

## Learning Outcomes for a Cognitive Behavioural Approach

- For students to understand the core principles of a Cognitive Behavioural Approach.
- For students to recognise the role that thoughts play in regard to both emotions and behaviours and how changing how and what we think can have a significant effect upon altering behaviours.
- For students to become more skilled in recognising, reconsidering and challenging negative assumptions of self-perceptions.
- For students to recognise that CB strategies and techniques can improve both their mental and emotional state.
- For students to become more conversant with issues around wellbeing and the importance of early identification in order to prevent the development of negative, entrenched cycles of behaviour.
- For students to understand and practise a range of CB techniques including: problem identification, making links, identifying and understanding Core Beliefs, Negative Automatic Thoughts, thought control and changing patterns of thinking and behaviour via the use of behavioural 'experiments'.
- For students to experience an increase in motivation, confidence and self-esteem.
- For students to recognise how and why these skills will be useful to them throughout their lives and to feel confident that they can continue to make use of them in order to maintain wellbeing and ensure positive change.
- For students to understand and appreciate the value and power of peer support as a means of promoting wellbeing and preventing the escalation of problems and negative patterns of thinking and behaviour.

# Introduction

Cognitive Behaviour Therapy (CBT) is a specific, goal-orientated therapy which often results in positive change within a short period of time, unlike traditional psychotherapy which can take many years to produce positive results. CBT emphasises the role that thoughts play in regard to both emotions and behaviours. It advocates that changing thought processes can have a significant effect upon altering behaviours. CBT offers individuals a way of talking about themselves, their world and other people and about how what they do affects their thoughts and feelings. The central aim is to reduce so called maladaptive behaviours and psychological distress by altering cognitive process (Kaplan et al, 1995). Unlike many other 'talking treatments' CBT focuses upon the here and now and ways to improve the individual's state of mind in the present time as opposed to focusing on causes of distress of past symptoms.

In the 1960's, Aaron T. Beck, a US psychiatrist and psychotherapist observed that his clients tended to have an 'internal dialogue' going on in their minds. He noted that clients were not always fully aware of emotion-filled 'automatic thoughts' but that they could learn to identify and report them. If a person was feeling upset in some way, the thoughts were usually negative and neither realistic nor helpful. Beck found that identifying these thoughts was the key to the client understanding and overcoming his or her difficulties. He realised that the link between thoughts and feelings was very important. The term 'cognitive therapy' was coined because of the importance placed on thinking by the intervention. Historically the merging of cognitive and behaviour therapies into Cognitive Behaviour Therapy began in the 1980's in both North America and Europe. Most significant to this process was the successful treatment of panic disorder by Clark (1986) and Barlow (1988). As Bailey (2001) states, 'The behavioural emphasis on empiricism with good quality research design was combined with the cognitive focus on content and meaning.' Unfortunately, in comparison to CBT with the adult population, there have been relatively few studies which focus upon its use and effectiveness with children and young people.

## Adopting CBT for Children and Young People

Clinicians using this approach with children and young people have initially extrapolated from findings with the adult population, adapting their approaches to suit the cognitive and emotional development and experiences of each individual child. The increased interest in the use of CBT with this client group has been encouraged by research and reviews which have concluded that CBT is both a promising and effective intervention for treating children's psychological difficulties and problems (Kazdin and Weisz, 1998; Roth & Fonagy, 1996; Wallace et al, 1995). Generally, adaptations by clinicians and therapists include altering the pacing and speed of the therapeutic process to ensure its effectiveness. Also with younger children the therapist is likely to be more active and will make use of a higher proportion of behavioural to cognitive techniques (Bailey, 2001). What is also important to highlight is the fact that for many young children, there will be a need to focus on deficits in social skills or interpersonal problem-solving. This training in social skills and problem-solving will be a part of interventions for a wide range of children, including those with conduct disorder, attention deficit hyperactivity disorder (ADHD), empathy disorders, depression or anxiety and those whose poor social relationships are a strong predictor of poor recovery (Goodyear et al, 1991).

