# Appendices

**Appendix A: A table summarising literature included in the systematic review**

| Authors / Date | Sample | Background & Aims | Methodology | Analysis Procedures | Intervention | Main Findings | Conclusions & Implications for Practice |
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| Brown, Blackshaw, Stahl, Fennelly, McKeague, Sclare & Michelson. (2019) UK | 10 inner-city schools 209 Sixth-form students attended information meetings; 155 consented to taking part. | Paper highlights the barriers to CYP access for mental health services, justifying the need for school-based interventions. Suggests that because schools have unparalleled access to CYP, they are best place to identify and support SEMH needs. Highlights modest effects of school-based interventions, including small effect sizes for depressive and | Single-blind two-arm randomised control trial (RCT) comparing one-day DISCOVER workshop programme with waitlist control condition. Risk assessments were completed if participants scored above clinical threshold on the Mood and Feelings Questionnaire. | SPSS As deemed a feasibility trial, power calculations for intervention effects were not applicable. | The DISCOVER workshop programme adapted for use with CYP. Facilitator/s: Two qualified clinical psychologists and one assistant psychologist. Group-based / whole sixth form – one-day delivery. Intervention focuses on coping methods for personal and academic stresses | Participants were predominantly female (81%); mean age 17.3 years. Two thirds of participants had not previously accessed psychological support. 48% scored above threshold on the RCADS-anxiety subscale. Recruitment: Schools generally | Male population significantly under-presented, linked with evidence that Males in this age group are reluctant to seek help. Authors suggest stigma remains and the inclusion of male professionals to advocate use of psychological interventions is necessary. The presentation focused on normalising stress, anxiety and low mood; however, these terms were not referred to throughout |

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| | | anxiety prevention post intervention.<br><br>Highlights role of teachers in selection of participants, as opposed to delivering intervention.<br><br>Aimed to:<br><br>1) assess feasibility for recruitment;<br>2) assess students/participant attendance to workshop;<br>3) Assess data collection rates;<br>4) Collect outcome variance estimates for sample size calculations;<br>5) Explore outcomes based on intervention effect estimates and confidence intervals for | Referrals to workshop lead where necessary.<br><br>Outcome measures:<br><br>MFQ for depressive symptoms; RCADS for anxious symptoms. | | experienced by older CYP e.g. social anxiety, dealing with coursework, family expectations and exam anxiety. All materials derived from CBT principles and methods (e.g. exposure, thought challenging, problem-solving, sleep hygiene, and time management). | willing to participate (10/16); student participation exceeded expectations; 60% from BME groups.<br><br>Referral approach:<br><br>Self-referral with teacher encouragement deemed promising approach. 70% self-referred independently, with 30% supported by teacher.<br><br>Effectiveness:<br><br>Medium treatment effect size (d = 0.25) for anxiety compared with control. | Workshop offered as a day event to improve attendance and accessibility.<br><br>Contacting students to arrange individual meetings was time-consuming for researchers. Authors suggested group assessment meetings.<br><br>Although it was difficult to organise use of teacher/student time and create a helpful space for intervention, a one-day structure was deemed beneficial to fit with school programme.<br><br>Authors reflected that SEMH is important to schools, but significant focus is placed on academic attainment. The paper suggests this is why |

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| | | anxiety and depression. | | | | Authors mindful of 'floor effects' associated with sub-clinical baseline scores. | 11% attended part of the workshop; it might also explain why less students in year 13 attended. They suggest careful attention to paid to the timing and length of interventions to allow students to attend for the entirety.<br><br>Self-referral system with teacher support was deemed accessible and feasible. |
| Burke, Prendeville & Veale.<br><br>(2017)<br><br>Ireland | Seven children aged 10-11 presenting with high functioning autism spectrum disorder (ASD) attending mainstream school. | Authors highlight significant evidence that CYP with ASD are at increased risk of experiencing anxiety.<br><br>CBT has been shown as an effective approach for CYP anxiety, therefore this study sought to | ASD-friendly modification to programme made, such as using concrete/visual cue cards, games and quizzes, storytelling, puppets and metaphors. | Quantitative phase:<br><br>SPSS to measure changes in pre- and post-intervention outcomes used the Children Beck Youth Anxiety Self-Report | 10-week, "FRIENDS for Life" programme (Barret, 2004) based on CBT principles to reduce anxiety and promote emotional resilience.<br><br>Facilitator/s: | Quantitative:<br><br>Authors concluded that due to a small sample, statistical analysis was not possible. Apart from one child, all other children presented within average | Authors reflected that scales uses to assess anxiety did not demonstrate construct validity with this population. In addition, they suggested that those with ASD may exhibit poor emotion recognition, this completing self-report measures on anxiety might need |

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| | | Investigate the "FRIENDS for Life" programme specifically for children with ASD.<br><br>Mixed-methods design implemented to discover:<br>1) Does the FRIENDS intervention reduce anxiety in CYP with high functioning ASD?<br>2) How do CYP benefit from taking part? | Mixed-methods design. | Inventory (BAY-1).<br><br>Qualitative Phase:<br><br>Data collected through session observations, semi-structured interviews with parents and CYP course evaluation questionnaires. Thematic analysis (Braun & Clarke, 2006) was applied to interview data. | Researchers (although this is not made explicit in paper, but it is not indicated that school staff were trained to use the programme).<br><br>Group-based.<br><br>Delivered by educational psychologists.<br><br>10 weekly sessions, each two hours in length. | ranges for anxiety pre- and post-intervention. Findings were inconsistent with parental/clinical referrals for anxiety intervention.<br><br>Qualitative:<br><br>85% of participants said they would engage in the FRIENDS programme again; 71% reported they "really enjoyed" it.<br><br>All parts of programme reported to be useful, but changing red thoughts to green thoughts | further thoughts and adjustment.<br><br>As the CYP reported challenging negative thinking as one of the most helpful strategies to learn, this further suggests CBT, including developing skill to identify and challenge cognitions, is accessible and appropriate for children.<br><br>Authors suggest that CBT can be used in CYP populations with ASD, as long as necessary to materials and delivery are made. They also warn caution for use of standardised questionnaires measuring psychological constructs such as anxiety. |

| | | | | | | seen as most beneficial skill.<br><br>Three parents reported receiving fewer calls regarding behavioural difficulties.<br><br>Group created a sense of belonging for one boy and field notes indicated a positive group morale over the 10-week period.<br><br>Overall findings indicate FRIENDS can have positive impact on CYP wellbeing, however, authors argue nature and significance of | A key limitation of the intervention included the generalisation of skills outside of the therapeutic context. They recommend school staff and parents continue making connections from what has been learnt and applying it to other situations where appropriate. |
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| | | | | | | impact cannot be captured through purely quantitative means.<br><br>Interview and observational data suggested group-work was important. In addition, authors argued the intervention supported emotional expression, fostered sense of belonging, increased confidence, reduced social isolation and developed friendships.<br><br>Analysis of the quantitative data found anxiety levels remained unchanged pre- | |
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| O'Callaghan & Cunningham (2015)  Northern Ireland | Nine children aged 8-11 years in primary school. | Authors argue schools are well placed to overcome barriers to health care for CYP with SEMH needs.  Referred to an American review of teaching involvement in SEMH interventions by Franklin et al, 2012) which found out of 49 school-based studies, teachers were involved in 40.8% and had similar intervention outcomes compared to mental health professionals. Although other reviews have found contradictory results. | Mixed methodology using quantitative and qualitative procedures. | Quantitative analysis: Used paired sample t-tests to analyse anxiety and depression symptoms pre- and post-intervention.  Qualitative analysis: Written feedback questionnaires from all nine participants. A mixed of multiple choice and open ended questions were used.. | 10 sessions, group-based CBT intervention called 'Cool Connections'.  Facilitator/s:  Delivered by teacher, education welfare office and two classroom assistants. Educational psychology support offered throughout.  Group-based. | Quantitative results:  Analysis showed the Cool Connections group had statistically significant improvements for anxiety (effect size: d = 1.09) and depression symptoms (effect size: d = 1.02), but not for changes in self-concept (self-esteem).  Qualitative results:  All participants reported finding the intervention | Evidence supports that a group-based CBT intervention can be facilitated by school staff with good outcomes for CYP mental health.  Authors wondered if changes to self-esteem require targeted activities in contexts that CYP might be finding particularly challenging (e.g. school work or friendships).  Another key theme pertained to making friends, particularly for those who are more socially isolated.  Weekly facilitator consultation sessions |

| | | | | | | | helpful, supporting them to identify and express emotions in different, more productive ways. All participants said they would recommend to others in their school. | were provided by the school's EP, giving space for reflection.<br><br>Authors argued that anxious CYP may need more time than others to complete usual tasks; some of the modules overran on time. This should be considered when developing further research for school-based anxiety interventions.<br><br>Another key conclusion pertained to participants' understanding of why they were taking part. Therefore, clear and accessible information regarding the purpose and intention of intervention is key.<br><br>They suggested that maintaining the same time and place for the |
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| | | | | | | | intervention is important as changes can further distress anxious and vulnerable CYP.<br><br>Further research would benefit from exploring the key factors accounting for the intervention's effectiveness. For example, is it the social contact and opportunities to make friends that yields effective results, or is it related to the cognitive/behavioural methods? |
| Rodgers & Dunsmuir<br><br>(2013)<br><br>UK | 62 students aged 12-13 attending three different secondary schools. | Authors highlight the negative effects of anxiety on interpersonal and academic functioning – including school refusal or avoidance.<br><br>They emphasis positive impact of | Pre/post/follow-up control design was used.<br><br>Study employed a wait-list control. | SPSS (mixed design ANOVA) employed to compare changes between intervention and control group; repeated measures | 10-week (60 min sessions) "FRIENDS for Life" programme (Barret, 2004) based on CBT principles to reduce anxiety and promote emotional resilience. | Analysis revealed a significant interaction between time and group, suggesting the intervention was effective in reducing overall anxiety scores ($F =$ | Authors wondered if homework activities help participants to re-evaluate and reframe their anxieties with key people (e.g. parents), allowing for collaboration, joint problem-solving and cognitive restructuring. |

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| | | group-based CBT interventions delivered in schools for anxiety.<br><br>Main aim was to investigate the impact of "FRIENDS for Life" intervention on overall anxiety – delivered in s school setting. | | analysis as used to measure change over three time points.<br><br>Outcome measures:<br><br>Spence Children's Anxiety Scale (SCAS). This has high internal reliability and good concurrent validity.<br><br>Child Rating Scale (measuring school adjustment). | Homework tasks were given at the end of each session.<br><br>Facilitator/s:<br><br>Delivered by the researcher after attending a 1-day training session to obtain 'group facilitator' status.<br><br>Group-based. | 15.94, p < .001 (effect size not reported) and this was maintained over 4 months.<br><br>There were no main effects for school adjustments.<br><br>Anecdotal reports suggested that homework helped with separation anxiety. For example, devising coping plans in school and home contexts seemed to yield helpful effects. | The SCAS questionnaire can be helpful as it provides specific, observable and observable statements, supporting CYP or parents completing it to have concrete examples of what the experience might look or feel like.<br><br>Authors argued that therapeutic interventions can be equally effective when delivered in educational settings by a trained professional. In addition, they suggest such programmes overcome difficulties encountered in clinical settings such as costs, availability, location and the commitment of stakeholders. |

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| | | | | | | | Also, they argue that involving parents is key. Perhaps providing psychoeducational workshops on SEMH would help parents to identify and seek support for their children within schools if there are signs of marked anxiety or depression. |
| Stallard, Simpson, Anderson, Hibbert & Osborn (2007) UK | 106 CYP aged 9-10 attending three different primary schools. | The authors intended to extend research into universal preventative programmes for anxiety; they chose the FRIENDS for Life programme. They emphasis positive impact of group-based CBT interventions delivered in schools for anxiety. | Pre/post/follow-up intervention design was used. | SPSS (ANOVA) Outcome measures: Spence Children's Anxiety Scale (SCAS). This has high internal reliability and good concurrent validity. | 10-week (60 min sessions) "FRIENDS for Life" programme (Barrett, 2004) based on CBT principles to reduce anxiety and promote emotional resilience. Facilitator/s: School nurses were trained to deliver | ANOVA revealed a significant change for total anxiety ($F = 5.84$, $p < .003$, effect size not reported) and self-esteem across time. For CYP whose data was grouped as "high anxiety" showed a significant reduction in | Authors concluded that a universal school-based mental health programme delivered by non-mental health professionals can have a significantly positive effect on CYP SEMH. Anxiety and self-esteem were shown to be stable prior to the intervention and then improved three months later; greatest effects were yielded in anxiety change. |

| | | | | Culture-Free Self-Esteem Questionnaire Form B. Used to assess general, social, academic and parental self-esteem. | FRIENDS. A clinical psychologist, with expertise in CBT, was also involved in delivering day 2 of the programme to the CYP. School nurses attended a monthly supervision group lasting 1.5 hours<br><br>Group-based.<br><br>Delivered by school nurses | anxiety over time. This was particularly noticeable for the SCAS subscale measuring separation anxiety and obsessive compulsions.<br><br>Analysis of CYP in the "low esteem" group also showed a significant increase in total self-esteem over time. | The authors argue this is because CBT and the FRIENDS programme focus on identifying and modifying unhelpful cognitions and learning to control anxious feelings.<br><br>Findings indicated that CYP with lowest self-esteem or highest anxiety can be helped through universal interventions.<br><br>Feedback from teachers suggested that such school-based interventions promote supportive discussions about worries and feelings - validating and de-stigmatising experiences such as worry and anxiety.<br><br>Authors suggest that training school nurses to deliver |

| | | | | | | | standardised CBT interventions increases the availability of provisions to a larger number of children. However, they highlight limitations regarding the CBT expertise and skills of other professional groups. They stressed that basic familiarity with the CBT model and understanding how each session relates to the model is key.<br><br>Methodological drawbacks include a small sample size and single cohort design. Also, complete date for all three assessments (T1, T2 &T3) were obtained for 65% of the sample, highlighting the effects of responder bias. |
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| Stallard, Skryabina, Taylor, Phillips, Daniels, Anderson & Simpson<br><br>(2014)<br><br>UK | 497 CYP from 45 schools. | Authors recognise that universally delivered CBT programmes are effective when used in schools, but wanted to further investigate facilitator factor.<br><br>They suggest effects of the intervention leader (e.g. school or health professional) have important implications for intervention feasibility and sustainability. | RCT: Three-group parallel cluster randomised controlled trial with pre/post-test intervention outcomes.<br><br>Random assignment to three groups:<br>1) School-led FRIENDS (facilitated by a teacher or member of school staff trained to deliver the programme; staff attended 2-day training and were offered supervision);<br>2) Health-led FRIENDS (facilitated by two trained health professionals | SPSS | Nine, 60 min sessions based on the "FRIENDS for Life" programme (Barret, 2004) based on CBT principles to reduce anxiety and promote emotional resilience.<br><br>Facilitator/s:<br><br>Health-led programme was delivered by two trained health facilitators working with a class teacher.<br><br>School-led programme<br><br>Group-based (whole classes) | Findings suggested a statistically significant effect of intervention on for the high anxiety group:<br><br>Effect sizes: 0.36 (high anxiety group) and 0.006 (low anxiety group)<br><br>Findings also suggested that health-led FRIENDS yielded greater reductions in anxiety symptoms than school-led or USP, but only when transferred to every day settings.<br><br>Although facilitators | Authors suggest that whilst training teachers to deliver mental health programmes may be more convenient and cost-effective for schools, results suggest this approach is less effective than using health professionals.<br><br>Authors suggest that in the school-led conditions, treatment fidelity was high but homework assignment did not occur in 40% of the sessions. As practising new skills is essential to CBT, absence of this might have compromised the results.<br><br>Further research might look to find creative ways of supporting teaching staff with more |

| | | | working with a class teacher); 3) Usual school provision (CYP participated in usual PSHE sessions provided by schools). Outcome measures: Revised Child Anxiety and Depression Scale (RCADS) Penn State Worry Questionnaire for Children Rosenberg Self-Esteem Scale Life satisfaction (subjective wellbeing assessment) | | | received the same training and referred to the FRIENDS manual, there were different outcomes depending on who delivered the intervention. Their findings highlighted that the programme was only assessed as effective when delivered by health staff. | opportunities to integrate CBT principles and skills in to daily contact with CYP. In addition, both health and school professionals attended the same training, yet fewer teachers attended the continual supervision, providing fewer opportunities for reflection, consolidation of theoretical knowledge and potential changes to practice. The study did not gather the views of health or school professionals taking part, which would have provided valuable insights into their experiences of delivering the |
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| | | | | | | | intervention (e.g. would more training or supervision had been helpful?) |
| Luxford, Hadwin & Kovshoff (2017) UK | 35 CYP aged 11-14 years from four different educational contexts, diagnosed with ASD and elevated levels of anxiety indicated through teacher or parent self-report measures. | Authors suggest strong evidence base pertaining to the beneficial effects of CBT in reducing anxiety symptoms, threat biases and improving attentional control. Authors intended to further understanding of CBT benefits for CYP with ASD, as well as to further investigate whether schools are an appropriate context for effective CBT interventions. Aims were to measure the effectiveness of a school-based CBT intervention | RCT using pre/post intervention test design. Primary outcome measures: School Anxiety Scale; Spence Anxiety Scale; Social worries Questionnaire. | SPSS using repeated measures ANOVA to analyse over three different time points: pre-intervention, post-intervention and follow-up. | The 'Exploring Feelings' manualised CBT programme was used. This intervention focuses on anxiety management strategies. Facilitator/s: Delivered by researcher and supported by teaching assistant (TA) from each school. The TA maintained contact with participants outside of sessions to reinforce strategies across the school day. | Following the CBT intervention, participants reported greater reductions in anxiety symptoms school anxiety and social worry compared to those in the wait-list condition (effect size = 0.23). These results were maintained at the 6-week follow-up. The intervention group also demonstrated reduced distractibility post intervention | Authors suggested their research indicates that CBT interventions can be used effectively in school contexts to reduce anxiety symptoms experienced by CYP with ASD. Authors suggested a limitation pertains to lack of treatment integrity measurement. In addition, they suggested that the use of an active control group (e.g. another therapeutic intervention) would have shed light on the benefits (or not) of CBT specifically. |

| | | compared with a control group (wait-list) on reduction of anxiety symptoms in a sample of CYP with ASD. | | | Group- based.<br><br>6-week programme (90 minute sessions) incorporating developmentally appropriate language and resources for CYP with ASD.<br><br>Home projects were explained at the end of sessions and reviewed in following sessions. | and at the follow-up. | Authors advocated further research in to the delivery of CBT in school contexts to reduce anxiety, including highlighting which mechanisms are important in understanding change. |
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| Squires & Caddick<br><br>(2010)<br><br>UK | 12 CYP aged 12-13, all from the same secondary school, referred by the school's pastoral | Authors argue there are several merits to delivering CBT interventions in schools:<br><br>- Access to a social network for CYP to practice | Quasi-experimental design using the principles of an RCT within a small-scale study. | SPSS / Descriptive statistics. | The intervention was designed by the authors with close reference to 'think good – feel good' books using CBT principles for CYP. Authors | Participants in the small group CBT intervention reported improvements compared to those in the control, | Authors suggest that therapeutic intervention can have direct benefits for CYP as well as creating change at systemic levels (e.g. changes in culture, rules, ethos, |

