

CHAPTER 1

What Is DBT Skills in Elementary Schools: Skills Training for Emotional Problem Solving in Grades K–5 (DBT STEPS-E)?

Schools have become the backbone of learning for many societies worldwide (Schechter & Mowafaq, 2013). These institutions have been seen as places for academic learning to take place and, increasingly, for social development to occur. In fact, most states have academic standards built into their educational policies, as a means of accountability and structure to ensure that students are given opportunities to learn and obtain specific academic benchmarks (Eklund et al., 2018). At the same time, schools as institutions offer more than simply academic learning—they offer opportunities for students to learn how to interact with others, regulate their emotions, and help teach coping strategies and decision-making skills. In other words, they expose students to the life skills that we call *social and emotional learning* or *social–emotional learning* (SEL).

The educational and psychological literature shows the benefits of teaching SEL in conjunction with academic learning in school-based settings. The research investigating SEL programs has become more abundant and stronger in recent years and has shown the important relationship between teaching these two types of skills. For instance, Durlak and colleagues (2022), who reviewed 12 meta-analysis studies that sampled an estimated one million students in grades K–12, found consistent results that universal SEL programs increased relevant skills, prosocial behaviors, and academic achievement while also decreasing emotion dysregulation and conduct problems. Similarly, Cipriano and colleagues (2023) reported that compared to students in the control condition, students who received universal school-based SEL interventions had significant gains in skills, attitudes, peer relationships, school functioning, and academics. These findings highlight the win–win relationship when implementing SEL programs and interventions alongside academic instruction, and promote the benefits of including universal SEL curricula as part of educating the whole child.

In an effort to support schools in their delivery of SEL skills to their students, this book has been developed to equip school personnel and school-based mental health professionals with

materials they can use to teach SEL skills and strategies to elementary age students, especially in the areas of emotion regulation, decision-making, and coping strategies.

THE NEED FOR SEL

The COVID-19 pandemic and its impact on students' social development and mental health needs was on full display during the 2020–2022 academic years (Flannery, 2022; Jones et al., 2022). Even though mental health issues and emotion dysregulation affected the educational needs of students prior to the pandemic, the importance of SEL became most abundantly clear when students began returning to the classrooms in person post-COVID (Chaudhary, 2022; Green et al., 2021; Greenberg, 2023). The pandemic's impact was felt by students, faculty, staff, and administrators, as well as outside the classroom by parents. The importance of school-based settings being welcoming and safe places to develop socially, grow emotionally, and learn academically became the three pillars of educational success (Jones et al., 2022). In fact, the CDC found students' experience of "school connectedness" was a protective factor against some of the mental health challenges exacerbated by COVID-19 (Jones et al., 2022). The need to integrate social connectedness with coping strategies, decision-making, and emotion regulation skills, alongside the traditional focus on academics, changed the lens for K–12 school settings.

WELCOME TO DBT STEPS-E

DBT Skills in Elementary Schools: Skills Training for Emotional Problem Solving in Grades K–5 (DBT STEPS-E) is a comprehensive social–emotional learning program designed to teach all elementary students (kindergarten through fifth grade) emotion regulation skills, coping strategies, interpersonal relationship skills, and decision-making strategies. These SEL curricula are a downward extension of the DBT STEPS-A curriculum, which was designed for adolescents and taught in middle and high schools (Mazza et al., 2016). Both DBT STEPS-A and DBT STEPS-E were developed and adapted from the skills and strategies of Dialectical Behavior Therapy (DBT) (Linehan, 1993, 2025).

Introduction to DBT: What Is It?

