

Advisory Committee: Experts to help in the transferability in other MS

Experts in SEE:

- **Dr. James J. Mazza** (psychologist, co-author of DBT STEPS-A, Professor at the University of Washington) and **Dr. Elizabeth Dexter-Mazza** (psychologist, co-author of DBT STEPS-A)
- **Prof. Carmel Cefai**. Director of the Centre for Resilience and Socio-Emotional Health at the **University of Malta**. Joint Honorary Chair of the European Network for Social and Emotional Competence and Joint founding editor of the International Journal of Emotional Education

Expert in Interventions Tier 2 and Tier 3 in schools

- **Dr. David Colley**: Associate Lecturer (Special educational needs and disabilities), Oxford Brookes University (**Oxford, UK**).

Expert in DBT:

- **Dr. Blaise Aguirre**. Founding Medical Director, 3East DBT Continuum, McLean Hospital. Assistant Professor in Psychiatry Harvard Medical School (**Boston, USA**)



**European Committee
of the Regions**



Thank you very much

miguelangel.gonzaleztorres@osakidetza.eus



Bibliography related to this Best Practice

Bibliography related to this Best Practice (I)

- Linehan MM, et al. Dialectical Behavior Therapy for High Suicide Risk in Individuals With Borderline Personality Disorder: A Randomized Clinical Trial and Component Analysis. *JAMA Psychiatry* (2015) May;72(5):475-82
- Ritschel, LA, et al. Transdiagnostic Applications of DBT for Adolescents and Adults . *American Journal of Psychotherapy* 69.2 (2015): 111-128.
- Mazza JJ., Dexter-Mazza ET., et al. DBT Skills in Schools. Skills Training for Emotional Problem Solving for Adolescents (DBT-STEPS-A). The Guilford Press, 2016.
- Cefai, C.; Bartolo P. A.; Cavioni. V; Downes, P.; Strengthening Social and Emotional Education as a core curricular area across the EU. A review of the international evidence, NESET II report, Luxembourg: Publications Office of the European Union, 2018. doi: 10.2766/664439
- Sesma-Pardo E., Fernández-Rivas A., et al,. *BMC Psychiatry* 2020 May 19;20(1):245
- Fernández-Rivas A, Garamendi Ibarra B, Galende Llamas I. Resiliencia y Currículo Socioemocional en Bizkaia. *Educación y Orientación, la revista de COPOE* - Nº 18 - Abril 2023: 37-43.

Bibliography related to this Best Practice (II)

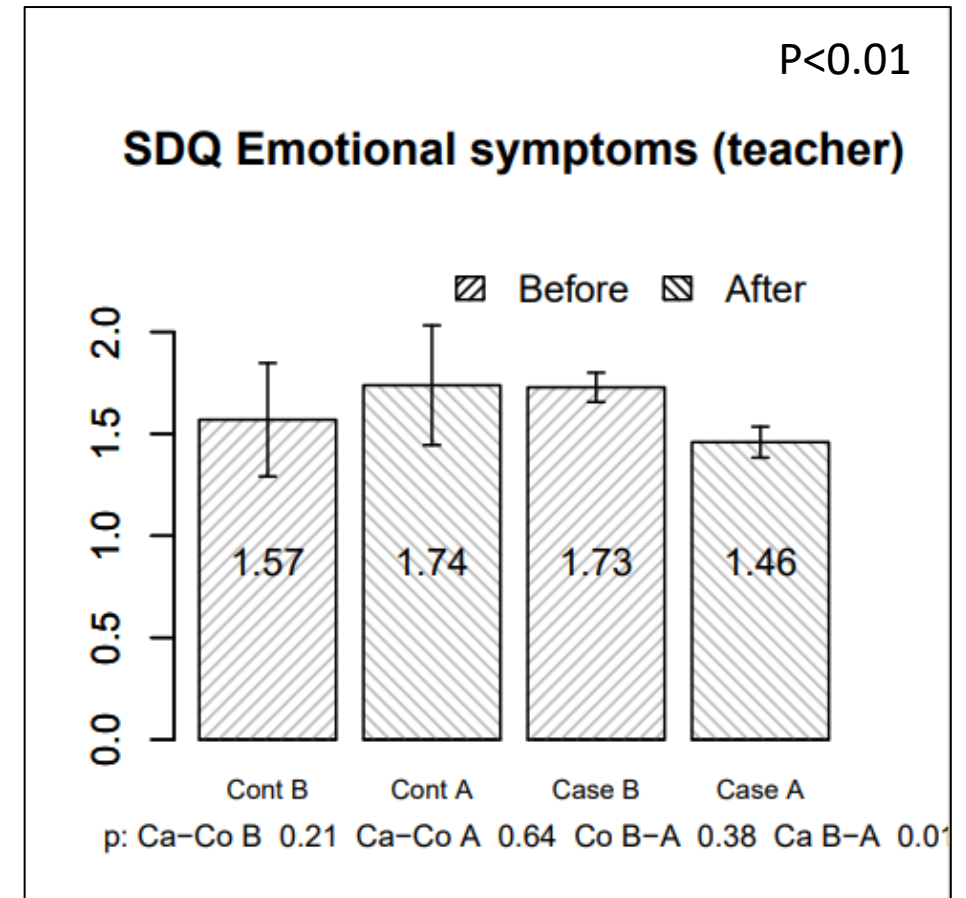
- Flynn D, Joyce M, Weihrauch M , O'Malley C. DBT STEPS-A: Inter-agency collaboration to promote positive mental health in adolescents. International Journal of Integrated Care, 2017; 17(5): A452, pp. 1-8, DOI: [dx.doi.org/10.5334/ijic.3772](https://doi.org/10.5334/ijic.3772)
- Flynn D, Joyce M, Weihrauch M, Corcoran P. Innovations in Practice: Dialectical behaviour therapy–skills training for emotional problem solving for adolescents (DBT STEPS-A): evaluation of a pilot implementation in Irish post-primary schools. Child and Adolescent Mental Health, 2018, 23 (4): 376–380. doi:10.1111/camh.12284.
- Hastings SE, Swales MA, Hughes JC, Jones K, Hastings RP. Universal delivery of a dialectical behaviour therapy skills programme (DBT STEPS-A) for adolescents in a mainstream school: feasibility study. Discover Psychology, 2022. <https://doi.org/10.1007/s44202-022-00021-x>. Published online: 14 March 2022.
- Gasol, X.; Navarro-Haro, M.V.; Fernández-Felipe, I.; García-Palacios, A.; Suso-Ribera, C.; Gasol-Colomina, M. Preventing Emotional Dysregulation: Acceptability and Preliminary Effectiveness of a DBT Skills Training Program for Adolescents in the Spanish School System. Int. J. Environ. Res. Public Health 2022, 19, 494. <https://doi.org/10.3390/ijerph19010494>