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| | manager for externalising behaviour difficulties. | skills learnt in therapeutic sessions;<br>- Individual therapeutic sessions can offer insights into the school's systemic practices and help develop the school more widely;<br>-Group-based CBT interventions can offer cost-effective solutions to schools. | Pre/post intervention test methodology used.<br><br>Outcome measures:<br><br>-Teacher and pupil perceptions of pupil behaviour in relation to maturity, social skills and general behaviour.<br><br>-Pupils asked to rate their inattention and hyperactivity. | | described it as a low-level CBT intervention.<br><br>Facilitator/s: Delivered by EP and school's pastoral manager.<br><br>Group-based.<br><br>Intervention focused on: Identifying thoughts and habitual ways of thinking;<br><br>Increasing awareness of inner speech, feelings and behaviours;<br><br>Understand facts versus beliefs;<br><br>Behavioural skills training | supported by self-rating scales.<br><br>Pupils in the control group felt their behaviour had deteriorated over time.<br><br>Teachers' perceptions of behaviour change matched the CYP self-report for those in the CBT group. They also reported improved behaviour in the control group, which did not support how the CYP participants' felt. | expectations and standards).<br><br>They argued that, in this case, CBT helped CYPs to change their self-perceptions about how they can regulate their own behaviour.<br><br>This study included the views of the pastoral manager, providing a richness to the data. It was highlighted that it was perceived as a good use of EP time and the staff member felt they had developed useful skills and had access to helpful resources.<br><br>Authors argue that EPs are well-placed to deliver and evaluate the impact of school-based therapeutic interventions. |

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| | | | | | and coping strategies;<br><br>Homework exercises.<br><br>The intervention did not use self-monitoring or behavioural experiments as the authors associated this with more intensive CBT approaches. | | Through using school staff, EPs can provide support and supervision, as opposed to delivering the intervention, giving more time for other work within the school.<br><br>A barrier to delivering in the school included the availability and commitment of key staff members. |
| Weeks, Hill & Owen<br><br>(2017)<br><br>UK | 19 girls aged 11-14 took part in group CBT intervention. | Study sought to investigate the success and outcomes of a CBT-based group intervention delivered in school context by an EP. | Mixed-methods design employed incorporating quantitative and qualitative procedures.<br><br>Two experimental groups and two comparison groups.<br><br>Pre/post intervention | SPSS using repeated measures ANOVA<br><br>Thematic analysis on data from semi-structured interviews with pupils / staff and a focus group with parents. | Bespoke intervention designed by the EP, with information drawn from 'Cool Connections with CBT' (Seiler, 2008), 'Anxiety: Cognitive Behaviour Therapy with Children and Young People' | Statistical analysis did not reveal significant differences in anxiety pre and post intervention.<br><br>A key finding was that nearly half of the sample had anxiety scores considered typical for their | Authors highlighted that pupil identification is key because staff referred CYP who scored in normal ranges for anxiety. This suggests EPs have a role in raising awareness of SEMH needs, including signs and symptoms to be aware of. Staff reported wanting further support to match appropriate |

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| | | | measures were taken for analysis.<br><br>Outcome measures:<br><br>SCAS (Spence, 1998)<br><br>CATS (Schniering & Rapee, 2002)<br><br>SDQ (Goodman, 1997)<br><br>SAS-TR (Lyneham et al., 2008) | | (Stallard, 2009), and a CBT group intervention by Squires (2001).<br><br>Facilitator/s:<br><br>Researcher (EP) delivered the programme; in one school a teaching assistant co-facilitated the group<br><br>Group-based. | age and this was the case prior to the intervention. | interventions with identified needs.<br><br>A member of staff suggested cognitive aspects may prove too challenging for some CYP. The authors reflected that group activities can encourage alternative and novel ways of thinking, but that some CYP might benefit from further support to embed and practice these skills.<br><br>The authors argue that research should yield quantitative and qualitative data to explore how interventions are experienced, as opposed to mainly focusing on whether they work or not.<br><br>A crucial point raised in this paper pertains to the therapeutic |

| | | | | | | | relationship. They warn that the group situation can provide a barrier to developing this, but including school staff to embed the work outside of sessions can give a sense of continued support and containment. |
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**Appendix B: The Spence Child Anxiety Scale (SCAS) – Child Version**

# SPENCE CHILDREN'S ANXIETY SCALE

**Your Name:** [ ]  **Date:** _____

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS
HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

| | | | | | |
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| 1. | I worry about things................................................................. | Never | Sometimes | Often | Always |
| 2. | I am scared of the dark.............................................................. | Never | Sometimes | Often | Always |
| 3. | When I have a problem, I get a funny feeling in my stomach............ | Never | Sometimes | Often | Always |
| 4. | I feel afraid................................................................................. | Never | Sometimes | Often | Always |
| 5. | I would feel afraid of being on my own at home.............................. | Never | Sometimes | Often | Always |
| 6. | I feel scared when I have to take a test........................................... | Never | Sometimes | Often | Always |
| 7. | I feel afraid if I have to use public toilets or bathrooms...................... | Never | Sometimes | Often | Always |
| 8. | I worry about being away from my parents....................................... | Never | Sometimes | Often | Always |
| 9. | I feel afraid that I will make a fool of myself in front of people............... | Never | Sometimes | Often | Always |
| 10. | I worry that I will do badly at my school work.................................. | Never | Sometimes | Often | Always |
| 11. | I am popular amongst other kids my own age.................................. | Never | Sometimes | Often | Always |
| 12. | I worry that something awful will happen to someone in my family........ | Never | Sometimes | Often | Always |
| 13. | I suddenly feel as if I can't breathe when there is no reason for this..... | Never | Sometimes | Often | Always |
| 14. | I have to keep checking that I have done things right (like the switch is off, or the door is locked)............................................................ | Never | Sometimes | Often | Always |
| 15. | I feel scared if I have to sleep on my own....................................... | Never | Sometimes | Often | Always |
| 16. | I have trouble going to school in the mornings because I feel nervous or afraid...................................................................................... | Never | Sometimes | Often | Always |
| 17. | I am good at sports.................................................................... | Never | Sometimes | Often | Always |
| 18. | I am scared of dogs.................................................................... | Never | Sometimes | Often | Always |
| 19. | I can't seem to get bad or silly thoughts out of my head..................... | Never | Sometimes | Often | Always |
| 20. | When I have a problem, my heart beats really fast............................ | Never | Sometimes | Often | Always |
| 21. | I suddenly start to tremble or shake when there is no reason for this... | Never | Sometimes | Often | Always |
| 22. | I worry that something bad will happen to me................................... | Never | Sometimes | Often | Always |
| 23. | I am scared of going to the doctors or dentists................................. | Never | Sometimes | Often | Always |
| 24. | When I have a problem, I feel shaky.............................................. | Never | Sometimes | Often | Always |
| 25. | I am scared of being in high places or lifts (elevators)....................... | Never | Sometimes | Often | Always |

| | | Never | Sometimes | Often | Always |
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| 26. | I am a good person........................................................................ | Never | Sometimes | Often | Always |
| 27. | I have to think of special thoughts to stop bad things from happening (like numbers or words)............................................... | Never | Sometimes | Often | Always |
| 28 | I feel scared if I have to travel in the car, or on a Bus or a train............ | Never | Sometimes | Often | Always |
| 29. | I worry what other people think of me......................................…... | Never | Sometimes | Often | Always |
| 30. | I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)............................................. | Never | Sometimes | Often | Always |
| 31. | I feel happy.................................................................................Never | | Sometimes | Often | Always |
| 32. | All of a sudden I feel really scared for no reason at all........................ | Never | Sometimes | Often | Always |
| 33. | I am scared of insects or spiders............................................... | Never | Sometimes | Often | Always |
| 34. | I suddenly become dizzy or faint when there is no reason for this........ | Never | Sometimes | Often | Always |
| 35. | I feel afraid if I have to talk in front of my class.................................. | Never | Sometimes | Often | Always |
| 36. | My heart suddenly starts to beat too quickly for no reason.................. | Never | Sometimes | Often | Always |
| 37. | I worry that I will suddenly get a scared feeling when there is nothing to be afraid of......................................................................…... | Never | Sometimes | Often | Always |
| 38. | I like myself...........................................................................Never | | Sometimes | Often | Always |
| 39. | I am afraid of being in small closed places, like tunnels or small rooms. | Never | Sometimes | Often | Always |
| 40. | I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)...................................... | Never | Sometimes | Often | Always |
| 41. | I get bothered by bad or silly thoughts or pictures in my mind............. | Never | Sometimes | Often | Always |
| 42. | I have to do some things in just the right way to stop bad things happening..................................................................................... | Never | Sometimes | Often | Always |
| 43. | I am proud of my school work................................................…... | Never | Sometimes | Often | Always |
| 44. | I would feel scared if I had to stay away from home overnight............. | Never | Sometimes | Often | Always |
| 45. | Is there something else that you are really afraid of?........................…... | YES | NO | | |
| | Please write down what it is_____ | | | | |
| | _____ | | | | |
| | _____ | | | | |
| | How often are you afraid of this thing?........................................… | Never | Sometimes | Often | Always |

## Appendix C: Strengths and Difficulties Questionnaire (SDQ) – Child Version

### Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name ............................................................................................    Male/Female

Date of Birth.............................................................

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| I try to be nice to other people. I care about their feelings | ☐ | ☐ | ☐ |
| I am restless, I cannot stay still for long | ☐ | ☐ | ☐ |
| I get a lot of headaches, stomach-aches or sickness | ☐ | ☐ | ☐ |
| I usually share with others (food, games, pens etc.) | ☐ | ☐ | ☐ |
| I get very angry and often lose my temper | ☐ | ☐ | ☐ |
| I am usually on my own. I generally play alone or keep to myself | ☐ | ☐ | ☐ |
| I usually do as I am told | ☐ | ☐ | ☐ |
| I worry a lot | ☐ | ☐ | ☐ |
| I am helpful if someone is hurt, upset or feeling ill | ☐ | ☐ | ☐ |
| I am constantly fidgeting or squirming | ☐ | ☐ | ☐ |
| I have one good friend or more | ☐ | ☐ | ☐ |
| I fight a lot. I can make other people do what I want | ☐ | ☐ | ☐ |
| I am often unhappy, down-hearted or tearful | ☐ | ☐ | ☐ |
| Other people my age generally like me | ☐ | ☐ | ☐ |
| I am easily distracted, I find it difficult to concentrate | ☐ | ☐ | ☐ |
| I am nervous in new situations. I easily lose confidence | ☐ | ☐ | ☐ |
| I am kind to younger children | ☐ | ☐ | ☐ |
| I am often accused of lying or cheating | ☐ | ☐ | ☐ |
| Other children or young people pick on me or bully me | ☐ | ☐ | ☐ |
| I often volunteer to help others (parents, teachers, children) | ☐ | ☐ | ☐ |
| I think before I do things | ☐ | ☐ | ☐ |
| I take things that are not mine from home, school or elsewhere | ☐ | ☐ | ☐ |
| I get on better with adults than with people my own age | ☐ | ☐ | ☐ |
| I have many fears, I am easily scared | ☐ | ☐ | ☐ |
| I finish the work I'm doing. My attention is good | ☐ | ☐ | ☐ |

Do you have any other comments or concerns?

**Appendix D: Motivated Strategies for Learning Questionnaire (MSLQ) – Shortened Version**

## Motivated Strategies for Learning Questionnaire*

Please rate the following items based on your behavior in this class. Your rating should be on a 7-point scale where 1= **not at all true of me** to 7=**very true of me**.

1. I prefer class work that is challenging so I can learn new things.
2. Compared with other students in this class I expect to do well
3. I am so nervous during a test that I cannot remember facts I have learned
4. It is important for me to learn what is being taught in this class
5. I like what I am learning in this class
6. I'm certain I can understand the ideas taught in this course
7. I think I will be able to use what I learn in this class in other classes
8. I expect to do very well in this class
9. Compared with others in this class, I think I'm a good student
10. I often choose paper topics I will learn something from even if they require more work
11. I am sure I can do an excellent job on the problems and tasks assigned for this class
12. I have an uneasy, upset feeling when I take a test
13. I think I will receive a good grade in this class
14. Even when I do poorly on a test I try to learn from my mistakes
15. I think that what I am learning in this class is useful for me to know
16. My study skills are excellent compared with others in this class
17. I think that what we are learning in this class is interesting
18. Compared with other students in this class I think I know a great deal about the subject
19. I know that I will be able to learn the material for this class
20. I worry a great deal about tests
21. Understanding this subject is important to me
22. When I take a test I think about how poorly I am doing
23. When I study for a test, I try to put together the information from class and from the book
24. When I do homework, I try to remember what the teacher said in class so I can answer the questions correctly
25. I ask myself questions to make sure I know the material I have been studying
26. It is hard for me to decide what the main ideas are in what I read
27. When work is hard I either give up or study only the easy parts
28. When I study I put important ideas into my own words
29. I always try to understand what the teacher is saying even if it doesn't make sense.
30. When I study for a test I try to remember as many facts as I can
31. When studying, I copy my notes over to help me remember material
32. I work on practice exercises and answer end of chapter questions even when I don't have to
33. Even when study materials are dull and uninteresting, I keep working until I finish
34. When I study for a test I practice saying the important facts over and over to myself

35. Before I begin studying I think about the things I will need to do to learn
36. I use what I have learned from old homework assignments and the textbook to do new assignments
37. I often find that I have been reading for class but don't know what it is all about.
38. I find that when the teacher is talking I think of other things and don't really listen to what is being said
39. When I am studying a topic, I try to make everything fit together
40. When I'm reading I stop once in a while and go over what I have read
41. When I read materials for this class, I say the words over and over to myself to help me remember
42. I outline the chapters in my book to help me study
43. I work hard to get a good grade even when I don't like a class
44. When reading I try to connect the things I am reading about with what I already know.

*Pintrich, R. R., & DeGroot, E. V. (1990). Motivational and self-regulated learning components of classroom academic performance, *Journal of Educational Psychology, 82*, 33-40.

**Appendix E:  Participant Information Sheet and Consent Form – Parent Version**

<u>**Participant Information Sheet**</u>

**Project Title:**
Behavioural experiments in schools: Can they help children feeling anxious and stuck with their work?

**Who is doing the research?**

My name is Amy Kite and I am studying a doctoral course in Educational and Child Psychology. I am doing this research as part of my course.

**Would you like your child to take part?**

I am inviting your child to take part in this study. This information sheet will tell you about why I am carrying out this research and what taking part will involve. Please read through to decide whether you would like your child to take part or not.

**What is the aim of the research?**

I would like find out whether a Cognitive Behavioural Therapy (CBT) tool called a 'Behavioural Experiment' can help students who feel anxious or stuck with their schoolwork. 'Behavioural Experiments' have been shown to help young people and adults in understanding how their thoughts, beliefs and emotions shape how they might cope with challenging situations. I would like to see if 'Behavioural Experiments', used by Learning Support Assistants (LSAs) in a school context, can help students discover alternative strategies to persevere with difficult schoolwork.

**Who has given permission for me to conduct this research?**

The ****** and the Tavistock and Portman NHS Trust (my training institution) have given ethical approval for me to conduct this research. My proposed research was submitted to an ethics committee to ensure that participant wellbeing and their rights were considered fully.

**Who can take part?**

- ❖ I am looking for ****** students who will be starting Level Two in September 2019.

- ❖ I am also looking for LSAs working at ****** who wish to use the 'Behavioural Experiment' tool with Level Two ****** students.

**Does your child have to take part?**

Your child does not have to take part in this research – the decision is up to you and your child. If you do give consent, then I will meet with your child to talk through the research and they will also be provided with an easy-read information sheet.

Your child can stop taking part in the research at any time. They do not need to give a reason if they decide not to take part. It will be made clear to them that no one will be cross or annoyed if they no longer wish to continue.

**What will they have to do?**

There are two phases to this research, but I am seeking permission for your child to take part in Phase One.

**Phase One:**

❖ I will meet with your child in a quiet space at ****** to help them answer some questions about their feelings and thoughts about themselves and their schoolwork. They will complete some questionnaires that look at anxiety and general wellbeing.

❖ They will then meet with a Learning Support Assistant (trained to use 'Behavioural Experiments') once a week in a quiet space in ****** (it will not be in a classroom with other students). Each meeting will last 30 minutes and there will be six meetings in total.

❖ When they are with the Learning Support Assistant they will be given a piece of work that is suitable for their skill-set, but has been considered by their teacher to be challenging.

❖ The Learning Support Assistant will talk to your child about their thoughts and feelings in relation to the piece of work, including any worries or anxieties they might have. They will be supported to find ways to challenge their worries or negative thoughts to help build their confidence. At the beginning and end of each meeting, your child will be asked to rate how anxious and confident they feel about completing difficult work.