DBT is an evidence-based treatment approach originally developed by psychologist Dr. Marsha Linehan (1993) to treat pervasive emotion dysregulation (difficulty in controlling emotions and reactions) and life-threatening behaviors such as suicidal and nonsuicidal self-injurious behaviors like cutting or burning. DBT is a cognitive behavioral treatment that is grounded in balancing the dialectic (two things that appear opposite or contradictory) of acceptance and change. For example, DBT asserts that clients are doing the best that they can, and they have to do more in order to problem-solve and manage the crises in their lives. A critical component of comprehensive DBT includes skills training sessions focused on teaching clients in the following areas: mindfulness, distress tolerance (i.e., behavior regulation), emotion regulation (i.e., controlling the intensity of one's emotions), and interpersonal effectiveness (i.e., relationship skills). These skills also balance on the fulcrum of acceptance and change. The mindfulness and

distress tolerance skills represent the acceptance-based skills of being in the present moment and managing your response to things that you can't change right now. The emotion regulation and interpersonal effectiveness skills fall more on the change-based side of the dialectic. For example, these latter skills teach how to problem-solve situations, increase and decrease intensity of emotions, and effectively ask for things you want or need from another person. When these skills are taught in a structured curriculum, individuals learn how to combine and stack them together in order to assess a situation accurately and respond with skillful behavior.

Since its inception, DBT has been applied to many types of mental health disorders that have the common core problematic component of emotion regulation difficulties. Comprehensive DBT has been found to be effective for both adults and adolescents in decreasing suicide and other life-threatening behaviors, substance use, depression, hopelessness, eating disorders, and anger (Harned & Linehan, 2008; Koons et al., 2001; Linehan et al., 2006). Additional studies have shown that teaching DBT skills individually, and not providing the full treatment, have been effective in decreasing problems related to eating disorders, childhood abuse, attention-deficit/hyperactivity disorder (ADHD), depression, and anxiety (Bradley & Follingstad, 2003; Hirvikoski et al., 2011; Neacsu et al., 2014; Safer et al., 2001).

DBT has been also adapted into DBT for Children (DBT-C) and found to have a significant positive response to treatment with preadolescent children diagnosed with disruptive mood dysregulation disorder (DMDD) (Perepletchikova, et al., 2017). Additionally, in a preliminary feasibility study of teaching DBT-C skills adapted for children in grades 2 through 5, Perepletchikova and colleagues (2012) found the skills to be both acceptable and feasible to be taught to students of younger ages when language, handouts, and exercises were adapted to be more appropriate for them (e.g., fewer words on pages, lower reading level, role plays, cartoon pictures).

Throughout the clinical experience of those of us who have delivered Comprehensive DBT (C-DBT) to numerous adolescents, adults, and families, one resounding response from clients and family members has been, "Why didn't anyone teach me these [DBT] skills in school?" Thus, the four modules of DBT skills in this manual teach much-needed life skills focused on paying attention to what is happening both inside and around students (Mindfulness), decision making regarding behaviors (Distress Tolerance), managing emotions (Emotion Regulation), and building and maintaining relationships and self-respect (Interpersonal Effectiveness). It is the opinion of the authors that in previous generations, children and adolescents were more likely to pick up many of these skills organically as a part of living life and participating in activities. Haidt (2024) refers to this as the play-based childhood. However, with the introduction of smartphones, technology-based games, and social media for interaction, children have moved to experiencing what Haidt calls the phone-based childhood. In the phone-based childhood, there is less exploring and discovering of experiences in the real world. As a result of the instantaneous transmission of information online, there is less time to process emotions and recover from mistakes or difficult interactions before information spreads quickly to others. This lack of time to process strengthens the need for children and teens to be directly taught skills to more effectively manage their emotions, behaviors, and relationships. If students have learned and practiced the skills in schools, they are more likely to use the skills when needed, especially in moments of high emotion dysregulation.

Given the success of DBT STEPS-A and the desire of many educators to get these important DBT skills to students at an earlier age, we designed and developed DBT STEPS-E, which

includes background and implementation instructions as well as two grade-adapted curricula—one for students in grades K–2 and the other for students in grades 3–5. Because the cognitive developmental stage of elementary students is different from those attending middle and high school, the DBT STEPS-E curricula account for these differences through developmentally appropriate lessons with language, engagement style, and examples that are tailored to elementary students similar to the adaptations made by Pereplechikova et al. (2011) in their earlier adaptations of DBT-C.

The need to provide emotion regulation skills, decision-making abilities, and coping strategies to students early in their formal education is well supported by research (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2022; Durlak et al., 2022). By targeting elementary school-based settings, we give students an opportunity to learn skills and strategies that impact their mental wellness at an early age and help develop a foundational toolkit of emotion regulation skills and decision-making strategies that are needed throughout life. Among the many choices of SEL curricula for elementary students, DBT STEPS-E offers a unique set of skills that are empirically based and focus specifically on emotion regulation skills, coping strategies, decision-making abilities, and relationship skills.

