BRIGHT MINDS, BRIGHT MOODS:

A CBT Based Approach To Enhancing Emotional Well-Being In Schools

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DECP 2012

"It helped me about my feelings and other's feelings,... it's not all about me"

Activity one

• sweets



BRIGHT MINDS, BRIGHT MOODS

- Context
- Previous Research
- Overview of programme
- Research results and limitations
- Future Directions

CHILDREN'S WELL-BEING: GOVERNMENT CONTEXT

- UK in the lowest quarter of 21 industrialised countries for childhood well-being (UNICEF, 2007) and 20/21 on subjective well-being.
- o DoH (2004) 10 − 15% of children meet criteria for clinical diagnosis, 2 million need intervention.
- 40% of children with a psychological difficulty are not receiving specialist input.
- Access to services are not quickly or routinely available (Stallard, 2007).

WORLD HEALTH ORGANISATION

- Now focusing on health and well being
- Current emphasis on positive psychology

"Research suggests that there is good evidence to support new public policy investments in both preventing and treating anxiety disorders in children. Our review of the literature revealed a cognitive-behavioural program, FRIENDS, that appears to be efficacious across the entire spectrum, as a universal prevention program, as a targeted prevention program and as a treatment."

MENTAL HEALTH – EVERYBODY'S BUSINESS

- No longer solely the remit of health but is everybody's business (DFES, 2001).
- Children's national standards framework standard 9 states that sustained improvements in the mental health of all children and young people is a core aim (DoH, 2004a).
- New Policy PSHE, Every Child Matters (2003), healthy schools (2005) well-being included in OFSTED inspection framework (2009).

ANXIETY - PREVALENCE

- Most common form of psychological problem of children, adolescents and adults.
- Pediatric prevalence rates of anxiety vary from 10% to 22% (Dadds et al, 1997; Muris et al, 2000) with a lifetime rate estimation of 28.8% (Kessler et al 2005).
- Children with anxiety disorder have elevated risk for adulthood anxiety disorder (Kim–Cohen et al 2003).
- Absence of treatment associated with long term complications (Kendall, Suveg and Kingery, 2006).

IMPACTS CAN BE FAR REACHING

- Of children 5-15 yrs with an emotional disorder in UK, 54% missed school the previous term compared with 35% of those without an emotional disorder.
- 17% of children with an emotional disorder had been absent for more than 16 days compared to 4% emotional disorder free.
- Appears to be a link between high anxiety and poor school performance Ma, 1999 in Liddle and Macmillan, 2010.

WHAT IS CBT?

- The psychological treatment of choice for internalising disorders for children (Compton et al, 2004 in Albon and Schneider, 2007).
- Seeks to challenge maladaptive internal models
- Involves psycho-education, somatic management, cognitive restructuring, problem solving, exposure and relapse prevention (Miller 2008).
- Positively influences ways in which children who are anxious think about perceived threat (Kendall and Treadwell 2007).

EARLY INTERVENTION AND CBT

- Fonagy, Target, Cottrell, Philips and Kurtz (2005) suggest early and effective intervention.
- Their critical review of treatments found that CBT produced positive outcomes particularly with children who fell within the mild to moderate range of psychological difficulties.
- NICE (2005) suggested that children and young people presenting with depression should be offered psychological therapy within a community based setting e.g. school.

WHOLE SCHOOL / UNIVERSAL APPROACHES

- Wider emphasis on relationships, pedagogy and 'strengthening the community' as central to development of emotional well-being in young people (Mental Health Foundation, 1999; McLaughlin, 2008).
- Fits within the context of SEAL. School is children's natural environment 'optimal opportunity for meaningful change' (Masia et al in Miller et al, 2010).
- Research on resilience and mental health supports an emphasis on social and individual processes, not solely individual peer support.
- Teachers unique position to help identify anxiety and to implement early intervention.

PREVIOUS RESEARCH

- Barrett and Turner Evidence for effectiveness of the FRIENDS programme integrated within the school curriculum.
- Lowry-Webster, Barrett and Dadds (2001) universal approach clinically and statistically significant reductions in anxiety symptoms at 12 month follow up.
- Barrett, Farrell, Ollendick, Dadds (2006) evaluated long term effectiveness of FRIENDS. Reductions in anxiety maintained with significant lower ratings of anxiety at long term follow up.
- Bristol research significant reduction in anxiety and increase in resiliency.

