

Premier’s Anika Foundation Youth Depression and Awareness Scholarship

CBT for all

Making the benefits of cognitive behavioural therapy (CBT) available to all students

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# Introduction

This report presents the findings of my study tour, undertaken in January and February 2019, investigating applications of cognitive behavioural therapy (CBT) in school settings. I also investigated the feasibility of CBT being implemented as a universal, classroom-based preventative approach to address child and adolescent mental health concerns and ultimately affect lower rates of child and adolescent depression and suicide. This report recounts the focus of my study, significant learning, and important themes that were explored during my study tour, including: the theory, research and practice of CBT; applications for CBT with children and adolescents; applications of CBT in school settings; and the training of school counsellors and psychologists to practice CBT. The report concludes with a summary of my findings and the recommendations I would like to put forward based on my learning.

# Focus of Study

My study focused on school-based applications of CBT – a highly efficacious and effective approach to the treatment of multiple mental health conditions in children and adults, often referred to as the ‘gold standard psychotherapy’ (David, Cristea, & Hofmann, 2018). During my study tour, I sought to undertake advanced professional learning in the theory and practice of CBT by visiting world renowned training institutions and experts in the field. I also sought to investigate applications of CBT with child and adolescent populations and its application in school-based settings. Finally, I aimed to investigate the potential of CBT being applied in schools as a universal, classroom-based preventative intervention, aimed at curtailing mental health problems, such as depression and suicide, before they present in children and adolescents.

# Significant Learning

The most significant learning gained on my study tour included:

* CBT is best conceptualised as a multifaceted group of psychotherapies, centred around a singular conceptualisation of mental health difficulties – that they result from dysfunctions of thought and behaviour. Whilst they share this common axiom, CBT varies in its structure, applications and proposed mechanisms of action
* CBT can, and has been, extensively applied to the treatment of mental health conditions in children and adolescents in clinical, research and school-based settings, with results suggesting it can be equally as effective in all contexts
* the most powerful active ingredient in CBT directed at children and adolescents is behavioural intervention. That is, direct modification of behaviour to produce changes in emotional wellbeing. Of these varied strategies, exposure is perhaps the most powerful technique
* CBT can and has been applied as a universal, preventative intervention for child and adolescent mental health concerns in school settings. However, the effectiveness of such programs is contingent on a range of factors including top-down policy, commitment and engagement from schools and staff, and support through appropriate resourcing.

“Men are disturbed not by things, but by the views which they take of things.” – Epictetus Epictetus (as cited in Vivyan, 2018).

## CBT: Theory, research and practice

CBT posits a simple yet powerful explanation for the aetiology of mental health issues: that they are, at their core, the result of **dysfunctional** or **unhelpful** styles of thinking and behaving (The Beck Institute, 2019). Take, for example, the situation where a person finds her/himself eating fast food (situation), and has the thought, “I am so hopeless; I know this is bad for me, but I can’t stop eating it!” (L. McGinn, personal communication, 2019, January 14). This thought or cognition would likely lead the person to have feelings of sadness, hopelessness and guilt, which may in turn lead the individual to eat even more unhealthy food to feel better. This simple example illustrates how thoughts, feelings and behaviours work together to give situations their meaning – whether positive or negative.

### Theory

The primacy of the cognitive model was emphasised at all stages of my CBT training (The Beck Institute, 2019; The Albert Ellis Institute, 2019). The model that explains how our (A) thoughts, (B) emotions and (C) behaviours are intrinsically linked – a model which has a strong basis in research from cognitive and behaviourist psychologists.

Figure : Diagrammatic overview of the ‘cognitive model’ explaining the link between thoughts, feelings and behaviours (created by Andrew Stephens 2019)

The model also posits three distinct layers of cognition: automatic thoughts, intermediate assumptions and core beliefs, each of which influences one another and the way individuals perceive and react to circumstances – both emotionally and behaviourally (Beck, Creed & Reisweber, 2011):

Figure 2: Diagrammatic overview of the three levels of cognition: automatic thoughts, intermediate assumptions and core beliefs (created by Andrew Stephens 2019)

A further tenet of CBT theory is that people routinely make errors in their thinking – sometimes referred to as cognitive distortions (Beck, Creed & Reisweber, 2011). These errors in thinking can lead to distorted, inaccurate and/or unhelpful automatic thoughts (sometimes referred to as automatic thoughts [ATs]), intermediate assumptions and core beliefs which can lead to emotional distress and maladaptive behaviours.

