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Using CBT in Educational Settings

Thoughts
Feelings
Behaviour

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Introduction

It's a typical day for Josh in Anytown High School; he's in trouble again! A shout of protest from the back of the class, "Miss, Josh kicked me". "Why did you do that", his teacher asks. As usual, he doesn't know, or at least that's what he tells his teacher. This happens about once a day, often outside of the classroom. Josh is not the only one like this.

Many schools have pupils like Josh. They present low frequency behavioural difficulties that interfere with learning outcomes or cause disruption to the smooth running of the school. The low frequency of the behaviour makes it difficult to apply a standard behaviourist framework of collecting information about antecedents and applying contingencies to aid learning of alternative and more acceptable behaviours. This is further confounded by the unpredictability of where the behaviour will occur, and often it is away from adults making the application of rewards and sanctions more difficult. Yet the persistence of the behaviour over a long time makes it wearing on pastoral staff and gradually leads the young person on the path towards exclusion.

For some of these pupils it is their emotional responses to events in school that leads to their emotional over-reaction. The result is unacceptable behaviour that gets the child into "trouble". Many children like Josh fall into recognisable categories: they may be over-anxious; aggressive; be considered to be a bully; or, be a victim of bullying.

For other pupils the difficulties may be far reaching and exist beyond school. Examples include social phobias; sleeping problems; panic disorders; performance anxieties; obsessive behaviours and rituals; and, attentional difficulties. Pupils may be withdrawn or have low self-esteem.

It is not only pupils that respond like this. There are times when adults in school respond in a similar way.

The staffroom door opened and in came Julie, a teaching assistant. "Oh! That child! I'm sure he just swears because he knows it makes me so mad! The more he says those words, the more I feel myself blushing, …then I reach the point where I've had enough!" There are tears, right now Julie feels like she can't go on - the stress caused by this child is too much for her.

Examples of work using CBT with adults who work in school includes:

- Stress reduction with Teaching Assistants working with children with Statements for ESBD in mainstream schools
- Mentoring an Assistant Head teacher in developing a social inclusion unit in her school for adolescents who had been excluded from other schools.
- Work with class teachers who wanted to improve their classroom management skills in order to include children with behavioural difficulties more effectively.
- Acting as a supervisor during peer supervision with colleagues within the Psychological Service.
- Working with a group of teachers and teaching assistants using CBT principles in a solution focussed staff support group.

What types of problems might CBT be useful for?

Most research into the efficacy of CBT has been done with adults but there is a growing body of evidence showing how CBT might be used with children. A few recent examples are shown below:

Authors	Outcomes
Squires (2001a, 2001b)	Improved self-control and classroom behaviour for children in Year 5 through to Yr 8
Muris, Meesters and van Melick (2002)	Reduced anxiety and depression in children aged between 9 and 12 years. CBT more effective than a placebo intervention (emotional disclosure) and no treatment.
Benazon, Ager and Rosenberg (2002)	Reduction in obsessive-compulsive disorder symptoms in children aged between 8 and 17 years
Sukhodolosky, Kassinove and Gorman (2004)	Meta-analysis of 40 previous studies indicates that CBT is as effective as other forms of psychotherapy used with children aged between 7 and 15 with anger management difficulties. The emphasis on the type of CBT used shows that • Skills training and multimodal treatments are effective in reducing aggressive behaviour and improving social skills • Problem solving treatments were more effective in reducing subjective anger experiences Children with moderate anger difficulties (but not violent behaviour) seemed to benefit most from CBT
Squires (2002)	Anecdotal descriptions of CBT being used with children from Yr 2 through to Yr 12 with difficulties such as: • aggressive responses towards teachers • feeling hated by teachers • over-reacting towards other pupils • feeling 'picked-on' • poor anger management • being over-anxious • exam stress
Squires and McKeown (2003)	Anecdotal evidence of CBT being useful in helping children with literacy difficulties deal with their emotional responses when faced with text.
Humphrey and Brooks (2006)	Anger management for secondary pupils at risk of exclusion
Siqueland, Rynn and Diamond (2005)	67% of adolescents aged between 12 and 18 who were diagnosed with social phobia, generalised anxiety disorder or separation anxiety improved sufficiently to not meet the criteria for the diagnosis label after 16 sessions of CBT.

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Context in which Educational Psychologists use CBT

CBT is usually thought of as something that a therapist might do. A client will refer themselves and then visit a clinic or counselling centre on a regular basis. Time is taken to explore the problem fully, devise interventions and then plan for the time when the client is able to cope without the therapist. A course of CBT might last between 12 and 20 sessions. Educational Psychologists (EPs) in the United Kingdom work in a different context to therapists. This brings some barriers but also provides some opportunities. Inevitably the way in which EPs make use of CBT will be different to the way that many therapists would use CBT.

We can think about the context in which the EP works at many levels. At the highest level is the global level – the structure and nature of the education system is ultimately determined by government initiatives and policy. We can work down through the Local Authority, the school and down to the individual.

At the global level there have been a number of initiatives developed by the Department for Education and Skills in recent years. This has included:

- Every Child Matters (2003) with a focus on lead professionals, multiagency working, teams around families and children, targeting support to vulnerable groups (e.g. Looked After Children, children with Emotional Social or Behavioural Difficulties) and working towards the 5 outcomes for children of Be healthy; Stay Safe; Enjoy and Achieve; Make a positive contribution; and Achieve economic well-being. Further information is available from http://www.everychildmatters.gov.uk/
- The Mental Health and Psychological Well Being of Children and Young People (2004). This gives a vision for providers of services to children's mental health and uses a tier system, pacing EPs at tier 2 of the CAMHS model as specialist community based workers.
- National Healthy Schools Standards (2002 and revised in 2004) This has a section on emotional health and well being (including bullying) See www.wiredforhealth.gov.uk for a downloadable guide for schools.
- Social and Emotional Aspects of Learning (SEAL) as part of the National Behaviour and Attendance Strategy. The primary school phase is now being extended into the secondary school phase. See http://www.standards.dfes.gov.uk/primary/publications/banda/seal/ The downloadable resources and guidance are available from: http://www.bandapilot.org.uk/pages/seal/index.html/ These include a set of photo-cards showing emotions on one side with questions printed on the back to help extend pupils awareness of emotions and emotional vocabulary
- The bringing together of education services and social service to form Children's Services and the introduction of information sharing and Common Assessment Framework. See http://www.everychildmatters.gov.uk/deliveringservices/caf/
- A change in the way that schools are inspected with a new Ofsted Framework and Self-Evaluation Form (SEF) More information is available on www.ofsted.gov.uk/schools/sef.cfm Section 4 of the form is about Personal development and well-being. Local Authorities are expected to completed the

Annual Performance Assessment and Joint Area Review self assessment form (www.ofsted.gov.uk/publications/index.cfm?fuseaction=pubs.summary&id=3890). This has a section on how well the local authority is doing against the 5 outcomes.

Effectively this sets a context in which schools are expected to play a growing role in helping children develop good relationships with others, emotional resilience and good mental health. This should provide a good foundation for most children and if effective will reduce mental health problems of young people.

The nature of the types of work undertaken at school level change as local policy develops. EPs are part of a bigger system – the Local Authority – and this will frame how other people construct our role and themselves in relation to that role and what expectations that they might have on what we can do. This has the potential to be both enabling and also restricting in what we are able to do and the extent to which we are able to engage in therapeutic approaches. For example, there has been a move for many local authorities to reduce the amount of Statutory Assessments undertaken. This has included disentangling funding from Statements and delegating money used to meet special educational needs directly to school budgets. Schools no longer need to involve EPs in the bureaucratic decision making processes around allocating resources to children – teachers are empowered to make this decision for themselves. This has resulted in schools changing the pupils that they are seeking help with – more pupils with complex emotional and behavioural needs are now being referred to EPs and schools are motivated to try and find ways to support these children. This increases demand for therapeutic interventions including the use of CBT.

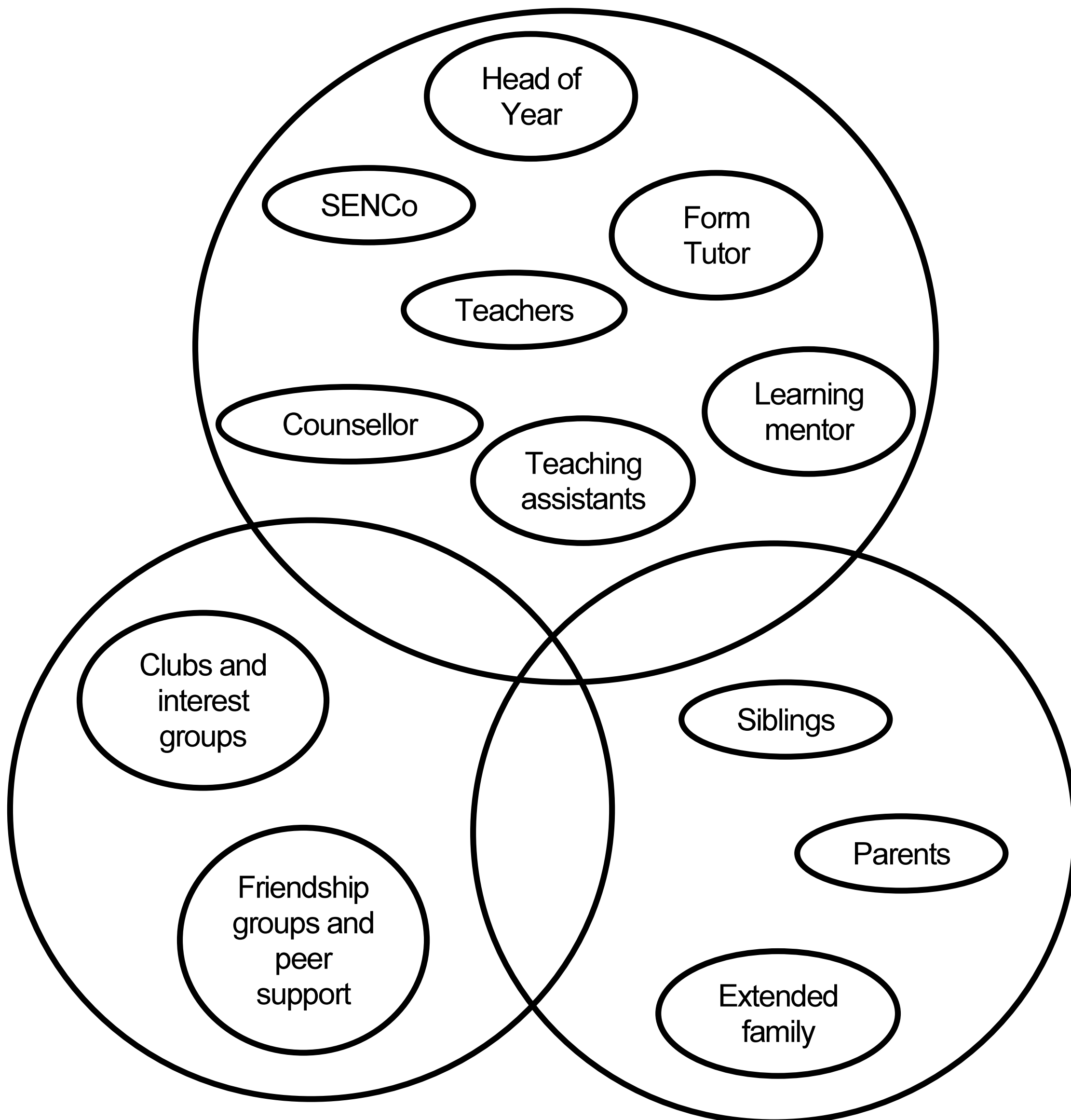
At a more local level, the way that EP services are delivered to schools and the range of work that EPs are asked to do will restrict the time available for extended pieces of therapeutic work. Most EPs have a group of schools that they will visit and work with teachers to support children. The amount of time to do this will be reduced by other non-school related tasks. For example, I work as a half time generic psychologist with the other half of my time allocated to specialist duties. This is an average breakdown of my work in one week:

- 2 days seconded to the University
- 1.5 days school visits to cover 14 schools
- 0.5 days specialist work (dyslexia advice and training for the local authority, Physical Intervention training for special school staff, behaviour development work and project work)
- 0.5 days split between pre-school work and Statutory Assessment
- 0.5 days general admin and travel

This is an important barrier – effectively removing any possibility of therapeutic work that would last more than 6 or 7 sessions.

At the school level, the way that schools are organised provides important social support networks that can be activated to help extend the therapeutic work being undertaken by the EP. The EP will be responsible for assessing the situation, formulating the problem and leading the intervention and structuring work with the child. Other people in the different support networks can be asked to undertake different tasks to help the child. The diagram below shows some of the social networks that might be around for a secondary school pupil – the boundaries between

the networks are likely to be fluid and diffuse (rather than rigid as shown in the drawing).



Social networks for a child in a secondary school

EPs deal with 'problems' that are occurring in complex social systems. The way in which a problem is constructed depends upon the person who is defining the difficulty and their position within the social structure. Usually speaking, it is teachers who define the pupil as having a problem. They also define particular problems as needing attention – pupils might be 'acting out' or they might be 'withdrawn' – I have never had a child referred who is 'too compliant' or 'too sociable' or 'too happy'. CBT is an effective intervention for children with emotional difficulties such as anxiety, depression or anger management difficulties.

One approach to EP work involves consultation with the school. This is about engaging with the school as a joint problem solver. It starts by constructing a role that the EP might have in working with the school and on agreeing time and an approach to be used. It also requires a commitment from the school to commit limited EP time allocation and to undertake particular tasks as they become necessary. The school is also engaged in defining the problem more tightly and in specifying what they would like from my involvement as an EP. Effective consultation and joint working with schools and other agencies may see the EP supporting small group interventions or working with individual children.

As well as considering the school and family settings, for the individual child, the context is partly their life experiences, their developmental level, their ability to reflect and communicate and their motivation for change. EP role can be defined as one in which we work with another person to help them make sense of their circumstances. Our role can be viewed as helping the client to:

- Understand how they are making sense of the world
- Check out reasoning that may be founded on unhelpful assumptions or inaccurate information or patterns of learning that no longer apply
- Explore alternative ways of constructing the world and the meaning that they give to events and actions
- Consider alternative ways of responding and behaving.

This involves checking out thinking, searching out evidence to either support or refute thinking, reflecting on feelings, moderating extreme feelings and making more informed choices. The outcome of EP involvement is that the other person is able to make more choices about their behaviour in situations where they were either unable to make choices previously or were only able to make a limited number of choices. The approach is non-judgemental and this means that the other person may choose to act in exactly the same way as before – however, it is now a real choice and not just an automatic response or over-learnt piece of behaviour.

Referrals

There are many different pupils presenting with a range of difficulties in schools who can be supported by a range of agencies that the school can turn to. Three questions spring to mind:

- Why do pupils get referred to the EP?
- How do pupils get referred to the EP?
- Which of these pupils would be considered suitable for this type of approach?

When working with schools in a consultative way, it is necessary to negotiate work and offer a range of types of work. This might mean that there is a need to explore the different agendas that might be at play. Part of the exploration is about helping schools understand what type of work might be undertaken. Cognitive interventions and individual support is just one aspect of this work. In order to help schools decide which children they might refer for this approach, the following script might be helpful:

> *The types of pupils that this approach is aimed at are those who might be disruptive in class either overtly (teasing others, arguing, causing fights) or covertly (day-dreaming, reading comics under the desk). They might be perceived of as bullies or victims, as anxious or insecure, as having low self-esteem or poor social skills. They might be withdrawn or acting out.*

> *Pupils not suitable for this approach are those who are on the verge of being excluded or referred to me because they might need to be assessed for a Statement of SEN for emotional and behavioural difficulties. Equally pupils who are in an acute crisis should be avoided (e.g. those with a recent death in the family, parents divorcing, undergoing a change of foster home).*
> (Source: Squires, G., 2002)

The script provides a 'rule of thumb' and is not rigid. Further negotiation is possible, for instance I have worked with pupils on the verge of exclusion or likely to undergo Statutory Assessment in the future. The reasons for not including children likely to be excluded is that they may be excluded before the sessions have been completed (and in some cases started). Negotiation can lead to a commitment from the school not to exclude the child until the intervention has been tried.

Statutory Assessment has strict deadlines and it is unlikely that the sessions used in cognitive interventions would have had an impact by the time a report was required. Negotiation allows schools and parents to consider using the sessions as an intervention over time and to put off requesting Statutory Assessment until the sessions are completed. This is usually supported through the offer of support to collect further information, consider Pastoral Support Programmes, engage in other types of assessment to explore other issues, and help schools to monitor behaviour and target support more effectively.

Summary
There are a number of facilitators and barriers to EPs using CBT. These will vary from EP to EP and school to school.

Barriers include:

- time constraints on the EP and on the school,
- unhelpful agendas that are more about accountability than inclusion
- personality characteristics of teachers,
- pupils and the EP,
- pupil development and motivation.

Facilitators include:

- an increasing emphasis on emotional wellbeing and mental health for schools,
- the move to reduce statements,
- consultative approaches with schools,
- schools as supportive social networks,
- a mixture of group and individual work,
- personality characteristics of teachers, pupils and EPs,
- pupil development and motivation

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Constructing reality

What is reality? We talk about reality as if there is something tangible out there that is true for all of us. However, there is no such thing as an objective reality. Instead there is a stream of information bombarding the senses that is punctuated and given meaning. Each of us punctuates that information flow differently and constructs reality to make sense of events in our lives. This means that my reality and your reality are different, but they have sufficient commonality for us to be able to interact and have shared meanings.

Each person has to make sense of the world around them and attribute meanings to events and actions in the social world. Through our experiences and our interactions with others we are able to constructs our own model of the social world in which we live. We each develop a unique and personal model to represent reality (Bandler and Grinder, 1975; Grinder and Bandler, 1976). We each construct a model of reality that is like a cartographers map; it guides us and helps us decide how to behave and respond to what is going on around us. Just like town maps, our reality map is sometimes not very accurate – there may be some detail missing or a bit badly drawn, exaggerated, shrunk, or just presented in some general way. In these circumstances, it doesn't guide us very well and we have to fudge our way through, guessing at what is required of us and doing the best we can from our experience of better defined places. This means that different people can construe the same set of circumstances very differently. What is the truth for me may not seem valid for you. As each person's model is slightly different this will mean that the same events and actions will be interpreted differently by different people. This is the principle of alternative constructivism (Kelly, 1955). Cognitive Behavioural Therapy can be considered to be a humanistic psychology in that the experiential nature of human existence is considered as being very important. To understand the other person we need to understand what it is like to be them, to be in their position and to experience each day as they do. This is referred to as existentialism or a phenomenological approach.

Alternative constructivism means that we cannot truly experience events in the same way as another person. No matter how well we think we know them, or how long we have known them, our version of reality and their version of reality will always be different. However we can use language to allow other person to share their world with us. They tell their story and if we listen carefully we can start to imagine what it is like to be the other person and to empathise with them. We take what they tell us on face value and without judgement as to its accuracy. We jointly explore with the other person the story that they want to tell to describe themselves and their circumstances. We ask questions and reflect back comments to try to add more detail. When events do not seem to fit, we share our confusion and ask for clarification. We may re-frame events to contribute to the story and to see if alternative explanations or viewpoints make more sense. Throughout this process the story that unfolds is about the meaning of life and events for the other person. This process defines our role as a helper when working with the client. There needs to be an involvement of the client as an equal and joint co-worker in exploring issues. For example if a Head of Year is using this approach with a pupil then we need to acknowledge that both the child and the pastoral teacher have different things that be brought to a joint process of problem solving and development. The child is seen as being as much an expert as the teacher and collaborative working then allows a joint search for practical solutions.

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Although the story is about the other person there are many ways that it can be told. There can be many different ways of constructing the characters, the events and their meaning and importance to the central character. As the person tells the story, many things are accentuated or reduced (distortions). Some things are missed out altogether (deletions) and others are generalised from one situation as being true in all situations (generalisations or 'all or nothing thinking').

Alternative constructivism leads to the possibility that the same person can view the same events and actions in different ways and give different meanings to those events. The possibility that there are different ways for the client to construct their world and changing their view of reality opens up the possibility of them feeling differently and consequently responding and behaving differently. The role of the helper is one of trying to enable the client to notice where their thinking may be faulty and to seek out evidence to support or challenge their views. Encouragement is given to try out alternative ways of behaving as real life experiments. The theoretical framework of cognitive behavioural therapy and techniques developed by practitioners makes this a useful tool for this task in schools.