Case-control after 1 year of intervention (I): SDQ Teachers

Total Sample 1034

- **Cases: 969** (with all information supplemented)
- **Control Group: 65** (with all the information)

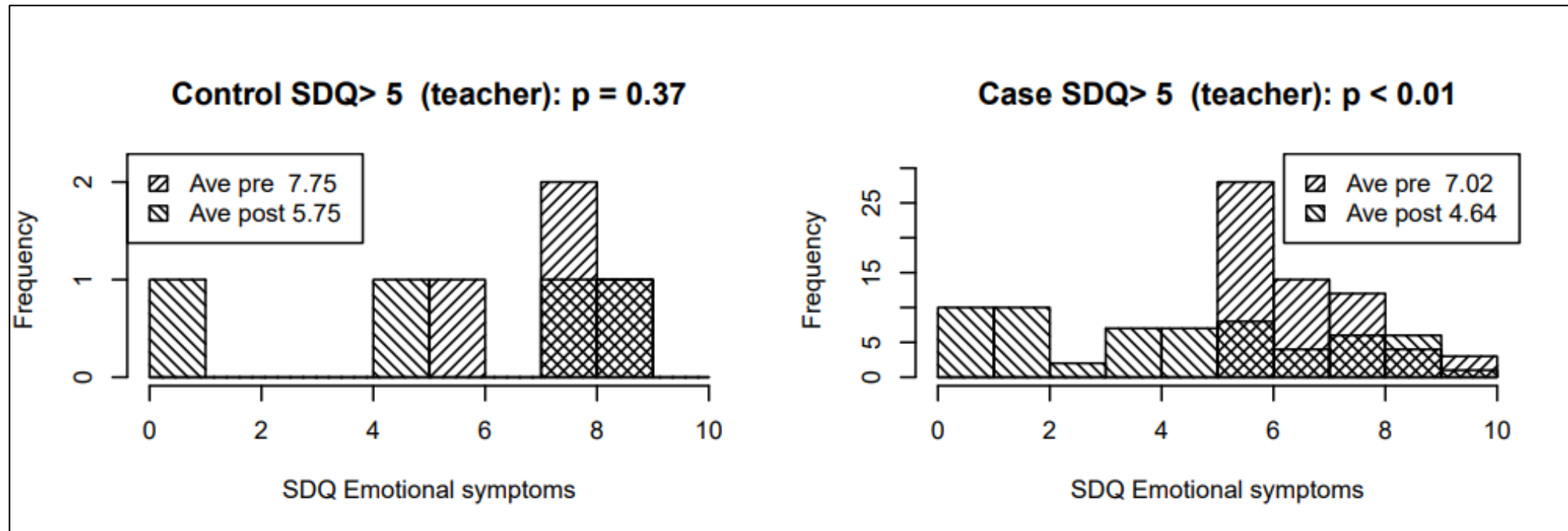
SDQ Teachers: Emotional symptoms



Case-control after 1 year of intervention (II): SDQ Teachers

Emotional Symptoms: Vulnerable students

non-normal score in pre-assessment. (SDQ>5)