## Thought Restructuring

Children who are depressed or anxious are flooded with negative thoughts, doubts and messages which tend to reinforce their state of inadequacy and low levels of self-esteem. CBT aims to support young people to reconsider these negative assumptions and learn how to change their self-perceptions in order to improve their mental and emotional state. For example, the young person with a social phobia will tend to believe that others do not like them and will ridicule or make fun of them if they make mistakes. By prompting them to understand that simply thinking these things does not necessarily make them true, the possibility of self-perception, change and subsequent acceptance into the peer group becomes a reality, in turn providing them with the confidence to tackle previously avoided social situations. Key to this process is the dictum that our opinions are just that. Opinions are not facts.

Changing negative thought patterns or opinions in order to help control and change behaviours requires practice. Another key element of this approach is the requirement to learn and then put into practice the skills and strategies discussed in the sessions. CBT is based upon the premise that thoughts and behaviours are learned rather than being inherent and they can consequently be 'unlearned'. A key focus of 'Change Your Mind' is replacing these Negative Automatic Thoughts (NATs) with more positive perceptions and beliefs which can be tested via a range of behavioural experiments and tools. What is important to emphasise is the fact that responsibility for the success of the process does remain with the young person and their families and teachers. Talking things through is important but the process, on its own, will not gain the required results. The young person (and those supporting him in the home and school contexts) must be willing to retrain their thought processes and try out new ideas and strategies. The therapist's job is to provide such suggestions and ways of breaking down the recovery process into smaller, more manageable steps which increase the sense of hope and positive outcomes.

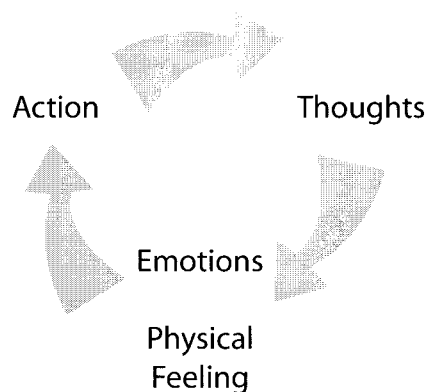
## How does CBT Work?

CBT helps both adults and children to make sense of problems which can, at times, seem overwhelming. As stated earlier, this is done by breaking the problem down into smaller parts which enables the individual to see how they are connected. The parts are as follows:

- The situation – a problem, event or difficult situation (trigger).

From this may follow reactions:

- Thoughts – Emotions – Physical Feeling – Actions.



Each of these reactions can affect the others. The way in which an individual thinks about a problem situation can affect how she feels both emotionally or physically and can also affect actions and behaviours, that is, what she does about it. The process can be described as a 'vicious cycle' creating new situations which make the individual begin to feel increasingly worse. They may begin to believe quite unrealistic and unpleasant things about themselves – interpreting events and others reactions in an extreme and unhelpful way. CBT aims to break this cycle of altered thinking, feelings and behaviour. Once the individual can see the parts of the sequence clearly, she is more able to change them and also how she feels. A key feature of CBT is the way in which it aims to empower individuals to 'do it' for themselves, that is, working out their own ways of tackling these problems. CBT can be delivered on an individual or group basis and there are now copious self-help books and computer programmes for individuals to work through. The individual therapy option usually involves meeting a therapist for between 5 and 20 weekly or fortnightly sessions which last between 30 and 60 minutes. Initially, the therapist will check out if the individual feels comfortable with this sort of treatment and then discuss and agree what the therapy agenda should be in the short, medium and long-term. As described earlier, the therapist will support the client in separating the problem into its component parts and this may involve keeping a diary in order to identify individual's patterns of thoughts, emotions, bodily feelings and behaviours.

The therapist and client will then look carefully at these thoughts, feelings and behaviours in order to work out if they are unrealistic or unhelpful and how they affect each other and the individual concerned. The next step will be to work out how to change these unhelpful thoughts or behaviours. This is not a simple or easy process and the therapist will generally recommend a series of 'take home' tasks in order to begin this process. This may well include replacing a self-critical or unrealistic thought with a positive and more realistic one developed in CBT. It may also include recognising when he is about to do something that will make him feel worse and instead doing something more helpful. The therapist will generally seek to work in partnership with a client and ensure that they decide the pace of the treatment. A key strength of this approach is the way in which the client can continue to practise and develop the skills learned even after the sessions have finished. This makes it less likely that the symptoms or problems will re-occur.