This handout is not intended to make readers into therapists or counsellors, but an understanding of client centred counselling will help when developing cognitive based interventions in school. We have already covered some of the general principles:

- **Involvement of the client as an equal and joint co-worker in exploring issues**.
- **Unconditional Positive Regard.** Treating the other person with respect and doing this without any conditions. This means being **non-judgemental**, accepting the other person's view as being as valid as yours. This can be difficult if the model of pastoral care in the school is an authoritarian one in which *might is right*. Clearly all organisations have rules that may be congruous with the rules of the individual or not. Difficulties arise when individuals choose to disregard rules, but difficulties also arise when they misinterpret the rule or the situation, or do not have the personal resources that are required in order to comply. For example, the rule might be that fighting and acts of aggression are discouraged in the classroom. A child is teased by others becomes angry and the only response that they know is to kick those who tease. Is the child doing the wrong thing, or is that they just have limited options?
- **Confidentiality**. Some people believe that confidentiality means that everything discussed within the session remains closed to the outside world. This is not the case. Firstly, there are child protection issues and related disclosures that must be passed on and dealt with through the Child Protection Procedures established in the school. When working with other adults then we would want to empower the adult to consider who they might turn to and what agencies might provide support (e.g. in the case of work place bullying or work related stress). Secondly, we want to produce change by helping the other person understand themselves and their circumstances better and discussions might lead to solutions that might involve other people. On the other hand, there will be some things that the client will say in the trusting environment of the discussion that they would not want repeated elsewhere. The principle of confidentiality means not disclosing what the other person has said without their agreement. Here is an example of a script used with children:

> *We will be talking together to try to find things that might be helpful to you. As we talk there may be some things that you would not like me to say to anyone else – that's okay. The only things that I will have to pass on to someone else will be if you tell me that someone is hurting you or making you do things that you don't want to.*
>
> *As we talk, we may come up with some ideas of things that might be useful and we might need to ask other people if they can help. I won't do that unless you agree.*

In counselling, the therapist is required to display warmth, accurate empathy and genuineness. This is also true when cognitive interventions are used in school. There must be a basic trust between those involved and a well-developed rapport. Both should enter into the exploration of issues as co-workers acting like co-scientists to create shared meaning and understanding.

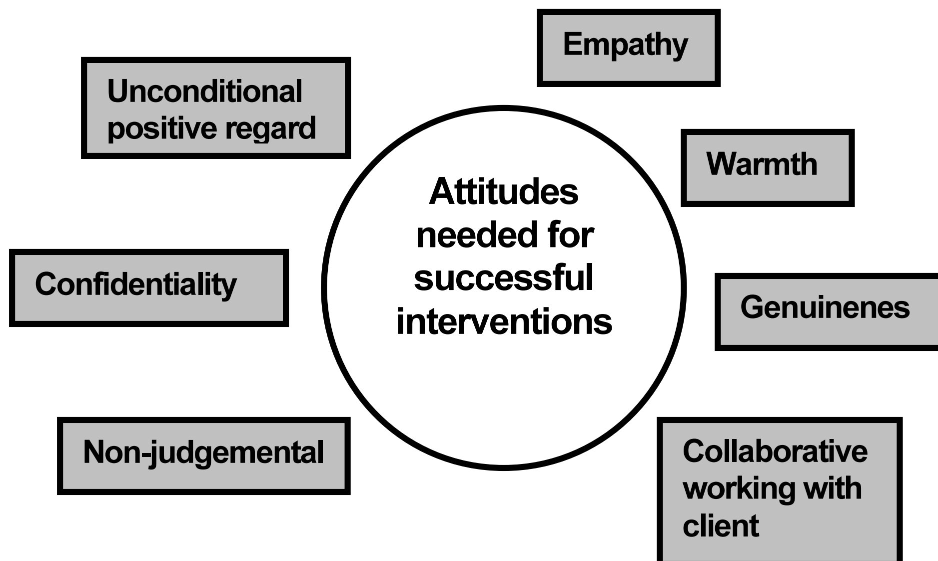

Figure 1: General principles

Source: Squires (2002)

Socratic Questioning

For Socrates, a skilled philosopher was one who could progress towards the truth through question-and-answer discussion. The Socratic method comes from this philosophical tradition. Questions are used to attempt to access the constructs and meanings that people use when making judgements. Socrates would continually ask questions to test assumptions and to check out the coherence of another person's argument. He believed that all knowledge should be considered to be 'provisional and subject to change'.

In CBT this can be used to help people understand themselves better and to understand how they link ideas, thoughts, feelings and their behaviours together. The use of questions guides the client through a self-reflective exploration of their thinking and has been called *guided discovery*. Socratic questioning attempts to promote critical self-reflection and consequently avoids questions that have limited answers (such as yes/no). The client needs time to think and the thinking may go on beyond the session. The client may start with specific examples but the aim is to lead to general principles that are true for that client. The questions have two aims:

1. To help the client understand how they are constructing the world, events and their place in it.
2. To help the client challenge and reflect on their thinking so that they can change dysfunctional thinking and beliefs. This is supported by other techniques in CBT (role play, experiments, homework activities to collect more information)

An interesting way of classifying Socratic questions has been devised by Paul (1995). He suggests that questions can be divided into:

- questions of clarification
- questions about assumptions
- questions about reasons and evidence
- questions about viewpoints or perspectives
- questions about implications and consequences
- questions about questions

Questions of clarification:

What do you mean by…
I think you are saying … is that right?
Help me out, I'm not sure what you mean when you say … can you give me an example?
Could you put that another way?
Are you saying … or … ?
Could you explain that further?
Would you say more about that?
Why do you say that?

Questions about assumptions:

You seem to be assuming that … how do you know?
What are you assuming?
What else might we assume?

Questions about reasons and evidence:
What would be an example?
Why do you say that?
Why do you think that is right?
What led you in that belief?
If that thought is true then what would you expect to find?
How could we go about finding out if that is true or false?
Who might be able to help us check that out?
Can you think of any times that might not be true?

Questions about viewpoints or perspectives:
The empty chair technique can be used to check out alternative points of view. What would X say if they were sitting here now?
If you were the teacher what might you think?
What did you think when they said that?

Questions about implications and consequences:
What do you think that means?
What are you implying by that?
How do you think you would feel if that happened?

Questions about the questions:
Is this the same issue as?
That sounds similar to the question we had earlier.
That sounds like a difficult question to answer … why is that?

When psychologists work in educational settings we are not engaging as counsellors. However, we can apply the skills used in person centred therapeutic counselling in a way that is not counselling but does allow us to act as 'skilled helpers'.

Cognitive Behavioural Psychology

Cognitive behavioural therapy has been developed by Beck and Emery and initially started out as an attempt to validate certain psychoanalytic concepts of depression. Psychoanalytic theory had predicted that depressed patients needed to suffer, however observations revealed that depressed people were more likely to avoid situations that involved rejection or disapproval. Beck noticed that depressed patients seemed to think of themselves as being more negative in their life experiences. CBT was based around the development of techniques to try to correct such cognitive distortions through the application of logic and the search for evidence. It involved the patient as an active participant, collecting information and testing out hypotheses in the real world in the 'here and now'. Thinking between sessions is seen as being equally important and homework tasks are set as a form of 'extended self-therapy'.

CBT is based on an understanding of how we process information from the environment in order to lead to actions. As we encounter situations we attend to different factors that we think might be important. Deciding what to attend to may be based on experiences of similar situations. We use this information to make an appraisal of the situation and this leads to us experiencing an emotion (Fig 2). The emotion then contributes to our response.

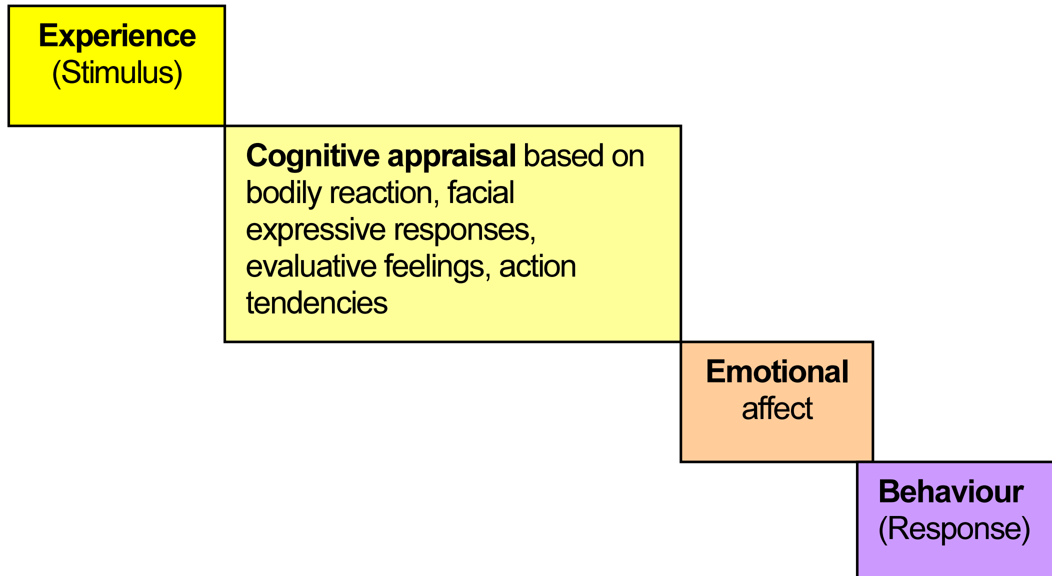

Figure 2 Thoughts precede emotion and emotion precedes behaviour

Alison is a teaching assistant in a High School, she conveyed a story to me that explains this well. The school is situated on a hill and a driver had left his car. The car started to roll slightly forwards and Alison noticed it. She looked down the hill and saw a group of pupils standing. Her appraisal led to her thinking that the car was going to hit the children – she was afraid that one of them might be hit and she called out to the driver – "Hey your car's rolling!". The driver simply looked at her and said, "Thanks love" in a disparaging way, got into the car and drove off. Alison told me, "I thought – he doesn't care. I felt so angry".

In this example:

Encounter 1	car rolling towards children
Appraisal	no driver
	Knowledge that children can be killed by cars
	Adrenaline to muscles, increased heart rate
	Action tendency to do something is high
Emotion	Fear/worry for the children
Encounter 2	Driver body language and tone
Appraisal	"he doesn't care"
Emotion	anger

The appraisal of the situation happens very quickly and we are often not aware of the contributing thoughts. Such thoughts are referred to as automatic thoughts and lead to the activation of a whole range of responses (Fig 3).