Case-control after 1 year of intervention (III): SDQ teachers

SDQ Teachers

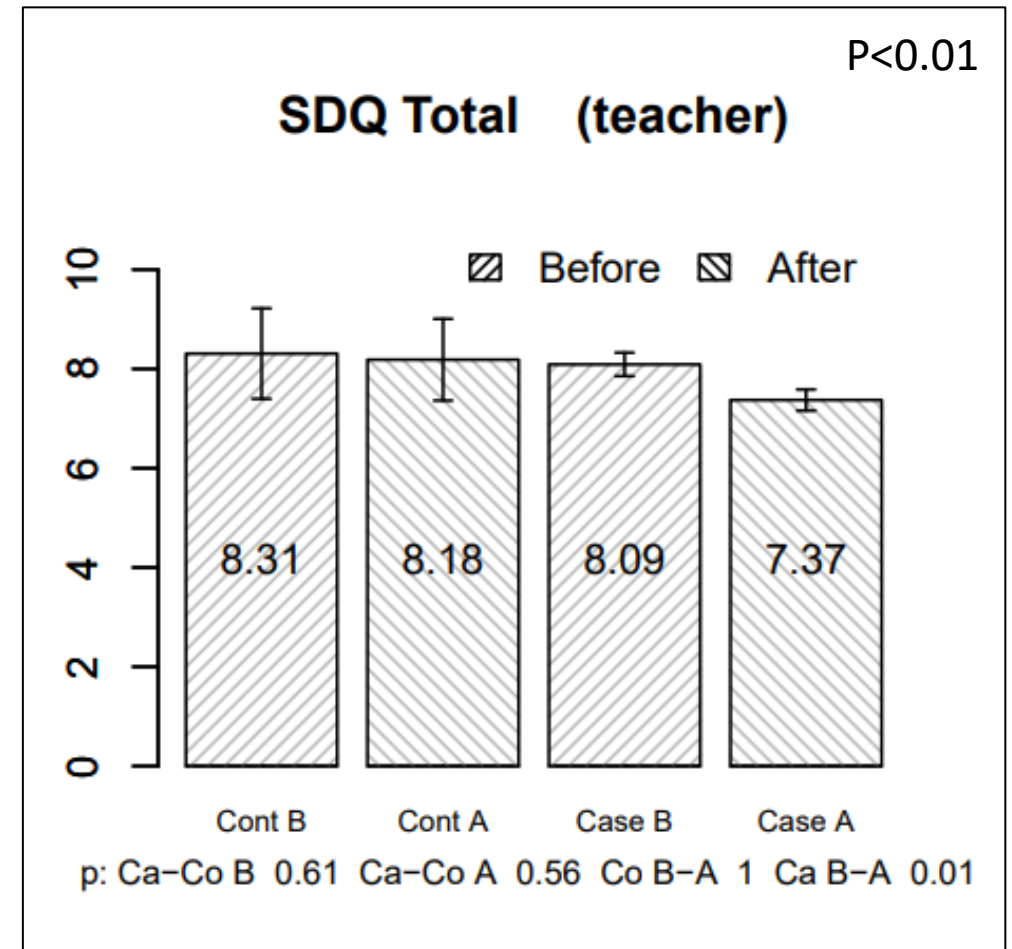
Total Difficulties:

Emotional symptoms +

Conduct problems +

Hyperactivity +

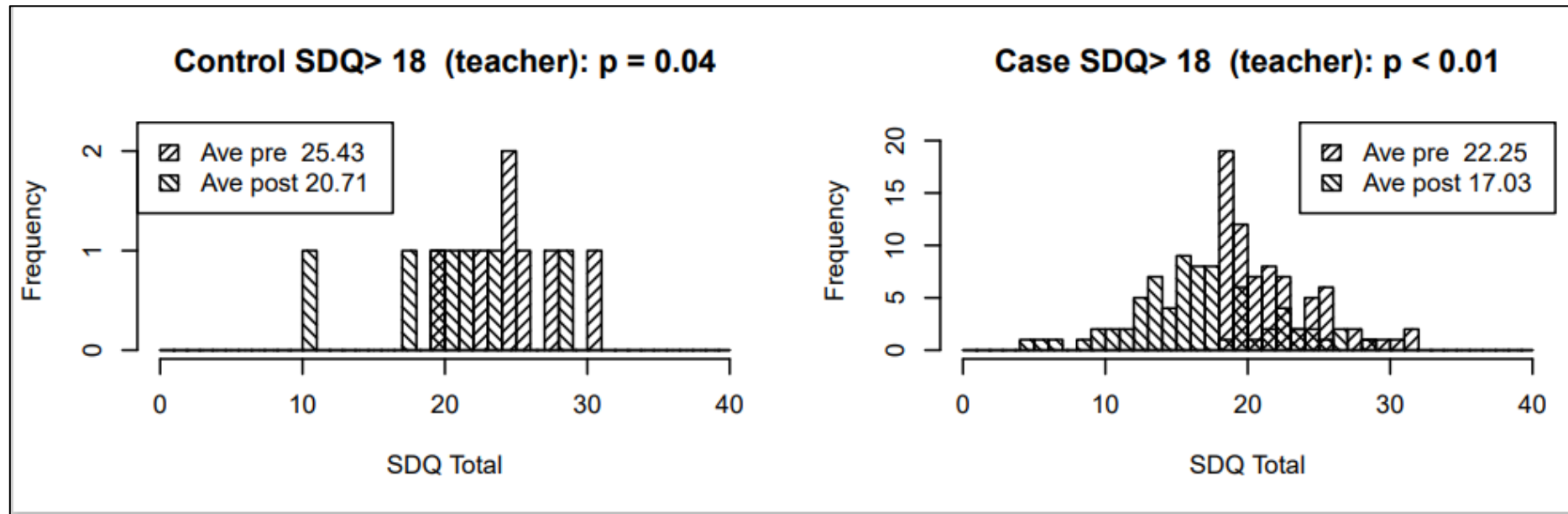
Peer relationship problems



Case-control after 1 year of intervention (IV): SDQ teachers

Total Difficulties: Vulnerable students

non-normal score in pre-assessment. (SDQ>18)

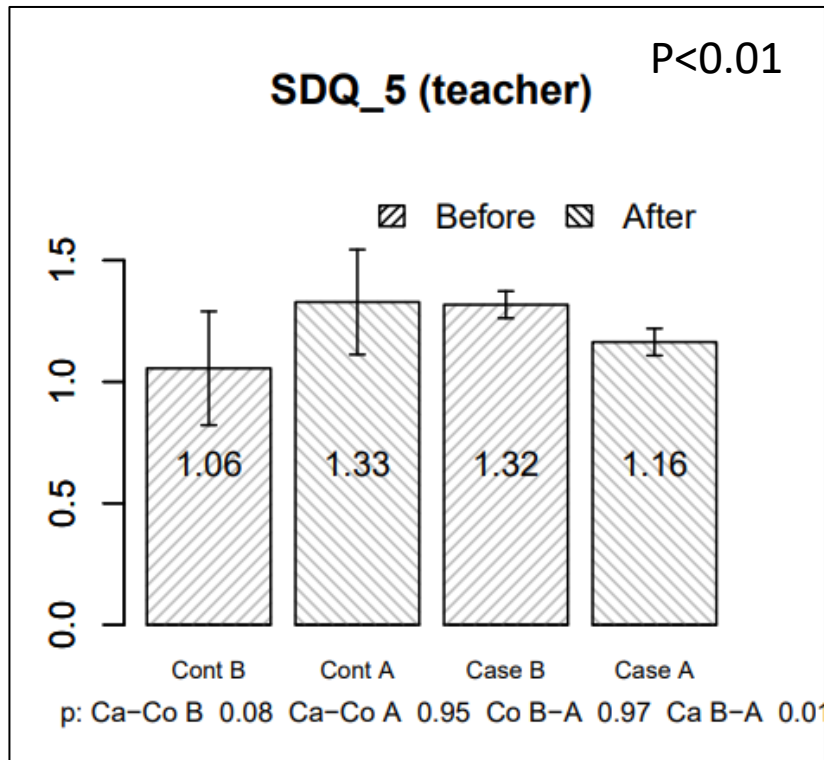


Case-control after 1 year of intervention (IV): SDQ teachers

Does Emotional Dysregulation of these students improved after the training? Dysregulation Profile (SDQ-DP).

SDQ-DP 5 items

Emotional Problems (13 and 8) + Conduct Problems (12 and 22) + Hyperactivity (item 2).



SDQ-DP 15 items

Emotional Problems (3, 8, 13, 16, 24) + all Conduct Problems + all Hyperactivity