## Change Your Mind – Skills-based Learning

As stated earlier, there is a wealth of recent research to show that CBT is both a promising and an effective intervention for treating children's psychological difficulties and problems. It also involves problem-solving skills training and social skills work. Given the increasing awareness and prevalence of mental health problems amongst young people, this programme aims to articulate these concerns whilst also providing 12 sessions of skill-based learning. The sessions introduce key elements and techniques of the CBT approach and encourage young people to reconsider their negative assumptions and learn how to change their self-perceptions in order to improve their mental and emotional state. The programme is not intended to be delivered as individual 'therapy' per se, but rather as a small group or whole class intervention providing facilitators with a series of tried and tested resources for use with young people. The idea is not to target only those regarded as exhibiting behavioural problems, low self-esteem and anxiety but to include all young people in order to prevent escalation of any difficulties and to provide them with a range of CBT problem-solving strategies and techniques. The programme is both educational and therapeutic in design but is not, in any sense, a

substitute for individual interventions delivered by appropriate clinicians. However, the resources can and do provide useful tools for the clinician engaged in such individual interventions and the Learning Mentor, SENCO or Inclusion Manager wishing to develop a programme of support for an individual student.

The programme is introduced to involved staff via an introductory PowerPoint presentation with facilitator notes and training materials. The PowerPoint presentation introduces CBT as a therapeutic intervention, discusses the importance of identifying wellbeing issues at an early stage, whilst also outlining the contents and aims of the student programme.

The supporting training materials provide staff and prospective facilitators with opportunities to 'try out' some of the resources and practise some of the skills and techniques, for example, problem identification, Core Beliefs, Negative Automatic Thoughts and identifying faulty thinking. This can accompany the PowerPoint presentation or be used independently at follow-up staff meetings.

The student programme is further supported by appendices including fact sheets, letters to parents/carers and information on referral routes to specialist agencies. We feel very strongly that this resource provides young people with the opportunity to develop a range of self-reflection and problem-solving skills that will contribute towards the prevention of more problematic mental health problems in the future. They are introduced to concepts, skills and strategies that can be utilised throughout both adolescence and their adult lives.

#### The Structure of the Publication

The publication is structured as follows:

- Introduction
- Staff Training
- The 12 session programme for students:
  - Session 1: Problem Identification and Making Links – Group Rules
  - Session 2: Core Beliefs
  - Session 3: Focus on Feelings
  - Session 4: Focus on Feelings 2
  - Session 5: Control those Feelings
  - Session 6: NATs and PATs
  - Session 7: Faulty Thinking
  - Session 8: Find the Facts
  - Session 9: More on your Core Beliefs
  - Session 10: Thought Control
  - Session 11: Changing Behaviour
  - Session 12: Problem-solver
- Appendices
  - Information Sheet for Students
  - Letter to Parents/Carers

Information Sheet for Parents/Carers  
Mental Health Fact Sheet  
Child and Adolescent Mental Health Services  
Referral Routes to Specialist Agencies  
Directory of National Mental Health Services  
Sample Mental Health and Wellbeing Policy

### The Structure of Student Group Sessions

Each of the sessions is designed to be delivered in a 45-60 minute period and provides facilitator notes for ease of delivery. The structure is generally as follows:

- Introduction and aims.
- Review of take home tasks.
- Activity 1 – Warm up.
- Activity 2 – Skills and strategies.
- Activity 3 – Skills and strategies.
- Take home tasks.
- Review of the session.

The facilitator(s) can choose to adapt the resources to fit the group needs and requirements and also allow additional time or sessions for more complex strategies and techniques or concepts which students may find more difficult or more motivating.

### Using the Facilitator Checklist

The student programme can effectively be delivered by a range of professionals including school based staff such as SENCOs, Inclusion Managers, Learning Mentors alongside Educational and Clinical Psychologists and professionals supporting young people within the school context.