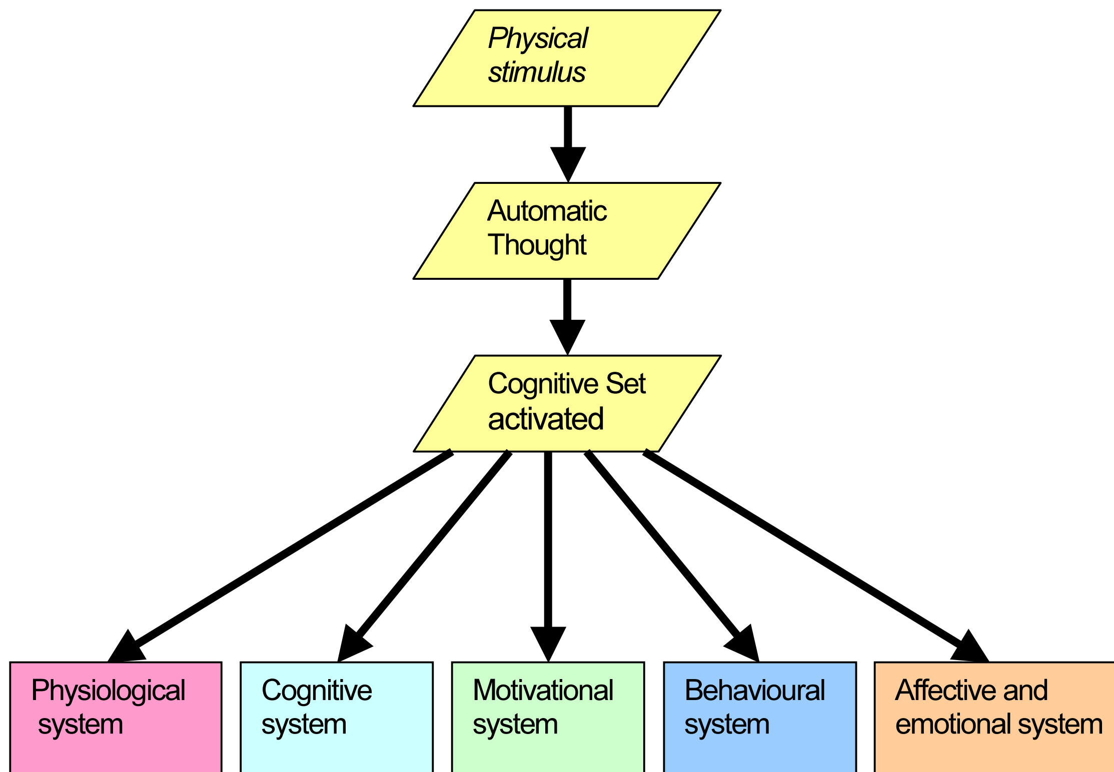

Figure 3: Cognitive set activation

Jane is asked to read out in class. An automatic thought flashes through her head so quickly that she is unaware of it, "I'm useless at reading". Her physiological system becomes activated with an increase of heart rate and release of adrenaline – the fight or flight hormone. Cognitively she thinks, "I'll probably make mistakes and the other kids will laugh". She becomes motivated to avoid the situation, "if I get sent out I won't have to do this". Emotional responses might include feeling ashamed or even angry that the teacher is putting her through this ordeal. She may even think that the teacher hates her – why else would she make her feel like this? Further evaluations of the situation might lead her to notice David smiling. Another automatic thought enters play, 'he's laughing at me' – this leads to the behaviour – verbal or physical abuse of the child who smiled. This is the behaviour the teacher sees and Jane is sent out of the room.

One of the aims of using CBT with children is to help them become aware of automatic thoughts. The relevance of the automatic thought to the current situation can then be checked out and alternatives offered. *What else could David have been smiling at? Perhaps he was laughing at you, perhaps he was pleased to see you were chosen. Maybe, he was smiling at the girl behind you. Perhaps he was pleased because the teacher had just said how pleased she was with his reading.* The child is taught to ask a series of questions to check out their response:

- How do we know which possibility is true?
- How can you find out? What evidence can you get?
- How would you feel in each case?
- How strongly?
- What would you do in each case?

The possibility of alternative thoughts allows us to make different appraisals and consequently experience different emotions (or the same emotion to a different degree). If the emotion is changed, then the behaviour that follows is also changed. Exploration of these alternative ways of thinking and feeling gives rise to extended possibilities for responding. The child's possible behavioural repertoire is increased (at least as a thought exercise).

In therapeutic settings, the pace of each session is fast and directed. A high degree of structure is used to help promote learning and to provide emotional security. This makes it ideal for use in schools where time is limited and structure can be used to parallel teaching so that both the pupil and teacher feel like they are on familiar ground.

Vicious circles

The cognitive model of panic developed by Clark (1986) introduced the concept of vicious circles. This model suggests that a sequence of events leads to panic attacks and that this sequence is circular.

The model starts with a trigger – this could be a mental event such as a random negative automatic thought, or a physical event e.g. slight breathlessness following exertion when climbing steps. Equally it could be an external event e.g. walking through the school entrance and seeing a large number of pupils in a narrow corridor.

The trigger then leads to thoughts that interpret the threat as a trigger. There is a catastrophic misinterpretation of the mental or physical event. For example, "I can't breathe properly – I must be having a heart attack" or "If I go in there someone will knock me over and I will be trampled".

The misinterpretation then leads to an increase in physical symptoms in response to the perceived threat. Adrenalin is released and the sympathetic branch of the autonomic nervous system becomes aroused. This increases breathing rate and heart rate and blood moves from the stomach to the muscles of the arms and legs.

The person experiencing panic notices this response and further appraises this as confirming their belief – "My heart is going faster – it is going to explode!"; "My breathing is harder"; "I feel frightened – look how close those big kids are".

This adds to the misinterpretation and catastrophising. The perceptual system becomes more alert and more vigilant as attention is narrowed and focused on determining the threat and looking for ways to escape or avoid the threat.

As the inner voice continues, there is further misinterpretation and with each cycle of internal events the anxiety levels increase.

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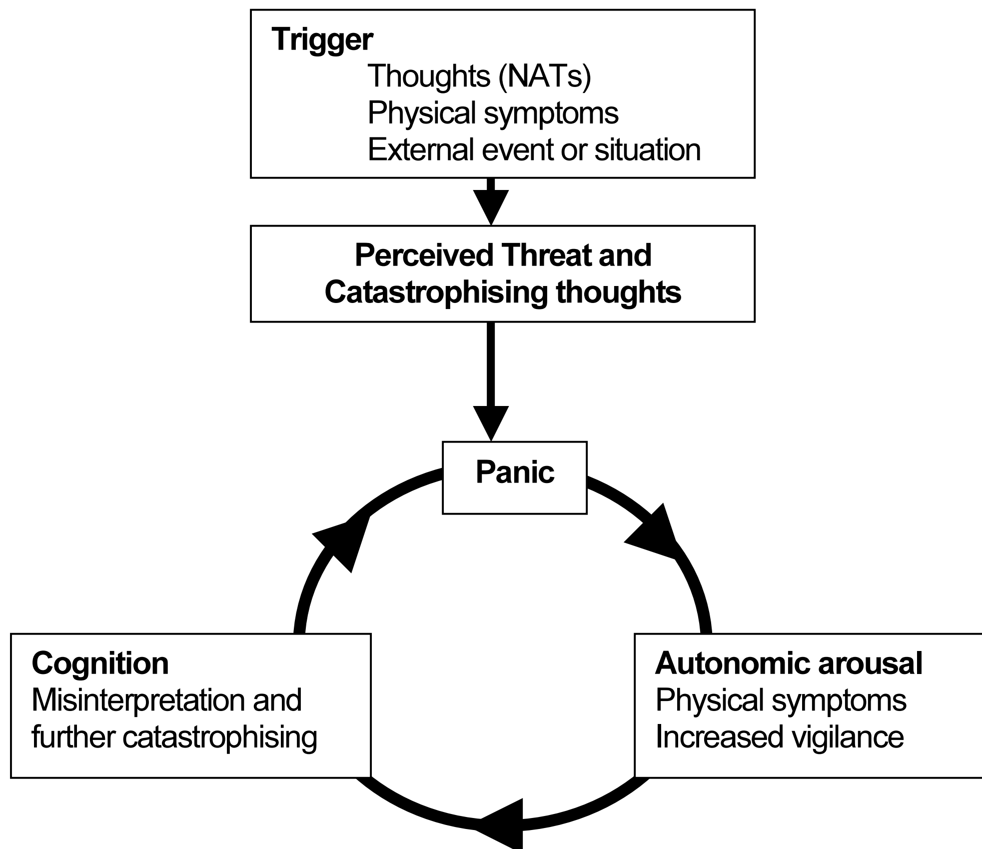

Vicious circle for panic adapted from Clark (1986) and Wells (2004)

Wells (2004) argues that the vicious circle model is a useful way of conceptualising anxiety difficulties and goes onto use the model to consider a range of specific anxiety disorders.

Once the anxiety has been evoked then it can be maintained by the increased vigilance that focuses attention on the physical symptoms and environmental cues that led to the feeling of anxiety and lead to further misinterpretation.

Catastrophising leads to the person considering that the worse is going to happen and consequently their attention turns to preserving their safety. Wells (2004) refers to the behaviours that help the person reduce the perceived threat as safety behaviours and may include avoidance behaviours.

An example of this happening in a classroom may be performance anxiety or emotional blocking. The pupil believes that they will not be able to do a piece of work to the standard that the teacher expects. A negative automatic thought goes through their head, "*I can't do it*" or more elaborately, "*If I do it, I will get it wrong and the teacher will be cross at me*". This leads to increased anxiety and attentional focus switches to noticing levels of increased fear. The switch in attention reduces cognitive capacity to process the problem. This is further interpreted as "*I can't think of how to do this problem – where do I start?*" and confirms the belief that the child cannot do the problem. Further anxiety follows and this feels uncomfortable. In order to preserve

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self-control and avoid further discomfort the child may engage in avoidance activities such as wandering around the room, chatting with others, waiting until help arrives etc.

The model is useful in that we can use it to intervene at 3 different levels.

1. We can explore the thoughts that precede the emotion in more detail. Cognitive restructuring can then be used to challenge the dysfunctional thoughts and replace them with more realistic and functional thoughts.
2. We can try to reverse autonomic arousal by teaching skills such as relaxation, controlled breathing or distraction techniques.
3. We can deal with the further cognitions that result in misinterpretation and catastrophising through cognitive reconstruction, checking out evidence and reconsidering any avoidance behaviours

A wide range of tools and techniques are used in CBT to aid this process and many of these are common to other therapeutic approaches. These can be roughly divided into 5 areas:

- Dealing with the affective component
- Confronting ways of thinking
- Cognitive strategies and techniques
- Behavioural techniques
- Role play

These are listed in the appendix for quick reference. The strategies are used to help children:

- recognise the correlation between thoughts, feelings and behaviour
- become aware of what their thoughts are and to identify cognitive distortions and distorted automatic thoughts
- examine cognitive distortions through reality testing and teaching how to respond to distorted thoughts with logic, reasoning and empirical testing
- substitute more balanced thoughts to replace distorted cognitions to modify long-held dysfunctional assumptions and underlying major concerns
- make plans to develop new thought patterns

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Age of children and cognitive ability of children

The ages and cognitive ability of the children referred by schools clearly varies. How do we decide which children will benefit and approach using CBT?

CBT involves discussion and reflection of thoughts feelings and behaviour and consequently relies upon verbal skills. A study of 96 primary school children in Norwich by Quakley, Reynolds and Coker (2003) found that children as young as 4 to 7 years old can discriminate adequately between thoughts, feelings and behaviours. Older children discriminated better than younger children.