❖ At the end of every meeting, your child's responses will be stored in a locked cupboard at ****** and I will be the only one with a key. Other students and teachers will not be able to access any of the information your child provides.

❖ Once I have typed up your child's information on a password-protected software, I will make sure all written answers are shredded. Your child's name will not be included in my research to make sure they remain anonymous.

**Phase Two:**

❖ After the LSAs final session with your child, they will be asked to complete a questionnaire. It will contain six questions about their experiences of taking part in the intervention, including what they thought went well and what might have worked better.

❖ Their names will not be included in my research; their responses will be anonymised and paper copies will be shredded; to make sure I keep their's and your child's information confidential.

❖ The LSAs responses may be included in my thesis, but details about children that may identify them will be removed.

**What are the benefits of taking part?**

I hope that by taking part your child will find new and different ways to overcome their worries and anxious thoughts, helping them feel more confident and able to persevere when finding work difficult. I hope it will also help them to identify useful coping strategies that they can use whilst at school to aid their wellbeing and general learning.

Their participation may also support school staff that work with students to understand more about what helps children to become resilient learners. Findings from this research might also offer an alternative to help other secondary school students experiencing anxiety with their schoolwork.

**What will happen to the findings from this research?**

The findings from this research will be typed up and will be part of my doctoral thesis which I complete to get my Educational Psychology qualification. My thesis will be available online, but your child's personal information will be removed to ensure they and the school remain anonymous. A summary of the findings will be given to you and your child.

**What will happen if my child does not want to carry on with the research?**

Your child can decide to stop taking part at any point in the research. They, or you, can notify me in person or via email and I will arrange a time to have a debrief with both of you.

**Are their times where when my data cannot be kept confidential?**

If your child tells me, or a Learning Support Assistant, something that makes me concerned about their own or others' safety, then I might have to share this information with relevant people in order to keep them safe; however, I will always try to speak them and you first about this.

**Contact details for further information**

If you have any questions or concerns about taking part, please contact me (akite@tavi-port.nhs.uk) or ****** (SENDCo; *******.co.uk) and we will be happy to help.

The Tavistock and Portman **NHS**
NHS Foundation Trust

**Parent Consent Form**

**Please initial the statements below if you agree with them:**

**Initial here**

1. I have read and understood the information sheet and have had the chance to ask questions.

2. I understand that my child's participation in this research is voluntary and they are free to withdraw (stop taking part) at any time until my data starts to be processed (December 2019) without giving a reason.

3. I agree for my child's data to be kept in a locked cupboard at school premises.

4. I understand that my child's data will be anonymised to reduce the chance of people linking them to the data.

5. I understand that the information my child provides will be confidential unless they say something that the researcher thinks means they or others may be at risk of harm.

6. I understand that my child's responses will be used for this research and cannot be accessed for any other purposes.

7. I understand that the findings from this research will be published in a thesis and available for the public to read.

8. I would like my child to take part in this research.

Your name……………………………............Signed…………………….Date…../…../…..

Researcher name………………...............Signed……………………Date…../…../………

**Thank you for your help.**

**Appendix F: Participant Information Sheet and Consent Form – Child Version**

The Tavistock and Portman **NHS**
NHS Foundation Trust

**Student Participant Information Sheet**

**Project Title:**
Behavioural experiments in schools: Can they help children feeling anxious and stuck with their work?

**Who is doing the research?**

Hello, my name is Amy Kite.
I am studying a course in Educational Psychology. I am doing this research as part of my course.

**Would you like to take part?**

❖ I am inviting you to take part in this study.
❖ This information sheet will tell you about why I am doing this research and what you will have to do to take part.
❖ Please read through to decide whether you would like to take part or not.

**What is the aim of the research?**

❖ I would like find out whether an exercise called a 'Behavioural Experiment' can help students who feel anxious or stuck with their schoolwork.
❖ 'Behavioural Experiments' can help young people to understand how their thoughts and ideas can change how they feel.
❖ I would like to see if 'Behavioural Experiments' can help students find different ways to manage difficult schoolwork to improve their confidence.

**Who has given permission for me to conduct this research?**

❖ The ****** (your school) and the Tavistock and Portman NHS Trust (where I train) have given me permission to do this research.
❖ To make sure the students taking part in my study are safe and their rights are protected, I have also been given permission from an ethics committee

**Who can take part?**

- ❖ I am looking for ****** students who will be starting Level Two in September 2019.
- ❖ I am also looking for Learning Support Assistants that work at ****** to use the 'Behavioural Experiment' tool with students.
- ❖ As you are under of age of 16, I also have to make sure your parent(s)/carer(s) are happy for you to take part. I will ask them to sign a consent form.

**Do I have to take part?**

- ❖ You do not have to take part in this research - it is your decision. If your parents say it is ok, you still don't have to do it if you don't want to.
- ❖ It is okay for you to stop taking part at any time by letting your Learning Support Assistant know – they will tell me.

**What if I want to stop taking part?**
- ❖ You have the choice to stop taking part at any point. You can tell the Learning Support Assistant or your parent/s. The meetings with the Learning Support Assistant will then stop.
- ❖ You will not get in trouble and no one will be upset if you decide to stop taking part.

**What will I have to do?**

- ❖ I will meet with you in a quiet space at ****** to help you answer some questions about your feelings and thoughts about yourself and schoolwork.

- ❖ You will then meet with a Learning Support Assistant once a week in a quiet space in ****** (it will not be in a classroom with other students). Each meeting you have will last 30 minutes and you will meet six times in total.

- ❖ When you are with your Learning Support Assistant you will be given a piece of work (I will make sure it is work that your teachers think would be helpful for you try).

- ❖ The Learning Support Assistant will talk to you about the thoughts and feelings you have about the piece of work, including any worries or anxieties you might have. They will support you to find ways of overcoming your worries to help build your confidence.

❖ At the end of every meeting, any questions that you answer on paper will be stored in a locked cupboard at ****** and I will be the only one with a key. Other students and teachers will not be able to access any of the information you provide.

❖ Once I have typed up your information on a password-protected software, I will make sure all your written answers are shredded.

❖ Your names will not be included in my research to make sure I keep your information confidential.

## What are the benefits of taking part?

❖ I hope that by taking part you will find new and different ways to overcome worries and anxious thoughts you have about your work and so will help you feel more confident with your schoolwork.

❖ Your taking part may also support staff that work with you to understand what helps you with your work. It might also help other secondary school students experiencing anxiety with their schoolwork.

## What will happen to the findings from this research?

❖ The findings from this research will be typed up and will be part of my essay which I complete to get my Educational Psychology qualification.

❖ My essay will be available online (but remember your name will be removed, so no one will know you took part).

❖ Once I have finished, I will write a simple summary of my findings and you are welcome to have a copy if you want.

## Are their times where when my data cannot be kept confidential?

❖ If you tell me, or your Learning Support Assistant, something that makes us feel concerned about your safety (or the safety of others), then I might have to share this information with adults at school or home to ensure everyone is safe. I would always try to discuss this with you first if possible.

## Contact details for further information

❖ If you have any questions about taking part, please ask me (Amy Kite) or Miss ****** (SENDCo and teacher at ******) and we will be happy to help.

**If you sign this paper, it means that you have read this and that you want to be in the study. If you don't want to be in the study, don't sign this paper. Being in the study is up to you, and no one will be upset if you don't sign this paper or if you change your mind later.**

Student's signature: _____

Student's full name: _____

**Appendix G: BEs intervention training slides**

# Behavioural Experiments:
## Using CBT techniques in schools

Training Facilitator: Amy Kite, Trainee Educational Psychologist

Research supervisor: Dr Richard Lewis, Educational Psychologist

The Tavistock and Portman **NHS**
NHS Foundation Trust

## Training outline: What to expect from this afternoon?

▶ Phases one and two of the intervention will be recapped.

▶ An overview of basic Cognitive Behavioural Therapy (CBT) principles will be provided.

▶ An overview of Behavioural Experiments (BEs) to help students with challenging work will be the main focus.

▶ An outline of session structures will be detailed and explored together.

▶ Opportunities to practice developing BEs will be provided.

▶ At the end there will be a space for questions and reflections.

# Firstly…



…
By taking part you are contributing towards the development of psychological research which, ultimately, I hope will benefit the young people we support whilst providing schools (and school staff) with alternative, therapeutic strategies for pupils anxious about their work.

# What is involved? A recap…



▶ The research aims to investigate the impact of a CBT intervention – called a Behavioural Experiment (BE) - delivered by Learning Support Assistants (LSAs) to support students (aged 14-15) experiencing anxiety about their school work.

▶ BEs are a therapeutic tool to help individuals identify unhelpful negative thoughts, worries or predictions, and to develop experiments to test and challenge such thoughts. This research will examine whether BEs are a helpful support for students who feel stuck with their work.

▶ It will be conducted over two phases…

# Phase One

▶ You will attend a two-hour training workshop on basic CBT principles, with specific focus on how to develop 'Behavioural Experiments' with Level Two Students.

▶ You will then be allocated two students with whom you will meet (separately), once a week for six weeks in total. You will meet for 30 minutes in a pre-determined quiet and confidential space on the school grounds.

  ▶ You will have flexibility regarding the day you choose to see each student, but where possible it will be important to see them on a weekly basis (e.g. Student A on Tuesday's and Student B on Friday's)

▶ During each 30-minute session the student will attempt a challenging piece of work. I can provide maths work developed by the departmental lead (appropriate to set) or students can bring a piece of work they are finding difficult.

▶ At the start and end of each session, you will support the student to complete six written questions on their anxiety, confidence and thoughts about how helpful the intervention was.

# Don't forget…there will be help along the way!

▶ You will be asked to attend a 20-30 minute consultation slot with me during the first and last week of the intervention (WEEK ONE and WEEK SIX).

▶ I will be offering slots every week which you can book in with me via email (a.kite@uclacademy.co.uk). Please do arrange to see me if you are experiencing any difficulties or have any questions pertaining to the intervention. There might be a range of reasons you want to meet with me, including:

  ▶ Concerns about pupil safety.
  ▶ Difficulties identifying key negative thoughts, predictions or worries.
  ▶ Difficulties thinking of experiments to test out thoughts.
  ▶ Concerns about pupil engagement.
  ▶ Concerns about own wellbeing and capacity to take part in intervention.
  ▶ If pupil is missing sessions.
  ▶ If you are finding it hard to make time for sessions.

# Phase Two

▶ After your final sessions with both students, you will then be asked to complete a questionnaire. It will contain six questions about your experiences of taking part in the intervention.

   ▶ This should take no longer than 45 minutes to complete, although you are welcome to take longer if needed.   You will be asked to kindly complete a confidential online questionnaire.



# History of CBT

▶ In late 1960s/70s, Aaron Beck conceptualised a new wave of psychotherapy drawing upon a range of emotional, behavioural and cognitive models to enhance treatment for depression and anxiety disorders (Beck, 1976; Beck, 1991).



▶ Cognitive models have been developed for a wide range of disorders and outcome research has repeatedly demonstrated their effectiveness. There have been several pioneers of cognitive therapies (Ellis, 1962; Mahoney, 1974; Beck, 1976 and Meichenbaum,1977).

▶ Most widely used (and validated) methods to date were developed by Beck, therefore this training will refer to 'Beckian' methods.

# How was cognitive therapy developed?

▶ In 1950s, researchers started to question the theoretical basis for psychoanalysis, leading in a shift towards behavioural approaches.

▶ Key principles of behavioural therapies include:

  ▶ The problem is behaviour, not the processes of the invisible and often unconscious mind.

  ▶ Focus should be on what can be observed and measured.

  ▶ To change behaviour, it is important to know how it is maintained.

  ▶ Scientific methods provide key opportunities to develop theory and clinical practice.

WHAT ABOUT COGNITIONS (THOUGHTS) AS A
VALUABLE SOURCE OF INFORMATION?

# The Cognitive Model…
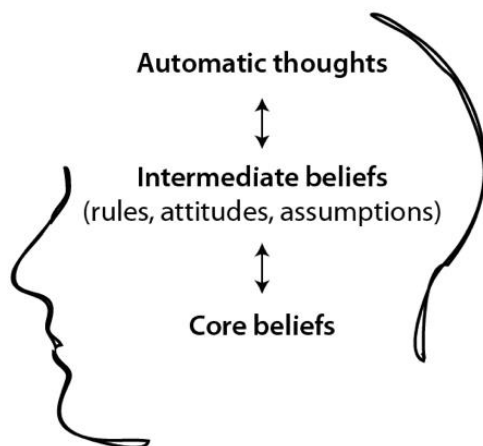
"Problems arise from the *meanings* individuals give to events, filtered through core beliefs and assumptions which they have already developed through life experience"
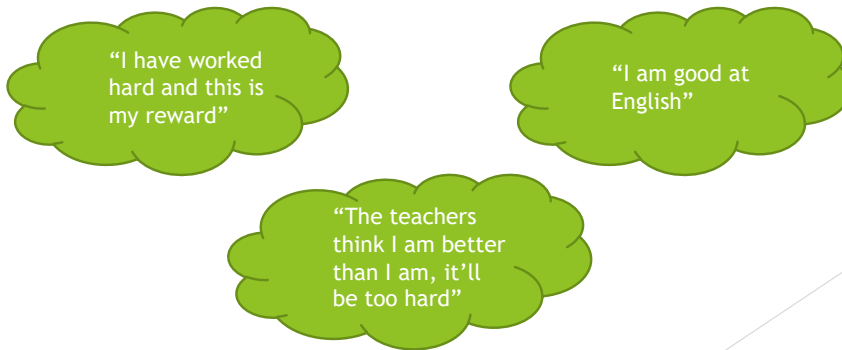
Bennett-Levy, J. E., Butler, G. E., Fennell, M. E., Hackman, A. E., Mueller, M. E., & Westbrook, D. E. (2004). *Oxford guide to behavioural experiments in cognitive therapy.* Oxford University Press.)

**Automatic thoughts**

↕

**Intermediate beliefs**
(rules, attitudes, assumptions)

↕

**Core beliefs**

# A moment to think…

▶ Take a moment to think about a young person you have worked and noticed their appraisal (e.g. what they thought) of a situation might have been unexpected? *We might consider the situation to be positive or negative!*

Here is an example to help…

Hasan has been moved up a set in English after doing well in recent assessments. Potential thoughts:

"I have worked hard and this is my reward"

"I am good at English"

"The teachers think I am better than I am, it'll be too hard"

# The Cognitive Model…

▶ According to this model, cognitions have a significant influence on *emotions*, *behaviours* and physical reactions (the body).

Formulation
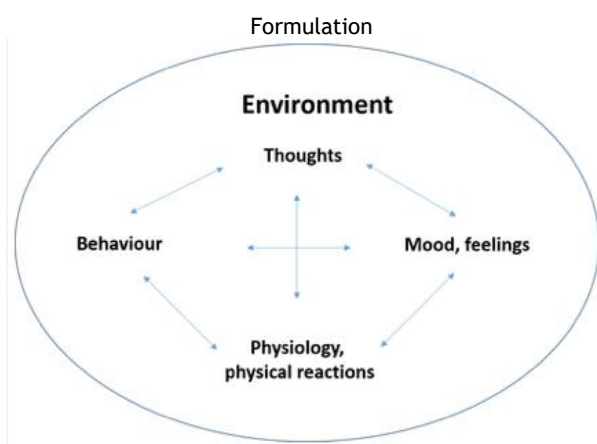


" The content of cognition affects emotion, behaviour and physiology through our appraisals of ourselves, others, and the world, and our interpretations of events; for instance, if we think of ourselves as failing, we may feel depressed and take less initiatives."

(Bennett-Levy et al., 2004, p.4)

# Main Aims of Cognitive Therapy...

To help an individual *identify* and *reality-test unhelpful cognitions* that underpin negative patterns of emotion and behaviour.

To *develop* and *test* new, more *helpful cognitions* to create opportunities for positive experience of the self, others and the world.
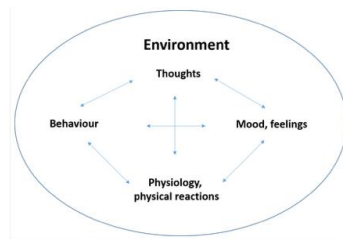
# Behavioural Experiments (BEs) in CBT

▶ Essentially, experiments in CBT are designed to test hypotheses, try new strategies out and discover new experiences...
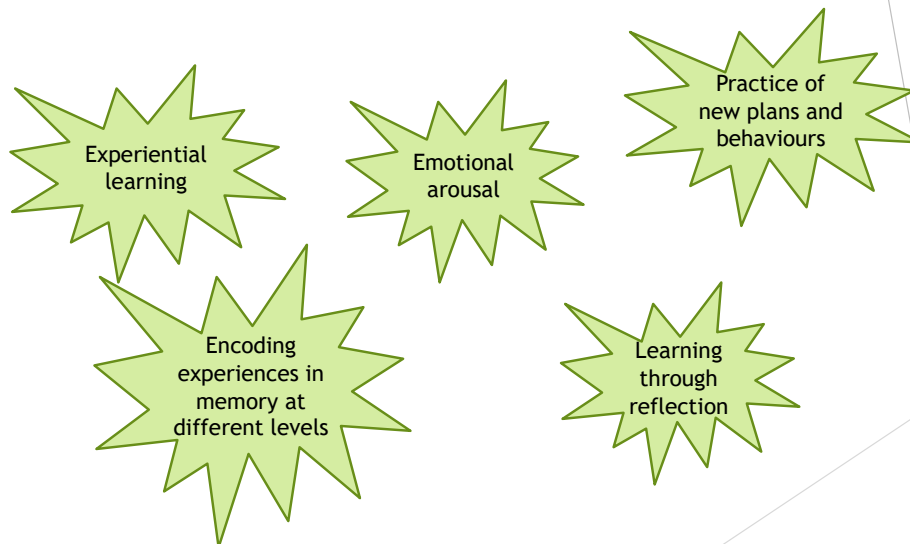
WITH NO GUARANTEE OF SUCCESS

So, why do them? Well...