WHAT IS BRIGHT MINDS BRIGHT MOODS?

- It is a school based programme underpinned by Cognitive Behavioural Therapy (CBT).
- It is an early intervention and prevention programme, which aims to help children and young people increase resiliency and develop positive coping styles and ways of dealing with difficult and/or worrying situations.
- The intervention has been run with KS3, can be run with KS2 and in the spring term will be run with KS1.

OVERVIEW OF THE INTERVENTION

- Whole class approach, which promotes generalisation and transfer of skills. The intervention can also be adapted for small groups of approximately 6-8 pupils.
- 8 weekly, 1 hour sessions with pupils and key staff. Two programme facilitators are recommended for the whole class approach.
- Each session involves:
 - Warm up activity/icebreaker
 - Review of the past session(s)
 - Introduction to the week's topic
 - Exercise, role-play, small group work

OVERVIEW OF SESSIONS

- Session 1: Getting to know you, ground rules, strengths
- Session 2: Explore feelings, physiological response

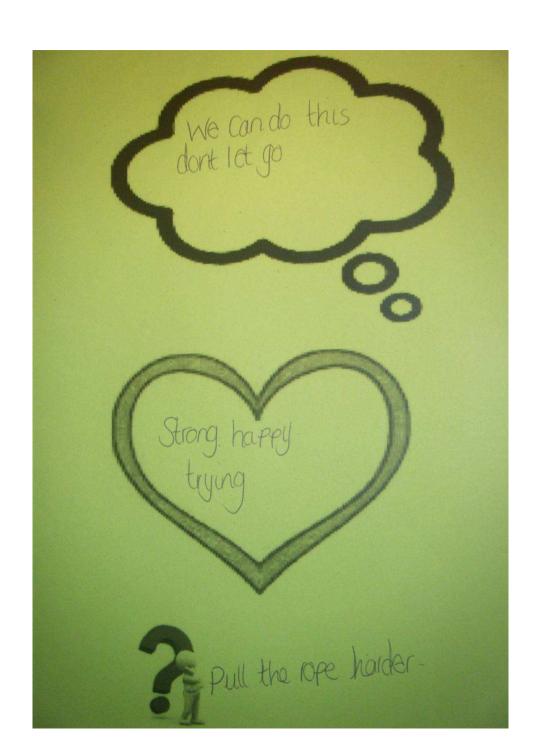
Activity

OVERVIEW OF SESSIONS

 Session 3: Linking thoughts and feelings

• **Session 4**: Linking thoughts, feelings and actions, helpful and unhelpful thoughts, self-talk

Activity







NOW IT'S YOUR TURN...

http://www.youtube.com/watch?v=RbsGWNXZ51I





Frustrated



excited

OVERVIEW OF SESSIONS

- Session 5: Changing unhelpful to helpful thoughts, self-talk
- Session 6: Review of above and problem-solving
- Session 7: Review of above and problem-solving

Activity

PUPILS LEARN PRACTICAL SKILLS TO:

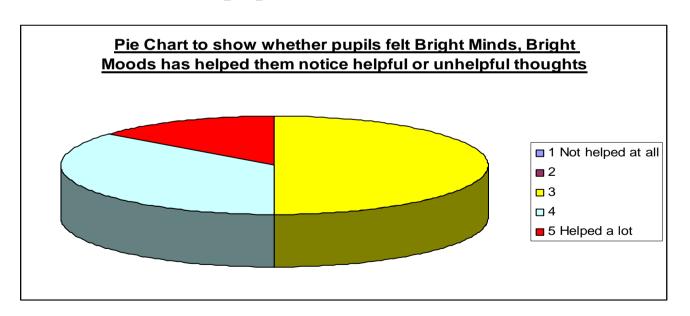
- Develop positive coping styles and ways of dealing with difficult and/or worrying situations.
- Identify anxiety increasing thoughts and replace them with more helpful thoughts.
- Identify anxious feelings and then ways to manage them.
- Promote self worth and be self reflective.
- Develop social awareness and relationships.
- Increase autonomy and more effective planning and problem-solving.
- Learn to overcome/ manage problems rather than avoid them.