Using cues (such as puppets and posting boxes) improved discrimination further across all of the age ranges. This suggests that CBT could be used across the full school age range (with some modification of materials and approaches for younger children).

The study by Quakley, Reynolds and Coker found a significant association between estimated IQ (using two subtests from the WISC-III) and ability to discriminate between thoughts, feelings and behaviour. This suggests that vocabulary skills measured on the WISC reflect the child's ability to express the concepts required for CBT.

Grave and Blissett (2004) suggest that a child's developmental stage of maturity might also influence the success of CBT. Young children aged 2 to 7 may not be able to benefit because their thinking is pre-operational and is predominated by perception. Younger children will also have a shorter attention span and more limited working memory. The way that language is used with older children and adults is often not suitable to young children who find it difficult to engage with past hypothetical questions such as, 'what if something different had happened?'. They can cope better if questions are restructured to accommodate thinking, e.g. 'what if next time, x does/does not happen?'

In practical terms, it is the child's ability to engage with the processes used in CBT that matters and this inevitably depends on verbal ability and cognitive development. This is one of the initial assessments that has to be made by the psychologist. The choice is then between using a different approach or continuing with the child but making adaptations to the processes used in CBT.

Most of the CBT work that I have done has been with pupils in Year 6 or above, but some work has been done with pupils in Year 4. In a few cases, some of the techniques used in CBT have been explained to a class teacher who has worked with younger children. Some children need more work on developing their vocabulary and ability to discriminate between thoughts, feelings and behaviour. This can form part of the teaching element of early sessions of CBT work and be supported through intra-session work carried out by teachers or parents.

How many sessions are needed?

In part this question depends upon a number of factors. It depends on the extent of the difficulties to be resolved, the setting in which therapeutic intervention takes place and upon the tasks that need to be undertaken.

Extent of difficulties

NICE (2005) gives an indication of the spread of difficulties in anxiety and depression for adults:

Condition diagnosed	Frequency per 1000 adults aged 16-74
Mixed anxiety and depression	187
Generalised anxiety disorder (GAD)	95
Depressive episodes	62
Phobia	38
Panic disorder	13
Obsessive compulsive disorder (OCD)	38

This is a huge amount of people and represents the whole spectrum of people meeting the criteria for a diagnosis. At the most extreme end, 10-15% of people with a major depressive disorder are estimated to commit suicide. Only about 9 in 100 people seeing their GP with mental health problems will be referred to specialist services for assessment, advice and treatment. This leaves 81% of people with anxiety or depression that are considered mild enough to not need access to these services. This data needs to be treated with some caution as it refers to adults, but we can imagine that a large number of children would benefit from interventions to reduce anxiety and depression and this type of intervention would not need to be as intensive as those referred to therapists.

A second NICE document considers the treatment of young people with depression (NICE 2005b) and supports this view. "*Only a small proportion of children in most [CAMHS] services will be referred for a specific psychological intervention, such as CBT…*" The Mental Health Foundation (2004) estimate that "*10% of children and young people will have mental health problems severe enough to require professional help*"

Setting

As psychologists visiting a school to see pupils we are in a more fortunate position than therapists working in a clinic setting. There is an established social support network in place – though the exact structure and capabilities will vary from school to school. We can enlist the help of adults to collect information, monitor progress, help the pupil with therapeutic learning goals and provide 'extended therapy' based around scripts that we might construct. This greatly reduces the amount of time needed by the psychologist in one to one therapy sessions.

Tasks to be undertaken

Wells (2004) describes the tasks to be undertaken throughout a CBT treatment plan. He then goes on to match these to a typical 12 session intervention. The tasks tend to overlap with more than one task being undertaken in each session.

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Task 1 Case formulation or assessment
The word assessment is often used synonymously with Statutory Assessment by teachers and schools. However in this work it means something completely different. Assessment simply means making judgements about:

- The suitability of the individual to participate in cognitive intervention approaches
- Assessment of the actual behavioural difficulties occurring across the curriculum, the frequency of difficulties, nature of difficulties and the situations in which difficulties present themselves. Pre and Post intervention measures give an indication of the success and impact of the intervention.
- Assessment of the strategies already being used by parents and teachers to manage the situation and a sharing of these amongst relevant adults. This often leads to a re-framing of the child's difficulties from being 'immense and unmanageable' to being one in which there are many possibilities for action. The strategies mentioned form useful discussion points for work done with the child. This also provides a way of exploring what social networks might be engaged to support change.
- Quantitative assessment using self-rating inventories and questionnaires to check out pupil perceptions and to quantify difficulties from the pupil's perspective (e.g. self-esteem ratings, use of Beck Youth Inventory, simple diaries and rating scales). This allows Pre and Post intervention measures but also provides an ongoing guide to how things are developing during the sessions and focus points for subsequent work.
- Qualitative assessment using the content of the discussions to guide and inform the nature of the session and the focus of any teaching points.

The problems to be dealt with have to be conceptualised within the cognitive behavioural model. There is some assessment of whether the client can engage in a reflective way, is motivated to change, and is able to set goals to achieve from the therapeutic intervention. In Wells' model this lasts over the first three sessions.

For pupils in school settings, this period of time is likely to be reduced as information is already available from other sources and goals may be set by those who are referring the child to the psychologist (parents and teachers). Even so it is still necessary to check motivation for change, engagement with the issues and the psychologist and the ability to think reflectively. It is also necessary to consider that the child's goals may not be the same as those donated by the adults.

Task 2 Socialisation
Wells focuses on the role of the therapist in 'selling' CBT to the client. He reminds of the need to teach the model of cognitive behavioural therapy, to discuss the role of the client in effecting change and in checking out the case formulation. This task is completed during the first 4 sessions in Wells' structure.

Socialisation also refers to how the client comes to view the social setting of therapy. In the case of patients this involves going to a clinic, meeting an unfamiliar adult, defining roles as 'patient' and 'therapist' etc. Some of this is not necessary in a school setting. The pupil is already familiar with the organisational setting, rules and expectations. They may be meeting the psychologist for the first time and there is a need for the psychologist to build rapport and trust and to clarify roles and

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expectations. Part of the role development may be challenging the typical adult-pupil role relationship found in schools and asking the pupil to be an equal partner during the sessions (In Kelly's (1955) terms, to work as a co-scientist).

Task 3 Symptom focussed cognitive and behavioural re-attribution
This is the main part of the CBT and lasts from session 2 to session 11. The focus is on changing the thinking and behaviour associated with the symptoms of the presenting problem.

Task 4 Schema focussed cognitive and behavioural re-attribution
This takes place in sessions 8 to 11 and is concerned with dealing with the underlying beliefs and assumptions that lead to the problematic feelings and behaviours.

Task 5 Relapse prevention
The final 3 sessions are concerned with helping the client not to fall back into old ways of thinking and behaving. Any remaining negative automatic thoughts are challenged, any remaining avoidance behaviours are dealt with and strategies are taught to help the client manage future relapses. In the school setting, we are able to enlist the support networks that already exist and teach adults who can support the child some of the techniques that might need to be used.

Evidence from research
Humphrey and Brooks (2006) offered a short cognitive behaviour management programme to secondary aged children at risk of exclusion. They devised a 4 week programme for 12 pupils between the ages of 13 and 14. The programme involved 6 one-hour sessions to teach problem solving strategies aimed at reducing conflict and improving anger management. It consisted of:

- Teaching an understanding of the cognitive and behavioural components of anger
- Teaching techniques to manage anger
- Using solution focussed approaches to facilitate newly acquired skills
- Whole group, small group and individual discussions, games and exercises
- Exploration of thoughts, feelings and experiences around anger

The results show:

- The Revised Rutter Teacher Scale for Children asks teachers to rate 4 areas of difficulties (emotional outbursts, behavioural conduct, inattentive behaviour, pro-social behaviour) Teacher ratings of concerns about behaviour dropped during the intervention period but rose again after the sessions were completed
- Qualitative analysis found that the failure of the intervention to lead to sustainable change was largely due to power relationships within the school. Pupils had less power than teachers and this led to feelings of anger particularly when pupils' perception was that teachers saw them as inferior.

This particular example shows that an effect is starting to take place after only a short period of intervention. It focuses heavily on teaching the pupils and helping them develop a better understanding of their thoughts and how these relate to feelings. However, it does not follow all of the key CBT principles associated with cognitive restructuring or thinking about relapse prevention.

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Squires (2001a, 2001b) used 6 one hour sessions with groups of adolescents in three Middle and Secondary schools. The sessions aimed to:

- Improve children's awareness of thoughts, feelings and behaviour
- Teach the link between thoughts, feelings and behaviour
- Engage children in reflective thinking and considering alternative thoughts in given situations and exploring how this could lead to alternative behaviours
- Seeking out evidence to challenge current thinking and help the move towards alternative (more functional) thoughts and subsequent behaviours
- Teaching specific strategies for anger management and reduction of anxiety
- Involving a teacher as part of the group with the aim of providing a supportive social network. Part of this work required the psychologist and teacher to work together to address organisational issues that would otherwise undermine the CBT sessions

Pre and post session measures showed improvement in teacher ratings of the pupils' behaviour and improvements in pupil self-ratings of self-control of behaviour. No improvements were found for peer relationships or for self-concept. A 6 month follow-up revealed anecdotal comments from teachers and pupils that the effects were long-lasting.

Squires (2002) reports a 4x 1 hour intervention used with teaching assistants that led to a significant reduction in self-reported stress levels when working with challenging pupils in a mainstream secondary school.

Gowers (2006) describes an intervention for adolescents with anorexia that involved 5 meetings with a therapist to use CBT. The meetings occurred at 6 week intervals and involved using:

- A structured diary and log to review eating behaviour and to record thoughts and feelings in three areas (my self, education/career, relationships with family and social). The aim was to show how thoughts about weight had become unintentionally tangled with thoughts about other areas of life
- The patient was encouraged to make changes and to experiment to test out beliefs about the links between weight and other areas of life.
- Further use of parental support was encouraged through parental counselling.

This approach looks promising with changes in self-report for mood and feelings increasing with weight gain.

Grave and Blissett (2004) report on a number of studies to see if CBT could be used with young children. The average amount of time spent in CBT across 64 different studies was 9.6 hours (12 sessions) and was nearly twice as effective for children aged over 11 years than for children aged 5 to 11.

Conclusions – so how many sessions are needed?

In terms of the initial question about how many sessions, Wells has suggested 12, but this is for adults seeing therapists in clinical settings. Children are not the same as adults and CBT is less effective for developmentally younger children – suggesting that they might need longer.