DBT STEPS-E is not a therapy program nor is it a replacement for more intensive services such as outpatient therapy. Rather, DBT STEPS-E is a set of skills-based curricula that are foundationally based in Dialectical Behavior Therapy (Linehan, 1993, 2025) and is designed to be delivered to elementary age students in universal (Tier 1) or selective (Tier 2) school-based settings as an upstream SEL program within a multi-tiered systems of support (MTSS) framework. We believe that all elementary students can benefit from DBT STEPS-E in their daily interactions with peers, teachers, and family members. The goal of DBT STEPS-E is to help children develop skills, coping strategies, and decision-making abilities that allow them to regulate their emotions, solve problems, improve their relationships, and enhance their lives.

The DBT STEPS-E curricula are designed to be taught by general education teachers, school personnel, or school-based mental health professionals and do not require formal training in the area of mental health. Given there are likely cognitive stage differences between young elementary students (grades K–2) and older elementary students (grades 3–5), it became necessary to subdivide the instructional content into two separate curricula that address the different learning styles and attention duration (Nortje, 2021) between younger and older elementary students. We used Piaget’s framework of cognitive development to guide our curricula development (see Chapter 2 for more details). The two separate curricula provide skills in each of the four primary areas or “modules” consistent with DBT STEPS-A: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. This consistency allows for skill continuity of language and strategies as students move from elementary school into middle school and then into high school.

THE NEED FOR SEL FOR ELEMENTARY STUDENTS

The rationale for teaching SEL skills and strategies at the elementary level is similar to why schools begin teaching academics at a similar age—they act as a foundation and building blocks for the future. We see the analogy of elementary SEL skills and strategies being similar to

elementary reading, where learning the basics of understanding emotions and developing automaticity in emotion regulation is similar to phonemic awareness, phonics, and fluency (Tunmer & Hoover, 2019) in reading. Similarly, math facts, such as addition and subtraction, are often taught before more complex problems of multiplication and division are introduced, because the building blocks are necessary to provide the foundation when more complicated math problems are encountered. The same applies to emotional regulation, where the foundational skills are needed and practiced for when more complicated situations occur in adolescence and adulthood. The development of SEL skills and the basics of academic learning are equally essential, working together to educate and support the whole child.

From the Field

"I feel that when younger students can learn tools through SEL curricula to regulate their emotions, the stronger they become in managing issues in order to be more effective learners. When younger students learn to feel their emotions and be mindful in their reactions, it will lead to a lifetime of regulation. These skills impact social-emotional learning AND impact students' education, attention, and ability to control, bringing more joy into their lives."

—Tanya, special education teacher

"I think younger kids should learn the skills because it helped me deal with stressful situations. As I started middle school, I already practiced the skills. I was able to use skills at home during arguments, in school, and during sports games."

—Tyler, DBT STEPS-E student

The prevalence of mental health difficulties among elementary age children is higher than many realize (Radhakrishnan et al., 2022). Even before the COVID pandemic, mental health issues among youth were increasing (Sanchez et al., 2018; Underwood et al., 2020). Sanchez and colleagues (2018), who conducted a meta-analysis that included over 50,000 elementary students, found that mental health issues of externalizing (i.e., antisocial behavior, hyperactivity) and internalizing (i.e., anxiety, depression) behaviors decreased when schools implemented mental health strategies into their academic instruction. The overall effects were small to medium, with an interesting finding that targeted and selective strategies showed the strongest impact.