RESEARCH DESIGN – PILOT STUDY

- Purpose evaluative and exploratory.
- Research strategy mixed methods.
- Research techniques interviewing and standardised scales.
- Data collection Resiliency scale, Spence anxiety scale, semi-structured interview.
- Research participants n = 16, 3 female, 13 male from a mainstream secondary school.
- Data analysis thematic analysis and paired samples t test, and independent samples t test for effect of gender (sample size too small currently to report).

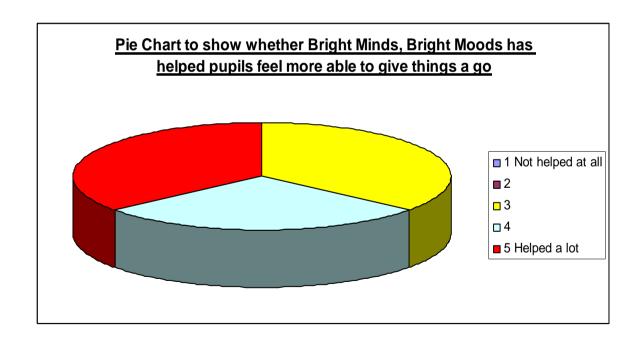
PUPIL SEMI-STRUCTURED INTERVIEWS - DESCRIPTIVE STATISTICS

Pupils were asked to consider whether Bright Minds, Bright Moods has helped them notice their helpful or unhelpful thoughts on a Likert scale of 1 to 5 with 1 being not helped at all and 5 being helped a lot. 100% of pupils chose 3, 4 or 5. 50% of pupils chose 4 or 5.



LIKERT SCALES CONTINUED...

Pupils were asked if Bright Minds, Bright Moods has helped them feel more able to give things a go. 100% chose 3, 4 or 5 with 65% choosing 4 or 5.

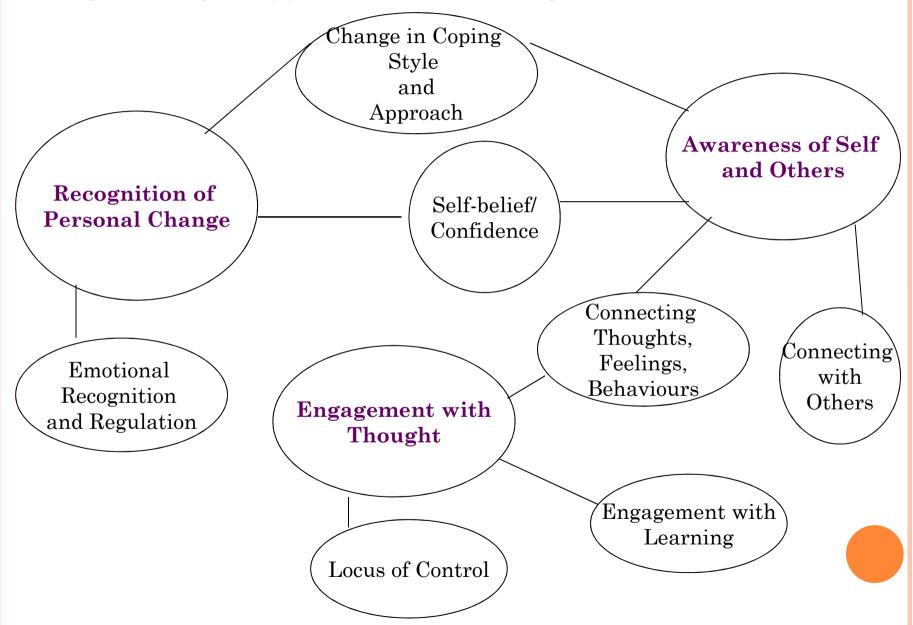


THEMATIC ANALYSIS – FINDINGS

• Overview of pupil view

Overview of staff view

PUPIL VIEW - THEMATIC MAP



RECOGNITION OF PERSONAL CHANGE

Sub themes

- Emotional recognition and regulation
- Self-belief/confidence
- Change in coping style and approach

when I get something wrong I don't need to worry

If there's a presentation or something, and I'm not sure, I can ask for help

Before if I saw a big rollercoaster... I think now, give it a go

Giving me the confidence to give more ideas to the class

I'm noticing that I'm not afraid to put my hand up, because I used to say 'I don't know this'. I'm getting more confident to speak in front of class Well it gave me confidence to show my ability