Children referred to educational psychologists are likely to display difficulties severe enough for them to be at risk of exclusion from school or to interfere with their access to education and participation in learning. The more extreme pupils are likely to also

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be referred to Children and Adolescent Mental Health Service (CAMHS). Those with less extreme difficulties may well benefit from quite short interventions.

All of the pupils that educational psychologists work with are likely to be seen at school and this means that there are social networks that can support the interventions undertaken. Where effective social networks can be engaged to provide ongoing support then less input is required from the psychologist.

In short, there is no easy answer to this question and judgements have to made as each session continues. With this in mind, it is worth offering a set number of sessions with the caution that, *"we might need a few more sessions or we might manage with less".* The number of sessions initially offered may well be a pragmatic decision based on workload and the information available during consultation with teachers. The next section describes a typical 4 session plan.

Typical CBT sessions

CBT sessions tend to be fast paced and tightly focussed. They are about the here and now and do not dwell on the past. The aim is to move towards solutions.

Every case is slightly different and the exactly how many sessions are needed or the exact pattern of sessions will vary from individual to individual. In a few cases, a single session has been sufficient to produce change, occasionally the work has lasted over 18 months. This means that there is no rigid structure, no right answer or set way of organising the sessions. What is needed is a flexible approach where the EP demonstrates sensitivity to the needs of the individual and ongoing session-by-session assessment should be the determinant of what will happen in the 'next session'.

The structure shown below is an abstraction of what happens in may cases. I usually start by offering up to 4 sessions to the school at the onset but leave open the possibility that we might not continue after the first session or we might need many more sessions.

Before session 1 occurs there is a need to establish some parameters for the work. Key issues to address include:

- Appropriate permissions have been received from parents (unless the child is considered old enough to refer themselves and that policy is agreed locally).
- Approximate length of sessions and initial plan of how many sessions. The first session is exploratory and if the pupil does not engage then agreement that some other way of working to support the pupil is needed.
- Principle of collaborative work with the child as an equal partner
- What to do if the child does not want to participate
- What to do if sessions are over-running or under-run from agreed plan
- Where to work and issues of confidentiality (somewhere quiet and free from disturbance) needs to balanced against protecting yourself from the possibility of allegations of abuse if the child is a vulnerable pupil.
- The school's perspective – what do they consider the problem to be and what would they consider as an improvement? Try to get more detail such as

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frequency, location, exceptions to the behaviour, things that seem to work to reduce or prevent the difficulties.
- It is also worth checking out the school's Child Protection procedures

Session 1

Session 1 tends to be the longest session and usually lasts 60-90 minutes (sometimes longer). The aims are to start to build up trust, explore whether the child is suitable for this type of work and provide some baseline information. Baseline measures can be achieved by collecting information from the school e.g. teacher reports, teacher ratings of behaviour, behaviour logs, incident reports etc

Building Trust and Rapport

The first task is to start to build up trust. Why should the child engage with a stranger who someone in the school decided he or she should see? We want to reach the point where the child is engaging as an equal partner (or as equal as they can be) to work with us as a co-scientist to explore them selves, their circumstances and to search for solutions to any problems that they might perceive. The following key points are covered during the first 10 minutes:

- Reassurance that child is not in trouble
- Introduction of self
- Talk about purpose of meeting
- Give permission for the child to leave if they want to and check their willingness to carry on

The child is used to being asked to work in a school setting and this can be used as a point of security by asking them to engage in some 'safe' work – perhaps a reading test or spelling test or other structured work. The purpose is to continue to build up trust and rapport before attempting other personal work and it also provides additional information e.g. ruling out learning difficulties or providing pre-intervention measures. For instance, self –rating questionnaires can also be used to provide emotional baseline data e.g. Beck Youth Inventory, Culture Free Self-Esteem Inventory, etc.

Before proceeding to discuss personal issues with the child it is necessary to mention confidentiality and how material discussed during the sessions could be used. Some people believe that confidentiality means that everything discussed within the session remains closed to the outside world. This is not the case. The type of work that we are doing differs slightly from counselling when none of the content would be made available to others outside of the session. Firstly, child protection issues and related disclosures must be passed on. Secondly, we want to act in an interventionist way by produce change through helping the child understand itself better and discussions might lead to solutions that involve other people. On the other hand, there will be some things that the child will say to you in the trusting environment of the discussion that they would not want repeated elsewhere. The principle of confidentiality means not disclosing what the other person has said without their agreement.

A script is helpful to clarify the boundaries of confidentiality:

> *We will be talking together to try to find things that might be helpful to you. As we talk there may be some things that you would not like me to say to anyone*

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else – that's okay. The only things that I will have to pass on to someone else will be if you tell me that someone is hurting you or making you do things that you don't want to.

As we talk, we may come up with some ideas of things that might be useful and we might need to ask other people if they can help. I won't do that unless you agree.
(Source: Squires, 2002)

Initial exploratory work and assessment
There is a fast pace move from talking about safe topics to talking about feelings, thoughts and behaviour. I tend to start by trying to get child's initial views and feelings about school in general. This might be through asking the child to rate different school subjects and then engaging in exploration of why some subjects get higher ratings than others.

As the exploration proceeds there is a need to try and find out why the child thinks that they have been referred. *How come you are seeing me? Why do you think your teachers want me to talk to you today?* This can be compared or contrasted to what school has said regarding referral and this can be shared with the child. This sets the scene for checking out the child's view of a recent incident during which the aim is to:

- See if the child really wants to change, they might be happy with things the way they are. They might not be aware that there is a 'problem'. (Further reading: McNamara, 1998)
- Look for evidence of deletion, generalisation, distortion, over-reaction/under-reaction
- Look for child's ability to describe emotions/feelings
- Try to see if child is able to think reflectively, accept alternative viewpoints etc

This might lead to an end point and a decision not to proceed any further using this approach. If things look promising then we can move onto teaching and setting the homework task.

Teaching Point
The focus for this point is to explore the relationship between thoughts, feelings and behaviour. It can start by reflecting back the behaviours described by the child in the previous discussion. This leads to questions to explore the feelings *just before* the behaviour and the thoughts *just before* the feelings.

Often when people are asked to do this for the first time, they find the task difficult. They may not have been aware of their feelings or thoughts – or they may have happened so quickly or so automatically that they were not processed in a conscious way. Sometimes children are aware but have limited vocabulary to describe their feelings. The teaching points during this session aim to:

- Teach different names for feelings/emotions
- Teach how to use a simple diary to record information
  - Remind about confidentiality
  - Diary is used to form a focus for discussion next session. I usually add *but I don't want to see it but please bring it with you*

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Homework Task
Set a homework task to extend what has been talked and thought about during session and to start to collect feelings for next session (feelings diary). The main purpose of this task is to increase awareness of feelings and behaviour. For some children the task needs splitting between two sessions – the first is to extend vocabulary for feelings and emotions. Some children will need adult support to do this.

Negotiation of future work
It is useful at this stage to negotiate further involvement with the child. This involves setting out how many more sessions there could be and also giving some control to the child about whether they want to attend. This is particularly important for children who have an external locus of control and might act as if 'things just happen to them'. Often I ask children if they feel they want to meet again and tell them that the link person from the school will check this with them again before I visit next.

Between sessions

The time between sessions is important and means that sessions should not be too close together. The child may have some homework tasks to do as a form of 'extended therapy' and this can be structured through data collection sheets, self-monitoring sheets or using diaries. The school will also have tasks to undertake – this is important to maintain responsibility for the child with the school (i.e. they are not 'handing over' responsibility to the EP and therefore placing themselves in a position where they do not feel compelled to do anything supportive).

- Ask SENCo/HoY to arrange to remind pupil to bring diary to next session
- Ask the SENCp/HoY to confirm that the pupil wants to meet with me again prior to my next visit. Re-assure the adult that alternative approaches can be undertaken if the child does not want to engage any further.
- Ask SENCo/HoY to inform staff that child will be completing diary, may complete it in their lesson, confidential, not to fuss about it
- Arranging support for the child to complete tasks set (if needed).
- Help school collect more information about behaviour, strategies being used across the curriculum by staff, sharing ideas and good practice

How far apart should sessions be? All sorts of factors will influence this decision, for example:

- The pattern of school visits made by the EP
- How much time is available from the EP
- The amount of time available for the SENCo/HoY to complete the inter-session tasks with school staff
- The amount of time needed by the pupil to practise techniques or collect more data
- The likelihood of the pupil being able to maintain homework tasks over an extended time period and the likelihood that the school will be able to support the pupil in completing the tasks

In a 4- session plan of intervention I typically leave 2 weeks between sessions. In longer interventions the initial 4 sessions are placed closer together while subsequent sessions might be half a term apart.

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Sessions 2-4

These tend to vary greatly and depend a lot on what the pupil brings with them. A typical session lasts between 30 and 60 minutes and a possible structure would be:

- Meet, general reminder about confidentiality and purpose of meeting
- Re-administer any measures needed for monitoring purposes.
- Ask pupil how things have been going since last session – a very open-ended question that requires active listening to any answer and sensitivity to body language. Reflect back and develop any issues as part of a discussion.
- Review homework task. Deal with non-compliance in a positive way – e.g. if pupil has not brought in a diary then ask if they filled it in. If so, thank them and tell them that this will have helped their thinking ready for today. If not, accept and say that it just means that they won't have had chance to think about the things we talked about during the last session (re-states purpose)
- Ask pupil if they have any particular things they want to talk about – could be something that has gone well or it could be something that got them into trouble. If possible try to do both of these things – some children develop a negative cognitive set and do not acknowledge that sometimes things go well or that adults might want to celebrate success with them.
- Use reflective questioning to develop teaching from previous session

Where thinking is distorted or information seems to be deleted or over-generalised then use active listening and techniques from CBT to challenge thinking and lead to a more balanced set of thoughts/beliefs and to ways of managing feelings. This will lead to a change in the behaviours reported by the school, parents or the pupil.

Explore positive changes by asking the pupil if they have any ideas about solutions to difficulties that have presented themselves. Questions can be around the following ideas:

- What can I do for myself?
- What can teachers do to help me?
- What is already helpful about what peers/teachers do?
- What does not seem to help or seems to make things worse?

Role-play and guided imagining of situations can allow the presentation of other possible solutions that can be explored together.
As the session develops lead the focus towards next teaching point

A homework task is used to extend learning and look for opportunities for generalisation.

At the end of the session, summarise any ideas for possible solutions and agree which of these can be discussed with teachers or other key adults.