Consistent with the findings above, the CDC found that the three most prevalent mental health difficulties in elementary schools before the COVID pandemic were ADHD, anxiety, and depression, ranging from 7 to 9% prevalence in the population (Jones et al., 2022). Additionally, rates of suicide among elementary age children have been increasing, especially among Black children ages 5–12 (Radhakrishnan et al., 2022). After the COVID pandemic, these mental health difficulties went from bad to worse, with approximately a third of parents identifying mental health difficulties among their children, including 19% reporting symptoms of anxiety and 13% reporting depression (Flannery, 2022). School-based mental health professionals have not been able to keep up with the increased demand, especially since the pandemic. Thus, the need for elementary schools and school personnel to address mental health issues among their student population needs to change from a "waiting to fail" approach (Cook et al., 2015) to a

more proactive upstream approach, where all students receive SEL instruction and support, which is consistent with an MTSS framework (see Chapter 4 for a more detailed description of MTSS).

The approach of delivering SEL curricula at the universal level provides a win–win scenario for students and school staff. Teaching SEL to all students allows them to regulate their own emotions before they become too strong, resulting in fewer instances of behavior that requires disciplinary action. This benefits teachers by keeping students in class, which allows for more in-class instruction, and school administrators, who will likely spend less time on disciplinary actions, see a reduction in student confrontations along with improved student mental health. The data from two meta-analyses have been clear and show broad support in areas of increased SEL skills, attitudes, GPA, and prosocial behavior while reducing conduct problems and emotional distress (Durlak et al., 2022; Greenberg, 2023). Taylor and colleagues (2017) conducted a meta-analysis of 82 SEL interventions in K–12 schools and found that students who received well-designed and well-implemented SEL instruction benefited in the areas of academics, behaviors, attitudes, and skills. In addition, students who received SEL instruction benefited over the long term as demonstrated by decreased drug use, emotional distress, and antisocial behavior.

From the Field

“The STEPS-E skills are complementary to academic achievement and align with expected social and emotional learning competencies among our elementary students. They are particularly effective for helping young learners with self-awareness, self-management, social awareness, and relationship skills-awareness.”

—Paul, K–12 school educator and administrator

Since the publication of the DBT STEPS-A book and the global isolation of students as a COVID precautionary measure, the need for SEL curricula at all schools (Greenberg, 2023; Kaspar & Massey, 2023), especially at the elementary levels (Raimundo et al., 2024), has become a major priority. This focus on teaching mental wellness skills and strategies to elementary students is evidenced by examining the number of SEL curricula developed and approved by CASEL (2022) over the past 10 years. In examining CASEL’s approved programs, of which there are 99 designated as “SElect” (meaning the program “demonstrates evidence of effectiveness at improving student outcomes at the highest level, supports students’ social and emotional growth through all five competencies, and offers multiyear programming”) or “Promising” (meaning the program “demonstrates evidence of effectiveness at improving student or teacher outcomes, as well as supporting students’ social and emotional growth through at least two competencies; may offer multiyear programming”), 55 are geared toward elementary students, kindergarten through sixth grade. Interestingly, though, only 11 (20%) of those 55 programs formally examined their impact on reducing emotional distress in elementary students, a core component (CASEL, 2022) and focus of DBT STEPS-E. Table 1.1 provides a review of the 11 elementary SEL programs that formally assessed emotional distress as an outcome. It should be noted that some SEL programs not listed in the table may also reduce emotional distress but no formal evaluation was conducted in their outcome studies, making it difficult to determine the impact.

TABLE 1.1. Elementary SEL Programs That Reduce Emotional Distress, According to CASEL (2022)

Curriculum name	Structure	Intended grade level	Outcome	CASEL category
4Rs	Free-standing lessons	K–8	Grades 3 and 4: Reduced emotional distress, reduced problem behaviors, improved social behaviors, improved other SEL skills and attitudes	SElect
Merrell’s Strong Kids	Free-standing lessons	K–12	Grades 1–6: Reduced emotional distress, improved other SEL skills and attitudes	Promising
Mindup	Free-standing lessons	PreK–8	Grades 4–7: Reduced emotional distress, improved identity development and agency, reduced problem behaviors, improved social behaviors, improved other SEL skills and attitudes	SElect
PATHS	Free-standing lessons	PreK–6	Grades PreK–3: Reduced problem behaviors, improved school climate, improved school connectedness, improved social behaviors, improved other SEL skills and attitudes	SElect
Resolving Conflict Creatively Program	Free-standing lessons	PreK–8	Grades 1–6: Reduced emotional distress, reduced problem behaviors, improved social behaviors, improved other SEL skills and attitudes	SElect
Responsive Classroom	Teaching practices	K–6	Grades 1–4: Reduced emotional distress, improved academic performance, improved social behaviors, improved teaching practices	SElect
Second Step Elementary	Free-standing lessons	K–5	Grades K–5: Reduced emotional distress, reduced problem behaviors, improved social behaviors, improved other SEL skills and attitudes	SElect