Feeling different

I've helped quite a lot of people, like when they've got stuff

AWARENESS OF SELF AND OTHERS

Sub themes

- Connecting with others
- Noticing/Connecting thoughts, feelings and behaviours
- Self belief/confidence

Because you shouldn't worry what people think Helping each Thinking about of you other, like if they feeling are struggling with a question I text a lot more different people At school in lessons, e.g. maths, I know the answer but I You get ideas – you let someone don't have to do it on else do it your own When there was a little incident, that happened to a girl, you could tell what she was thinking If I have a by her actions. problem I go to It helped me about my someone feelings and others feelings,... it's not all about me

ENGAGEMENT WITH THOUGHT

Sub themes

- Noticing thoughts, feelings and behaviours
- Locus of control
- Engagement with learning

When I was a bit confused, when I got in a fight. I had a go at a teacher. Then I thought at home was it helpful or unhelpful.

Learning a tiny bit more

Thinking before talking

When I was deciding to go on my x box or not, asked someone to help me decide

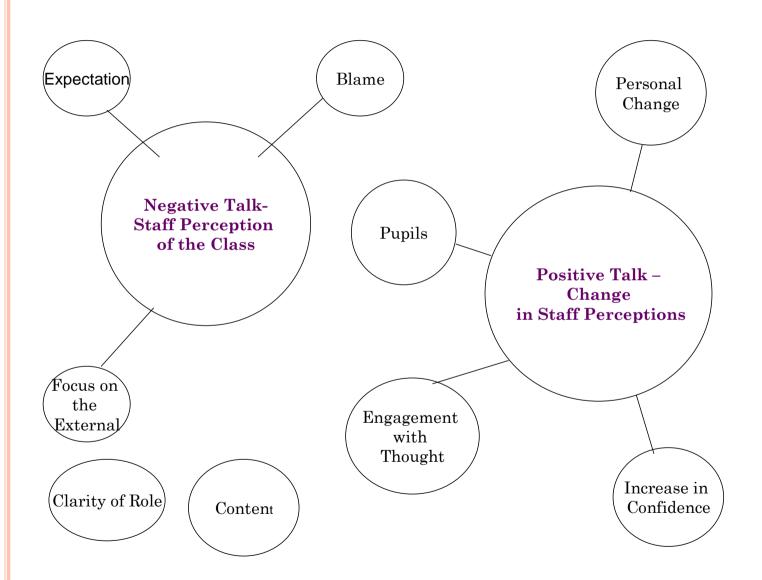
Maybe in lessons when I get really bored, I think maybe I shouldn't do that.

Noticed how much I've tried a bit more

That I want to stay up a bit later to watch the end of my movie, but I just recorded the last bit and watched it the next day.

It helped me read a bit

Putting my hand up and not calling out.



NEGATIVE TALK – STAFF PERCEPTIONS OF THE CLASS

Sub themes

- Expectation (clarity of role)
- Blame
- Focus on the external

The majority weren't able to...

Because of the kind of kids they are...

No good role models (in the group).

Not for that sort of group...

Choose a different group next time

Not really right for them...

Difficult...

Couldn't grasp...

I think we must be very wary about drawing negative conclusions from this group, due to the behaviour of the group. No because the way we are working focuses on academic. Majority of time there aren't opportunities to talk about feelings.

More appropriate for handpicked, vulnerable pupils.

POSITIVE TALK – CHANGE IN STAFF PERCEPTIONS

Sub Themes

- Increase in confidence
- Personal change
- Engagement with thought

See kids in a different way

Opened perceptions of them as kids

Seeing them doing activities that made them think

Started me really thinking

Made some think about their feelings and how they respond

> Mentioning in lessons when they say they can't do it, using questioning to promote positive thinking.