### Research base

CBT has a very strong research base. Since its inception, multiple qualitative and quantitative studies have been undertaken, including efficacy studies (such as randomised controlled trials), effectiveness studies, as well as reviews, meta-analysis and even meta-analyses of meta-analyses (Hofmann, Asnaani, Vonk, Sawyer & Fang, 2012). This research has shown that CBT is an effective treatment for a range of clinical and subclinical mental health issues in both adult and child populations (Australian Psychological Society, 2018).

### Practice

It follows from the theory explicated above that, by identifying a distressed individual’s cognitions, including her/his automatic thoughts, intermediate assumptions and core beliefs, and examining these for, and rectifying, erroneous thinking, one can positively impact individuals’ mental health (The Albert Ellis Institute, 2019).

CBT sessions typically follow a common structure of: check-in, homework review, agenda setting, content delivery, homework assignment, and summary and feedback (Beck, 2011).

The application of CBT as a therapeutic intervention can be summarised under three main headings: conceptualisation, cognitive intervention and behavioural intervention (Freidberg & McClure, 2018; The Beck Institute, 2019).

Cognitive conceptualisation (sometimes referred to as formulation) is the process of developing a coherent account of an individual’s presenting issues, with reference to her or his life circumstances (situations/activating events), cognitions, including automatic thoughts, intermediate assumptions and core beliefs, emotional reactions and behavioural consequences (The Beck Institute, 2019).

The following is an example of a simple cognitive behavioural formulation that shows how a seemingly innocuous activating event could lead to distinctly negative emotions and behaviours:

Figure 3: Simple cognitive behavioural case conceptualisation (created by Andrew Stephens 2019)

Cognitive interventions include a variety of strategies that are aimed at affecting change in behaviours and emotional states by working on individual’s cognitions. Various strategies that sit under this umbrella include psychoeducation, thought monitoring, guided discovery (also called Socratic questioning), evaluating cognitions and changing unhelpful or inaccurate thoughts and beliefs (Beck, 2011):

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| --- | --- |
| **Intervention** | **Description** |
| Psychoeducation | This involves, in the most basic terms, providing students with information about where their distress is coming from and educating them about the cognitive model. |
| Thought monitoring | Using a monitoring sheet or diary to keep a record of one’s automatic thoughts – this process usually involves monitoring activating events, emotions and behaviours as well. |
| Guided discovery / Socratic questioning | The process of asking strategic questions to guide students to a new, more helpful, way of viewing situations. |
| Evaluating cognitions | A process of weighing up the evidence for and against a particular cognition or thought and considering alternatives to decide whether it is accurate. |
| Changing unhelpful or inaccurate thoughts and beliefs | Revising unhelpful or inaccurate thoughts and beliefs to generate new, more helpful and functional alternatives that will lead to better feelings and actions. |

Figure 4: Description of cognitive interventions

Behavioural intervention, by contrast, involves a variety of strategies that are aimed at affecting change in cognitions and emotional state by working on individual’s behavioural responses. Some strategies that fall under this umbrella include behavioural monitoring, behavioural experiments, activity scheduling, and exposure and response prevention (Beck, 2011):

|  |  |
| --- | --- |
| **Intervention** | **Description** |
| Behavioural monitoring | This involves monitoring one’s behavioural responses and looking for common themes – it is generally done in combination with thought monitoring exercises. |
| Behavioural experiments | These involve establishing an hypothesis about the consequences of a particular behaviour (e.g. “If I share an idea in class, everyone will yawn and think it’s boring.”) and then carrying out an experiment to test it (e.g. Sharing an idea in class and monitoring others’ responses). |
| Activity scheduling | This is a common intervention for low mood which involves scheduling a series of activities that will likely lead to pleasure and mastery (e.g. exercising, undertaking leisure activities, cooking, socialising) to promote activity and improve mood. |
| Exposure and response prevention | This is one of the most common and effective interventions for anxiety. It involves gradually exposing an individual to a feared stimulus (e.g. providing a student who fears going to school opportunities to encounter school situations) and preventing maladaptive responses that will maintain anxiety (e.g. avoiding school) until she or he habituates to the stimulus and it no longer causes problematic levels of anxiety. |

Figure 5: Description of behavioural interventions.

## CBT for children and adolescents

CBT has long been applied to adults presenting for treatment, however, more recent practice and research efforts have shown it to be an effective intervention in child and adolescent populations as well (Oud et al., 2019) – albeit with suitable modifications.