(continued)

TABLE 1.1. (continued)

Curriculum name	Structure	Intended grade level	Outcome	CASEL category
Social Skills Improvement System (SSIS) Classwide Intervention Program	Free-standing lessons	PreK–8	Grades 1 and 2: Reduced emotional distress, improved school connectedness, improved social behaviors, improved teaching practices	SElect
SSIS Social Emotional Health Edition Classwide Intervention Program	Free-standing lessons	1–12	Grade 2: Reduced emotional distress, improved social behaviors	SElect
Tools of the Mind	Teaching practices	PreK–K	Grade K: Reduced emotional distress, improved academic performance, reduced problem behaviors, improved school connectedness, improved other SEL skills and attitudes	Promising
Zippy’s Friends	Free-standing lessons	K–2	Grade 2: Reduced emotional distress, improved other SEL skills and attitudes	Promising

WHY DBT STEPS-E?

With most of the 11 selected programs showing a reduction in emotional distress, why choose DBT STEPS-E, and how is it unique or different? First and foremost, DBT STEPS-E is developed and based on the theoretical foundation of Dialectical Behavior Therapy, which is an evidence-based therapeutic approach that has shown to reduce patterns of strong and intense emotions. This primary focus on emotion regulation skills and strategies based on an established therapeutic approach makes DBT STEPS-E unique compared to the SEL programs listed in the table. Second, the language and skill set learned in DBT STEPS-E provides the foundation for the same set of skills and language in the complementary middle and high school SEL program. Only two of the 11 identified SEL programs potentially have a similar continuity of skills and language from K–12. Third, the lesson design and structure of DBT STEPS-E allow for adaptability to students’ needs based on the teachers’ or instructors’ experience and expertise without sacrificing content. This is particularly important for students who are receiving special education services and schools with diverse student populations. And finally, the implementation of DBT STEPS-E does not require any digital technologies, making it widely available to various school-based settings and providing educational equity across schools and districts with disproportional resources.

In evaluating SEL programs for elementary students, it is important to note that the outcome of “reducing emotional distress,” defined by CASEL as reducing symptoms of depression, anxiety, and the like, is an “after the fact” outcome and reactive, meaning the symptoms are already present. This is similar to the “waiting to fail” approach that many schools use in addressing their students’ mental health and academic needs (Cook et al., 2015). The DBT STEPS-E curricula provide an upstream approach to prevent or at least reduce the anxiety and depression symptoms before they become patterns of behavior. Thus, for children who are noticing and feeling that things might not be right in their bodies or environments, DBT STEPS-E gives them the skills and strategies to identify their emotions, reduce the intensity of these emotions and stop their symptoms from progressing, and in fact possibly alleviate their distress altogether.

From the Field

“Learning skills has helped me to control my emotions. Before I learned strategies, I would cry and say things that were hurtful and unintended. I started learning DBT skills in 2nd grade and they have been a big part of my life for 4 years now. First, I needed to figure out where my emotion was coming from and then I learned a strategy to solve it.”

—Tyler, DBT STEPS-E student

In addition, DBT STEPS-E provides strategies for students to remain skillful and effective when they are actively experiencing strong emotion dysregulation. This universal type of approach puts the emphasis on emotion regulation and management: providing strategies for those experiencing emotional pain, prevention skills for those vulnerable to their emotions, and skills and strategies to maintain or promote emotional wellness. Thus, we believe that all students would find the DBT STEPS-E curricula valuable.

If it’s too late on the prevention side for some students, DBT STEPS-E offers a unique set of skills and strategies to help elementary students who are already feeling intense or strong emotions—in other words, intervention. The ability to provide specific skills to children as young as five sets DBT STEPS-E apart from other SEL programs, and is important because it prevents the situation from getting worse. It is often the escalated behaviors that are noticed by school personnel and potentially result in disciplinary action by the school administrators.

