Brief Cognitive Behavior Therapy (BCBT) in a Japanese School Setting: Preliminary Outcomes on a Single Arm Study

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Abstract: Cognitive Behavior Therapy (CBT) with children has shown effective application to various problems such as anxiety and depression. Although there are barriers to access to mental health services including lack of professional services in communities and parental concerns about stigma, school has a significant role to address children's health problems. Schools are regarded as a suitable arena for prevention and early intervention of mental health problems. In this line, CBT can be adaptable to school education and useful to enhance students' social and emotional skills. However, Japanese school curriculum is rigorous so as to limit available time for implementation of CBT in schools. This paper describes Brief Cognitive Behavior Therapy (BCBT) with children in a Japanese school setting. The program has been developed in order to facilitate acceptability of CBT in schools and aimed to enhance students' skills to manage anxiety and difficult behaviors. The present research used a single arm design in which 30 students aged 9-10 years old participated. The authors provided teachers a CBT training workshop (two hours) at two primary schools in Tokyo metropolitan area and recruited participants in the research. A homeroom teacher voluntarily delivered a 6-session BCBT program (15 minutes each) in classroom periods which is called as Kaerinokai, a meeting before leaving school. Students completed a questionnaire sheet at pre- and post-periods under the supervision of the teacher. The sheet included the Spence Child Anxiety Scale (SCAS), the Depression Self-Rating Scale for Children (DSRS), and the Strengths and Difficulties Questionnaire (SDQ). The teacher was asked for feedback after the completion. Significant positive changes were found in the total and five of six sub-scales of the SCAS and the total difficulty scale of the SDQ. However, no significant changes were seen in Physical Injury Fear sub-scale of the SCAS, in the DSRS or the Prosocial sub-scale of the SDQ. The effect sizes are mostly between small and medium. The teacher commented that the program was easy to use and found positive changes in classroom activities and personal relationships. This preliminary research showed the feasibility of the BCBT in a school setting. The results suggest that the BCBT offers effective treatment for reduction in anxiety and in difficult behaviors. There is a good prospect of the BCBT suggesting that BCBT may be easier to be delivered than CBT by Japanese teachers to promote child mental health. The study has limitations including no control group, small sample size, or a short teacher training. Future research should address these limitations.

Keywords: brief cognitive behavior therapy, cognitive behavior therapy, mental health services in schools, teacher training workshop

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