Some common modifications to appropriate CBT for children and young people include placing more emphasis on behavioural, as opposed to cognitive, intervention; using creative strategies to teach and illustrate cognitive concepts; building in tangible reinforcements and rewards for compliance; and involving family, teachers and carers (Freidberg & McClure, 2018).

## CBT in school settings

CBT can, and has been, successfully implemented in school settings to improve wellbeing outcomes for students (Chiu et al. 2013). With appropriate modifications and accommodations, the CBT structure and framework can be adapted for application by school counsellors and psychologists with students in their schools (Beck, Creed & Reisweber, 2011). Some examples as explicated by Beck, Creed and Reisweber (2011) include:

* working more at the level of automatic thoughts, as opposed to intermediate assumptions or core beliefs
* ensuring clear goals are collaboratively set with students
* ensuring one elicits a comprehensive list of all problems facing the student
* introducing the cognitive model at an early stage of treatment
* socialising students into the CBT session structure and adhering to this
* reframing crises in terms of the cognitive model
* assigning only small and manageable homework tasks
* involving students’ families, where possible.

## Training of school counsellors and psychologists

### Training and qualification requirements

Whilst there are no formal training requirements that must be met before one is allowed to practise CBT, all experts with whom I met stressed the importance of formal training to develop competency in new practitioners to this modality.

### Content of training programs

The following were stressed as vital components of any comprehensive training program: (S. Dunsmuir, personal communication, 2019, February 11; L. Raffaele-Mendez, personal communication, 2019, February 6; G. Squires, personal communication, 2019, February 8):

* training in the background, theory and research basis for CBT
* experiential exercises, where trainees are encouraged to apply CBT principles to themselves and reflect upon its impact
* instruction in case conceptualisation, cognitive intervention and behavioural intervention strategies for students of varying ages and developmental levels
* practical training in the implementation of all skills taught
* evaluation and feedback on trainees’ performance using standardised tools, such as the Cognitive Therapy Rating Scale.

### Professional and peer supervision

All expert teachers of CBT with whom I met stressed the vital importance of ongoing supervision in order to achieve competency in this therapeutic modality (The Beck Institute, 2019; L. McGinn, personal communication, 2019, January 14; P. Kendall, personal communication, 2019, January 22). It was stressed, however, that supervision can be flexible and take multiple forms. Whilst professional supervision from a senior and experienced CBT practitioner is recommended in the early stages of training, peer supervision involving consultation and liaison with practitioner peers is also highly valuable in improving clinical skills, and so is group supervision sessions where multiple practitioners provide input and support to each other in specific areas of CBT implementation.

### CBT consultations in schools

A cornerstone of Cognitive Behavioural Consultants’ (CBC’s) – a large clinic providing therapy, consultation and professional development in cognitive behavioural psychotherapies – operational model is the facilitation of consultations – that is, meetings of CBT practitioners to discuss cases, dilemmas, and gain additional expertise and training. I was fortunate to have had an individual meeting with Dr Magda Buczek (personal communication, 2019, January 17), Coordinator of Consultation Services, to discuss the consultation model. Dr Buczek talked with me about how consultations support and enhance the effectiveness of individual therapists’ work with students. She explained how CBT consultations are modelled closely on the consultations which have long been a mainstay of dialectical behaviour therapy (DBT). They also follow a similar structure to DBT consultations, in that they are (ideally): highly structured, planned, purposeful and coordinated. Dr Buczek emphasised the value in CBT consultations, but also highlighted some common problem areas, including the lack of preparation and lack of motivation on the participants’ part, difficulty scheduling consultations due to competing priorities in schools, and (closely related) lack of support from school administration.

During my visit to CBC I was extended an invite to sit in on a CBT consultation. The consultation group consisted of a range of therapists with varying levels of experience and expertise. All points and cases for discussion were scheduled in advance and set out in the consultation agenda. Those wishing to discuss a case provided a brief summary including the client’s relevant diagnoses, the outcome measures used, the aspects the therapist was seeking help with (e.g. case formulation, applying therapeutic tools, assessment, building empathy, etc.), the self-reported urgency of the case, and an estimated time for discussion. It was a very encouraging experience to witness the power of peer discussion firsthand, as individual therapists presented their cases and dilemmas, and were met with a multitude of helpful suggestions and

## CBT as a universal, preventative intervention in schools

The various experts and practitioners with whom I met all emphasised the potential for CBT to be implemented not only therapeutically for existing mental health issues, but also preventatively as a first line intervention to curtail the emergence of mental health problems, including depression and suicidal ideation, in children and young people (P. Kendall, personal communication, 2019, January 22; L. McGinn, personal communication, 2019, January 14; L. Raffaele-Mendez, personal communication, 2019, February 6).