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Session 2
Main teaching points:
- Rating scales for feelings
- Extending vocabulary for feelings
- Raise awareness of thoughts in contributing to feelings in situations that child relates during the session
- Raise possibility of alternative thoughts and alternative viewpoints, consider how this might lead to different feelings (or same feeling at different level) and to different behaviours

Strategies likely to be used:
- Active listening
- Situation sheets to encourage reflection or to form a basis for role play
- Practice of rating emotions
- Freeze frame technique

Session 3
Main teaching points:
- Possibility of alternative thoughts reviewed and extended
- Search for automatic thoughts and recognition of automatic thoughts
- Hot thoughts
- Nature of emotions and bodily changes
- Relaxation and distraction techniques

Strategies likely to be used:
- Active listening
- Situation sheets to encourage reflection or to form a basis for role play for automatic thoughts
- Teaching progressive relaxation
- Teaching visualisation and other distraction techniques
- Role play and rehearsal using pupils own experiences

Session 4
Main teaching points:
- Seeking out supporting and conflicting evidence for thoughts
- Trying to identify more balanced alternative thoughts
- Seeking out support from social networks around the child
- Considering ideas for maintenance

Strategies likely to be used:
- Active listening
- Thought experiments
- Devising real life experiments
- Checking out my thinking sheets

The aim of session 4 is to leave the child with sufficient strategies to be able to cope without further sessions. This point is not always reached as quickly. There is a need

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for discussion with school staff about whether the child is ready or not. Further sessions can be negotiated and added into the programme – perhaps with a particular focus identified by the school.

When additional sessions are added, there is a need to consider how far apart to space them and to think about fading support so that the child does not become over dependent on the sessions.

Additional Techniques

People develop beliefs about themselves based on early experiences. Initially this view is developed from interactions with parents and siblings. A negative, over-critical or emotionally cold environment will lead to the child developing a negative view of themselves and a set of negative core beliefs.

Core beliefs are treated as if they are facts but they are only opinions. This belief system acts as a negative filter that affects the outlook that the person has on life. Experience tends to be viewed in a way that is consist with core beliefs. This means that the belief a child might have about not being academic may be activated when they are asked to do some work. Immediately, the child will start to apply 'Rules for Living' that they usually apply in such situations (e.g. ask my teacher to help me, avoid the work by getting thrown out, hide under the table, pretend to be working etc).

Along with rules for living, the child will have a number of automatic thoughts that lead to a negative affect. For example they may think, I can't do the work, I'll never get it right etc. These are referred to as NATs (Negative Automatic Thoughts).

Cognitive restructuring

The aim is to allow pupils to examine their thoughts and beliefs that underlie them. This allows inaccurate beliefs to be identified and biased processing challenged. In turn this leads to less extreme emotions or to different emotions and consequently to more socially appropriate behaviours. Pupils are taught to:

- identify faulty thoughts or beliefs
- check out thinking through the collection of evidence
- check out thinking through the use of Socratic questioning
- check out thinking through the use of behavioural experiments
- formulate rational alternative thoughts based on experience and newly acquired information

Intervention can work at three levels:

1. Learning to notice the situations that trigger thoughts and the impact that these have on emotions and behaviour. It may be necessary to do some preliminary work on identifying, naming and rating emotions.
2. Noticing faulty thinking and starting to accept that core beliefs are just opinions and can be changed.
3. Reality testing and learning new ways of thinking.

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Becoming More Self Aware

Role Play

Role play allows the pupil to run through scenarios in the safety of the session. The focus is on asking the pupil to consider thoughts and feelings in each situation. It can be used for:

- Re-running situations to re-live them in a supportive environment that allows exploration of thoughts and feelings and consideration of alternative ways of behaving. This provides an opportunity for challenging dysfunctional thoughts as they arise and helping the pupil to recognise unhelpful automatic thoughts.

Props include situation cards that describe typical situations that evoke feelings in pupils and allow the pupil to consider what they would do in each situation. The pupil also has a rich source of experiences that can be collected through the use of diaries and then used in each session.

The Empty Chair Technique

This is an extended type of role-play in which the pupil can act out different roles at the same time. In each case the child is exploring their own construction of themselves and their actions and allowing for alternatives by imagining himself or herself in the position of the other person.

As each role changes they simply move seat – it is helpful to write names or roles on the seats to help the pupil remember. The adult guides the pupil by asking them to take on particular roles e.g. "Sit in the teacher chair – what might they say to you now?" "Now sit back in your chair… …what might you think? How would this make you feel? What would you do?"

The empty chair technique can also be used to bring into situations people who would not be there in reality. For example, "Suppose your mum or dad was in the same class as you. Sit in their chair… … what might they think when you said that? How would they feel? What might they say or do?"

Diaries

Diaries can be used to help children collect thoughts or feelings. This encourages reflection and development of greater self-awareness.

Correcting Faulty Thinking

Role Play

The focus is on presenting alternative ways of thinking:

- Re-running situations to re-live them in a supportive environment that allows exploration of thoughts and feelings and consideration of alternative ways of thinking. This provides an opportunity for challenging dysfunctional thoughts as they arise and helping the pupil to recognise unhelpful automatic thoughts.
- Reverse role-play allows the adult to model particular behaviours and for the child to experience these and make choices about how to behave.
- Rehearsing or practising the homework task and looking for ways to remove barriers.

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Collecting Evidence

The idea is that faulty thinking cannot be sustained if there is sufficient evidence to challenge it. A child who says "I can't do any work" could be asked to keep a log of how much work is completed each lesson. The evidence is that *some* work is recorded and the view that I can't do *any* work can then be challenged.

Examples are:

- grade marks from teachers
- ticks in book
- positive comments made by teachers on work
- logs and diaries recording positive aspects of work or life

All or nothing thinking records

This approach requires the child to keep a log of times when they catch themselves thinking terms like 'always', 'all', 'everyone', 'no-one', 'never' etc. The precise terms come from discussion with the child and noticing whenever they use an 'all or nothing' phrase.

A more advanced format would ask the child to try and graduate the response. E.g. the child notices that they think 'everyone can do this but me'. New thought could be:

- **most** people can start this
- **some** people can do it all, but I can **do a little**

Rating Scales

Rating scales teach the child that there is a range of experience or feelings. Emotions don't have to be 'full-on' or none-existent.

Reality Testing and Learning New ways of thinking

Rules for Living

Identifying rules and seeing what the advantages and disadvantages are can lead to consideration of alternative more realistic rules. A simple cost-benefit analysis can be done.

E.g. I am a worthwhile person if I achieve something good (but worthless if I don't)

Advantages	Disadvantages
My work is perfectly neat	Nothing gets finished
I have to try very hard all of the time	I don't have time to enjoy myself
…	…

Try to get the child to state an alternative rule that is more realistic Use words like, "I want … I prefer … I would like to … Its OK to …"

E.g. Its Ok to use scruffy writing when brainstorming ideas

Phrases like 'If your not X, what would you be?"

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E.g. If you are not perfect all of the time, then what would you be like?"
The new rule can then be examined in much the same way. What are the new benefits? Are there new costs? Is it more helpful?

How can the new rule be put into practice? Will the child need support from adults? Will a simple follow-up visit be sufficient? Will a diary help embed the rule by asking the child to keep a daily record or applying the rule and seeing its benefits.

Freeze Frame and alternative script techniques

These techniques are used with some pupils who are particularly good at reflection and considering alternative possibilities.

Initially the pupil relates some event of incident that led to difficulty. They tell their story while the adult actively listens and reflects back to gain clarification where necessary. Once the child has finished they are asked if we can go back and look at the situation again.

Initially it is possible to look at punctuation – how is the child interpreting what has happened from their point of view? Are there opportunities to present alternatives by punctuating differently? (Take another social actor and choose their reactions to look at – what might have been going through their head?)

Tell me what happened again – only this time, I will ask you to stop – as if we could freeze the frame on a video. I will then ask you to think about what other people might be thinking. We don't know for sure – they're not here to ask and we can't get inside their heads to check it out – its just what we think they might be thinking

The focus is not only on thoughts but also on possible feelings and constructions of the situation.

Once all of the key points in the story have been explored a second approach can be taken. This allows us to re-write the script and consider the implications of alternative behaviours.

Imagine that we have made a film of what happened and we are the directors. In the film the actors have played out part of the script and we are going to ask them to do different things to see what it could look like.

Coping Cards

Coping cards are cue cards that the child carries around with them. They can serve different purposes:

- remind the child of automatic thoughts and present more appropriate thought
- remind child of relaxation or distraction techniques that have been practised
- reminding the child of adaptive responses
- contain instructions to activate the child

Coping cards are constructed collaboratively with the child. They contain a statement of the situation that they might be used in and possible solutions that have arisen during the sessions.

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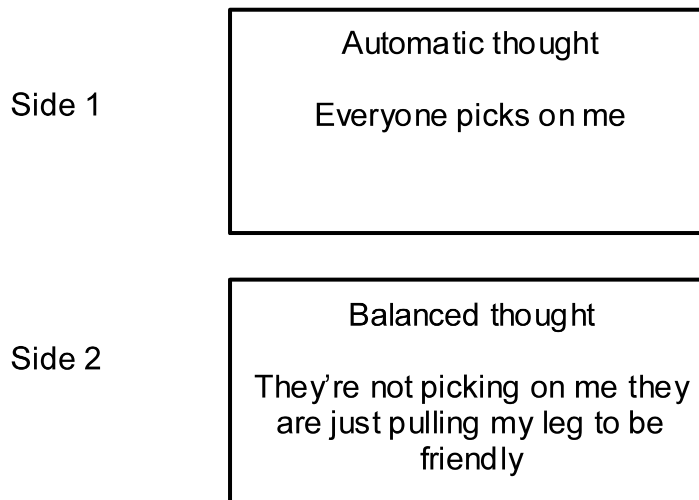
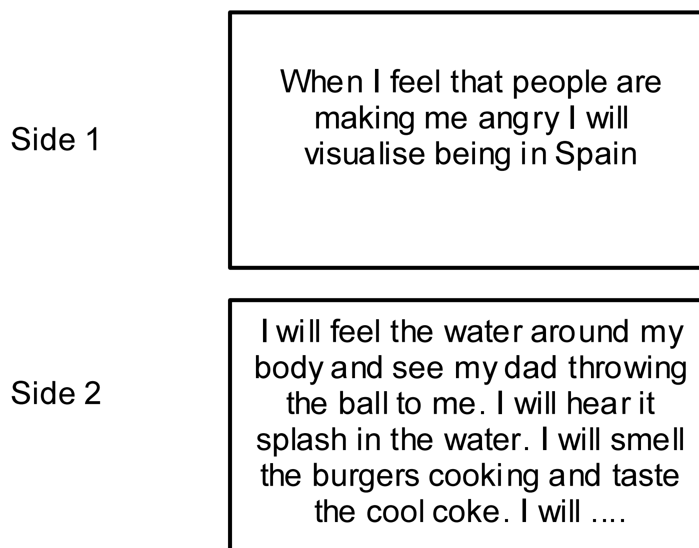
Example 1. John complains that everyone picks on him whenever he is in trouble. This has been a theme in discussions with him and seems to be an automatic thought. Exploration has led to the possibility that sometimes, other pupils are just teasing him in a friendly way. Although John can think this through in the sessions he cannot put it into action in class and often resorts to verbal abuse or hitting out at other pupils. He agrees to try looking at a cue card when he thinks that others are picking on him.