# Definition of BEs

▶ "Behavioural experiments are planned experiential activities, based on experimentation or observation, which are undertaken in or between cognitive therapy sessions" (Bennett-Levy et al., 2004, p.8).

▶ Their main purpose is to obtain new information which may help to:

  ▶ Test the validity of existing beliefs (or automatic thoughts) about self, others and the world;

  ▶ Develop and/or test alternative, adaptive beliefs (or automatic thoughts);

  ▶ Develop a helpful formulation of cognitions, feelings, behaviours and the body.



# Valuable Characteristics of BEs...

Experiential learning

Emotional arousal

Practice of new plans and behaviours

Encoding experiences in memory at different levels

Learning through reflection

# Two Broad Types of BEs

**Experimental**

▶ Hypothesis testing.

▶ Young person is an active participant.

▶ Deliberately manipulating behaviour or environment.

▶ Doing something differently to what they would usually do in that situation.

**Observational**

▶ Open ended discovery.

▶ Young person is an observer.

▶ To observe and gather information in the environment.

▶ No need to manipulate or change behaviour.

# Different Levels of Meaning
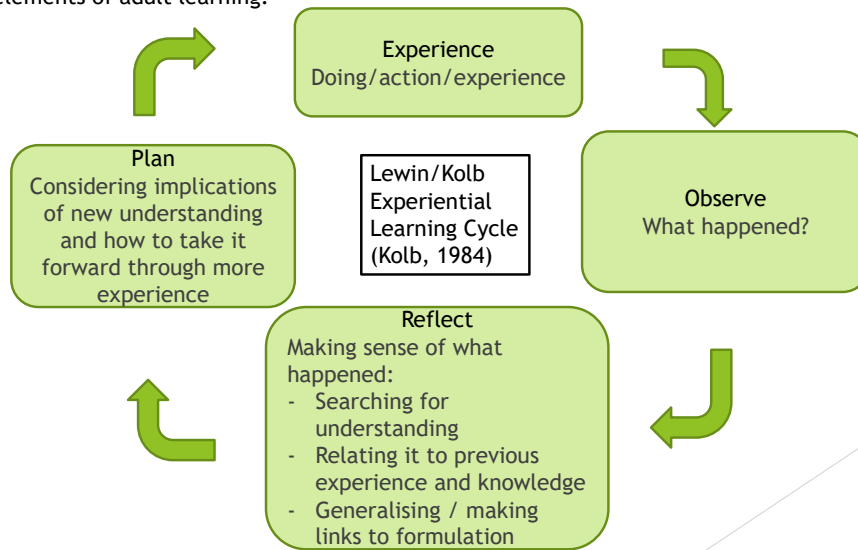## (Teasdale & Barnard, 1993)

| Propositional | Implicational |
|---|---|
| Rational | Intuitive |
| Explicit | Implicit |
| Thought of as "head level" | Though of as "heart level" which is harder to change |
| Emotionally "cold" | Emotionally "hot" |

BEs have a greater impact on **implicational level**
(Bennett-Levy et al., 2004)
- Changes at a deeper level
- Heart vs. head
- Emotional vs. intellectual; a 'Felt sense'
- Involves implicational and propositional modes of experiential processing.

Links with Adult Learning Theory

BEs are powerful form of learning because they incorporate the most important elements of adult learning.

**Experience**
Doing/action/experience

**Observe**
What happened?

Lewin/Kolb
Experiential
Learning Cycle
(Kolb, 1984)

**Reflect**
Making sense of what happened:
- Searching for understanding
- Relating it to previous experience and knowledge
- Generalising / making links to formulation

**Plan**
Considering implications of new understanding and how to take it forward through more experience

# Let's think about this further…

▶ EXERCISE in pairs

▶ Think of a time when you did something you feared or were anxious about…

▶ What did you fear might happen?

▶ What actually happened?

▶ How did you make sense of what happened? What did you learn?

▶ How has it changed (if at all) the way you approach similar situations?

## Let's look at developing BEs...
## What will the sessions look like?

▶ Look at session outline provided in training handouts (we will go through this together step by step) and there will be opportunities to ask questions).

▶ Please ask questions as we go along!

Here is how you will document the student's thoughts, feelings and ways of coping in relation to schoolwork:

| Situation (Who, what, when, where?) | Emotions (What did you feel?) | Thoughts (What was going through your mind? Did any images pop into your head?) | Coping Strategies (What do you usually do to when you think and feel like that?) | Different Thoughts / Coping Strategies (What other ways are there to think about this problem? What could you do differently?) |
|---|---|---|---|---|
| Sitting with an LSA in school trying to answer a question about the book I am reading in English. | Fed up<br><br>Annoyed<br><br>Bored | I don't know where to start.<br><br>I don't want to do this.<br><br>I just don't understand what I need to do.<br><br>I want to do something else instead. | Give up and do something else.<br><br>Keep trying but get annoyed and then don't want to do any more.<br><br>I have tried asking teachers before but that doesn't help me. | I can do this if I ask for help.<br><br>Maybe if I try a different strategy it might help.<br><br>Maybe if I try for 5 minutes it will get easier.<br><br>If I look up the key words, the question might make more sense. |

# Time to practice (1)...

- Get in to pairs.
- One person will role-play being a student completing work.
- One person will role-play eliciting thoughts, feelings, coping strategies and thinking of alternatives.
- At the end there will be 5 minutes to reflect on the exercise with each other. Please avoid judgements or critiques; this is a safe space to practice, learn and make mistakes – particularly as this is a very tricky task that very experience CBT practitioners find difficult to do.
- You will have 20 minutes for this exercise (15 mins for role-play and 5 mins for reflections).
- There will then be 5 minutes to reflect back as a whole group about the experience and there will be an opportunity to ask questions.

## Here is how you will document the experiments each week:

| Date: | Session number: | Student name: |
|---|---|---|

**Which thought(s) are being tested? Please include belief rating (0-100%)**

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------------------------------------------------
------------------------------------------------

**Have you identified an alternative? If so, write it down and rate degree of belief (0-100%)**

------------------------------------------------
------------------------------------------------
------------------------------------------------

**Devise an experiment to test out the thought(s). What exactly will you do? Where and when? What will you watch out for?**

------------------------------------------------
------------------------------------------------
------------------------------------------------
------------------------------------------------

**Identify likely problems. How will you deal with them?**

------------------------------------------------
------------------------------------------------
------------------------------------------------
------------------------------------------------

**Outcome: What happened? What did you observe?**

------------------------------------------------
------------------------------------------------
------------------------------------------------

**What have you learned? What does this tell you about the thought(s) you were testing out? How much do you believe them now (0-100%)?**

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------------------------------------------------
------------------------------------------------

**What next? What further experiments can you do?**

------------------------------------------------
------------------------------------------------
------------------------------------------------

# Time to practice (2)...

▶ Stay in your pairs.

▶ Please swap roles so that you have both had a turn at being LSA/student.

▶ Stay with the same thoughts/feelings elicited in the first exercise, but now the LSA is going to help the student identify an alternative thought to test out. The LSA will try to develop a BE with the student, being very clear and specific about: WHO, WHAT, WHEN, WHERE, HOW.

▶ You will have 20 minutes for this exercise (15 mins for role-play and 5 mins for reflections).

▶ There will then be 5 minutes to reflect back as a whole group about the experience and there will be an opportunity to ask questions.

# Developing BEs with Young People

Key factors to consider:

1) **Formulation:** Do you and the young person understand the rationale for developing BEs? Why is is important to understand and test out negative/anxious predictions?

2) **Collaboration:** Is there a spirit of partnership, creativity and guided discovery? Does the exploration come from the young person, as opposed to being told what to do?

3) **Specific:** Have you and the young person identified clear cognitions/predictions to test out? WHO, WHERE, WHEN, HOW LONG?

4) **Measurable:** Are you both able to measure the outcome? Did what they predict happen? If not, what else happened and why might that be? What does that say about their original cognition/prediction?

5) **'No-lose' situation:** Does the experiment set the young person up to fail? It should be a learning experience, but not task that puts them at risk of diminished self-esteem.

6) **Potential obstacles:** Is there anything that might get in the way of them carrying out the BE? Can there be thinking about what that might be and what can be done in preparation?
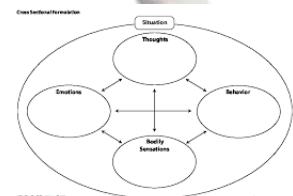
## Developing BEs with Young People: How to review when BE done outside of session?

▶ For some students, they might get the hang of behavioural experiments quite quickly and confidently, for others it will be more challenging – this variation is fine and is something that adults can find quite difficult!

▶ For those that seem to be mastering the technique, it would be beneficial to support them in carrying outs some of the planned strategies (BEs) in their classroom. For example, if they are stuck they might practice asking a friend or teacher; asking to borrow a dictionary; or, taking a "brain break' instead of talking to another pupil. They could also develop BEs for homework tasks at home.

▶ The extra difficulty with this is they will have to record what happened themselves on their worksheet, as it is important that they accurately document what they did and what happened. They might be able to do this after practice with you, but if this might prove too overwhelming for them it is fine to keep the BEs to the sessions you have together.

▶ **Go through BEs checklist together.**

## Therapeutic Skills to support the process

▶ **Active listening**

▶ **Warm**, **non-judgmental**, **curious** approach in sessions

▶ **Guided discovery** and scaffolding where necessary, but not telling them what to do.

▶ **Confidential space** – information should only be shared with researcher, parents and safeguarding leads if/when appropriate.

▶ If you have **legitimate doubts** about experiment, take a step back and reassess. You can always discuss with me in the weekly consultation sessions offered to you.

▶ **Resolving difficulties in the relationship** between student and LSA. This may well be challenging and may highlight difficulties students might have in trusting adults or unwillingness to take action. Again, please seek consultation with researcher if there are concerns about the relationship.

▶ Look to **build morale** – remember 'no-lose'.

▶ **Being sensitive to emotional states** – look at non-verbal signs; if student becomes extremely anxious or upset, it would be better to withdraw until they are contained and ready to continue or adjust the experiment.

# Remember…

▶ The experiments are **designed to test and challenge thoughts.**

▶ Students will be doing things outside of their comfort zone, so it is expected they will experience some anxiety/worry in taking part. Just look out for signs that this has come overwhelming and/or highly distressing.
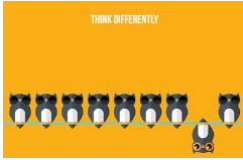
It's all about getting the balance right!

# Thank you for time, attention, participation and reflections!!!!

Any questions?

**Appendix H: Visual aid for BEs intervention training**

| Situation | Thoughts | Emotions | Coping Strategies | New Thoughts | Prediction |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| *(Who, what, when, where?)* | *(What was going through your mind? Did any images pop into your head?)* | *(What do / did you feel? Did anything happen in your body? If so, what?)* | *(What do you usually do to when you think and feel like that?)* | *(What other ways are there to think about this problem? What could you do differently? What would a friend tell me?)* | *(How can I find out if my new thought is true? What could I do with my LSA or in the classroom?)* |
| *Trying to do piece of maths work* | *I am really bad at maths (90/100 %)* | *Sad*<br><br>*Frustrated*<br><br>*Angry* | *Sit and stare out of the window*<br><br>*Go on my phone*<br><br>*Speak to my friends*<br><br>*Ask a teacher for help* | *I find maths hard but I know I can improve with time, effort and help*<br><br>*(30/100%)* | *If I try question number one on my own and then ask for help if I am stuck, I will be able to answer question*<br><br>*(20/100%)* |

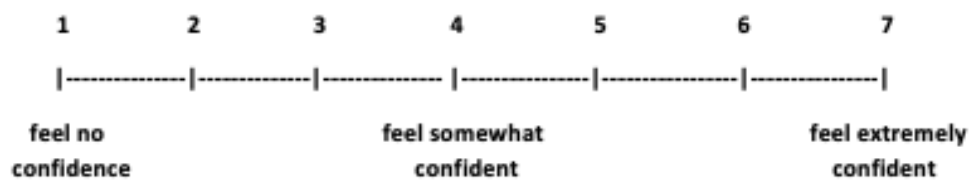| | | | | | |
|---|---|---|---|---|---|
| Trying to answer questions on poetry. | I don't understand what the teacher wants me to do. (100/100%)<br><br>I don't like English, I am not good at it. (100/100%)<br><br>I find English boring. (90/100%) | Bored<br><br>Upset<br><br>Worried about exams | Keep trying but then get bored and do something else<br><br>Get annoyed<br><br>Get distracted | I wish I could do it.<br><br>I want to be better at English, particularly poetry which is hard.<br><br>I want to finish work that I start. | |

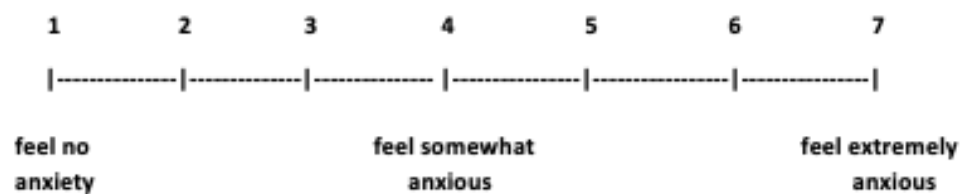## Appendix I: Self-designed Likert-type scales – Sessional data

**NOTE:** Please complete questions 1 & 2 at the start and 3-6 at the end of the session.

**Instructions:** Please answer all questions as honestly as you can. Circle the number that feels right to you. The LSA will help you if you are not sure what any of the words mean.

1) How **confident** do you feel when starting a difficult piece of work?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

|--------------|-------------|--------------|---------------|----------------|---------------|

feel no confidence        feel somewhat confident        feel extremely confident

2) How **anxious** do you feel when starting a difficult piece of work?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|

|--------------|-------------|--------------|---------------|----------------|---------------|

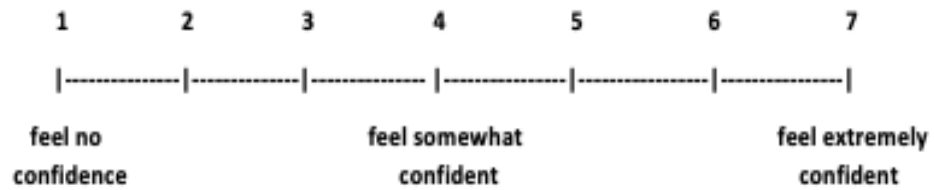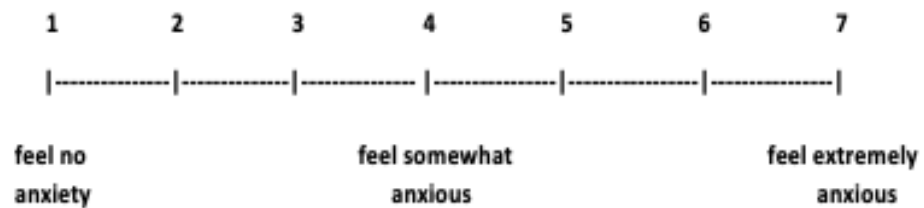feel no anxiety        feel somewhat anxious        feel extremely anxious

**\*NOW START THE BEHAVIOURAL EXPERIMENT SESSION\***

3) How **confident** do you feel about completing a similar piece of work again?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|--------------|--------------|--------------|----------------|----------------|----------------|

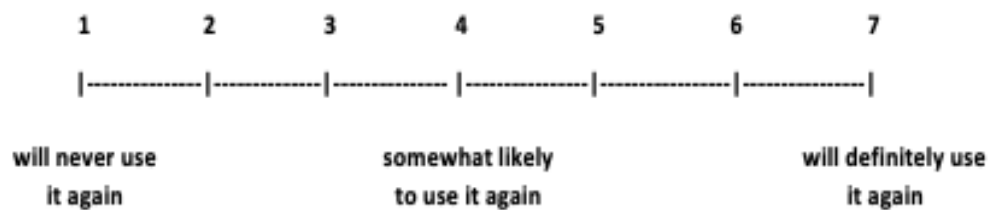feel no confidence          feel somewhat confident          feel extremely confident

4) How **anxious** do you feel about completing a similar piece of work again?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|--------------|--------------|--------------|----------------|----------------|----------------|

feel no anxiety          feel somewhat anxious          feel extremely anxious
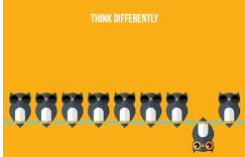
5) How **helpful** was the behavioural experiment you tried out in the session or classroom?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|--------------|--------------|--------------|----------------|----------------|----------------|

not at all helpful          somewhat helpful          extremely helpful
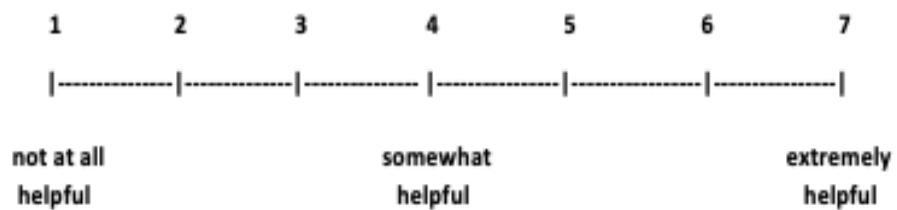
6) How **likely** are you to use the strategy you tried today for a similar piece of work again?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|--------------|--------------|--------------|----------------|----------------|----------------|

will never use it again          somewhat likely to use it again          will definitely use it again

well done!

**Appendix J: Thoughts, feelings and behaviours record form**

| Situation | Thoughts | Emotions | Coping Strategies | New Thoughts | Prediction |
|---|---|---|---|---|---|
| *(Who, what, when, where?)* | *(What was going through your mind? Did any images pop into your head?)* | *(What do / did you feel? Did anything happen in your body? If so, what?)* | *(What do you usually do to when you think and feel like that?)* | *(What other ways are there to think about this problem? What could you do differently? What would a friend tell me?)* | *(How can I find out if my new thought is true? What could I do with my LSA or in the classroom?)* |
|  |  |  |  |  |  |

**Appendix K:  BEs intervention session structure for LSA facilitators**

**<u>Behavioural Experiment Intervention: Structure of Sessions</u>**

Below is an example of how to structure each BE session, including how to develop a BE with your student. As this is a dynamic, unpredictable process, it is not possible to have a rigid script. However, this should provide guidance on how to plan your sessions. Session planning is something we can discuss together in the training workshop and you can also arrange to meet with me throughout the course of the intervention (between Week 1 and Week 6), if you have any concerns about the sessions.