The facilitator checklist has been devised to both summarise and help staff focus on key issues that need to be addressed at the planning stage. This includes raising awareness of the needs of more vulnerable pupils and practical considerations relating to resources and wider policy implications within the school. As stated earlier, facilitator notes are also provided in the introduction to sessions and in the activities where more explanatory detail is needed. These provide some hints and pointers as to when things may or may not require more sensitive handling.

### A Whole-school Approach

It is hoped that this programme will further prompt facilitators to consider how effectively this kind of work is embedded in the curriculum and how it is best tailored to meet individual and whole-school needs. It may also prompt thinking about how the school manages and supports those who are experiencing high levels of anxiety, low self-esteem and difficulties in maintaining overall wellbeing. A school which has an active policy and well-developed practice on emotional literacy is in a good position to respond creatively and appropriately to children's needs.

# Facilitator Checklist

Preparation for delivery of this programme must include both practical considerations relating to room use, resources and so on, as well as the facilitator's reflection on her own behaviour change, wellbeing, experience and skills as a facilitator and the need to reduce risk and create a learning environment which feels safe for the pupils.

This checklist has been developed to help facilitators prepare thoroughly. It may be useful as an exercise to help establish priorities for discussion or action. It is not definitive and it may be appropriate to add other points that relate more specifically to the situation.

While it is not essential to have all the knowledge, skills and experience implied below, it is essential to be aware of strengths and weaknesses and to take the necessary steps to ensure good preparation. Remember, behavioural change is an emotional topic and may arouse strong feelings and reactions. It is important that the facilitator feels able to 'hold' a group and is prepared to deal with difficulties that arise. It is also important that the learning process is itself 'emotionally literate' and that a supportive, empathic and caring ethos is promoted from the start.

We recommend that two facilitators run the programme. This could be a 'lead facilitator', for example, a Learning Mentor or a teacher, supported by a Learning Support Assistant. Having two facilitators makes it possible to withdraw individuals if necessary. It also means one can take on an observer role if appropriate.

The lead facilitator should have:

- experience of a secure understanding of CBT processes and techniques
- experience of delivering group work and Circle Time
- be committed to developing his own emotional literacy
- a reflective approach to teaching and learning
- understanding of how emotional literacy promotes mental health and school achievement.

Before starting the programme, facilitators should discuss any personal experience of behaviour change with each other which may be helpful or unhelpful. Consideration should also be given to ways in which they will support each other during the programme.

Whole-school Readiness

- In your opinion, has the school dealt with mental health issues amongst staff and pupils?
- Does the school have an active policy on behaviour and bullying?
- Does the school have a member of staff responsible for SEN, travellers, homeless, looked after, adopted children and refugees?
- Are school exclusions dealt with systematically, fairly or as a last resort?
- Will you be supported by senior management?
- How will you deal with colleagues or parents/carers who have a strong negative reaction to this work?

## Groupwork and Team-teaching

- Do you understand the difference between group work and working in groups?

Have you and your co-facilitator discussed:

- how much you will disclose
- how and when you will evaluate each session
- what happens if one of you is absent
- what you will do if a pupil is absent
- the benefits of having one of you taking an observer role for some activities
- a draft opening statement for your first session
- suggested ground rules
- how you will manage any resulting paperwork
- strategies for managing difficult individuals in groups
- a shared view on how you will manage difficulties
- how you would like to give each other feed back?

(Adapted from Rae, T. & Weymont, D. (2006))

## A Final Important Note

As Stallard (2002) states:

Children and adolescents often adopt a short-term problem-focused perspective. They are typically interested in addressing immediate pressing problems rather than embarking on longer-term work. Consequently, with children and young people there is a greater emphasis on facilitating and developing cognitive coping skills rather than addressing underlying schemas or beliefs.

This is, in effect, the rationale for developing this programme. It is not intended to be a substitute for CBT delivered by clinicians in a one-to-one or small group basis. It is a skills-based programme aimed at adolescents who will all benefit from learning the tools of CBT. It will support the development of the wellbeing agenda both within and outside the school context alongside reinforcing the importance of peer support within an emotionally literate environment. The opportunity to learn skills and strategies that reduce anxiety or promote mental wellbeing should benefit all the students targeted, whilst also de-stigmatising the therapeutic process. These tools should be in everyone's wellbeing tool-kit and consistently used both in adolescence and adult life.