Example 2. Andrew is a Year 9 pupil who is imaginative and is able to describe a relaxing holiday experience. Thinking about this experience helps him to feel calmer. Practise is used during the sessions to help him bring in all of his senses and to heighten the experience. This is developed into a cue card for use in class, around school and at home.



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Example 3: Joanne is an anxious child and often feels that she does not know what to do in class. This has been re-framed during the sessions so that she can think of learning as moving from not knowing to knowing. This card gives a coping strategy.

Side 1	When I don't know what to do and start to feel upset
Side 2	I will remind myself that when we learn we don't always know the answer. It is the teachers job to help me. I will raise my hand and ask for help.

Example 4: Julie never completes homework – often she simply says, "What's the point?" Further exploration with her leads to her indicating that she does not know what to do. She brainstorms some possible solutions for this and these are included on the cue card. The idea is to use the cue card to lead to her acting and doing her homework.

Side 1	Don't feel like starting my homework - what is the point?
Side 2	Remind myself that homework helps me practice what is learnt in class. Set a time that I will try to do it for. Reward myself with a treat if I can work for that amount of time. Ring my friends and ask for help. See my teacher and ask for help if I'm not sure what to do. Go to the homework club.

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Role Play

Role play allows the pupil to try out thoughts and behaviours in the safety of the session.

- Skill development through practicing particular techniques (making assertive responses, relaxation, assertive techniques, using cue-cards)
- Imagining and visualising acting in a different way in a situation. Trying out different ways of acting and responding in order to select the approach that the pupil feels most comfortable with.
- Overcoming inhibition by discussing ways of acting and practising them within a trusting relationship. For example the child might be reluctant to assertively ask the teacher for help for fear of being rejected or of upsetting the teacher. This can be rehearsed and a plan agreed about when the child might be able to do this.

Keeping a 'positives notebook'

Getting the child to keep a record of 'nice things that happen to me' and then having five minutes each day to discuss these will help to challenge the view that 'nobody cares' or 'only bad things happen to me'.

What would your best friend say?

This is similar to the empty chair strategy. The idea is to help the child think of alternatives by expression a thought or action as if it belonged to someone else. e.g.
Child I thought that they would laugh at me
Adult What would your best friend have thought if they had been in your place?
Or What would your best friend have said to you if you did that?
Or What would your best friend have done in your place?

This can lead into thought experiments to see what it is like to think or feel differently or to identify barriers that are stopping change.
E.g. How would you have felt if you thought like your best friend?
Or, Your best friend could do that. What would stop you?

Other helpful techniques

Relaxation Training

The principle of relaxation training is that it attempts to reverse the autonomic nervous system reactions that occur when a strong emotion is evoked. The technique can be used with pupils who over-react to situations (e.g. becoming angry or anxious).

The pupil is asked to think about particular muscles in turn. The muscle is tensed for about 5 to 10 seconds and then released. The pupil is asked to feel the difference and notice the sensations that accompany the difference between being tense and being relaxed (e.g. heaviness, warmth, numbness, weightless etc). This is repeated until the pupil is sure about the different sensations.

Each muscle group is moved through in turn. (hands, arms face etc). The adult models the behaviour first and then the pupil copies. Once each group has been practiced the pupil is asked to notice how their whole body feels. Slow and deep

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breathing is taught at the same time. The pupil is also asked to notice what happens to heart rate. These can be linked to general teaching about emotions and feelings.

The basic pattern of using relaxation training is to move from teaching in the safety of the session to application in the real world. A gradual transition is recommended:

Taught in session
Practice in session
Practice in homework
Apply in real situations

Relaxation is not effective unless it can be applied in real situations. This might need guiding through the use of diaries, careful exposure to situations, collaborative work with key adults or direct support in graduated exposure (e.g. going to the exam hall and sitting down, going to the exam hall and sitting down with an exam paper, going to the exam hall and starting the paper …)

This may mean negotiating further sessions with the school to allow relaxation to be taught more thoroughly.

Social skills training

Social skills training is typically used with pupils who do not have the necessary social skills for competent interaction. It can also be used with pupils who are socially anxious – they have the skills in isolation but do not display them in particular social situations because they fear others may be judging them or because they under-estimate the adequacy of their behavioural performance.

Common social skills training packages can be used with such pupils as part of the work being done. However, it needs to run alongside cognitive restructuring. Social skills training may be beneficial because it allows a focus on the specific situations that elicit worry or anxiety and these can then be rehearsed, practiced in the safety of the session, modelled by the therapist, extended through specific homework tasks etc.

Computerised Cognitive Behavioural Therapy

Several computer programmes have been produced for adults to help with anxiety and depression. Two of these have been shown to be effective in an appraisal carried out by the National Institute for Clinical Excellence (NICE, 2005). The endorsement was discussed in *The Psychologist* (BPS, 2006).

Computerised cognitive behavioural therapy can be delivered in several ways. It usually starts with a pre-assessment session with a health or social care professional (e.g. practice nurse, psychiatrist). This is to check that the person is suitable for therapy and to ensure adequate monitoring or support arrangements are in place. The computer programme can be run as a stand alone package on a personal computer; interactively over the Internet or by telephone using interactive voice systems.

Beating the Blues has been recommended for mild and moderate depression. *FearFighter* has been recommended for panic and phobia management. Other

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software assessed but not recommended included *OCFighter* (also known as *BTSteps*), *COPE* and *Overcoming Depression.*

Beating the Blues	*FearFighter*
Aimed at dealing with anxiety and depression. 15 Minute introductory video 8x1 hour interactive computer sessions, completed at weekly intervals in the primary care setting (e.g. with GP). Homework activities are completed between the sessions. Monitoring and progress reports are completed on a weekly basis. These consist of ratings for anxiety, depression and reported suicidal thoughts. Two randomised controlled trials and one non-comparator trial have been conducted. Statistically significant improvements were noted for • depression (using the Beck Depression Inventory) , Effect size[1] of 0.65 • negative and positive attributional style (Attributional Style Questionnaire), Effect size of 0.25 • work and social adjustment, effect size of 0.31 The mean number of depression free days using the programme was 89.7 compared to 61 for Treatment As Usual. Patients were more satisfied following this programme than those receiving Treatment As Usual.	Aimed at dealing with phobic, panic and anxiety disorders. Available as a standalone computer package or via the web (*netFF*). It assumes a minimum reading age of 11 years. Therapist contact before each session is brief (5 mins) and again after each session (up to 15 mins) – this is face to face contact for the PC version and by telephone or e-mail for the net version. Two randomised control trials and two non-RCTs have been carried out. All trials showed improvement from baseline measures. In one study it was compared to therapist based CBT – but therapists tended to have patients with a more severe baseline. The comparison showed the following results: • Main problems, less effective than with a therapist (ES=-0.22) • Goals, more effective than with a therapist (ES=0.26) • Global Phobia, much less effective than with a therapist (ES=-0.89) • Work and social adjustment – about the same as with a therapist (ES=-0.04)

The effect size can be compared to therapist based interventions for children. A meta-analysis of 40 studies looking at the use of CBT for anger management has shown a mean effect size of 0.67 (Sukhodolsky et al, 2004).

The NICE committee concluded that computerised cognitive behavioural therapy can only be an option if it is used as the second step of 'stepped-care' programme. A

[1] Effect size is considered small if it is 0.2, medium if it is 0.5 and large if it is 0.8

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stepped care programme is one in which basic interventions are given at the start of therapy and only increased to more complex interventions if they are needed. This means that some basic therapy will have been undertaken before computerised CBT is offered. Computerised CBT is not considered to be appropriate for the management of severe depression.

Web links

Beating the Blues	http://www.ultrasis.com/products/btb/btb.html
FearFighter	www.fearfighter.com/index.htm/

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Appendix: Strategies employed in Cognitive Interventions

A list of strategies used throughout the booklet. (Original sources: Beck et al, 1979, 1985, 1990; Emery, 1985). Adapted from Squires, G., (2001b, 2002)

Dealing with the emotional components

- Identifying the emotions.
- Actively accepting the feelings. This means choosing to accept the feeling rather than just acknowledging the feeling e.g. "Hello anger!"
- Reducing anxiety or shame about feelings;
- Normalising the feelings (other group members may have the same feelings if they imagine themselves in the same situation).

Confronting ways of thinking

- Diaries to organise and store observations e.g. collecting feelings;
- Diaries and experiments to test out predictions about what might happen so that this can be tested out in practice;
- Diaries to allow comparison of old and new ways of thinking.

Cognitive strategies and techniques

- Monitoring negative and automatic thoughts E.g. counting automatic thoughts helps by giving control over the thoughts, allowing the pupil to distance themselves from the thoughts, to recognise the automatic quality rather than accepting them as an accurate reflection of external reality;
- Reframing by substituting more reality-orientated interpretations for biased thoughts;
- Learning to identify and alter dysfunctional beliefs which predispose to distorted experiences;
- Using role plays, guided discovery, fantasy induction to test and assess beliefs;
- Search for idiosyncratic meaning by encouraging the comparing of interpretations made by other group members with those made by self;
- Collaborative empiricism – working with the pupils to test the validity of beliefs, interpretations and expectations by:
- Eliciting raw data;
- Authenticating introspective data – encouraging the pupil to identify, observe and evaluate their thoughts in an objective manner;
- Investigating underlying assumptions – asking for evidence for and against each assumption and considering alternative explanations;
- Setting up experiments using a problem solving approach;
    - Homework assignments;
- Examining the explanations for other people's behaviour;
- Scaling and rating – counteracting dichotomous thinking by translating it into dimensional terms e.g. how angry are you on a scale of 1-10?
- Reattribution – reassigning the responsibility for actions and outcomes, often changing external attributions for behaviour to internal ones e.g. changing 'he made me angry' into 'I was angry when he did that because …'
- Deliberate exaggeration - to take an idea to its extreme to reveal a dysfunctional conclusion e.g. 'you feel angry whenever teachers talk to you – all of the time? (Then add as many examples as possible for the pupil to refute);
- Imagining the experience as if it is happening now;
- Checking the ultimate meaning of the event – using the 'so what?' question e.g. 'So what if she won't talk to you all lesson?'

Behavioural techniques

- Behavioural rehearsal, modelling, assertiveness training and role play;
- Relaxation training and behavioural distraction training e.g. using anger spoilers

Role-play

- Skill development;
- Overcoming inhibition;
- Experience dysfunctional thoughts associated with emotionally charged situations in a safe way;
- Reverse role-play allows the teacher to model appropriate behaviour.

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