**<u>Step 1:</u>** The student can either bring or be presented with a piece of work they find somewhat difficult or challenging.

**<u>Step 2:</u>** The student will then read through task instructions independently, or with help if necessary.

**<u>Step 3:</u>** You then ask the student to complete two questions:

a. How anxious do you feel about starting this work? (rating out of 5)
b. How confident do you feel about starting this work? (rating out of 5)

**<u>Step 4:</u>** Once this is completed, you then explore the student's thoughts and feelings associated with the work:

a. "What thoughts/images come to your mind when you think about trying this task?"

b. "What might happen if you start the task?"

c. "Do you have any concerns about doing this task?"

*(**Note:** You do not have to use these questions; however, they are examples of open-ended questions you might use to explore their experiences. If you find that they are struggling to answer, you can ask more direct questions such as "I am wondering if you are finding it hard?" or "You might not be sure where to start". However, it is*

*important that the thoughts identified are real and true to their experiences, so where possible, it is important to use their own language.)*

*(**Note:** If the thoughts or experiences they share are positive, such as: "This looks easy, I can do it" or "I have done this before", that is fine, you do not need to seek negative thoughts or predictions. It might be that more difficult thoughts arise as the child continues with the task. So, allow them to start the task unsupported for 2 minutes (say: "I want you to try the task on your own for 2 minutes") and then ask "How is the task going? What are you thinking about it now?" Write these thoughts down with them (encourage them to write the thoughts down if possible, but you can do so if easier).*

**Step 5:** Once a key thought is identified then child is encouraged to write down how they feel in response to having the thought; they can use emotion words (e.g. happy, sad, angry, bored, etc.) and/or pictures (e.g. range of faces). This information goes in the next column.

**Step 6:** Then the student is asked what their usual coping strategies are for managing these thoughts. In other words, what do they do in the moments that they feel stuck, sad, angry, frustrated, bored, etc. You could ask them: "In the past when you had this thought and felt this way when completing a difficult piece of work, what did you do? What did others do to help you?"

(*Note: It can be difficult to elicit coping strategies, actions and behaviours, particularly if the student has limited insight into their thoughts, feelings and coping styles. Do not worry if they cannot do this. If they get stuck, it might be worth giving them a list of suggestions (both helpful and unhelpful) and see if any of the suggestions resonate with them*).

**Step 7:** If they have been able to identify some, write down the different responses/strategies they use, with no judgement on whether they are helpful or unhelpful. A non-judgemental approach is important so they feel safe to be open and honest. If they cannot think of any, it is fine to leave it blank, but it might be helpful to revisit in later sessions or you might want to ask further questions like "what would your teachers/parents/friends say that you do?"

**Step 8:** You then need to help them identify an alternative or "new" thought to test out. Testing out essentially means you will help them develop an experiment to find evidence for or against their "new thought". You can ask prompts like:

"It sounds like when you think you can't do it; you feel annoyed and then don't want to continue". "Is there another way you might be able to think about this task?"

"What would your parents tell you?" or "What would your favourite teacher say?"

"When you feel confident with your work, what sort of thoughts do you have?"

Write down any new thoughts the student suggests, again with no judgement, and then guide the student to choose one to test out with a behavioural experiment. You will need to think about choosing a new thought that will help them experience some success (remember: it needs to be a 'no-lose' situation).

**Step 9:** This is an important bit. You now need to help the student turn their new thought in to a prediction so that they can test it out.

For example -

**Thoughts:** "I am really bad at maths".

**Emotions:** Sad, frustrated, angry.

**Coping Strategies:** "Sit and stare out of window"; "talk to my friends".

**New Thought:** "I find maths hard but I am able to improve with time, effort and help" (believed 30/100).

**Prediction:** "If I try question number one on my own and then ask for help if I am stuck, I will be able to answer question" (believed 20/100).

(*Note: The prediction might be a positive or negative outcome, either way the prediction allows you to set up an experiment to test out whether their prediction comes true or not. This is why it is important that the prediction is not unrealistic as this might set them up for a failure, impacting on confidence and potentially evoking distress unnecessarily*).

**Step 10:** Once you or the student have written down the prediction, you can ask them to rate how strongly they believe the prediction will happen out of 100%? (0 = it will definitely not happen; 100 = it definitely will happen).

**Step 11:** You will then help them to develop an BE to test out the prediction – ask them what they can do to find out?

For example –

**Piece of work:** Maths task
**Thoughts:** "I am really bad at maths" (believed 90/100).
**Emotions:** Sad, frustrated, angry.
**Coping Strategies:** "Sit and stare out of window"; "talk to my friends"; "go to an easier question".
**New Thoughts:** "I find maths hard but I am able to improve with time, effort and help" (believed 30/100).
**Prediction:** "If I try question number one on my own and then ask for help if I am stuck, I will be able to answer question" (believed 20/100).
**Experiment:** I will try and do this independently for 2 minutes. Once 5 minutes is finished, if I still don't know what to do, I will ask the my LSA to help me. I will explain to him/her what I am finding difficult and I will listen to their response. Once I have had some help, I will try and answer the question again for 10 minutes independently.

*(**Note:** Decide if the experiment will be conducted in the session or later in a lesson. It would be better to start with carrying out BEs in the sessions so they can practice in a safe space; then once they become more confident they can try some in their lessons to be reviewed with you at a later date).*

*(**Note:** When developing the BE, you can explore potential obstacles with them so that they are prepared. For example, they might ask a teacher/LSA when they are very busy and it is not possible to speak at that moment. Therefore, you might want to discuss what they will do in the event that happens).*

**Step 12:** The student completes the experiment either in the session or later in a lesson.

**Step 13:** Then, in the session or in the next session after the student has completed the behavioural experiment, you help them to review what happened by asking:

a. "What happened during the experiment?" or "What was the outcome?" or "What did you notice".

b. "What did you learn from doing it?"

c. Look back at the prediction (and rating out of 100%). Ask them: "Did what you predict happen or was there a different outcome?" "If it is different, what does that tell us about your prediction?" "Does this information support your original or alternative thought?"

**Step 14:** Finally, at the end of each session you will ask the student to complete 4 questions:

a. How anxious would you feel to complete the same or similar task again? (rating out of 5)

b. How confident would you feel to complete the same or similar task again? (rating out of 5)

c. How helpful was the behavioural experiment activity you tried? (rating out of 5)

d. How likely are you to use the strategy you tried in the experiment again? (rating out of 5)

**END OF SESSION WITH STUDENT**

**Step 15:** Please spend 5 minutes reflecting on the session, making notes in your intervention diary about your experiences. Keep this diary somewhere safe and secure (e.g. on password protected laptop or in locker on school premises).

**Appendix L: BEs record sheet**

Date:                          Session number:                          Student name:

Which thought(s) are being tested? Please include belief rating (0-100%)
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Have you identified an alternative? If so, write it down and rate degree of belief (0-100%)
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Devise an experiment to test out the thought(s). What exactly will you do? Where and when?
What will you watch out for?
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Identify likely problems. How will you deal with them?
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Outcome: What happened? What did you observe?
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What have you learned? What does this tell you about the thought(s) you were testing out? How much do you believe them now (0-100%)?

…………………………………………………………………………………………………………
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What next? What further experiments can you do?
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**Appendix M:  BEs checklist for LSAs**

## LSA Checklist for Planning BEs:

Below is a checklist taken from the Oxford Guide to Behavioural Experiments in Cognitive therapy (Bennett-Levy, J. E., Butler, G. E., Fennell, M. E., Hackman, A. E., Mueller, M. E., & Westbrook, D.E, 2004). This has been provided as a prompt to reflect on the BEs you develop with the students and can be used to help guide subsequent sessions. Do not worry if you miss some aspects out but where possible, aim to have covered these points in the intervention to ensure quality and adherence to the intervention process.

- Is the purpose of the experiment clear? Does the student understand the rationale for it and why they are doing it?

- Have you identified the thought you are challenging and the predicted outcome of the experiment?

- If possible, have you identified an alternative perspective?

- Have you asked them to rate how much they belief in the target thought, alternative thought and prediction/s?

- Have you identified any unhelpful behaviours or obstacles that might get in way of completing the experiment?

- Have you decided whether you are developing a more "experimental" or "observational" experiment?

- Have you decided on a time and place, and worked out what resources (if any) might be needed?

- Have you anticipated possible problems and worked out how to overcome them?

- Have you made sure that something constructive will be gained from the experiment, no matter what the outcome ('no-lose')?

- Have you selected an appropriate level of difficulty (e.g. challenging but realistic and manageable?)

- Have you explored any doubts or fears that might exacerbate the student's anxiety?

**Appendix N: Ethical approval and the amended ethics application form**

The Tavistock and Portman **NHS**
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Amy Kite

**By Email**

8 July 2019

Dear Amy,

**Re: Trust Research Ethics Application**

**Title:** Behavioural Experiments in School: To what extent can they help anxious students feeling 'stuck' with their work?

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

**Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Best regards,

**Paru Jeram**
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

The Tavistock and Portman **NHS**
NHS Foundation Trust

## Tavistock and Portman Trust Research Ethics Committee (TREC)

### APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

**This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.**

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

**PROJECT DETAILS**

| Current project title | Behavioural Experiments in School: To what extent can they help anxious students feeling 'stuck' with their work? | | |
|---|---|---|---|
| **Proposed project start date** | May 2019 | **Anticipated project end date** | April 2020 |

**APPLICANT DETAILS**

| Name of Researcher | Amy Kite |
|---|---|
| **Email address** | akite@tavi-port.nhs.uk |
| **Contact telephone number** | 07739718505 |

**CONFLICTS OF INTEREST**

| **Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?** **YES** ⎯ **NO** ⎯ If **YES**, please detail below: |
|---|
| |
| **Is there any further possibility for conflict of interest? YES** ⎯ **NO** ⎯ If **YES**, please detail below: |
| |

**FOR ALL APPLICANTS**

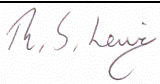| Is your research being conducted externally* to the Trust? (for example; within a Local Authority, Schools, Care Homes, other NHS Trusts or other organisations). <br><br> *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust) | **YES** ⎯ **NO** ⎯ |
|---|---|

| | |
|---|---|
| If **YES**, please supply details below:<br><br>The proposed research will be carried out at The UCL Academy (secondary school) and will be overseen by research supervisors as part of the M4 course sponsor requirement. | |
| Has external* ethics approval been sought for this research?<br>**(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)**<br><br>*Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC)<br><br>If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies: | YES ⎯   NO ⎯ |
| If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research? | |
| Do you have local approval (this includes R&D approval)? | YES ⎯   NO ⎯<br><br>Neither the researcher, nor the participating school (***************) are affiliated with the Local Authorities' (LA) Educational Psychology Service, therefore consent from the LA is not necessary. I have written approval from *************** school to conduct the research on their premises with their pupils. |

| | |
|---|---|
| **COURSE ORGANISING TUTOR**<br>• Does the proposed research as detailed herein have your support to proceed?<br>   **YES** ⎯   **NO** ⎯ | |
| **Signed** | A Styles |
| **Date** | 28.06.2019 |

**APPLICANT DECLARATION**

I confirm that:
- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.
- I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

| Applicant (print name) | Amy Kite |
|---|---|
| Signed | *[signature]* |
| Date | 28.06.2019 |

**FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY**

| Name and School of Supervisor/Director of Studies | Dr Richard Lewis |
|---|---|
| Qualification for which research is being undertaken | D.Ed Psych |

**Supervisor/Director of Studies –**
- Does the student have the necessary skills to carry out the research?
  **YES ___   NO ___**
- Is the participant information sheet, consent form and any other documentation appropriate?
  **YES ___   NO ___**
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  **YES ___   NO ___**
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  **YES ___   NO ___**

| Signed | *[signature]* |
|---|---|
| Date | 27.06.19 |

**DETAILS OF THE PROPOSED RESEARCH**

| 1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words) |
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| The research aims to investigate the impact of a Cognitive Behavioural Therapy (CBT) intervention – called a Behavioural Experiment (BE) - delivered by Learning Support Assistants (LSAs) to support students (aged 14-15) experiencing anxiety about their school work. BEs are a therapeutic tool to help individuals identify unhelpful negative thoughts or predictions, and to develop |

experiments to test and challenge such thoughts. This research will examine whether BEs are a helpful support for students who feel stuck with their work. It will be conducted over two phases:

**Phase One:**

LSAs will attend a training workshop delivered by myself on basic CBT principles; an overview of BEs and their relevance to school staff; and, an opportunity to practice developing BEs through role-play. Thereafter, two student participants (SP) will be assigned to a BE-trained LSA. Each SP will meet with their LSA individually on a weekly basis for six weeks to develop BEs. The sessions will take place during 'House Time' at a pre-determined location in school agreed between the LSA, researcher and admin staff. LSAs will be given the flexibility to see either of their allocated SPs on different week days (Student A on Monday; Student B Wednesday); however, they will be asked to agree to a consistent day for the SPs. In each BE session, SPs will be given a piece of work or task provided by their teachers across Maths, Science and English topics. This work will be determined based on the SPs current set (e.g. lower, intermediate and higher attainment) and will come from the extension exercises developed by teachers. Therefore, if Student A is in an intermediate set, they will be given an extension exercise appropriate for this set. This ensures the activities will stretch and challenge yet are still appropriate and relevant to the student's abilities. LSAs will use the BE intervention to help SPs to identify negative or unhelpful thoughts that emerge whilst trying the task, and together they will evaluate how helpful and reliable the thought is through developing an experiment (see Appendix A). Self-report questionnaires measuring anxiety and metacognition (e.g. having an understanding and awareness of thinking processes) will be completed by all SPs before, during and after the six weeks to measure any impact of the intervention. This is detailed in Question 3.

**Phase Two:**

After the BE interventions have concluded, LSAs will then be asked to complete a series of questions in the form of a questionnaire or semi-structured interview aimed at exploring their experiences of developing and using BEs with SPs. To support their answers, they will be instructed during the initial training session in Phase One to keep an intervention diary. They can use their responses, where necessary or helpful, as a prompt to answer the questions.

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**2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

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There is compelling evidence that CBT interventions are effective in school contexts and there are several established CBT programmes delivered in the UK schools. The evaluative and experiential aspects of BEs (testing out negative thoughts through action) distinguishes it from other problem-solving techniques used in many established CBT programmes (e.g. think of evidence for or against the negative thought). Despite the widespread use of BEs by CBT Therapists and compelling evidence for its effectiveness in clinical settings, empirical evidence attesting to the specific use of BEs in school contexts remains less clear. Furthermore, research has highlighted significant barriers to the implementation of CBT interventions by school staff once they have received training.

Therefore, this research aims to extend this field by: 1) measuring to what extent BEs reduce student self-reported anxiety when focused on a difficult learning task; 2) measuring to what extent BEs increase student self-reported use of metacognitive strategies; and 3) exploring LSAs views on intervention feasibility, including the barriers and facilitating factors. This will support the Educational Psychology (EP) profession, and those they serve, by providing research on the potential benefits of a specific, flexible therapeutic tool to aid wellbeing and foster resilient learning. If shown to be effective and feasible, it could enable EPs to offer a cost-effective intervention. Finally, this research offers therapeutic tool that has been shown to develop core cognitive skills necessary for improving learning. Therefore, a BE intervention could offer schools a generalisable approach to support students who feel stuck with their learning.

| 3. | Provide an outline of the methodology for the proposed research, including proposed method of data collection, *tasks* assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words) |
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**Phase One:**

This phase will involve a pre- and post-test quasi-experimental evaluation of the BE intervention. Prior to starting the BE intervention, I will support all student participants (SPs) to complete three self-report questionnaires: 1) Spence Child Anxiety Scale (SCAS, see Appendix B); 2) Strengths and Difficulties Questionnaire (SDQ, see Appendix C); and, c) Motivated Strategies for Learning Questionnaire (MSLQ, see Appendix D). SPs will also complete two Likert-scale questions I developed to measure SP's self-reported anxiety and confidence in completing work they find difficult (see Appendix E).

LSAs will then attend a two-hour training about BEs and practice developing them. They will be given resources to supplement the training and there will be an opportunity for them to ask questions. The following week, LSAs will start the BE intervention with two SPs. Each SP will be met individually for 30 minutes, once a week, over a six-week period. There will be six sessions with each SP in total. Although the LSA will complete the BE intervention with two SPs, the sessions will always be separate to respect SP confidentiality.

As described in Question one, in each 30-minute session LSAs will support the SPs to try a challenging piece of work using the BE intervention. At the start of each session, all SPs will be helped by their LSA to complete two Likert scale questions about anxiety and confidence levels related to the work (see Appendix F). They will then be supported to try the task and develop a BE. Five minutes before the end, SPs will be asked to complete four more Likert scale questions related to anxiety, confidence and how helpful they found the BE intervention (see Appendix G). This means SPs will complete six Likert scales in total during each session.

Upon conclusion of the intervention, SPs will complete the SCAS, SDQ, MSLQ and two Likert scales related to reported anxiety and confidence in completing difficult work (see Appendices B, C, D & E) for the second and final time, concluding Phase One.

**Phase Two:**

During Phase One, LSAs will be asked to keep a written diary to capture their experiences. This will be anonymised and LSA's will be instructed to keep their diaries in their own lockers based on the school site. If LSAs do not have access to their own lockers, they will be asked to record their experiences on their own work laptops that are password protected and kept on school premises at all times, as per the school policy. This ensures their information will remain protected and confidential. LSAs can use these diaries to aid their thinking and responses to questions asked in Phase Two. LSAs are asked to answer six open-ended, qualitative questions related to their experience of the BE intervention (see Appendix H). These will either be in written form or will be asked within a semi-structured interview if deemed a more helpful route at the end of the intervention to allow the LSAs to express their opinions.