Finally, DBT STEPS-E offers a proactive approach to counter the disproportionality of students of color in special education classrooms, especially those with emotional and behavior disorders (Landrum, 2000; McKenna, 2013). Researchers have identified numerous factors, such as stigma and implicit bias from teachers related to behaviors from students of color, and use of teacher/instructor-reported referral tools, as part of the problem. Because teacher/instructor referrals are biased toward externalizing behavior (i.e., those outwardly displayed), students who engage in impulsive, rule-breaking, and confrontational behavior are more likely to be identified for emotional and/or behavioral disorder (EBD)—type services. This means that students with internalizing difficulties, such as depression and anxiety, are underrepresented, and often their mental health challenges and issues get worse because they are not identified for services. Moreover, by teaching DBT STEPS-E skills and strategies at an early age, students from diverse racial, ethnic, religious, and socioeconomic backgrounds are empowered to regulate their strong emotions without making their emotions or behaviors worse.

ALIGNMENT OF DBT STEPS-E WITH CASEL COMPETENCIES

Given the potential for DBT STEPS-E to help the vast majority of elementary students’ SEL needs, and the strong framework of CASEL that has been widely accepted, this manual is intended to show how DBT STEPS-E skills fit within the CASEL competencies. CASEL was one of the first organizations to develop SEL competencies, over 20 years ago, and identified five core competencies that constituted their framework: self-awareness, self-management, responsible decision making, relationship skills, and social awareness. States and countries around the world have used these competencies as a framework for developing their own SEL standards for creating legislative policies and implementing SEL programs in school-based settings (Cavioni et al., 2024; Dusenbury et al., 2019). Thus, most states’ SEL standards have relied on the five CASEL competencies as their foundation. Therefore, in developing the DBT STEPS-E curricula, we were intentional in ensuring the set of skills being taught in each curriculum covered all five competencies. Table 1.2 shows a crosswalk of the DBT STEPS-E skills and the CASEL competencies.

It should be noted that CASEL offers one framework for establishing SEL standards. There are likely other frameworks that states and countries have adopted based on public and state government collaborations and committee work. If that is the case, it may be worthwhile to

TABLE 1.2. DBT STEPS-E Skills Crosswalk with the Five CASEL Competencies

CASEL competencies	DBT STEPS-E skills
1. Self-awareness	1. Wise Mind 2. Observe 3. Describe 4. One-Mindfully ^a 5. Nonjudgmentally ^a
2. Self-management	1. SEA/SEAT 2. CAP
3. Responsible decision making	1. Check the Facts 2. Opposite Action 3. Pros and Cons ^a
4. Relationship skills	1. DEAR 2. FACE 3. GIVE ^a
5. Social awareness	1. Observe 2. Describe 3. FACE 4. Wave Skill (Mindfulness of Current Emotion) ^a 5. GIVE ^a 6. One-Mindfully ^a 7. Nonjudgmentally ^a

^aDenotes skills only taught in DBT STEPS-E grade 3–5 curriculum.

create a crosswalk between the DBT STEPS-E skills and the specific state and/or country SEL standards.

BARRIERS AND CHALLENGES FOR DBT STEPS-E

As with any SEL curriculum, there are several barriers and challenges that are important to address regarding DBT STEPS-E. (Although we will identify several here, Chapter 4 will go into much greater depth about the implementation issues and barriers, and will offer some strategies to overcome them.) First, getting administrative and school buy-in to implement an SEL program. We have found that without administrator buy-in, implementation of SEL programs tends to be short-term and not sustainable. Administrative support also impacts scheduling, which is another barrier schools have identified. Second, providing teachers with appropriate training and support to help them implement DBT STEPS-E, especially in the first year, is key. Formal training should provide background, curricula content, and opportunities to practice teaching some of the skills so they can build confidence before implementing it with their students. Third, addressing implementation issues of fidelity and adaptation, which can often be barriers. Both of these are important in helping make DBT STEPS-E relevant and attainable to the specific student population needs. Finally, maximizing the school environment. The school environment can often be a barrier because it doesn't support the skills and strategies outside the classroom, which is where we want the students to practice the skills. Thus, having teachers, support staff, and administrators onboard who know the language to support skill use and practice is important. As said above, a more detailed description of these barriers and other issues, along with potential solutions, are discussed in Chapter 4.