### Available programs and implementation in Ireland

FRIENDS for Life program (Barrett, Lock & Farrell, 2005; herein referred to as FRIENDS) is a universal, preventative, CBT-based program authored by Professor Paula Barrett of Macquarie University in Sydney (FRIENDS Resilience, 2017). The program is specifically recommended by the World Health Organisation (WHO). Dr Richard Ruttledge, Elizabeth Charles and Eileen Devitt (personal communication, 2019, February 14) of Ireland’s National Educational Psychological Service were involved in a large-scale trial of FRIENDS in primary schools in Ireland. The study, published in 2016 in The Journal of Education and Child Psychology, demonstrated significant positive effects on students’ wellbeing as a result of the program (Ruttledge et al., 2016). Following the success of this pilot, 5,000 school teachers were trained by educational psychologists to facilitate the program.

Some factors the team highlighted as contributing to the program’s success included the enthusiasm with which the participating teachers approached the program, the fact that teachers were the facilitators – and brought their already strong relationships with their pupils with them, that educational psychologists who are already embedded within the school system delivered the training, and that the program was based on very strong psychological principles. Issues to consider in the successful implementation of any universal program to promote social and emotional learning are that interventions are culturally relevant, and that implementation is supported by training and fidelity to the programme is ensured.

### Resourcing and support requirements

All experts and key personnel whom I met on my study tour stressed the importance of appropriate resourcing and systemic support for universal, preventative interventions to be affective. In particular, it was highlighted the appropriate levels of investment in training and top-down support from administrators were essential prerequisites for a program’s success.

### Training of school staff, including teachers

In the implementation of FRIENDS in Ireland, training was delivered to teaching staff by educational psychologists over two days. The first day focused on educating teachers about the theory behind the program, including principles of CBT, while the second day focused on how teachers could deliver the skills embedded in the package.

# Conclusion

In summary, my learning on my study tour has taught me that CBT is a powerful model for both prevention and intervention with mental health issues. Its core tenets are widely applicable for adults, children and young people both outside and inside school settings. Appropriate training in CBT includes components of both formal training and ongoing supervision and consultation for CBT practitioners. In addition to its treatment potential, CBT also has the capacity to positively influence child and adolescent wellbeing in a preventative fashion.

In conclusion, CBT is an effective treatment and preventative intervention with the potential to positively impact the wellbeing of all students.

In light of my study tour findings, I would like to recommend that:

* all school counselling and psychology staff would benefit from targeted training and professional development in CBT
* opportunities for ongoing professional supervision, peer supervision and consultation in CBT for school counselling and psychology staff would be beneficial
* investment in universal preventative programs, such as the FRIENDS program, would be of benefit to the long-term wellbeing of all school students.

## Dissemination

Since returning from my study tour, I have undertaken a variety of dissemination activities. These have included delivering training and workshops to my colleagues on the nature and application of CBT in school-based settings. These training sessions have involved seminars of two-hours delivered to individual school counselling/psychology teams, a three-hour training session delivered as a twilight (i.e. after hours) workshop to a group of school counselling/psychology teams, by invitation from the Senior Psychologist, Education. a webinar will be made available to school counsellors/psychologists working in the Western Sydney region, as well as a whole-day training workshop hosted by the Australian Psychologists and Counsellors in Schools Association, NSW (APACS NSW), delivered to a group of 30 early career school counsellors/psychologists.

In addition, I have successfully submitted an abstract to present at the 2019 Australian Psychologists and Counsellors in Schools Association National Conference to be held in Perth in October, 2019, where I will share my study findings. I have also successfully, submitted abstracts to present at the International School Psychology Association Conference in Basel, Switzerland, and the prestigious World Congress of Behavioural and Cognitive Therapies that was held in Berlin in July, although dissemination funds to support my attendance were declined, thus I sadly had to decline these offers.

My final planned dissemination activity involved the development of a unique CBT-based, universal, classroom-based preventative program for delivery to children and adolescents in NSW public schools. My proposed project will be unique and distinct from others in existence in that it will be freely available, designed specifically for delivery by classroom teachers, and linked to the Australian curriculum. This project will, of course, depend on support from my employer, the NSW Department of Education, and the adequacy of my dissemination funds budget.

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