Data collection will take place between October-November 2019 and will be analysed in December 2019. To analyse Phase One data, Statistical Package for Social Sciences (SPSS) will be used to investigate meaningful patterns or changes to reported anxiety, confidence and perceived helpfulness of the intervention. Then, data from Phase Two will be analysed using Thematic Analysis (Braun & Clark, 2012) to identify semantic themes in the responses. This will help contextualise the statistical analysis to explore intervention feasibility.

**PARTICIPANT DETAILS**

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| **4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)** |

**LSA Recruitment:**

5 LSAs will be recruited through opportunity sampling. I will attend a meeting held weekly in the school between the Special Educational Needs Co-ordinator (SENCo) and all 28 LSAs. Participant information and the inclusion and exclusion criteria will be outlined, supplemented with a participant information sheet (see Appendix I). Volunteer LSAs will contact me via email with a completed consent form; if all criteria are met then eligible participants will be provided a pseudo name and will be selected at random to take part. Those who have not been selected as part of the randomised sampling process will be notified and thanked for their interest informed via email. They will also be asked that in the event of a participant withdrawing at the start of the intervention, whether they would be willing to receive BE training by the researcher and undertake the intervention at shorter notice.

*Inclusion and exclusion criteria:*

(i)    **Participants must be available to complete Phase One and Phase Two.** Due to the therapeutic nature of BEs where students will be discussing sensitive experiences, it is important risks of foreseeable disruption are minimised.

**Student Participant Recruitment:**

To select 10 SPs, I will initially consult with the school's SENCo about the research, including the inclusion and exclusion criteria (see below). I will attend a pre-established referrals meeting attended by the SENCo and Heads of House (HoH). Here, students raised as a concern by teaching staff are discussed. I will provide information on the BE intervention, emphasising its purpose and the suitability of participants - a copy of the inclusion/exclusion criteria will be provided. Information about the research will also be sent to all Year 10 teachers via email and they will be asked to notify myself and the SENCo of students who report or appear anxious about completing pieces of work. This means that potential participants can be identified via the referrals meeting, via consultation with the SENCo or directly from referring teachers. Once a potential sample has been identified, each case will be discussed with the SENCo (or the referring teacher if the child is unknown to the SEN department) in relation to the inclusion/exclusion criteria. Once narrowed down for eligibility, parents/guardians will be contacted via phone/email/post with an information sheet and consent form (see Appendix J) for their child to take part. If consent is obtained, I will then meet with eligible SPs to discuss the BE intervention and ascertain if they wish to take part; they will be asked to complete an assent form (see Appendix K). All potential SPs will be assigned a number and 10 will be randomly selected. For those not selected, parents and students will be sensitively notified and thanked for their participation thus far.

*Inclusion / exclusion criteria:*

(i)    **Students must be aged 14-15 at the time of the intervention.** As data is being averaged across the sample, it is important that developmental age is controlled for analysis purposes.
(ii)   **Anxiety or worry in relation to learning tasks must be a primary area of need.** This is the focus of BE intervention and is necessary to examine any change as a result of taking part.
(iii)  **Student must not be in active receipt of therapy at the start of the intervention.** It might prove overwhelming to be in receipt of multiple therapeutic interventions at one time.

| | |
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| **(iv)** | **Students must be able to work on a 1:1 basis with an adult for 30 minutes.** Students that find 1:1 work highly distressing or overwhelming may not find this intervention helpful, particularly as it is over a short period of time and it cannot be guaranteed they will be allocated to a familiar adult. |
| **(v)** | **Students must have grasp of English language.** The intervention requires exploration of thoughts, feelings and behaviours through talking, writing and drawing, therefore it is key that the LSA and SP can communicate with each other. |

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**5. Will the participants be from any of the following groups?** *(Tick as appropriate)*

▭ Students or staff of the Trust or the University.
▭ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
▭ Children or legal minors (anyone under the age of 16 years)[1]
▭ Adults who are unconscious, severely ill or have a terminal illness.
▭ Adults who may lose mental capacity to consent during the course of the research.
▭ Adults in emergency situations.
▭ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
▭ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
▭ Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS).**
▭ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
▭ Healthy volunteers (in high risk intervention studies).
▭ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
▭ Other vulnerable groups (see Question 6).
▭ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
▭ Participants who are members of the Armed Forces.

[1]*If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*
[2] *'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*
[3] *Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.*

**6.   Will the study involve participants who are vulnerable?  YES ▭     NO ▭**

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population.  Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).  Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.

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**6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?**

If **YES**, the research activity proposed will require a DBS check.  *(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance)*

The SPs taking part will be under the age of 16 (14-15) and will been identified as experiencing some degree of anxiety in relation to their school work. The BE intervention will also require these SPs to reflect on their difficulties which, for some, may be challenging and distressing. During the recruitment process, it will be made clear that the intervention will focus on identifying difficult thoughts and feelings, with the view to find a way to make them less distressing. Clear, user-friendly information sheets with simplistic language will outline the purpose of the research, what participants will be required to do and what will happen to their data once the research has concluded. SPs will therefore be able to decide if they wish to take part and it will be made clear they can withdraw at any point up until the sixth and final BE session. Parents will also be informed that if they want their child to complete the intervention, but if the SP no longer wishes to, SPs will retain the right to withdraw and will not be forced in to taking part.

As I am based in the school on placement, I am also available to meet with the LSA and/or SP if there are questions or concerns about content being raised. I will arrange for a weekly slot available to all LSA's (seen separately) who can use it if they generally want to ask a question about the intervention, or if the SP has raised an issue that is of concern. LSAs are not obliged to use every slot offered; however, they will be asked to attend the first and last slot (Week 1 and Week 6, respectively) to ensure there is support at the beginning and end phases of the intervention. It will then be their choice if they wish to attend slots offered Week 2 to Week 5. It will also be clearly stipulated that content shared by the SP pertaining to risk of harm to self and/or others', will need to be shared with myself, the SENCo and, where necessary, a safeguarding officer at school. It is important to note that the focus of the BE intervention will be thoughts in relation to the students' work, therefore, it is not anticipated that discussions will be focused on other distressing experiences. However, as this is an interactive process between two individuals focused on challenging work, it is possible that the SP will make connections to other experiences. During the training, LSAs will be guided in focusing on experiences pertaining specifically to the work, rather than other aspects of life (e.g. home, family, friendships, etc). These are very important to the SP and so any emerging discussion around other aspects will be acknowledged and, if necessary, can be shared with myself, the SENCo and/or safeguarding officer where deemed appropriate. I have had significant training in CBT (one year Post Graduate Diploma in Cognitive Behavioural Therapies) and have been previously employed in the NHS as a CBT Therapist. I can draw on my expertise to develop and deliver the BE training, as well as when in consultation with LSAs to support them in delivering the intervention.

Given the school is my placement, the LSAs are my colleagues and therefore I have considered any possible affects this might have. My contact with the LSAs has involved consultations for the children and young people I support. This has been to gather information about a child, and it may also include

feeding back to them about my assessment. I do not have any involvement in the recruitment or line management of LSAs, therefore, choosing to take part, or not, would not impact their employment rights and entitlements – this will be made clear during recruitment. LSAs will be informed they can withdraw at any point. However, they will be asked to ensure, where possible, that they have notified and concluded their sessions with the SP. I will support this process where necessary. I will then use my judgement in liaison with the SENCo and my research supervisor to ascertain whether another LSA can take over. This will depend on how many sessions are left and the SPs / parents' wishes. I will also make it clear that the LSA's are not being appraised or evaluated for their involvement. Therefore, any details of their involvement, except for logistics around timetabling, will not be fed back to other members of staff (e.g. Line Manager).

There is a possibility that I may have been involved in assessing or treating one of the SPs as part of my placement responsibilities. I do not foresee this having an impact as I am not delivering the intervention directly to SPs. However, I would make it clear to parents and the SP during recruitment phase that their involvement with the research is unconnected to, and has no influence on, my involvement with the SP in a different capacity.

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**7. Do you propose to make any form of payment or incentive available to participants of the research? YES ⬚    NO ⬚**

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent.  Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

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N/A

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**8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

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Participant information (PI) sheets will be made accessible by using simplified language and visuals (see Appendix I-K). If parents have any difficulties understanding the sheet, I will provide my contact details to speak over the phone or in person at school. If there is a language barrier, I will use the school's confidential interpreting service to give a verbal explanation of the research and the ascertain whether they understand what is entailed to give fully informed consent.

Once inclusion/exclusion criteria are met and parental consent obtained, I will meet with all eligible SPs to give a verbal explanation and a PI sheet for them to read. They will also have the opportunity to ask questions. Being on site, I am available to arrange a time/place to see them. I will check their understanding of what is required to take part; if I feel they have not understood fully, I will reiterate the message. When I feel confident the participants understand, I will ask them to complete an assent form. If they have not understood, it would signify that the intervention might not be appropriate at this stage and their parents will be notified. If parents feel they have become alerted to their child's anxieties and want to know support they might get in school, they will be guided to speak to relevant HoH who is able to consult with them on standard internal procedures for supporting students with anxiety (e.g. in-house counselling support or SEN interventions).

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**RISK ASSESSMENT AND RISK MANAGEMENT**

**9. Does the proposed research involve any of the following?** *(Tick as appropriate)*

▭ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
▭ use of emails or the internet as a means of data collection
▭ use of written or computerised tests?
▭ interviews (attach interview questions)
▭ diaries (attach diary record form)
▭ participant observation
▭ participant observation (in a non-public place) without their knowledge / covert research
▭ audio-recording interviewees or events
▭ video-recording interviewees or events
▭ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
▭ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
▭ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
▭ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
▭ procedures that involve the deception of participants
▭ administration of any substance or agent
▭ use of non-treatment of placebo control conditions
▭ participation in a clinical trial
▭ research undertaken at an off-campus location (risk assessment attached)
▭ research overseas (copy of VCG overseas travel approval attached)

**10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES ▭    NO ▭**
If **YES**, please describe below including details of precautionary measures.

The study will require SPs to share potentially difficult thoughts and feelings in relation to their work that are typical to experience in an educational environment. There will be variation in how SPs respond; however, anchoring the BE to a piece of work and topic that is familiar to them from lessons provides a meaningful focus, appropriate to the school context. As they have been identified as anxious about work, focusing on their worries in the first instance might cause some psychological distress beyond the typically experienced short lived moments of distress caused by the challenges they encounter in their work, with the view that over time, identifying and sharing these experiences will help the SP to develop alternative coping strategies – as evidenced in CBT research. Their sharing of difficult experiences will occur in the context of a 1:1 conversation with a trained member of staff in a confidential space controlled for noise and interruptions where possible. SPs will be told they can pause or stop the session at any time; they can also withdraw from the study at any point.

During the LSA training, LSAs will be given techniques to use if an SP becomes significantly distressed or overwhelmed (e.g. visualisation, breathing relaxation, listening to favourite song, drawing or going for a walk).

The LSAs will also have the opportunity to book a consultation slot with me to discuss the intervention and if they feel it is having a significantly adverse impact we can consider whether to terminate the BE intervention, or whether further adjustments can be made to support the SP.

To manage the beginnings and endings of the intervention, it will be made clear to the SP how many sessions there are and there will be a brief point at the beginning of each session to note how many are left. This will psychologically prepare the SP for the ending and will prompt them to think about how they might want to use the sessions (e.g. setting goals – "By the last session, I would like to have tried X, Y or Z"). It will also be made clear at the start of each session that the SP is not obliged to take part and can withdraw or pause the intervention if they want to. In the event of this I

would ask the LSA to inform me so that I either meet with the SP to answer any questions or to prepare for their withdrawal from the process.

**11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.**

As outlined in Question Six, I have trained and worked in the NHS as CBT Therapist and thus have significant experience of delivering CBT, as well as supervising others to carry out simplified CBT techniques. I have notable experience in developing and delivering training materials and presentations.

I have also completed a Research Masters in Psychological Methods. I undertook my own research investigating the influence of parental anxiety on their perceptions of their children's wellbeing. This involved inducing low levels of anxiety in parents and then obtaining their views via interviews and questionnaires. I am fully informed around the sensitivities of this research, including the importance of transparent recruitment processes and robust debriefing practices.

**12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)**
**NOTE:** Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

This research intends to support SPs in developing a greater awareness of how their thoughts impact their feelings, coping strategies and approaches to tackling challenging work. The focus is not to ensure that they complete all their work correctly, or to master difficult concepts, rather it is to discover alternatives in the face of feeling 'stuck' and unsure how to move forward, fostering a resilient approach to learning and increasing confidence. Through taking part, they will be encouraged to notice the steps they take that work, including those that are less helpful, and to consider how they might generalise this learning to other subjects and aspects of learning. At the end of the intervention, SPs will be able to have a copy of the work they completed, including basic formulations around thoughts, feelings and behaviours, as well as a specific list of strategies and options they have tried. SP and LSA participation will contribute towards the knowledge base on the effectiveness of CBT interventions in school contexts. Both will receive a summary of the findings, including how such findings will be shared with the wider EP profession.

**13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)**

During the SP recruitment process, it will be made clear that the intervention will focus on identifying difficult thoughts and feelings, with the view to find a way to make them less distressing. Clear, user-friendly information sheets with simplistic language will outline the purpose of the research, what participants will be required to do and what will happen to their data once the research has concluded. Therefore, SPs will be able to make an informed decision regarding take part. It will be made clear they can withdraw at any point up until the sixth and final BE session. Parents will also

be informed that if they want their child to complete the intervention, but if a SP no longer wishes to, SPs will retain the right to withdraw and will not be forced to take part.

It will also be clearly stipulated that content shared by the SP pertaining to risk of harm to self-and/or others', will need to be discussed with myself, the SENCo and, where necessary, a safeguarding officer at school. The focus of the BE intervention will be on experiences in relation to school work, therefore, it is not anticipated that discussions will be focused on other distressing topics. However, if LSA's notice SPs repeatedly refer to distress outside of the domain of school work, they will have the opportunity to attend a consultation space where it will be considered and alternative processes may be identified (e.g. a referral to the school's internal counselling resource).

Please refer to Question Six for additional points.

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**14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

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I will meet with each SP immediately after the final BE session for a full debriefing. This will involve asking how they found the process and whether they have any concerns or questions about the ending of the intervention. As I will be offering consultation slots to LSAs throughout the six weeks to discuss questions about the intervention or concerns regarding the SPs wellbeing and safety, I do not foresee any significant concerns to emerge at the end. However, if a SP requests more psychological / learning support, or if they exhibit concerning behaviours or marked distress, I will speak with the SENCo who will consider the school's routine internal counselling or intervention resources can be accessed. This might also include a referral to external support (e.g. Child and Adolescent Mental Health Services), but this would be done in accordance with the school's stipulated referral pathway which is organized by the SENCo and/or safeguarding officer where appropriate. The SP will be informed of any information sharing and this will be made clear in their assent form which would have been signed at the beginning of the intervention. As the SPs are under 16, their parents will also be informed of any concerns related to their safety or discussions to refer for further psychological input.

I will also call parents to notify them that the intervention has ended and to reiterate the subsequent analysis phase. It will be confirmed whether parents would like to receive information on the findings once completed. Parents will be reminded that taking part of the intervention was not part of a psychological assessment and there will not be feedback on what their child specifically discussed in the sessions, nor how they 'performed' in completing the work. Again, this would have been made clear in the participant information sheet and reiterated during discussions during the recruitment phase.

I will also meet with all LSA's after Phase Two to complete a full debrief as described above. They will have the opportunity to share if taking part in the intervention has had an adverse impact and to consider whether they need further external support within the school or externally where appropriate. I do not foresee this, but there will be a space to discuss this if necessary. It will be reiterated that the research has moved from data collection to analysis; they will be reminded that they can have a summary of the findings if they wish to.

**PARTICIPANT CONSENT AND WITHDRAWAL**

**15. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES ▭ NO ▭**

If **NO**, please indicate what alternative arrangements are in place below:

**16. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**
**YES ▭ NO ▭**

If **NO**, please indicate what alternative arrangements are in place below:

**17. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document.**

▭ Clear identification of the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
▭ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
▭ A statement confirming that the research has received formal approval from TREC.
▭ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
▭ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
▭ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
▭ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
▭ A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
▭ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
▭ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**18. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.**

▭ University or Trust letterhead or logo.
▭ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
▭ Confirmation that the project is research.
▭ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
▭ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
▭ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.

▭ The proposed method of publication or dissemination of the research findings.
▭ Details of any external contractors or partner institutions involved in the research.
▭ Details of any funding bodies or research councils supporting the research.
▭ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

## CONFIDENTIALITY AND ANONYMITY

**19. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.**

▭ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
▭ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
▭ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
▭ Participants have the option of being identified in a publication that will arise from the research.
▭ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
▭ The proposed research will make use of personal sensitive data.
▭ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

**20. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

**YES** ▭     **NO** ▭

If **NO**, please indicate why this is the case below:

**NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.**

## DATA ACCESS, SECURITY AND MANAGEMENT

**21. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES ▭   NO ▭**
If **NO**, please indicate what alternative arrangements are in place below:

**22. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**

▭ 1-2 years  ▭ 3-5 years  ▭ 6-10 years  ▭ 10> years

**NOTE:** Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer.
(http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

**23. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.**

▭ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
▭ Access to computer files to be available to research team by password only.
▭ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
▭ Research data will be encrypted and transferred electronically within the European Economic Area (EEA).
▭ Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **23.2**).
**NOTE:** Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).
▭ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
▭ Use of personal data in the form of audio or video recordings.
▭ Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.
▭ All electronic data will undergo secure disposal.
**NOTE**: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.
▭ All hardcopy data will undergo secure disposal.
**NOTE:** For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

**23.1.      Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.**

N/A

| |
|---|
| **23.2.      Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).** |
| N/A |

## OVERSEAS TRAVEL FOR RESEARCH

| |
|---|
| **24. Does the proposed research involve travel outside of the UK? YES ▭    NO ▭** |
| **24.1.**      Have you consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/   **YES ▭ NO ▭** |
| **24.2.**      If you are a non-UK national, have you sought travel advice/guidance from the Foreign Office (or equivalent body) of your country? **YES ▭    NO ▭    NOT APPLICABLE ▭** |
| **24.3.**      Have you completed the overseas travel approval process and enclosed a copy of the document with this application?  (For UEL students and staff only)   **YES ▭ NO ▭** Details on this process are available here http://www.uel.ac.uk/qa/research/fieldwork.htm |
| **24.4.**      Is the research covered by your University's insurance and indemnity provision? **YES ▭    NO ▭** |
| **NOTE:** Where research is undertaken **by UEL students and staff** at an off-campus location within the UK or overseas, the Risk Assessment policy must be consulted: http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk_assess_policy.pdf. For UEL students and staff conducting research where UEL is the sponsor, the Dean of School or Director of Service has overall responsibility for risk assessment regarding their health and safety. |
| **24.5.**      Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. |
| |
| **24.6.**      Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? **YES ▭    NO ▭** |
| |

## PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

**25. How will the results of the research be reported and disseminated?** *(Select all that apply)*

- ▭ Peer reviewed journal
- ▭ Conference presentation
- ▭ Internal report
- ▭ Dissertation/Thesis
- ▭ Other publication
- ▭ Written feedback to research participants
- ▭ Presentation to participants or relevant community groups
- ▭ Other (Please specify below)

## OTHER ETHICAL ISSUES

**26. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?**

No.