HOW THIS BOOK IS ORGANIZED

This book is divided into four parts. The two chapters in Part I provide a general overview of DBT STEPS-E. Chapter 1 introduces the need for emotion regulation in schools and examines the impact of the COVID pandemic on elementary students. This chapter includes: (1) the need for SEL in general, (2) how DBT STEPS-E, specifically, is unique, (3) why we believe in a universal upstream approach, (4) the research foundation of SEL programs among elementary students, (5) the barriers and challenges of implementing SEL programs within school-based settings, and (6) the need to divide the DBT STEPS-E program into two separate curricula given the different developmental stages of kindergartners through second graders versus third through fifth graders.

In Chapter 2, we focus on the downward extension of DBT STEPS-A, highlighting the similarities and differences among DBT STEPS-E for grades K–2, DBT STEPS-E for grades 3–5, and DBT STEPS-A curricula. A table is provided to show the structural similarities and differences in the lessons that are taught in each curriculum. A further comprehensive discussion of the grades K–2 and 3–5 curricula highlighting the similarities and differences also occurs in this chapter.

The three chapters in Part II address implementation of DBT STEPS-E curricula. Chapter 3 discusses a model of inclusion and why we believe it is necessary to provide an inclusive

environment when teaching DBT STEPS-E. After that, we provide the structural sequence of implementing DBT STEPS-E for both the K–2 and 3–5 curricula, and the rationale for the recommended sequence. This is followed by a brief overview of the components of a lesson. Once the components of a lesson are described, we present an overview and description of each lesson along with the rationale for why we think it's important to teach these particular skills to young students. In doing so, we highlight which lessons/skills are aligned with the four respective DBT modules (Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness) that comprise the curricula.

In Chapter 4, we discuss implementation issues, adaptations, and the school environment. Given the general nature of school environments, this chapter examines implementation and adaptation issues at four different levels: the school environment level, the administrative level, the teacher level, and the student level. Additional content in this chapter provides a generic MTSS framework as well as supplemental resources that may be helpful in delivering DBT STEPS-E. Within the supplemental support portion, there are detailed discussions of the importance of cultural considerations for the student populations receiving the curricula, the need for inclusion, and why we believe that all students should receive the DBT STEPS-E curricula.

Chapter 5 consists of “Feedback from the Field”—contributed by those teachers, special educators, counselors, administrators, and students who provided feedback on the development of the early DBT STEPS-E lessons. This group is described in much greater detail in Chapter 5 and includes: Tanya Leonard (elementary and middle school special education teacher), Paul Reinert (teacher, elementary school administrator, and associate professor), Betsy Eichenlaub-Jerome (elementary guidance counselor), Kristy Wood (elementary teacher), Jane Doe (elementary teacher), Jill Doe (kindergarten teacher), Lyla Taddei (elementary and middle school teacher), Lindsey Toth (elementary counselor), Tyler (DBT STEPS-E student), and several other students who wish to remain anonymous. In addition, this chapter provides a set of “Frequently Asked Questions” regarding strategies for implementing DBT STEPS-E, which are answered by school personnel who pilot-tested the curricula and lessons and/or support the implementation.

Part III contains the instructional materials for the K–2 curriculum: 12 detailed lesson plans for the instructors/teachers, and the handouts and activity sheets for the students.

Part IV contains the instructional materials for the grade 3–5 curriculum: 16 detailed lesson plans and the accompanying student handouts and activity sheets.

CONCLUSION

The need for SEL programs in schools is exploding. The DBT STEPS-E curricula fill a niche of teaching young students crucial emotion regulation skills, coping strategies, decision-making abilities, and relationship skills. This chapter highlights the unique attributes of the DBT STEPS-E curricula compared to other elementary SEL programs, and the rationale for implementing it at the universal level. The strength of DBT STEPS-E is further demonstrated by the clear alignment of its target skills with the five CASEL core competencies.