Some of them more confident

Gaining confidence

Certainly see them thinking

STAFF VIEW OF INTERVENTION

Sub themes

Content

Clarity of role/boundaries

Very good resources, well thought out, very organised

Boundaries difficult – clarity of roles staff/programme facilitator

I can see the value of it

Worthwhile programme

Difficult with behaviour, boundaries and roles

RELIABILITY AND VALIDITY

- Methodological triangulation was used to increase reliability.
- Coding interviews in their entirety reduced the impact of possible researcher bias.
- Confidentiality was also guaranteed reducing participant acquiescence.
- Another member of the EPS conducted the semistructured interviews and standardised scales.

ETHICAL ISSUES

Ethical principles for conducting research were adhered to. These included:

- Informed consent
- Debriefing
- Withdrawal
- Confidentiality
- Protection of participants

LIMITATIONS

Included:

- Sample size, gender balance difficulty in generalising
- Pupil needs e.g. SEN
- Limitations of research tools
- Researcher bias
- No control group used
- Staff expectations

FUTURE DIRECTIONS

- Wider pupil samples across range of schools including both Key Stage 2 and 3
- Longitudinal studies
- Whole class versus group interventions for pupils in Key Stage 2 and 3
- Involvement of parents
- Staff co-facilitation
- Service publication

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REFERENCES

- o Barrett, P.M., Webster, H., Turner, C., & May (2003). Introduction to FRIENDS: a Program for Enhancing Life Skills. Australian Academic Press.
- Braun, Virginia and Clarke (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2). Pp. 77-101
- Brent, D.A., Gaynor, S. T. & Weersing, R. (2002) Cognitive-behavioural Approaches to the treatment of Depression and Anxiety. In *Child & Adolescent Psychiatry* (eds M. Rutter & E. Taylor), pp. 921 937. Blackwell: Oxford.
- Clarke, G.N., Rohde, P., Lewinsohn, P.M., Hops, H., & Seeley, J.R. (1999). Cognitive behavioural treatment of adolescent depression: efficacy of acute group treatment and booster sessions. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 329-342.
- Costello, E.J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. Archives of General Psychiatry, 60, 837-844.
- Field, A. (2009) Discovering Statistics Using SPSS (Third Edition), Sage Publications Ltd.
- Fonagy, P., Target, M., Cottrell, D. Phillips, Kurtz, Z. (2002). What works for whom? A critical review of Treatments for Children and Adolescents. The Guilford Press: New York.
- Gibson, W. and Brown, A. (2009) Working with Qualitative Data. Sage Publications Ltd.
- Kim-Cohen, J., Caspi, A., Moffit, T.E, Harrington, H., Milne, B.J., & Poulton, R. (2003). Prior juvenile diagnosis in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry, 60, 709-717.

REFERENCES CONT.

- Lowry-Webster, H.M., Barrett, P.M., & Dadds, M.R. (2001). A universal prevention trial of anxiety and depressive symptomatology in childhood: preliminary data from an Australian study. *Behaviour Change*, 18, 1 36-50.
- Spence, S.H. (1997). The Spence Children's Anxiety Scale (SCAS). In I. Sclare (Ed). Child Psychology Portfolio. Windsor, UK, NFER-Nelson.
- Spence, S.H. (1999). The Spence Child Anxiety Scale for Parents (SCAS-P). In I. Sclare (Ed). *Child Psychology Portfolio*. Windsor, UK, NFER-Nelson.
- Prince-Embury, S. (2006). Resiliency Scales for Children and Adolescents. San Antonio, Harcourt Assessment, Inc.
- Robson, C. (2011) Real World Research A resource for users of social research methods in applied settings. Wiley
- o Shortt, A., Barrett, P., & Fox, T. (2001). Evaluating the FRIENDS program: A cognitive-behavioural group treatment of childhood anxiety disorders: an evaluation of the FRIENDS program. *Journal of Clinical Child Psychology*, 30, 4, 523-533.
- Stallard, P., Simpson, N., Anderson, S., Hibbert, S., & Osborn, C. (2007). The FRIENDS emotional health programme: initial findings from a school-based project. *Child and Adolescent Mental Health, 12,* 1, 32-37.
- Taylor, V.M., & Stanley, A. (2002). Promoting children's mental health within educational settings: a case-study using the FRIENDS programme.