## CHECKLIST FOR ATTACHED DOCUMENTS

**27. Please check that the following documents are attached to your application.**

- ▭ Letters of approval from ethical approval bodies (where relevant)
- ▭ Recruitment advertisement
- ▭ Participant information sheets (including easy-read where relevant)
- ▭ Consent forms (including easy-read where relevant)
- ▭ Assent form for children (where relevant)
- ▭ Evidence of any external approvals needed
- ▭ Questionnaire
- ▭ Interview Schedule or topic guide
- ▭ Risk Assessment (where applicable)
- ▭ Overseas travel approval (where applicable)

**27.1.** **Where it is not possible to attach the above materials, please provide an explanation below.**

N/A

**Appendix O:  Participant Information Sheet and Consent Form – School staff version**

**Participant Information Sheet**

**Project Title:**

Behavioural experiments in schools: Can they help children feeling anxious and stuck with their work?

**Who is doing the research?**

My name is Amy Kite and I am studying a doctoral course in Educational and Child Psychology. I am doing this research as part of my course.

**Would you like to take part?**

I am inviting you to take part in this study. This information sheet will tell you about why I am carrying out this research and what taking part will involve. Please read through to decide whether you would like to take part or not.

**What is the aim of the research?**

I would like to find out whether a Cognitive Behavioural Therapy (CBT) tool called a 'Behavioural Experiment' can help students who feel anxious or stuck with their schoolwork. 'Behavioural Experiments' have been shown to help young people and adults in understanding how their thoughts, beliefs and emotions shape how they might cope with challenging situations. I would like to see if 'Behavioural Experiments', used by Learning Support Assistants (LSAs) in a school context, can help students discover alternative strategies to persevere with difficult schoolwork.

**Who has given permission for me to conduct this research?**

The ****** and the Tavistock and Portman NHS Trust (my training institution) have given ethical approval for me to conduct this research. My proposed research was submitted to an ethics committee to ensure that participant wellbeing and their rights were considered fully.

**Who can take part?**

I am looking for LSAs working at ****** who wish to use the 'Behavioural Experiment' tool with Level Two ****** students. It is essential that volunteers will be available between September 2019 and December 2019 as this is when the intervention will be taking place. I am also looking for ****** students who will be starting Level Two in September 2019.

**Do I have to take part?**

You do not have to take part in this research – the decision is entirely up to you. You can stop taking part in the research at any time until the completion of Phase Two (see below) when I will check with you if you are happy for me to include your data the in the analysis. You do not need to give a reason if you decide not to take part. Your withdrawal will have no impact on your work or role at ******.

**What will I have to do?**

There are two phases to this research, and I am looking for participants who agree to take part in both.

**Phase One:**

❖ You will attend a two-hour training workshop delivered by myself on basic CBT principles, with specific focus on how to develop 'Behavioural Experiments' with young people. There will be a discussion of theory and then an opportunity to practice using role-play.

❖ You will then be allocated two students with whom you will meet (separately), once a week for six weeks in total. You will meet with them during House Time for 30 minutes in a pre-determined quiet and confidential space on the school grounds. You will have flexibility regarding the day you choose to see each student, but where possible it will be important to see them on a weekly basis (e.g. Student A on Tuesday's and Student B on Friday's).

❖ During each 30-minute session the student will be given a piece of challenging work. I will organise all the work provided during these sessions and they be deemed as stretching tasks appropriate to the student's learning needs and skill set.

❖ At the start and end of each session, you will support the student to complete six written questions on their anxiety, confidence and thoughts about how helpful the intervention was.

❖ Within each session your main task will be to use the 'Behavioural Experiment' tool to elicit the student's worries or anxieties about completing the task. If they are experiencing negative thoughts about their abilities to try or complete it, you will help them to find ways to test out these thoughts in the safety of the space with you. This will all be covered in the training workshop at the beginning of the intervention.

❖ The purpose of the sessions are not to make sure the student completes the work correctly. The main aim is to support and encourage them to think flexibly about the difficulties they face, finding alternative solutions to test out and evaluate.

❖ I will offer weekly drop-in slots available where you will have the opportunity to discuss questions or concerns about the intervention or sessions. You do not have to use any of these slots but you will be notified of the dates and times in advance so you can access them if necessary. Notes of consultation sessions will be made and may be included in the data analysis if consent is provided.

❖ Once you have finished the session and the student has returned to their lesson, you will be asked to spend five minutes writing your thoughts and responses to the session in a reflective diary. This will not be used in the data analysis and will not be collected from you, but it will support you in Phase Two.

**Phase Two:**

❖ After your final sessions with both students, you will then be asked to complete a questionnaire. It will contain six questions about your experiences of taking part in the intervention, including what you thought went well and what might have worked better. This should take no longer than 45 minutes to complete, although you are welcome to take longer if needed. You are welcome to write your responses or type your responses online via a confidential survey website.

❖ Once I have typed up your information on a password-protected software, I will make sure all your written answers are shredded. Your names will not be included in my research to make sure I keep your information confidential.

**What are the benefits of taking part?**

In the first instance, you will receive training on an evidence-based CBT tool from a trained professional. Secondly, you will contribute to a vastly developing area of research to deepen our understanding of the benefits and challenges of training school staff to deliver therapeutic interventions to support wellbeing and learning.

**What will happen to the findings from this research?**

The findings from this research will be typed up and will be part of my doctoral thesis which I complete to get my Educational Psychology qualification. My thesis will be available online, but your personal information will be removed to ensure you remain anonymous. A summary of the findings will be given to participants.

**What will happen if I do not want to carry on with the research?**

Participants can decide to stop taking part at any point in the research. You can notify me in person or via email and I will arrange a time to have a debrief. If you take part in Phase One and Phase Two you will still receive a debrief.

**Are their times where when my data cannot be kept confidential?**

If participants tell me something that makes me concerned about their own or others' safety, then I might have to share this information with relevant people in order to keep them safe; however, I will always try to speak to you first about this. Because there will be a small number of LSAs taking part, I cannot guarantee that people who know you very well will not recognise some of your responses from Phase Two. However, to protect your identity the name of the school and all participants will be replaced with a pseudonym so it is highly unlikely that others will recognise who made the responses.

**Contact details for further information**

If you have any questions or concerns about taking part, please contact me (akite@tavi-port.nhs.uk) or ****** (SENDCo; *************) and we will be happy to help.

The Tavistock and Portman **NHS**

NHS Foundation Trust

**LSA Consent Form**

| **Please initial the statements below if you agree with them:** | **Initial here** |
|---|---|
| 9. I have read and understood the information sheet and have had the chance to ask questions. | |
| 10. I understand that my participation in this research is voluntary and I am free to withdraw (stop taking part) at any time until my data starts to be processed (December 2019) without giving a reason. | |
| 11. I agree for my interviews to be recorded. | |
| 12. I understand that my data will be anonymised to reduce the chance of people linking the data to me. | |
| 13. I understand that the information I provide will be confidential unless I say something that the researcher thinks means I may be at risk of harm to myself and/or others. | |
| 14. I understand that my responses will be used for this research and cannot be accessed for any other purposes. | |
| 15. I understand that the findings from this research will be published in a thesis and available for the public to read. | |
| 16. I would like to take part in this research. | |

Your name……………………………...........Signed……………………Date…../…../…..

Researcher name……………...................Signed……………………Date…../…../…..

**Thank you for your help.**

**Appendix P: Table of qualitative overarching and subthemes with all linked extracts**

| Overarching Theme | Sub-themes | All Linked Extracts |
|---|---|---|
| Perceived Intervention Objectives | Overcoming Anxiety and Stress | **Participant One***: "helping her to come up with strategies to use in session and in class to help with worry and anxiety";* <br><br> **Participant One***: "students were able to recognise what sort of strategies they could use to answer question that would have made them feel anxious";* <br><br> **Participant One: "***Being able to work with students in helping them try to overcome feeling anxious";* <br><br> **Participant One:** *"That they were able to see that there are things that can be done to help them with their anxiety";* <br><br> **Participant Two***: "The CBT intervention allowed them to observe their thoughts and incorporate small behavioural or cognitive activities into their school/home life to help reduce the feelings of anxiety and stress."* <br><br> **Participant Three:** *"My main target which I shared with the two students I worked with was that we are not trying to change their opinion about some subjects they possibly hate but to make them be more positive and confident when it comes to exercises, tests, exams that make them feel overwhelmed and stressed."* |
| | Targeting Thoughts | **Participant Two:** *"What I find extremely useful is the technique of helping the student understand, and understanding the students myself, in a clear and systematic way by looking at smaller dimensions of their cognitive processes";* <br><br> **Participant Three:** *"My main target which I shared with the two students I worked with was that we are not trying to change their opinion about some subjects";* <br><br> **Consultation notes with participant one:** <br> *"LSA would like to use the 'court of law' analogy to help develop new thoughts and experiments to test";* <br><br> **"***For Fatma, she does know how she is feeling (can label and describe emotions in sessions) but she has strong beliefs about needing to know the answers and being correct";* |

| | | |
|---|---|---|
| | | **Consultation notes with participant two:** *"random thoughts pop in to his head and cannot focus properly";*<br><br>*"Very evaluative and articulate about her experience of trying relaxing techniques. Talked at length about mindfulness - being the observer, staying still, identifying negative thought in order to be able to stop it, and then overriding this with positive thought";*<br><br>*"Ahmed said he has started to realise a pattern in his thinking. He felt OK and quite relaxed the morning of a test. However, when the test started he felt he hit a wall";*<br><br>**Consultation notes with participant three:** *"Harry engaged well in task but found it hard to identify new thoughts (this seems to be a theme across different participants); Need to think of activities to help with identify alternative thoughts";*<br><br>*"pupil said sessions have helped to change his perceptions of himself and his work";*<br><br>*"Spoke with them about changing their perspectives towards difficult work".* |
| | Becoming Aware of Feelings | **Consultation notes with participant two:** *"no persistent thoughts or themes but student usually gets anxious when has to step outside of her comfort zone (e.g. doing things that she has not seen before)";*<br><br>With reference to a session with Charlotte: *"feeling stuck and helplessness; I can only do so much"*<br><br>**Participant one in response to answering 'what went well' responded**: *"Working out strategies. The student being able to understand how they are feeling".* |
| | Supporting Difficult Schoolwork | **Consultation notes with participant one:** *"student was struggling (check through book; check with peers and sometimes ask the teacher)";*<br><br>*"When Fatma, kept going over and over the answers, she needed support from the LSA due to worry and doubt about own abilities";*<br><br>*"Aaron is able to complete the maths questions quickly and accurately, but said he finds longer questions (with more words and complex sentences) harder so access to these would be helpful".* |

| | Test Anxiety (Sub-theme within 'Supporting Difficult Schoolwork) | **Test Anxiety:**<br><br>**Consultation notes with participant two:** *"anxious about tests (when at the top worried about moving down to lower sets)";*<br>*"test environment is really difficult for him";*<br><br>*"tests are a real trigger and concern for Ahmed: ("I have to remember things": "they make questions look hard)";*<br><br>*"He realized a pattern. He feels OK and quite relaxed the morning of a test. However, when the test starts, he feels he hits a wall. He said he just needs some hints sometimes regarding the questions";*<br><br>*"She has had several end of unit tests as end of term is approaching. Reported that she progressively, though on a small level, felt better about the tests this week than those from the previous half term".* |
|---|---|---|
| | Accounting for Individual Differences | **Participant two: "***One student had perhaps two sessions in which they were tired and as a result did not engage 100%, but this was almost expected given their needs";*<br><br>*Participant three: "The first CBT session should be devoted to the identification of the individual student. Character, difficulties strengths, etc";*<br><br>*Participant one: "Because they were student that we have not worked with before I wasn't sure the level of anxiety they had in the classroom so maybe being able to observe the student in a lesson would have helped";*<br><br>**Consultation notes with participant one***: "Aaron has diagnosed speech and language needs. The LSA thinks this might make it more difficult for him to articulate his thoughts and feelings but she wants to see how the sessions go"*<br><br>**Consultation notes with participant one***: "*With Lisa, what was helpful was using the "meme" (a visual analogy). For students with ASD or emotional difficulties, using an emoji or "meme" to represent how they feel (she feels it has been a powerful and effective tool for the sessions)".* |
| | Being Positive | **Participant three:** |

| | | |
|---|---|---|
| | | *"My main target which I shared with the two students I worked with was that we are not trying to change their opinion about some subjects they possibly hate but to make them be more positive and confident when it comes to exercises, tests, exams that make them feel overwhelmed and stressed. Both of the students admitted that the CBT experiment helped them change their perspective to be more positive and give it a go even when they find it difficult and frustrating";*<br><br>*"repetition of the same things seems to work as well as prompting them to be positive and give it a go!"*<br><br>**Consultation notes with participant two:** *"Talked at length about mindfulness - being the observer, staying still, identifying negative thought in order to be able to stop it, and then overriding this with positive thought":*<br><br>**Consultation notes with participant three:** *"Spoke with them about changing their perspectives towards difficult work. Checking in and Harry feeling more confident and positive"* |
| | Building Confidence | **Participant three:** *"My main target which I shared with the two students I worked with was that we are not trying to change their opinion about some subjects they possibly hate but to make them be more positive and confident when it comes to exercises, tests, exams that make them feel overwhelmed and stressed";*<br><br>**Participant four:** *"Students seemed to become more and more confident";*<br><br>**Consultation notes with participant one:** *"LSA wanted to build confidence that not knowing is ok ";*<br><br>**Consultation notes with participant one:** *"When Fatma, kept going over and over the answers, she needed support from the LSA due to worry and doubt about own abilities. She does not have a lot of faith in herself. She needed a lot of reassurance";*<br><br>**Consultation notes with participant three:** *"LSA spoke with them about changing their perspectives towards difficult work. Checking in and Harry is feeling more confident and positive".* |
| | Normalising and Reassuring | **Participant one:** *"That they were able to see that there are things that can be done to help them with their anxiety and that a lot of them know more than they realise but it just meant giving them an extra boost and reassuring them that its ok not to know everything that's why there are people around to help them";* |

| | | |
|---|---|---|
| | | **Consultation notes with participant one:** *"LSA wanted to build confidence that not knowing is ok; student doesn't feel comfortable asking questions or for help, but knows that it will help with how she is feeling"*; <br><br> *"She does not have a lot of faith in herself. She needed a lot of reassurance".* |
| BEs | BEs Intervention Structure and Process <br><br> Categorised further into four sub-themes: <br><br> One: A Need for Flexibility <br> Two: Other Life Events <br> Three: Beginnings <br> Four: Endings | **A Need for Flexibility:** <br><br> **Participant two:** *"I found the structure of the sessions useful. After the first session I learnt that the students' responses are best allowed to happen naturally rather than attempting to channel them according to session outline"*; <br><br> *"Perhaps after about 3 sessions, the structure could be altered. Perhaps this could be to either focus on something else that the young person is experiencing in their life"*; <br><br> **Participant three:** *"What we tried and really worked was that one of my students decided to practice the strategies we were organising during the CBT experiment in the class and then feedback me at our next session. As a result, we were leaving blanc the last 3 questions (1. Outcome: What happened? What did I observe? 2. 2. What have you learned...3. What next?) and the next time we were to meet she was filling in what happened in the class and how she felt about it"*; <br><br> **Other Life Events:** <br><br> **Participant two**: "*Perhaps after about 3 sessions, the structure could be altered. Perhaps this could be to either focus on something else that the young person is experiencing in their life"*; <br><br> **Consultation notes with participant two:** *"Due to a bad day, he was quite restless. He did calm down quickly, but just wanted to talk more about how he feels about the year so far and the people in school"*; <br><br> **Consultation notes with participant three: "***Lisa is moving house at the moment which is stressful. She wants to talk about this in the sessions with the LSA, making it hard at times to focus on schoolwork".* <br><br> **Beginnings:** |

| | | **Participant four (when asked how intervention could be improved / what went less well):** *"In my opinion, by incorporating an informal meeting with the students before the sessions start";*<br><br>*"It took a bit of time to build rapport, so it would be lovely to have met the students for an informal discussion before the intervention commence";*<br><br>**Participant three:** *"The first CBT session should be devoted to the identification of the individual student. Character, difficulties strengths, etc";*<br><br>**Consultation notes with participant one:** *"LSA feels there is a need for practising together at the beginning";*<br><br>**Consultation notes with participant four:** *"had two sessions with Laura and LSA thought Laura felt quite anxious during first one; struggling to help Laura to talk; Laura said she is "silent when I feel like it";*<br><br>***Participant one:*** *"Because they were student that we have not worked with before I wasn't sure the level of anxiety they had in the classroom so maybe being able to observe the student in a lesson would have helped?"*<br><br>**Endings:**<br><br>**Consultation notes with participant one:** *"Agreed we would meet for the last week to think about the ending";*<br><br>**Consultation notes with participant two:** *"LSA felt they did not require weekly consultation with the researcher, although this was offered. They agreed to meet during the final week to mark and plan for the ending".* |
| | Session Duration and Frequency<br><br>Categorised further into two sub-themes: | **Number of Sessions:**<br><br>**Consultation notes with participant two:** *"When completing the post intervention questionnaires, Charlotte told the researcher she found the intervention really helpful in terms of her approach to challenging mathematical tasks. She said she would have liked more sessions";* |

| | One: Number of Sessions<br>Two: Length of Sessions | **Consultation notes with participant four: "***Kamran has only been seen on four occasions so far due to the LSAs availability and teachers saying he cannot be taken from class, despite the fact that parental consent has been given.  LSA felt relationship with Kamran improved over the course of the sessions but she felt frustrated that he did not have all six sessions";*<br><br>**Length of Sessions:**<br><br>*"had an initial 40-minute session";*<br><br>**Consultation notes with participant four:** *"30 minute sessions felt like long enough time to go through materials and develop a BE to try out in the classroom".* |
|---|---|---|
| | Complementary Techniques<br><br>Categorised further into three sub-themes:<br><br>One: Mindfulness and Relaxation<br><br>Two: Visuals and Analogies<br><br>Three: Asking Questions | **Mindfulness and Relaxation:**<br><br>**Consultation notes with participant two:** *"Very evaluative and articulate about her experience of trying relaxing techniques. Talked at length about mindfulness - being the observer, staying still, identifying negative thought in order to be able to stop it, and then overriding this with positive thought".*<br><br>**Visuals and Analogies:**<br><br>**Consultation notes with participant three:** *"With Lisa, what was helpful was using the "meme" (a visual analogy). For students with ASD or emotional difficulties, using an emoji or "meme" to represent how they feel (she feels it has been a powerful and effective tool for the sessions)";*<br><br>*"able to engage with task during BE session; pupil gave helpful analogy of feeling like lots is going on but she is pretending to be fine";*<br><br>**Consultation notes with participant four:** *"In second session Kamran was a lot more open and willing to discuss. He said he wanted to use visuals instead of writing".*<br><br>**Asking Questions:**<br><br>**Participant two**: "*This allowed breaking down and "opening up" of their thoughts and feelings with small, individual questions such as "are there any particular times when you feel more anxious than others?" and "what would you want a friend to tell you when you feel like that?"* |

| Intervention Successes | Developing CAYP Insight | **Participant two:** *"Having heard from the students themselves, I believe that what they found the most useful was now beginning to realise and appreciate (almost "see") their thoughts and feelings. Students are rarely ever taught to observe and evaluate their mental processes, or their social events in daily life, least of all those times when they feel anxious and stressed";* |
|---|---|---|
| | | **Participant one:** *"That the students were able to recognise what sort of strategies they could use to answer question that would have made them feel anxious";* |
| | | **Consultation notes with participant one:** *"student doesn't feel comfortable asking questions or for help, but knows that it will help with how she is feeling; Student knew what she needed to do and was able to identify why she was stuck";* |
| | | **Consultation notes with participant two: "***LSA felt that Ahmed benefitted from the sessions and developed awareness of thoughts and feelings";* |
| | | *"very good session, talked about what happens when faced with difficult work, what thoughts come to your head";* |
| | | *"identifying different types of coping strategies ("I pray that I get something good"; usually put my head down; "when I get a bad result I rip up the paper or put it in the bin")";* |
| | | *"have been identifying different helpful coping strategies (asks for help from friends, sometimes will ask a teacher, asks her sister at home, she will figure it out for herself-just get on with it)"* |
| | | **Consultation notes with participant three: "***Sessions also going well; pupil said sessions have helped to change his perceptions of himself and his work***";* |

| | Developing and Using BEs | **Participant three: "**_Really helpful especially about behaviours of students where anxiety and stress can play a significant role in their progress_";<br><br>"_Both of the students admitted that the CBT experiment helped them change their perspective to be more positive and give it a go even when they find it difficult and frustrating;_<br><br>**Consultation notes with participant three:**<br><br>"_Sessions are going really well. Pupil has said that they enjoy practising strategies/experiments outside of sessions and then reflecting on them the following week_";<br><br>"_With Lisa, what was helpful was using the "meme" (a visual analogy). For students with ASD or emotional difficulties, using an emoji or "meme" to represent how they feel (she feels it has been a powerful and effective tool for the sessions). Every session Lisa would come back with an example and what she did to overcome her difficulties_"<br><br>**Participant four:** "_The coping strategy discussion, because students were prompted to talk about their experience and reflect on themselves_";<br><br>**Participant two:** "_The CBT intervention allowed them to observe their thoughts and incorporate small behavioural or cognitive activities into their school/home life to help reduce the feelings of anxiety and stress. They have reported that due to this, they are more able to adopt positive thoughts_"; |
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| | Training and Resources | **Participant two:** "_young people in such a setting means that the session (the conversation) could go in any direction. However, the guidance provided allowed a clear structure and direction to be followed_";<br><br>**Participant three: "**_The training was really useful as it gave us all the strategies and preparation on the CBT sessions_";<br><br>**Participant four: "**_I found it very helpful for the students and for myself as an educator_**"**;<br><br>**Participant one (when asked what was most useful):** "_The training as a whole_". |

| | Developing LSA Insights | **Participant two:** *"What I found extremely useful is the technique of helping the student understand, and understanding the students myself, in a clear and systematic way by looking at smaller dimensions of their cognitive processes. This allowed breaking down and "opening up" of their thoughts and feelings with small, individual questions such as "are there any particular times when you feel more anxious than others?" and "what would you want a friend to tell you when you feel like that?". I found that this breaking down of the whole current-thought-exploration and positive-thought-building process was effective in gauging how the student thinks and feels"* |
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| | Progression Over Time | **Participant four:** *"Students seemed to become more and more confident and opened up regarding their feelings, thoughts and emotions about themselves";*<br><br>**Consultation notes with participant one:** *"LSA feels it got easier as the sessions progressed, as LSA understood the process more";*<br><br>**Consultation notes with participant four:**<br><br>*"second session with Laura felt very comfortable and flowed; she spoke a lot more in second session; going back and forth through the thoughts/feelings/behaviours chart";*<br><br>*"LSA felt relationship with Kamran improved over the course of the sessions but she felt frustrated that he did not have all six sessions";*<br><br>*"In second session Kamran was a lot more open and willing to discuss. He said he wanted to use visuals instead of writing. During the first session he was not at all confident and LSA struggled to get him to reply to any questions she asked";*<br><br>*"LSA felt relationship with Kamran improved over the course of the sessions but she felt frustrated that he did not have all six sessions";*<br><br>**Consultation notes with participant two:** *"She has had several end of unit tests as end of term is approaching. Reported that she progressively, though on a small level, felt better about the tests this week than those from the previous half term".* |
| Factors Affecting Engagement | Repetition: | **Helpful Repetition:** |

| | Categorised further into two sub-themes:<br><br>Helpful Repetition<br>Unhelpful Repetition | **Participant three:** *"repetition of the same things seems to work as well as prompting them to be positive and give it a go!"*<br>**Consultation notes with participant four:** *second session with Laura felt very comfortable and flowed; she spoke a lot more in second session; going back and forth through the thoughts/feelings/behaviours chart".*<br><br>**Unhelpful Repetition:**<br><br>**Participant two: "***In some sessions, I had difficulty coming up with behavioural experiments for the specific difficulties the students were having. For this reason, a lot of the new thoughts/ideas/activities to try out were the same from one session to the next. Also, when it came to evaluating the new thoughts/ideas/activities from the previous session, the students had difficulty or were quite vague in their responses. One of the students found the sessions repetitive, and so I found that he was less engaged in a couple of the sessions";*<br><br>*"The students certainly found a lot of repetition in the sessions (the first three columns) and so we did not spend a lot of time on these. Due to this, more than one session was often spent on exploring the same issue";*<br><br>*"Due to a bad day, he was quite restless. He did calm down quickly, but just wanted to talk more about how he feels about the year so far and the people in school. Managed to go through some of the session, although he was intermittently distracted. Kept complaining that we are doing the same thing as before but about with different work".* |
| | LSA Emotional Experience | **Consultation notes with participant four:** *LSA said she felt anxious at the beginning too;*<br><br>*second session with Laura felt very comfortable and flowed; she spoke a lot more in second session;*<br><br>*LSA said she found it difficult to engage with Kamran. She felt intimidated at first and wondered about my experience of meeting him to complete initial questionnaires;*<br><br>*"In second session Kamran was a lot more open and willing to discuss. He said he wanted to use visuals instead of writing. During the first session he was not at all confident and LSA struggled to get him to reply to any questions she asked".*<br><br>*LSA felt relationship with Kamran improved over the course of the sessions but she felt frustrated that he did not have all six sessions.* |

| | Space to Speak Freely | **Participant two:** *"young people are most honest and crude about their thoughts and feelings when they are allowed to speak openly. They will speak freely, and regardless of the order in which they say things, I made sure to make sense of what they say and categorise the information into the table";*<br><br>*"Initially, I had expected the sessions to be difficult because I was not sure of how the students will react to the intervention or whether they would understand. However, I feel they understood mostly clearly and engaged in very confidential, sensitive discussions without holding back";*<br><br>*"young people in such a setting means that the session (the conversation) could go in any direction";*<br><br>*"Due to a bad day, he was quite restless. He did calm down quickly, but just wanted to talk more about how he feels about the year so far and the people in school. Managed to go through some of the session, although he was intermittently distracted. Kept complaining that we are doing the same thing as before but about with different work";*<br><br>**Consultation notes with participant two:** *"LSA talked about turning it into a normal conversation".* |
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| | CAYP Openness to Intervention | **Participant two:** "*Another key point of the intervention sessions (more of an outcome) is that the students seemed keen and open to the intervention. Perhaps other young people might not be, but the openness helped me in delivering the intervention without much resistance or difficulty on the part of the students";*<br><br>*"After the first session I learnt that the students' responses are best allowed to happen naturally rather than attempting to channel them according to session outline. For example, young people are most honest and crude about their thoughts and feelings when they are allowed to speak openly";*<br><br>*"They listened to everything I had to say and they engaged very well with the sessions. One student had perhaps two sessions in which they were tired and as a result did not engage 100%, but this was almost expected given their needs";*<br><br>*"I found that the two students I was assigned to were very compliant. They listened to everything I had to say and they engaged very well with the sessions".*<br><br>**Consultation notes with participant two:** *"Engagement was a significant barrier; it was hard for the LSA to keep Ahmed focused on the task, particularly if he had been having a difficult day";* |

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| | | **Consultation notes with participant four:** *"In second session Kamran was a lot more open and willing to discuss. He said he wanted to use visuals instead of writing. During the first session he was not at all confident and LSA struggled to get him to reply to any questions she asked".* |
| Intervention Challenges | Managing Uncertainty | **Participant two**: *"young people in such a setting means that the session (the conversation) could go in any direction";*<br><br>*"Initially, I had expected the sessions to be difficult because I was not sure of how the students will react to the intervention or whether they would understand. However, I feel they understood mostly clearly and engaged in very confidential, sensitive discussions without holding back";*<br><br>**Participant one:** *"At first the last 2 questions were very confusing because I wasn't sure when they needed to be answered. Because they were student that we have not worked with before I wasn't sure the level of anxiety they h ad in the classroom so maybe being able to observe the student in a lesson would have helped?"*<br><br>**Consultation with participant four:** *"Session 2 (Aaron): seeing student tomorrow; difficult to find a fixed time due to LSA's timetable; she is still trying to work it out the administrator".* |
| | LSA Perceptions of the CAYP | **Consultation with participant one:** **"***LSA thinks they will not use the strategies in class because both pupils are quite shy. For example, Aaron does not want to ask the teacher for help as worries he might be judged (might be dumb or stupid). He would prefer to go to LSA than be collected from the sessions";*<br><br>**Consultation notes with participant four**: *"LSA said she found it difficult to engage with Kamran. She felt intimidated at first and wondered about my experience of meeting him to complete initial questionnaires";*<br><br>*"had two sessions with laura and LSA thought Laura felt quite anxious during first one; struggling to help Laura to talk; Laura said she is "silent when I feel like it";*<br><br>*"Laura has said she found the sessions helpful. At first it was difficult for LSA to build rapport with Laura. There would be long silences and LSA was not sure how to ask questions. Over time this became easier".* |
| | Requests for Additional Resources | **Consultation with participant one:** *"forward LSA some emotion/word resources; using zones of regulation to discuss emotions/coping strategies";* |

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| | | *"Aaron is able to complete the maths questions quickly and accurately, but said he finds longer questions (with more words and complex sentences) harder so access to these would be helpful";*<br><br>*"LSA would like to use 'court of law' analogy to help develop new thoughts and experiments to test";* |
| | Feeling Stuck | **Participant two***: "I feel not all of the sessions were the same in terms of how smoothly they progressed. In some sessions, I had difficulty coming up with behavioural experiments for the specific difficulties the students were having".* |
| The Wider Context | The Past and the Future | **Consultation notes with participant two (both quotes in relation to Ahmed):** *"anxiety about choosing his A levels and where is life is going to go";*<br><br>*"year 7 got a bad grade and mum got angry; he ripped up the paper, brought it back and gave it to the teacher".* |
| | Timetable and Space | **Participant one (when answering what went less well): "***Finding the time to do the intervention or trying to reschedule a missed intervention";*<br><br>*"finding a room to do the intervention in";*<br><br><br>**Participant two: "***After the very first session with one student, everything ran smoothly in terms of the logistics i.e. room booking, and I had no resistance from class teachers";*<br><br>**Consultation notes with participant one:** *"difficult to find a fixed time due to LSA's timetable; she is still trying to work it out the administrator";*<br><br>**Consultation notes with participant three:** *"Generally, LSA has found it helpful to have a fixed time in the school day to meet, as this has led to consistency and less stressful for LSA".* |
| | The Role of Teachers | **Participant one (when answering what went less well**): *"Getting permission from the class teacher for the student to be out of their lesson";*<br><br><br>**Participant two: "***After the very first session with one student, everything ran smoothly in terms of the logistics i.e. room booking, and I had no resistance from class teachers";*<br><br>*"have been identifying different helpful coping strategies (asks for help from friends, sometimes will ask a teacher, asks her sister at home, she will figure it out for herself-just get on with it)";* |

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| | | **Consultation notes with participant one:** *"LSA thinks they will not use the strategies in class because both pupils are quite shy. For example, Aaron does not want to ask the teacher for help as worries he might be judged (might be dumb or stupid). He would prefer to go to LSA than be collected from the sessions";*<br><br>**Consultation notes with participant four: "***Kamran has only been seen on four occasions so far due to the LSAs availability and teachers saying he cannot be taken from class, despite the fact that parental consent has been given".*<br><br>**Consultation notes with participant three (in reference to Lisa):** *"anxious about Mandarin and not sure how to handle teacher".* |
| | Expectations from Others | **Consultation notes with participant two (in reference to Charlotte's thoughts***): "I am in top set and expected to do well" (expectation from others)";*<br><br>*(in reference to Ahmed): "parents have high expectations, a sense that anxiety gets compounded at home";*<br><br>*(in reference to Ahmed): "year 7 got a bad grade and mum got angry; he ripped up the paper, brought it back and gave it to the teacher";*<br><br>*(in reference to Ahmed): "nervous about what parents think or say";*<br><br>*(in reference to Ahmed): "student has to break things down to explain to his parents (does not want them to misinterpret)"*<br><br>**Consultation notes with participant one: "***For example, Aaron does not want to ask the teacher for help as worries he might be judged (might be dumb or stupid)";*<br><br>**Consultation notes with participant three (in reference to Lisa):** *"anxious about Mandarin and not sure how to handle teacher".* |

| The Therapeutic Relationship | Rapport | **Participant four:** *"It took a bit of time to build rapport, so it would be lovely to have met the students for an informal discussion before the intervention commence";*<br><br>*(in response to how the intervention could be improved):"* In my opinion, by incorporating an informal meeting with the students before the sessions start";<br><br>(in reference to Laura): "*had to establish a relationship with her first rather than go straight into intervention*";<br><br>**Consultation notes with participant four:** *"Laura has said she found the sessions helpful. At first it was difficult for LSA to build rapport with Laura. There would be long silences and LSA was not sure how to ask questions; Over time this became easier".* |
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| | Partnership | **Participant one (in response to what did you find most useful?)** *"Being able to work with students in helping them try to overcome feeling anxious";*<br><br>*"Being able to work with students to work out different strategies";*<br><br>**Consultation notes with participant one:** *"LSA feels there is a need for practising together at the beginning";*<br><br>*(in reference to Fatma): "helping her to come up with strategies to use in session and in class to help with worry and anxiety"*<br><br>**Participant three:** *"My main target which I shared with the two students I worked with was that we are not trying to change their opinion about some subjects they possibly hate but to make them be more positive and confident when it comes to exercises, tests, exams that make them feel overwhelmed and stressed";*<br><br>**Consultation notes with participant four:** *"In second session Kamran was a lot more open and willing to discuss. He said he wanted to use visuals instead of writing. During the first session he was not at all confident and LSA struggled to get him to reply to any questions they asked";*<br><br>*"had two sessions with Laura and LSA thought Laura felt quite anxious during first one; LSA is struggling to help Laura to talk; Laura said she is "silent when I feel like it"".* |

| Use of Consultation | Not a Necessity | **Consultation notes with participant one:** "*This LSA does not feel she needs further consultation with researcher as they feel they know what they are doing and has a good structure/routine with both student*"; |
| | | **Consultation notes with participant two:** "*LSA felt they did not require weekly consultation with the researcher, although this was offered. They agreed to meet during the final week to mark and plan for the ending*"; |
| | | **Consultation with participant three:** *"LSA does not feel weekly consultation sessions are necessary but will let me know if requires a space to think about the sessions".* |
| | Problem-solving | **Participant 4 (in response to what did you find most useful):** *"That the steps we had to take as LSA's were broken down and that we attended many meetings to resolve any problems we might have".* |